



Bridging the gap in internet treatments for mental health: A fully automated online cognitive behaviour therapy for social anxiety for those who stutter

Fjóla Dögg Helgadóttir

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## AUTHOR'S DECLARATION

I, Fjóla Dögg Helgadóttir, certify that this thesis, *Bridging the gap in internet treatments for mental health: A fully automated online cognitive behaviour therapy for social anxiety for those who stutter*, is my own work. It is based on original data gained from my own research. It contains no material that has been written or published by another person, except where acknowledgment is made. This work has not been submitted or accepted for the award of any other degree or diploma. All research practices involved with this thesis were approved by the University of Sydney Human Ethics Committee.

A handwritten signature in black ink on a light blue background. The signature is written in a cursive style and reads "Fjóla Dögg Helgadóttir".

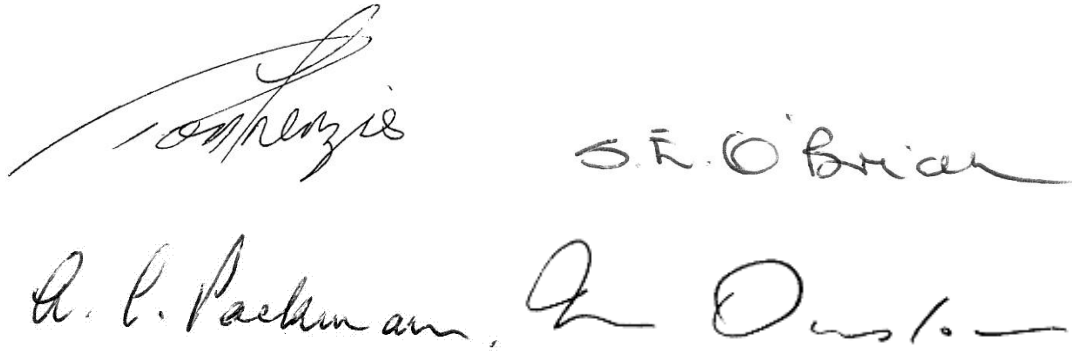
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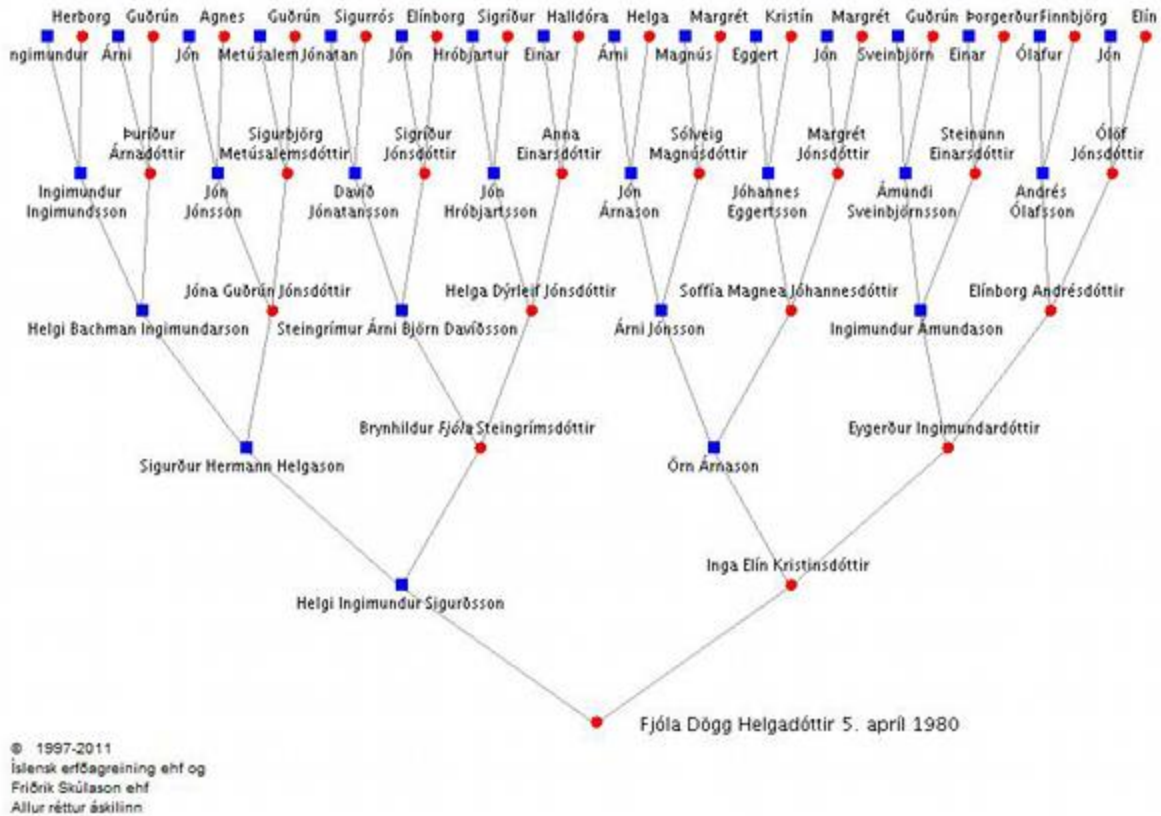
We confirm that Fjóla Dögg Helgadóttir has made the following contributions: Critical appraisal and theoretical review for publication, conception and design of the research, data collection, analysis and interpretation of the findings, leading the writing of the paper and critical appraisal of content and submission of manuscript for publication.



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## ABSTRACT

*Introduction:* CBTpsych.com is a fully functional intervention that aims at bridging the gap between Eliza (Weizenbaum, 1966) and modern internet treatments for anxiety disorders (Helgadottir, Menzies, Onslow, Packman & O'Brien, 2009a). A Phase I trial demonstrated that two participants no longer met the diagnosis of social phobia on the DSM-IV and ICD-10 after being treated by CBTpsych.com. The quality of the interaction appeared to be similar to face-to-face therapy. The automated techniques were successful in engaging the participants and in encouraging them to log on regularly and complete the treatment (Helgadottir, Menzies, Onslow, Packman & O'Brien, 2009b). The current study is a phase II trial targeting social anxiety in stuttering.

*Method:* File audit data were gathered from 10 years of experience in the psychological management of social anxiety and stuttering (St Clare et al., 2008). This data was used to create a fully automated human-like intervention using algorithms alone. CBTpsych.com creates cognitive restructuring exercises, behavioural experiments, and negative thoughts checklists for the automated treatment program. Furthermore, other features such as imagery rescripting were incorporated to adhere to the Clark D. M. and Wells (1995) model of social anxiety treatment. 18 participants presenting for treatment of stuttering with social anxiety at the Australian Stuttering Research Centre (ASRC) were offered 5 months access to the "computer psychologist". 16 participants started using the computer program. The treatment did not involve any contact with clinical psychologists at the ASRC.

*Results:* Post-treatment analysis revealed that of the 16 participants who started using the program, 78% no longer met the criteria for social phobia. Furthermore, none of the 10 participants who completed all 7 sections of the computer program within 5 months had social phobia diagnosis at post-treatment. Consequently, in this study the “computer psychologist” was able to identify the specific problem areas participants reported and to design individualized formulations and tailored treatment components with corrective feedback. Furthermore, participants were able to engage in highly specific cognitive restructuring exercises, and with the help of the computer psychologist managed to build behavioural experiments to test out unhelpful cognitions. Data from this Phase II trial suggest that the computerised treatment protocol can lead to substantial reductions in anxiety and avoidance, and improve mood and quality of life as measured by the FNE, SPAI, BDI-II, UTBAS, SASS and OASES.

*Conclusions:* The computer psychologist motivated people both to log on regularly (with use of an automated email process) and to complete the program. It engaged clients in detailed cognitive restructuring work, creating successful behavioural experiments for exposure, and producing promising preliminary results. However, these results need to be tested in a randomized controlled trial to establish efficacy. A RCT is currently under way. The preliminary findings presented here suggest that it would be viable to develop this type of treatment intervention for other anxiety disorders. Limitations of this approach and suggestions for future research are discussed.

## CHAPTER 1 - THESIS OVERVIEW

### 1.1 Introduction

Fresh air blew over the field of artificial intelligence (AI) in the 1950s. The initial excitement and optimism of its founders is best described by the famous quote of Herbert Simon: “I believe that, in our time, computers will be able to do anything a man can do. I believe that computers already can read, think, learn, create” (Simon, 1965 p. xiii). Yet the task turned out to be much harder than early researchers anticipated. For example, it took another three decades (1997) for the first computer to outsmart the top human chess player (IBM, 2010). This was unexpected, as chess, with its rigid and well-defined rules, seemed like an easy target for computers to master. Even in this case, the victory in 1997 was primarily due to the use of massive supercomputers and the availability of raw computational power, rather than the successful mimicking of human strategy, game play, and intelligence. Despite initial optimism, understanding and reproducing true intelligence (in a human sense) continues to be well beyond the reach of modern AI.

Eliza was a computer program that was released in 1966, still in the early days of the AI movement. The program responded to its users’ questions and statements that they typed on a keyboard. In many cases the users were convinced that a real person was behind the scenes (Weizenbaum, 1966). However, Eliza was fully automated, and based its output on algorithms that parsed the user’s input and formulated responses based on a

programmed model. The model was designed to imitate the style of an empathic therapist using the Rogerian approach (Rogers, 1951).

Eliza was the first use of automation to create the illusion of human-human clinical interaction through a human-computer interface. Some work has been conducted to progress this approach. For example, Colby (1999) has introduced more sophisticated natural language processing techniques into a program that conducts conversation-style psychotherapy, including some aspects of cognitive therapy. However, the program still relies on Rogerian-style questioning, and does not infer or store any patient-specific data that can be used to customise treatments.

In general, little progress has been made towards algorithmic techniques that are useful for treating mental disorders. The original goal of Eliza was to demonstrate and advance AI technologies such as natural language processing and pattern matching. In contrast, the goal within the clinical psychology community should be the application of these techniques to real world problems, and rigorous testing to ensure their validity.

The development of fully automated therapists that are indistinguishable from human therapists remains an unsolved problem, and will continue to be for the foreseeable future. However, there are techniques currently available in the psychology literature that

are suitable for automation, when treating specific, well-defined disorders. The goal of this thesis is to advance the state of the art through the development of an internet treatment program for social anxiety in adults who stutter, that does not require any therapist involvement.

Stuttering is a significant problem for the people who suffer from it. Negative peer reaction towards stuttering has been observed in children as young as 4 years old (Ezrati-Vinacour, Platzky, & Yairi, 2001; Langevin, Packman, & Onslow, 2009). Furthermore, a large body of evidence demonstrates that those who stutter are more likely to be bullied throughout the school years (Blood & Blood, 2004, 2007; Davis, Howell, & Cooke, 2002; Hugh-Jones & Smith, 1999; Langevin, Bortnick, Hammer, & Wiebe, 1998). Therefore, it is not surprising that social anxiety is highly prevalent in adulthood among this population, given the high correlation between social anxiety and bullying during school years (Gladstone, Parker, & Malhi, 2006; McCabe, Antony, Summerfeldt, Liss, & Swinson, 2003; Roth, Coles, & Heimberg, 2002).

In a recent study, Menzies et al. (2008) found that 60% (18/30) of adults who stuttered met the criteria of DSM-IV (American Psychiatric Association, 1994) for social phobia. This same study showed that cognitive behaviour therapy (CBT) can be an effective treatment for social anxiety in this group. Participants who received CBT, compared to those who did not, experienced an improved quality of life. Furthermore, the CBT



treatment resulted in the elimination of their social anxiety diagnoses. However, it should be noted that the CBT did not change the stuttering severity of the participants, also referred to as their fluency. In other words, although the CBT was able to successfully treat the social anxiety associated with the stuttering, it did not have an impact on the stuttering itself.

The majority of effective speech pathology treatments for improving fluency among adults who stutter fall under the umbrella of “prolonged speech” or “speech restructuring treatments” (see Packman, Onslow, & Menzies, 2000 for an overview). The essence of these treatments is the introduction of a novel speech pattern that is incompatible with the stuttered speech. Then, fluency is achieved via operant conditioning. Operant conditioning methods originate in laws that were elucidated by B. F. Skinner while he was a graduate student at Harvard University early in the 1930s.

Despite immediate positive results from speech restructuring treatments, only one in every three adults who stutters maintains the improved fluency in the long run (Craig & Hancock, 1995; Martin, 1981). A recent study focused on a group of 64 adults who stuttered and who received a successful speech restructuring treatment (Iverach et al., 2009a). The study demonstrated that the presence of a mental health diagnosis was a useful predictor of relapse at 6-month follow-up. Therefore, targeting mental health problems in the stuttering population is not only important for its own sake; it may also

help those who stutter to master speech restructuring techniques, and reduce the chance of long-term relapse.

## **1.2 The automation of psychology treatments**

Menzies et al. (2008) published the first randomized controlled trial in the adult stuttering population demonstrating that CBT can help individuals deal with their social anxiety. The treatment was conducted by a highly experienced psychologist, with 10 years of clinical psychology experience as well as training and experience with the stuttering population.

Translating the successful results from Menzies et al. (2008) to the stuttering community has several barriers. Firstly, most clinical psychologists with extensive experience have not received training in anxiety in people who stutter. Secondly, the cost of such treatment, on top of standard speech treatment, would be high. Thirdly, stuttering has traditionally been managed by speech pathologists with little or no CBT training. Therefore, delivering the benefits of the Menzies et al. (2008) CBT trial to the community of adults who stutter presents a significant challenge.

A major goal of this thesis is to address the problem of delivering CBT to the stuttering community. A “computer psychologist” was developed that could identify the specific

problem areas patients reported, and design individualized formulations and tailored treatment components with corrective feedback.

File audit data was gathered from clinical psychologists who had over 10 years of experience in the management of social anxiety and stuttering. The “computer psychologist” used this data to formulate cognitive restructuring exercises, behavioural experiments, and several other novel features consistent with the CBT model of social anxiety of Clark D. M. and Wells (1995). Furthermore, sample answers were written for over 1000 of the possible situations that a client might encounter while using the program, enabling the “computer psychologist” to give automatic corrective feedback.

The “computer psychologist” was implemented as an online website. This had the advantage that it was easily accessible from anywhere in the world, and could be accessed by an unlimited number of people at the same time.

## **1.3 Thesis contribution**

### *1.3.1 A new paradigm in the treatment of mental disorders*

Modern internet treatments for mental health mostly involve a significant degree of human-human interaction in the form of physical contact, emails or phone calls (Helgadottir, et al., 2009a). The fully automated approach of this work was made possible through the use of file audit data from clinical interventions, and this has not been attempted before. Furthermore, there is an urgent need to test and experiment with automation within clinical psychology, given its numerous advantages and possibilities.

### *1.3.2 Novel features for online cognitive behaviour therapy for mental disorders*

In the fully automated online CBT treatment, several novel features were used to enhance the client-computer experience:

*Individualized automated corrective feedback:* The programs starts by profiling the idiosyncratic problems of the user. In doing so, the program can deliver a customized intervention suited to the needs of the user. This gives users valuable insight into whether or not they are doing the right thing in the treatment program, maximising their treatment gains. For example, a user with an unhelpful thought such as “I won’t be successful if I

stutter”, might be asked to challenge this by having to demonstrate evidence for this thought. The user might write “this is what my father had once said to me”, and therefore this would count as evidence. However, a sample answer might point out that the opinion of one person is not actual evidence and would not stand up in court of law, and that success depends on so many other things. Therefore, in the next exercise with a different thought the user would be better at confronting their unhelpful thinking with this feedback. Building a database with such feedback involved writing thousands of different clinical interventions, for thousands of different profile possibilities.

*Voiceovers:* Sound recordings are presented on every single page of the web treatment program. The voice guides users through the program, giving the feeling that they have someone “there” with them throughout the therapy. The use of voiceovers allows users to benefit from a senior clinician with 25 years of experience in managing anxiety. The voiceovers are delivered dependent on the user’s behaviour. For example, if a user’s anxiety fails to reduce after a behavioural experiment, the voiceover discusses the need for the repetition of the task. This further reinforces the feeling that users are interacting with another human being.

*Automated emails:* Users participating in the program are monitored by a separate computer program, and if they have not logged on for a certain length of time they

receive a reminder to continue the treatment. Automation of this adherence process has not yet been published in the mental health literature.

*Automated time limits:* In one published trial (Klein & Richard, 2001), an internet treatment program set 1 week time limit by which participants had to finish. This resulted in strong adherence rates. However, the time limits were manually monitored, reliant on human action. Given the finding of Klein and Richard, a separate fully automated program was written for this thesis, to monitor the progress of the participant. The users were given 5 months to finish the program.

### *1.3.3 Improved access to evidence-based clinical psychology service for the stuttering community*

Only one randomized controlled trial has been published using cognitive behaviour therapy to target anxiety in stuttering (Menzies et al., 2008). In comparison, in a recent review, 1165 randomized controlled trials were found of the efficacy of cognitive behaviour therapy for anxiety in the non-stuttering population (Hofmann & Smits, 2008). This sheds light on the urgent need for clinical psychology treatment research for anxiety within the stuttering population. Furthermore, there are currently no studies on a treatment for social anxiety in stuttering incorporating recent innovations by Clark D. M. and Wells (1995). One challenge of this thesis was to decide which components to

include in the treatment, and how to find algorithmic implementations for use by the computer psychologist.

#### *1.3.4 Determination of the safety and viability of the treatment (Phase I)*

A Phase I trial was conducted to determine the safety and viability of the online treatment. This is the first study of its kind in social phobia research with no therapist contact.

The trial involved a case study of two males who stuttered and had a social phobia diagnosis. After receiving the treatment, both participants no longer met criteria for social phobia. Also, significant improvements were observed on other psychometric tests, including measures of unhelpful cognitions, behavioural avoidance, quality of life, and low mood. The quality of the interaction appeared to be similar to face-to-face therapy, indicating that the “computer psychologist” established an effective therapeutic relationship, and that the automated techniques used were sufficiently engaging to prompt the participants to log on regularly and complete the treatment program.

### *1.3.5 Determination of the power and effect size of this treatment (Phase II)*

Following the successful Phase I trial, a Phase II trial was conducted with 18 participants. Again, the participants were given 5 months to complete the treatment and were assessed before and after the intervention. All primary measures indicated that the “computer psychologist” had sufficient effect size and power to continue on to a randomized controlled trial. The CBTpsych.com intervention demonstrated large reductions in social anxiety symptoms. Furthermore, a dose-response relationship was observed, indicating that the more the participants did of the computer program within the time limit, the larger the reduction they had in their social anxiety symptoms.

Other measures demonstrated impressive effect sizes, such as reductions in behavioural avoidance, improved quality of life, reductions in symptoms of depression and reductions in the frequency of experiencing unhelpful cognition. Finally, 78% of those who started the intervention no longer met the diagnostic criteria for social phobia after their 5-month interaction with the CBTpsych.com.



## **1.4 Thesis Organization**

This thesis begins by reviewing the problem of stuttering in Chapter 2. This includes an overview of the origins, epidemiology and course of stuttering. Next, early and adult interventions are explored, and the chapter ends with a discussion of the problem of relapse from speech treatments. Chapter 3 reviews the origins of social anxiety, as well as its epidemiology and course. Cognitive models of social anxiety are presented. Chapter 4 provides an overview of treatment options for social anxiety. This includes evidence-based psychological treatments, drug treatments, and the treatment of social anxiety in stuttering. Chapter 5 covers the central problem that this thesis attempts to solve. This is the problem of a lack of delivery of CBT treatments into the stuttering community. The solution proposed is an online automated system, which is also presented in Chapter 5. Chapter 6 reviews the current state of the art of internet treatments for mental health, and identifies shortcomings of current treatment systems. Chapter 7 describes the Phase I trial, in which the safety and viability of the online treatment program was established. Chapter 8 reviews the Phase II trial, in which the power of the intervention was established. Finally, Chapter 9 presents conclusions and a discussion of possible directions for future research.

## CHAPTER 2 – THE DISORDER OF STUTTERING

### 2.1 Origin

Stuttering is a chronic, disabling and debilitating speech motor problem. It is a problem with a complex origin. Its causes are not yet fully understood, although several hypotheses have been suggested. People who stutter are found in all cultures around the world, and an exponential amount of research findings about the problem have emerged during the last four decades (Guitar, 2006).

Both genetic and environmental factors are known to contribute to the problem of stuttering. However, the current consensus is that genes are more influential in the equation (Ambrose & Yairi, 1993; Curlee, 2004; Felsenfeld et al., 2000; Kidd, 1984; Yairi & Ambrose, 1996). Consequently, research into the origins of stuttering has been reduced to the level of neurobiological functions, and brain research in this area is blossoming at this point in time. A link between stuttering and activities in the basal ganglia has been supported by numerous findings (Alm, 2004; deAndrade, Sassi, Juste, & Mendonca, 2008; Smits-Bandstra & De Nil, 2007; Watkins, Smith, Davis, & Howell, 2008). Furthermore, a recent findings demonstrated changes in the basal ganglia, observed with a functional magnetic resonance imaging (fMRI), following a successful speech treatment (Giraud et al., 2008). Future advances in technology will without doubt

elucidate this process in more detail, which will give therapists a better understanding of the complex nature of stuttering.

## **2.2 Epidemiology and Course**

Stuttering is characterized by disruptions in speech where the person stops or repeats certain sounds, words or phrases. The condition causes a severe disability for individuals who suffer from it, often resulting in avoidance and low self-esteem (Ginsberg, 2000; Karrass et al., 2006; Klompas & Ross, 2004; Messenger, Onslow, Packman, & Menzies, 2004). The sex ratio for stuttering is three males to every female; this imbalance is thought to increase as the population ages (Guitar, 2006).

Stuttering usually starts when speech and language development is at its peak, namely between 2 to 6 years of age. A prospective study conducted on 1619 children recruited at 8 months of age demonstrated that 8.5% of children suffered from stuttering at the age of three (Reilly et al., 2009). Fortunately, the majority of children who stutter recover spontaneously without any treatment. However, this spontaneous recovery is seen only in children prior to puberty. The persisting problem of stuttering tends to become more severe as a person ages without successful treatment. Therefore, adult stuttering is often referred to as chronic stuttering, indicating poor treatment outcomes in this group (see Guitar, 2006).

## **2.3 Childhood stuttering**

### *2.3.1 Impact on children who stutter*

At preschool, stuttering has been shown to evoke confusion, avoidance and other negative reactions by the peers of the stuttering child (Ezrati-Vinacour, et al., 2001; Langevin et al., 2009). Furthermore, children who stutter are often subject to negative stereotypes. These stereotypes have been found in the population of the general community, teachers, parents, and speech-language therapists (MacKinnon, Hall & MacIntyre, 2007).

Children and adolescents who stutter are much more likely to be bullied and victimized than their non-stuttering peers (Blood & Blood., 2004, 2007; Davis, et al., 2002). Moreover, these children find it difficult to make friends and are less likely to be popular. The impact is significant, and 83% of adults who stutter report retrospectively that they were bullied at school (Hugh-Jones et al., 1999). Given these implications, there is a strong need for speech treatments for children and adolescents who stutter.

### 2.3.2 Early interventions

The Lidcombe Program of early Stuttering Intervention (see Harrison, Onslow, & Rousseau, 2007) is the only speech therapy for stuttering children that has been tested in a randomized controlled trial (RCT). The Lidcombe program (LP) decreased stuttering in children under 6 years of age, compared to a waitlist control group, both in the short term (Jones et al., 2005) and in the long term (Jones et al., 2008). However, the LP has not yet been replicated in a RCT by an independent team of investigators, and therefore still holds the status of *possibly efficacious* in the minds of many researchers and clinicians, pending such replication (Chambless & Hollon, 1998).

The LP is based on behavioural principles, such as operant conditioning, to treat stuttering. The principal techniques used are positive reinforcement for speech free of stuttering, and moderate correction of the stuttered speech. The program is delivered by parents who attend a clinic with the stuttering child on a weekly basis (Harrison, Onslow, & Menzies, 2004).

In the first stage of the LP the parent learns five techniques that are divided into two categories. Firstly, acknowledgement, praise and a request for self-evaluation of speech fluency for the positive reinforcement of stutter free speech are taught. Secondly, when

the child stutters, the parents learn to acknowledge it, and request correction in a gentle manner. The goal is that the child enjoys these interactions. These techniques are taught in structured conversation, after which the parents are asked to use them on a daily basis (see Packman et al., 2010).

The second stage of the LP begins when the child has demonstrated both in the clinic and outside the clinic that stuttered speech has decreased to a low level. The goal of this stage is maintenance, where parents withdraw from the treatment and visits to the clinic are less frequent, given that stuttering remains infrequent or has stopped (see Packman et al., 2010).

As mentioned above, a RCT has been conducted to test the effectiveness of the LP. The trial included 54 children, and was conducted by Jones et al. (2005). The mean proportion of syllables stuttered by the experimental group (N=29) was 1.5% (SD 1.4), 9 months post-randomization. The control group (N=25), who did not receive any intervention, had a mean proportion of syllables stuttered of 3.9% (SD 3.5). This difference is double the minimum required for the effect size to be considered clinically significant. Furthermore, Jones et al. (2008) located these children 5 years after the treatment, when they were 7-12 years old. Twenty of the 29 children in the experimental group were located, and eight of the 25 children in the control group participated. The authors discovered that the majority

of the children in the treatment group had been able to maintain the gains from the LP, with only three (16%) children relapsing after 2 or more years. However, the majority remained below 1% syllables stuttered.

## **2.4 Adult Stuttering**

### *2.4.1 Impact on adults who stutter*

Stuttering which endures into adulthood is distressing, demoralizing and disabling. The intractability of the condition increases markedly after puberty. Therefore, adult stuttering is often referred to as chronic stuttering, reflecting the poor treatment outcomes in this group (Guitar, 2006). These individuals report severe limitation of their career options due to stuttering (Hayhow, Cray, & Enderby, 2002).

Iverach et al. (2009b) compared 92 stuttering adults with gender- and age-matched data from the Australian Bureau of Statistics (ABS) including 920 Australian household residents (Australian Bureau of Statistics, 2000). Both groups completed the Composite International Diagnostic Interview (CIDI-Auto-2.1) (World Health Organization, 1997).

This CIDI-Auto-2.1 is a psychiatric interview which is administered in a standardized manner on a laptop computer and generally takes 70 minutes to complete. It diagnoses mental health problems comprehensively and follows the criteria of the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (American Psychiatric Association, 1994) and the *International Classification of Diseases, Tenth Edition* (ICD-10) (World Health Organization, 1993). The reliability and validity of the instrument is adequate (World Health Organization, 1997).

The results from this comprehensive study by Iverach and colleagues were alarming. Individuals seeking treatment for stuttering had a six- to seven-fold increased probability of meeting a diagnosis of any anxiety disorder on the DSM-IV or ICD-10. In particular, people who stuttered had 16- to 34-fold increased odds of meeting the criteria for social phobia and 4-fold increased odds for generalized anxiety disorder on the DSM-IV and ICD-10. Moreover, adults who stuttered also had six-fold increased odds of meeting the ICD-10 criteria for panic disorder (Iverach et al., 2009b). In another study these authors discovered that the presence of any personality disorder was significantly higher among adults seeking treatment for stuttering compared to matched controls, demonstrating almost three-fold increased odds (Iverach et al., 2009c). Finally, people seeking treatment for stuttering had two-fold increased odds of experiencing a mood disorder during the previous 12 months on the DSM-IV or ICD-10, compared to the general public (Iverach



et al., in press). Given the above, it is indisputable that stuttering can continue to be associated with intense suffering in adulthood.

The current Vice President of the United States, Joe Biden, said in his speech at the American Institute for Stuttering in 2008: “We have all had serious things happen to us in our lives, but stuttering is the single most defining thing in my life”. Mr Biden had achieved an extraordinary career in public life. He had also experienced profound personal loss when his wife and 2-year old daughter were killed in a car accident in 1972 (The Associated Press, 2008). Despite this, he still maintained stuttering as his defining feature. This demonstrates how intense the suffering from stuttering can be. Anecdotally, the quality of life for stutterers is decreased to such an extent that some report that they would rather lose a limb or get cancer than continue with their stuttering. Furthermore, it is not uncommon that people who stutter to make it their lifelong goal to cure stuttering in their community. Many of the leading researchers in stuttering around the globe have suffered from the condition themselves (e.g. Per Alm, Walt Manning, Barry Guitar).

#### *2.4.2 Adult interventions*

A widely disputed topic among speech pathologists worldwide concerns what treatment is the most effective in reducing stuttering among adults. “Fluency shaping” procedures

(also known as “speech restructuring”) have been demonstrated as the treatments with the largest drop in stuttered speech, as indicated by objective measures (O’Brian, Onslow, Cream, & Packman, 2003; Ingham & Andrews, 1973). The essence of these treatments is a novel speech pattern that is incompatible with the stuttered speech. Fluency is achieved via operant conditioning. An example of a speech restructuring program is the Camperdown program (O’Brian, Onslow, Cream, & Packman, 2001; O’Brian et al., 2003).

The Camperdown program (see <http://www3.fhs.usyd.edu.au/asrcwww/> for the treatment manual) consists of four stages. In the first stage, *Individual Teaching Sessions*, the stuttering client goes to the clinic on a weekly basis for 1-hour sessions. Clients learn to speak in a stutter-free manner by using highly unnatural speech to master the speech restructuring method. In the second stage, *Instatement of Stutter-free Speech within the Treatment Environment*, the goal is to improve the naturalness of the prolonged speech. Problem-solving strategies are taught in this second stage, and become a very large part of the third stage as well. This stage may be presented either individually or in a group format. To enter the third stage of the program, the client must demonstrate fluent conversational speech throughout a whole session. In the third stage, *Generalization of Stutter-free Speech into Everyday Situations*, strategies are taught for the generalization of the prolonged speech into everyday life. To reach the last stage of the program, individuals have to demonstrate that they can remain stutter free in various situations

outside the clinic. In that fourth and final stage, *Maintenance*, clients learn to problem-solve independently, without the assistance of the clinician. The aim of this phase is to prevent relapse.

A non-inferiority randomized controlled trial (D'Agostino, 2003) has demonstrated that the Camperdown program is equally effective when delivered face-to-face or via telehealth (Carey et al., 2010). However, no RCT results have been published on the efficacy of prolonged speech, with either waitlist-control or another placebo treatment. A RCT is necessary in order to be able to claim efficacy in a robust, scientific manner.

## **2.5 The problem of relapse**

It is a well-established axiom of speech restructuring that only one third of individuals who stutter will benefit from treatments in the long term (Craig et al., 1995; Martin, 1981). Prolonged speech treatments are more effective with the milder forms of stuttering, leaving those with severe stuttering with less benefit and a higher likelihood of relapse (Andrews & Craig, 1988; Andrews, et al., 1983; Block, Onslow, Packman, & Dacakis, 2006; Craig, 1998; Guitar, 1976; Ladouceur, Caron, & Caron, 1989). A recent study demonstrated that of the one third who did not relapse after a successful speech restructuring treatment, none had any mental health diagnoses (Iverach et al., 2009a) (see Figure 2.1). In that study, in which thorough mental health assessment occurred prior to

speech treatment for 64 adults, it was demonstrated that the chance of relapse was associated with an increased number of mental health disorders of any type.

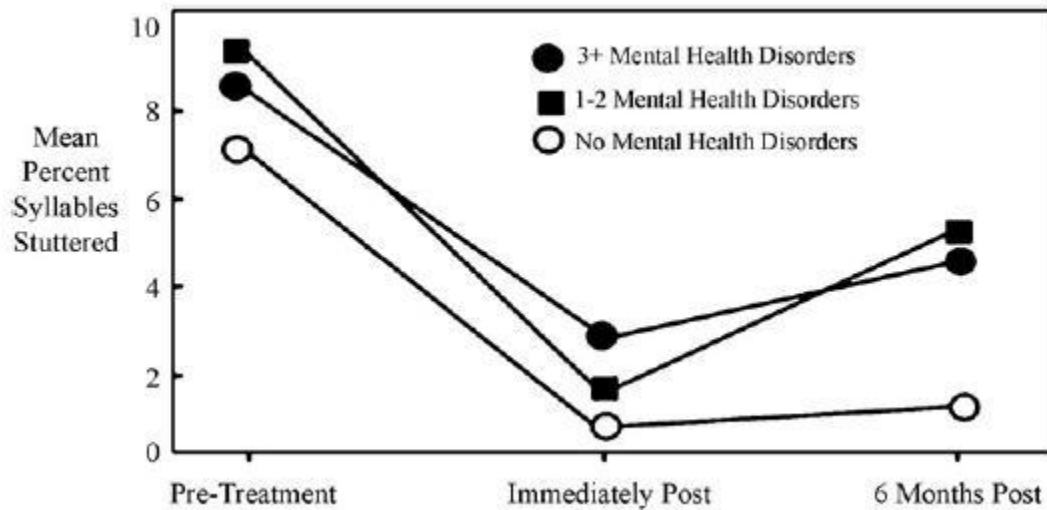


Figure 2.1: The relationship between benefits from restructuring speech treatment and mental health disorders. (Reproduced with permission from Iverach et al., 2009a.)

Adults who stutter have an increased chance of being diagnosed with an anxiety disorder in comparison to the general public. As mentioned above, they have 16-34-fold increased odds of meeting the criteria for social phobia (Iverach et al., 2009b). Furthermore, Menzies et al. (2008) found in a blind assessment that 60% of adults who stutter had the same diagnosis. With this in mind, it is vital to explore social anxiety in stuttering and develop treatments for this population. This may not only be beneficial for stutterers for the sake of curing mental health problems, but perhaps it can also facilitate better maintenance from state of the art speech treatments.

## CHAPTER 3 – SOCIAL ANXIETY

### 3.1 Nature

Social anxiety disorder (SAD) or social phobia (SP) are characterized by an inflated threat perception in social situations (Alden & Taylor, 2004; Bögel & Mansell, 2004; Clark, D. M., 2001; Clark D. M. & McManus, 2002; Wilson & Rapee, 2004). Sufferers experience intense fear of negative evaluation and see amplified threats in being judged by others (Beck, Emery & Greenberg, 1985; Clark, D. M., 2001; Rapee & Heimberg, 1997; Wells & Clark, D. M., 1997). This exaggerated fear response has a marked impact on their relationships with others, in both public and private life (Keller, 2003; Schneier, et al., 1994; Schneier, Johnson, Hornig, Liebowitz, & Weissman, 1992; Simon et al., 2002; Turner, Beidel, Dancu, & Keys, 1986; Zhang, Ross, & Davidson, 2004). Sufferers fear, avoid, or endure with significant stress during the following: conversations, meeting new people, expressing a controversial opinion or disagreement, being assertive, speaking in front of a group, being the centre of attention, eating, drinking, or making mistakes in front of others (Antony & Rowa, 2008).

The socially anxious doubt their ability to make an impression on others, which is often a highly desired goal of these individuals. In other words, they seek reassurance of acceptance from others (Alden & Wallace, 1995). Therefore, people with SAD behave in an “innocent” manner. For example, they smile politely, agree to a lot of things, show increased head nodding, and make greater use of excuses and apologies (Edelman, 1987; Leary, 1983; Leary, Knight, & Johnson, 1987; Patterson & Ritts, 1997; Schlenker, 1987).

The concept of SAD was first adopted into the DSM-III in 1980 (American Psychiatric Association, 1980). At the time it was classified as a phobic disorder, along with other phobias such as agoraphobia and other specific phobias (Marks & Gelder, 1966b). However, at the time, several agoraphobic symptoms were included in the social phobia diagnosis, such as fainting, which were later removed due to an important study by Amies, Gelder and Shaw (1983). Since then, little has changed with regard to the official status of SAD, but a large body of inconsistent literature has been published on its subtypes (see Hofmann, Alpers, & Pauli, 2009, for an overview).

### **3.2 Prevalence**

SAD is common in the general population, with lifetime prevalence rates in Western countries ranging between 7% and 12% (Furmark, 2002; Kessler et al., 2005; Ruscio et al., 2008). The range of reported cases in the various community studies can be attributed largely to the use of different assessment instruments (Antony et al., 2008).

SAD is a phenomenon that is widespread around the globe. In Western, individualistic societies, the fear mainly concerns embarrassing oneself in front of an audience (Heckelman, & Schneier, 1995; Hofmann, et al., 2009; Hofmann & Barlow, 2002). However, a different presentation of SAD has been found in cultures that emphasize collectivism rather than individualism (Chapman, Mannuzza, & Fyer, 1995). In collectivist cultures, a special subtype of social anxiety has been identified, known as Taijin Kyofusho Syndrome (TKS) (Chapman et al., 1995). This distinctive subtype is differentiated from Western SAD in that it manifests

itself by the fear of offending others. For example, common in TKS is the fear of emitting unpleasant odours. Several authors have pointed out that such fears would be categorized differently in the DSM-IV if presented in Western cultures (Kim, Rapee, & Gaston, 2008).

The problem of SAD is often consistent throughout an individual's lifetime, and therefore determining the age of onset is a complicated matter (Rapee, Schniering, & Hudson, 2009). Data on childhood social anxiety is scarce (Rapee et al., 2009), but several authors report that onset is typical in the mid-teens or early adulthood (Antony & Rowa, 2008; Antony, Federici, & Stein, 2009; Hofmann et al., 2009).

The gender distribution of those who seek treatment for SAD is equal (Yonkers, Bruce, Dyck, & Keller, 2003). In some lifetime prevalence studies females have been shown to be more likely to have SAD than males, but this is a highly controversial finding (Fehm, Pelissolo, Furmark, & Wittchen, 2005; Herbert & Dalrymple, 2005). A study conducted over the course of 8 years demonstrated that of all the anxiety disorders, SAD was the most chronic and unremitting of the conditions (Yonkers et al., 2003).

Severe SAD continues to be severe if left untreated. Furthermore, SAD is known to be persistent across all levels of severity (Reich, Goldenberg, Vasile, Goisman, & Keller, 1994). As pointed out by Hofmann and Otto (2008), untreated SAD can have a severe impact on the individual's private and professional lives (Davidson, Hughes, George, & Blazer, 1993; Liebowitz, Gorman, Fyer, & Klein, 1985; Schneier et al., 1994; Schneier, et al., 1992; Stein

& Kean, 2001; Stein, Torgrud, & Walker, 2000; Stein, Walker, & Forde, 1996). Finally, given the disability and nature of SAD, it has been highly correlated with substance abuse, bulimia nervosa, mood disorders and other anxiety disorders (Antony et al., 2009).

### **3.3 Origin: Learning models**

Environmental factors in threat perception are based on learning experiences one encounters when growing up. For example, home and school lives are full of learning experiences, and one subsequently develops fears and anxieties based on these moments. In psychology the acquisition and maintenance of these learning processes have been described both by behavioural and cognitive models.

Both classical conditioning and operant conditioning are accommodated for within the behavioural framework. The first experimental demonstration of classical conditioning was in Russia by Ivan Pavlov (1927). He repeatedly rang a bell immediately before feeding his dog, which led to a conditioning of the dog's salivary reflex. Subsequently, when the dog heard the bell without any food present, the conditioned salivary reflex was activated. In other words, an outside stimulus (the bell) had a direct impact on a physiological mechanism (digestion) by repeated pairing of the conditioned stimulus and the unconditioned stimulus (Pavlov).



In classical conditioning there is a *conditioned stimulus* (CS), which is a previously neutral stimulus that evokes a *conditioned response* (CR) after repeated pairings with an *unconditioned stimulus* (US). The US had previously evoked an *unconditioned response* (UR). For Pavlov's dog the bell was the CS, the food was the US, and salivation was the UR which became the CR after the repeated pairing.

In operant conditioning, or *response-stimulus* conditioning, an association is formed between an animal's behaviour (*response*) and the consequence (*stimulus*) of that behaviour. There are four possible consequences of a given behaviour, namely positive and negative reinforcement and positive and negative punishment. For example, if a dog sits down (*response*) when hearing the sound "sit", and subsequently gets food (*stimulus*), the sitting behaviour may increase. If this occurs, *positive reinforcement* (R+) is said to have occurred. Secondly, if the dog sits down (*response*) when hearing the sound "sit", and food gets taken away (*stimulus*), the sitting behaviour may decrease. This is called *negative punishment* (P-). Thirdly, if the dog sits down (*response*) when hearing the sound "sit" and water is sprayed at it (*stimulus*), then the sitting behaviour may decrease. This is called *positive punishment* (P+). Finally, if the dog sits down (*response*) when hearing the sound "sit", and the water spraying stops (*stimulus*), the sitting behaviour may increase. This is known as *negative reinforcement* (R-) (Flora, 2004).

Pavlov's classical conditioning became central to modern clinical psychology when John B. Watson demonstrated fear learning in his unethical but fascinating "Little Albert" experiment (Watson & Rayner, 1920). Little Albert was chosen for this experiment because he was a

child who “practically never cried”. Prior to conditioning Albert showed no fear response to any of the animals (neutral stimulus) presented in the experiment. However, after pairing a loud sound (US) with a white rat (CS) repeatedly, he became extremely fearful (UR/CR) and avoided the rat (CS) when later presented alone with no loud tone (US). Furthermore, when presented with a white rabbit his fear learning had generalized to this different animal.

Although classical conditioning provides some insight into the acquisition of phobias, it lacks one fundamental component for the understanding of learning fear. It does not explain why phobias persist despite pairing with positive stimuli. To address this anomaly, Mowrer (1960) introduced the two-factor theory of fear learning. He proposed that fear was learned by the means of classical conditioning, but then maintained by the means of operant conditioning. In other words, the behavioural avoidance observed in social anxiety and other anxiety disorders which reduces fear and anxiety in the short term, operates as *negative reinforcement* ( $R+$ ) in the long run, maintaining the anxiety. In this way fear learning is prevented from being unlearned and the anxiety continues.

### **3.4 Origin: The biological models**

Gilbert (2001) has argued that threat perception in social anxiety evolved to protect humans from bullying, injury and killings. These were commonplace in early civilizations. Therefore, being wary of perceived social threat may have had an adaptive advantage. However, social anxiety is evoked when people fear being unable to gain approval, interest or investment from others in various social relationships. For example, they may fear being unable to attract

sexual attention. Since human beings moved from the cave into the skyscraper, it is possible that some early primitive survival mechanisms may have become maladaptive in modern times. This view is often referred to as Darwin's account of anxiety, where the theory of evolution is used to explain its origin.

As reviewed by Menzies and Clarke (1995), early theorists (i.e. Seligman, 1971) understood Darwin's account of anxiety and phobias as still requiring some Pavlovian conditioning. Seligman's (1971) preparedness model suggested that evolution led to prepared associations between some CSs and some USs, so that learning could take place swiftly. Seligman proposed that relatively few associative learning trials were needed for these associations to be formed. Following this model, therapists traditionally insisted that patients must have experienced at least one bad encounter with their fear-relevant stimulus in the original development of their phobia. However, Menzies and Clarke (1995) pointed out that this was an incorrect interpretation of the evolutionary account, since Darwin had reported that human beings were likely to have been born with innate fears. The role of learning from a Darwinian point of view was to unlearn innate fears if they proved irrelevant in a given environmental setting. It is possible that these innate fears served some purpose for the survival of the species 60,000 years ago. For example, it is conceivable that early humans who were anxious while walking through certain areas in East Africa had an evolutionary advantage. Dangerous predators were common, and a certain level of anxiety would help increase and maintain one's guard against these animals.

This model of innate fears became known as the non-associative model (see further, Menzies and Clarke, 1995). It can be understood as learning that has been encoded in the human genome. Consistent with this account, Poulton, Waldie, Menzies, Craske, and Silva (2001) have shown that the role of learning in height phobia is to unlearn inbuilt associations through early exposure to climbing equipment. It appears that no single gene has been found that can explain the complex nature of SAD (Antony et al., 2008). Yet some twin studies have confirmed that one can be born with a genetic predisposition towards developing an anxiety disorder (Hettema, Prescott, Myers, Neale, & Kendler, 2005). Another large-scale twin study has demonstrated that personality traits such as low extroversion and high neuroticism are risk factors for developing social anxiety (Bienvenu, Hettema, Neale, Prescott, & Kendler, 2007).

Infants who cry a lot and sleep little in their first 12 months of life have an increased chance of developing increased inhibition from the ages of 2 to 6 years. Inhibition is characterized by the child who wants to maintain close proximity to safety figures, shows marked distress when faced with novelty, and in general exhibits restricted social behaviours (Rapee et al., 2009). These behaviours in early life are highly correlated with social anxiety.

When the brain activation of socially anxious individuals was compared to that of healthy individuals, specific brain areas showed different activation (Straube, Mentzel, & Miltner, 2005). In particular, the former group showed increased activity in response to human faces, regardless of facial expression, in an area called the extrastriate visual cortex. Furthermore, increased activity was observed in a brain area called the amygdala, which is important for

the processing of socially threatening stimuli and stimuli that signal safety and acceptance. Finally, an area known as the insula seems to be triggered more actively in people with SAD in response to the sight of both happy and angry faces, indicating that the insula is strongly related to the threat relevance of incoming information.

The biological accounts of social anxiety mentioned above are important. However, it is impossible to discuss social anxiety with respect to the biological context only. Most theorists agree today that biology and environment interact, and both contribute to the development of the socially anxious person. Unlike traits encoded into the human genome, certain learning experiences must be experienced first-hand. For example, certain parental styles influence a child's development. Parents who are overprotective, nervous, irritable, depressed, controlling, and who fail to encourage independence in their children are more likely to have socially anxious children (see a review by Rapee & Hudson, 2009). With regard to the peer group, bullying during school years is highly correlated with social anxiety (Gladstone et al., 2006; McCabe et al., 2003; Roth et al., 2002). The consequences of these experiences are best understood by looking at the cognitive model of social anxiety.

### **3.5 Origin: Cognitive models**

The original cognitive model for SAD was introduced by Beck, et al. (1985) in their discussion about models that explain fear and anxiety in terms of well defined cognitive constructs. Built on these grounds, two cognitive models (Clark D. M. & Wells, 1995; Rapee & Heimberg, 1997) are the current state of the art in cognitive theory of SAD. Both these

models emphasize the assumption of perverted information processing in social situations by individuals with SAD. These individuals believe negative assumptions such as “I’m weird” or “I’m boring”. Consequently, these beliefs “pollute” the individuals’ social situations. Also, both models theorize that people with SAD see negative evaluation as catastrophic. Therefore, they avoid this evaluation at all costs. Furthermore, a similar feature of the models is that both of them describe a feedback loop that maintains negative predictions, distorted self-beliefs, and social anxiety. Both models agree on the destructiveness of general avoidance. Finally, Clark D. M. and Wells refer to safety behaviours, which are unhelpful to social anxiety. Similarly, Rapee and Heimberg describe the same phenomena, using the terminology “subtle behaviours” (Antony et al., 2008).

### *3.5.1 Safety behaviours (subtle behaviours)*

Safety behaviours are overt or covert activities that individuals with SAD use in the attempt to prevent a social catastrophe from occurring. The definition of safety behaviour is in its function. Consequently, as pointed out by McManus, Sacadura, and Clark D. M. (2008), any behaviour and also its opposite behaviour can function as safety behaviours. For example, both talking more or talking less can potentially function as safety behaviour to prevent the social fear of appearing boring, depending on the individual and the context.

The distinction between adaptive coping behaviours and maladaptive safety behaviours is sometimes blurred. The same behaviour can function both as adaptive coping behaviour and as maladaptive safety behaviour. The category which within the behaviour falls depends on

its intended purpose, the underlying belief, and the consequences from the situation. Therefore, a detailed idiosyncratic assessment is needed of the individual's motivations in order to be able to distinguish between the two. As Thwaites and Freeston (2005) have pointed out, many patients develop safety behaviours which they have learned from health professionals (e.g. breath control or distraction techniques) or through self-help books, in the belief that they are adaptive coping strategies. However, these behaviours may be maintaining their social anxiety.

Individuals, with or without social anxiety, do not differ in their frequency of using safety behaviours. However, only in SAD have safety behaviours been found to have a causal link with negative beliefs (Okajima, Yoshihiro, Chen, & Sakano, 2009). Furthermore, by manipulating safety behaviours and self-focused attention, social anxiety can be increased or decreased, indicating a causal role of safety behaviours in SAD (McManus et al., 2009).

There has been some evidence as to the beneficial use of safety behaviours in snake phobia treatment research (Milosevic & Radomsky, 2008), where individuals use safety gear in early stages of exposure tasks. However, this does not help to explain the problem of and the role of safety behaviours in SAD. Furthermore, a review arguing for the judicious use of safety behaviours (Rachman, Radomsky, & Shafran, 2008) did not present any supportive data within the realms of social anxiety. Finally, a recent review of the role of safety behaviour in anxiety disorders supports the increasingly accepted view that safety behaviours are detrimental in the long run (Parrish, Radomsky, & Dugas, 2008).

Currently there is no evidence for any direct helpfulness of safety behaviours in SAD. On the contrary, several studies have reported the detrimental effect of such safety behaviours in social situations (Kim, 2005; McManus et al., 2008; Morgan & Raffle, 1999; Wells et al., 1995). Consequently, the current view is that safety behaviours have a detrimental effect on social anxiety, and can interfere with standard cognitive behaviour therapy techniques by inhibiting testing of hypotheses for socially anxious individuals. Finally, an important study demonstrated in a controlled experiment that the use of safety behaviours preserves threat belief (Lovibond, Mitchell, Minard, Brady, & Menzies, 2009). In this study, a neutral stimulus was paired with electric shock using classical conditioning. Participants were also taught to press a button to avoid the shock. The experimental group was given the opportunity to make the avoidance response during extinction training, whereas the control group was not. When the fear stimulus was tested without the shock, the control group showed normal extinction both on self-report measures and skin conductance, whereas the experimental group demonstrated “protection from extinction”. This is an extremely important result, as it is analogous to the way threat beliefs can be preserved despite environmental opportunities for extinction in SAD.

### **3.6 Rapee and Heimberg’s model**

Rapee and Heimberg’s (1997) model of social anxiety describes SAD as a reaction to an *audience*. The authors argue that without an audience individuals do not feel socially anxious. Furthermore, they suggest that individuals create a mental representation of the way they believe they appear to an audience. These images are formed on the basis of self-image from memory, pictures, physical symptoms and social feedback. However, importantly, the images



in Rapee and Heimberg's model are different from those described in the Clark D. M. and Wells (1995) model. In particular, the latter authors argue that people with SAD see these images as if they were watching them on a TV screen, and the former describe them as mental representations.

In their model, Rapee and Heimberg (1997) place strong emphasis on threat perception in social situations among individuals with SAD. Without direct feedback, people with SAD distort their experiences and put a negative spin on the situation, which results in confirming their negative interpretation. Also, people with SAD perceive increased threat because of their belief that others hold extremely high expectations of them. Finally, due to the interference of this anxiety in social situations, these people often create self-fulfilling prophecies, and thereby receive objective evidence that they are "weird" or "boring".

### **3.7 Clark D. M. and Wells Model**

People with SAD hold the belief that they appear to others much worse than they actually do. The model of social anxiety by Clark D. M. and Wells' (1995) explains in great detail how they believe social anxiety is maintained. Furthermore, it explains how it is possible to maintain social anxiety despite countless disconfirming experiences. Figure 3.1 demonstrates the information processes that occur when people with SAD enter a social situation, according to the Clark D. M. and Wells model.

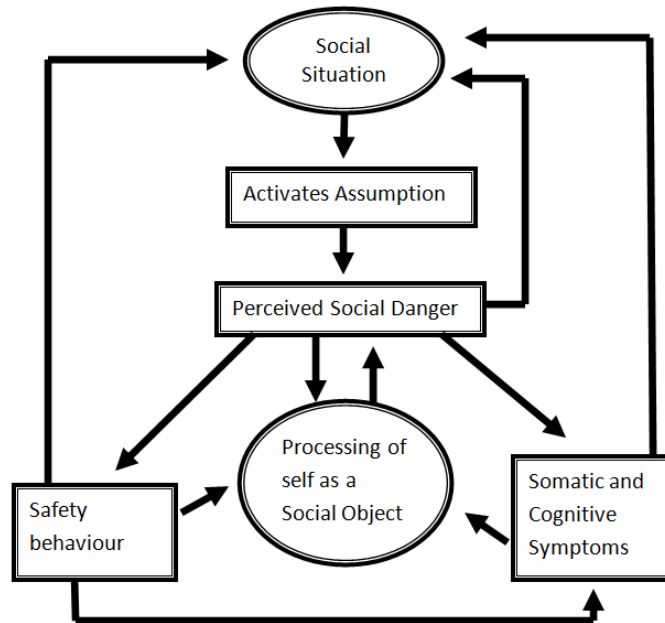


Figure 3.1. Adapted from Clark D. M. & Wells, 1995; Clark, D, M., 2000

The model is based on the presupposition that early learning experiences, such as bullying or a difficult upbringing, create sets of assumptions (Clark, D. M., 1999). Those assumptions lead people with SAD to read social situations as dangerous.

The series of assumptions can be split into three distinct categories (Clark, D. M., 2005). The first is *Extremely high standards for social performance*, such as “I should always be entertaining to be around” or “I should always sound intelligent”. The second is *Conditional beliefs concerning the consequences of performing in a certain way*, such as “If people get to know the *REAL* me, they won’t like me” or “If I stutter I will never be successful”. Finally, there are the assumptions that fall in the category of *Unconditional negative beliefs about the self*, such as “I’m weird”, “I’m stupid” or “I’m boring”. According to Clark, D. M. (1997), all the above categories of assumptions trigger an “anxiety program” which consists of three intertwined mechanisms, namely *Somatic and cognitive symptoms*, *Safety behaviours* and *Processing of self as social object* (see Figure 3).

The *Somatic and cognitive symptoms* are reflexive anxiety symptoms which occur as a response to the perception of danger. They may be either purely physiological symptoms such as increased heart rate, blushing, trembling, sweating, hot flushes and shortness of breath, or cognitive symptoms such as difficulty concentrating and mental blanks. These symptoms often pollute the social situation, which in turn activates additional underlying assumptions.

*Safety behaviours*, as discussed above, are cognitive and behavioural strategies that are used to prevent catastrophes from occurring. An example is rehearsing one's answers in one's head before speaking. According to the model illustrated in Figure 3.1, these can affect the cognitive model in three different ways. First, safety behaviour can pollute the social situation. For example, people who are rehearsing what they plan to say in their head may look preoccupied, and as a result people may assume they are uninterested. Second, safety behaviour adds to the *Processing of self as a social object* image because the individual simply misses out on what is happening. Finally, it adds to the *Somatic and cognitive symptoms* since when people are engaging in this mental rehearsal they are more likely to experience somatic and cognitive symptoms such as sweating, having difficulty concentrating, or experiencing a mental blank.

*Processing of self as social object* is central to the Clark, D. M. and Wells (1995) model as it is the key maintenance factor for social anxiety. The authors propose that when an individual with SAD enters a social situation there is a sudden shift of attention and a specific negative self-processing is activated. This happens when the individual perceives threat relating to

“social danger”, such as negative evaluation by others; incidentally, a detailed self-monitoring system is activated. However, this system is extremely negatively distorted, yet these individuals use the information from this system to hypothesize how they come across to others and what others must be thinking about them. A significant problem is that this system is a closed one, so that these individuals use the evidence they gather to support their underlying unhelpful assumptions, and therefore constantly perceive danger signals in their social environments. Furthermore, they actually *see* themselves as if they were watching themselves from the observer perspective. Because of this, they fail to recognize that other people’s responses do not support their assumptions, even though this may be crystal clear to an outsider. However, socially anxious individuals fail to recognize this is due to their processing system, which is referred to as *processing of self as a social object* (Clark, D. M. 2005). In summary, attentional deployment is central to the maintenance of social anxiety.

Many correlation and experimental findings support the assumption that biased information processing for social threat exists in social phobia (as cited in Beck & Clark, D. A., 2010; for reviews see Alden & Taylor, 2004; Bögel & Mansell, 2004; Clark, D. M., 2001; Clark D.M. & McManus, 2002; Wilson & Rapee, 2004). As shall be seen in the next chapter, contemporary cognitive models like those of Rapee and Heimberg (1997) and Clark D. M. and Wells (1995) have advanced the CBT treatment outcomes for SAD.

## CHAPTER 4 – THE TREATMENT OF SOCIAL PHOBIA

A major achievement in the field of clinical psychology has been the development of evidence-based practice. Modern-day evidence-based psychological treatments for psychopathology were introduced in three stages. First, behaviour therapy (BT) appeared around the same time both in the United Kingdom and the United States, from 1950 to 1970. Second, cognitive therapy (CT) was developed in the United States during the mid-1960s. Finally, BT and CT merged into Cognitive Behaviour Therapy (CBT) in the 1980s. Since then, CBT has advanced considerably in North America, Europe and Australia (Rachman, 2009). Today, the terms CBT and CT are used interchangeably.

This chapter contains an overview of evidence-based treatment options for the treatment of social phobia. First, an overview is presented of what evidence-based treatments include. Second, state-of-the-art drug treatments are discussed. Third, an exploration of BT for anxiety is delivered in a historical context. Fourth, CT or CBT for treating SAD is presented. Fifth, an overview of evidence for individual components of CBT is discussed. Finally, treatments of social phobia for those who stutter are reviewed.

### **4.1 Evidence-based practice**

Currently there is an overabundance of advice on how to succeed in relationships, business, and all manner of human endeavours. A wide range of seminars, workshops, and self-help groups are advertised in the media, and self-help books can be found in all large bookshops.

Furthermore, a high proportion of professionals have been caught up in this movement, and use treatments that are not supported by empirical evidence. In fact, a recent content analysis of advertisements for psychotherapy workshops in the U.S. revealed that only 8% were advertising workshops for evidence-based methods (Cook, Wiengardt, Jaszka, & Weisner, 2008).

Many of the “treatments” found in self-help books rely primarily on anecdotal evidence, citing a small number of case studies where individuals have benefited enormously. A typical title of a self-help book with anecdotal evidence is *Successful small talk: Learn to be open, interesting and intelligent*. The purpose of such a book is typically to advise individuals on how to better manage their social relationships and situations. However, these books are not normally written by qualified professionals. Furthermore, in many cases the advice given is highly likely to maintain social anxiety in the reader. The reason for this is that the books often promote safety behaviours that function to maintain anxiety (see the discussion in Chapter 3.5.1).

Humans’ acceptance of anecdotal evidence is not new; in fact, it appears to be a fundamental aspect of the way the human mind makes connections in the external world (Hood, 2009). A notable example within psychology is Freud’s extensive use of case studies, which were very influential. This type of evidence was relied upon heavily for many years in developing treatment for mental illness.

In recent times the situation with respect to anecdotal evidence has changed, and there are widely accepted ways to define the difference between anecdotal evidence and empirically supported evidence. A common convention to date is to follow the Chambless and Hollon (1998 p. 7) criteria for evidence-supported therapies (EST) in clinical psychology. They state:

The term we have elected to use, *empirically supported therapies*, is deliberately different from *empirically validated therapies*, the term used by the American Psychological Association Division 12 Task Force (1995), for two reasons: (a) to make clear that the criteria for the two labels are different and (b) to avoid the unfortunate connotation, to some, of the phrase *empirical validation* (to wit, that the process of validation has been completed, and no further research is needed on a treatment; see Garfield, 1996).

The Chambless and Hollon criteria for EST include three categories that all refer to randomized controlled trials (RCT). First, if therapy is to be considered *efficacious and specific* it must satisfy the following criteria: “statistically significantly superior to pill or psychological placebo or to an alternative *bona fide* treatment in at least two independent research settings”. Second, for a therapy to be considered *efficacious* it has to be proved to be more beneficial than no treatment in at least two independent settings. Finally, a treatment is considered *possibly efficacious* if there is only one study supporting the therapy’s efficacy, or if all the research has been conducted in the same setting. An excellent overview, using these guidelines, of RCTs for treating anxiety disorders performed in the last 40 years was presented by Lars-Göran Öst (2008a). Ost suggested that many popular and widely used new treatment approaches (e.g. “acceptance and commitment therapy”) do not meet the standards of evidence suggested by Chambless and Hollon (see further Ost, 2008b, 2009; Gaudiano,

2009). To keep the review evidence-based, the remainder of this chapter deals with treatments that fulfil the Chambless and Hollon (1998) criteria.

## **4.2 Drug treatments**

The state of the art in pharmacotherapy for symptom reduction in SAD is selective serotonin reuptake inhibitors (SSRIs). These include Fluvoxamine, Sertraline, Paroxetine, Fluoxetine, and Escitalopram (see Van Ameringen, Mancini, & Patterson, 2009, for review). In the literature, pharmacotherapies for SAD have mostly been compared against a group format of CBT (GCBT). The results from these comparison studies indicate that pharmacotherapies and GCBT are equally effective post-treatment. However, preliminary data demonstrates that CBT may be more beneficial than drug treatments in the long term, with lower relapse rates (Hollon, Stewart, & Strunk, 2006; Liebowitz et al., 1999; Van Ameringen et al., 2009). Furthermore, some evidence suggests that individual CBT is more effective than GCBT (Stangier, Heidenreich, Peitz, Lauterbach, & Clark, D. M., 2003).

Two studies have compared pharmacotherapy with individualized cognitive therapy (CT). Socially anxious patients receiving CT showed superior improvement on measures for social phobia, both immediately post-treatment and at 12-month follow up, when compared with self-exposure plus Fluoxetine. Furthermore, during the course of the treatment there was a third condition, which was a placebo plus self-exposure. No difference was found between the placebo group and the Fluoxetine plus self-exposure group (Clark D. M. et al., 2003). In the other study, CT was superior to Moclobemide post-treatment and at 2-month follow-up



on measures for social phobia. These gains from CT were also maintained at 15-month follow up. Furthermore, at post-treatment and 2-month follow-up there were no differences between Moclobemide and a placebo condition (Oosterbaan, Van Balkom, Spinhoven, & van Dyck, 2001).

Drug treatments need to be guided by a biological understanding of the processes in SAD or its symptom picture. One attempt at using advanced accounts of the biochemical processes involved in learning to enhance the treatment of SAD can be seen in trials of a drug called Oxytocin. This substance has been shown to facilitate extinction of feared stimuli in animals (Jørstad-Stein & Heimberg, 2009). Two promising double-blind RCT trials demonstrated an augmentation of exposure treatments for SAD by using Oxytocin (Guastella et al., 2008; Hofmann et al., 2006). However, this enhancement of exposure therapy did not seem to hold in the long run (Guastella, Howard, Dadds, Mitchell, & Carson, 2009). The authors proposed that Oxytocin subtly enhanced the cognitive processing of a social threat in a positive way, but that there was no evidence that this changed psychopathology in the long term.

Despite the fact that some SSRIs have been shown to be equally effective to GCBT, several limitations should be considered. First, side-effects of medication are a well established phenomenon. Common symptoms include weight increase, problems with concentration, hormonal imbalance, skin changes, nausea, and agitation (see Antony & Swinson, 2008). For this reason, many individuals decide not to take medication for their mental health problems. Moreover, maintenance of the gains from drug treatments for SAD has not been demonstrated after the individual stops taking the medication (Haug, et al., 2003). Given

these objections, and the fact that drug treatments are beyond the scope of the present thesis, the rest of this chapter addresses established psychological treatments for SAD.

### **4.3 Historical background of psychological treatments for anxiety**

Classical conditioning by Ivan Pavlov paved the way to study psychological therapies as a science (see Chapter 3.3). His research on learned behaviours, studied in a controlled experimental environment, was the foundation of empirical clinical psychology. Pavlov's classical conditioning became central to behaviour therapy, with the famous "Little Albert" study of John Watson and Rosalie Rayner (see Chapter 3.3). Fear learning was established with the goal of later demonstrating extinction learning in the laboratory.

Several authors continued to work with this Pavlovian understanding of fear learning, such as Mary Cover Jones (1924). However, it was not until Wolpe published his findings with cats that Pavlovian-based strategies for the treatment of anxiety disorders were systematically developed. Wolpe (1969) wrote, "Systematic desensitization is the breaking down of neurotic anxiety-response habits in a piecemeal fashion." Wolpe developed his exposure technique based on his experiments on cats in his laboratory (Wolpe, 1948, 1952, 1958, cited in Wolpe, 1969). He observed that after conditioning tone and shocks in cats, it was particularly challenging to generate the normal process of extinction. However, Wolpe discovered that the cats were less anxious in experimental rooms where the initial conditioning had not occurred. He then, in a systematic way, progressively introduced the cats to rooms more and more

similar to the initial room. He continued this until the symptoms of anxiety had been removed and extinction had occurred.

The next step Wolpe took in applying this knowledge to anxiety was to use “assertiveness training”. He argued that lack of training in standing up for oneself when criticized by others produced anxiety, and this anxiety inhibited the expression of resentment. Therefore, he proposed that teaching assertiveness or outward expression of emotion would reciprocally inhibit the anxiety and thus suppress it (Wolpe, 1958). However, he soon found that this did not apply to all the different types of anxiety. Finally, he also incorporated Jacobson’s (1938) “progressive muscle relaxation” into his treatments. He used Jacobson’s relaxation technique to get his patients to relax before he started the in vivo exposure. This was another means of using the principles of reciprocal inhibition to deliver psychotherapy.

Given the practical difficulty of in vivo exposure, Wolpe soon started using imagery exposure instead. He found that using systematic desensitization in imagination as an exposure technique was as useful as in vivo exposure for patients in treating anxiety in real life situations. Wolpe followed the Pavlovian root of the technique, and presented only one stimulus per category in each session.

Important research into this new technique of systematic desensitization was conducted in the following years by Wolpe himself (1954, 1958, 1961). Furthermore, the work was soon extended by other researchers such as Lazarus (1961). Lazarus treated a group of phobic

patients using systematic desensitization, and compared it with more conventional therapy at the time, which was based on the group dynamic. Thirteen of the 18 patients who received desensitization were recovered at post-treatment, and at 9-month follow up only three had relapsed. Only two patients in the group that received the conventional therapy were symptom-free at post-treatment.

The first randomized controlled trial that was performed on the treatment of the anxiety disorders was executed by Lang and Lazovik in 1963. In their experiments they used non-clinical college students who were afraid of snakes. In this study they demonstrated an increased reduction in fear and overt avoidance using desensitization, both post-treatment and at 6-month follow up, as compared to the non-participating controls. This was followed by Marks and Gelder (1966a), who established efficacy in a RCT on a clinically diagnosed patient group using systematic desensitization.

In these early years, other forms of behaviour therapy treatment emerged, and were seen as competitors to the original treatment by Wolpe. These treatments included flooding (Malleon, 1959) and modelling (Bandura & Barab, 1971), and demonstrated equal or better outcomes when compared with systematic desensitization (McGlynn, Smitherman, & Gothard, 2004). However, Marks (1973, 1975) pointed out that all the above methods exposed patients to their fear signal, and argued that this was the vehicle to their success. Therefore, all the above treatment strategies can be referred to as exposure treatments for the anxiety disorders.

Exposure treatment has been demonstrated to be more effective than a waitlist control group or placebo in several trials (Butler, Cullington, Munby, Amies, & Gelder, 1984; Hope, Heimberg, & Gelder, 1995; Merch, 1995; Salaberria & Echeburua, 1998; Turner, Beidel, & Jacob, 1994). These gains have been shown to be retained in follow up assessment (Butler et al., 1984; Hope et al., 1995; Salaberria et al., 1998). Furthermore, exposure has been compared to relaxation training (Al-Kubaisy et al., 1992; Alström, Nordlund, Persson, Hårding, & Ljungqvist, 1984), demonstrating superior reduction in anxiety. Therefore, according to the Chambless and Hollon (1998) criteria, exposure treatment for anxiety holds the status of *efficacious and specific*. Finally, exposure treatments have been shown to demonstrate cognitive change without any cognitive intervention per se (Merch, 1995; Salaberria et al., 1998). However, today exposure treatments are rarely used without any cognitive restructuring in the treatment of SAD. This is due to the fact that the core construct in SAD is fear of negative evaluation, which is a cognitive construct (Magee, Erwin, & Heimberg, 2009).

#### **4.4 Cognitive behaviour therapy for the treatment of social phobia**

In 1966, Marks and Gelder were the first to describe the syndrome of social phobia. It was not until 1980, however, that social phobia became an official diagnosis in the third edition of the *Diagnostic and statistical manual of mental disorders* (APA, 1980). This original diagnosis was excessively broad, as it included several agoraphobic fears (Amies et al., 1983). Therefore, in the fourth version of the *Diagnostic and statistical manual of mental disorders* (APA, 1994), the diagnosis of social phobia was narrowed to the cognitive construct of anxiety related to the scrutiny and judgements by other people. Importantly, this

construct needs to be targeted by identifying the different information processes and dysfunctional beliefs related to SAD. Taken together, this acknowledgment led to the birth of CBT as a treatment for SAD, which has since been widely established to be *efficacious and specific* (for overviews see Beck & Clark D. A., 2010; Butler, Chapman, Forman, & Beck, 2006; Jørstad-Stein & Heimberg, 2009; Lampe, 2009; Ponniah & Hollon, 2008; Öst, 2008).

The most influential texts on the treatment of social phobia that fall within the wide framework of CBT come from Aaron Beck, David M. Clark and Adrian Wells. The consensus among these authors is that emotional problems all stem from faulty thinking and information processing. These processes need to be identified and corrected in a targeted manner. The following section describes common strategies of the cognitive treatment approaches used by these authors.

Treatment goals for CBT for social phobia include the following: to reduce anticipatory anxiety, to minimize excessive self-consciousness, to eliminate safety strategies, to improve tolerance to anxiety and reduce inhibition, to eliminate post-event rumination, and finally to modify core beliefs (Beck & Clark D. A., 2010). They identify six treatment components as essential for achieving these goals, and refer to the following texts: Butler and Wells (1995), Clark D. M. (2001), Turk, Heimberg, and Magee (2008), and Wells (1997) (see Beck & Clark D. A. 2010).

*Strategy 1: Education, goal setting and hierarchy construction.* Patients are educated about the cognitive model of social anxiety, such as by emphasizing processes that play a role before, during and after social situations. In this phase a fear hierarchy is constructed and goals of the treatment are identified.

*Strategy 2: Cognitive restructuring of anticipatory anxiety.* Biased threat evaluation, in which the client engages prior to social situations, is identified with Socratic questioning. Then the faulty information processing is challenged with strategies such as evidence gathering, cost-benefit analysis and decatastrophising. This is normally followed by hypothesis testing assignment in the real world.

*Strategy 3: Heightened self-focused attention: use of role-play feedback.* This step involves role playing games, including the comparison of normal internally focused socially anxious reaction vs. externally focused attention in social situations (Clark, D. M., 2001). This process informs the patient of the causal role of excessive self-focus and use of safety behaviours (see Chapter 3.7). A videotape is also used to enhance the accuracy of feedback in this exercise.

*Strategy 4: Cognitive restructuring of faulty threat appraisals during exposure.* This step involves the same strategies as those used in Strategy 2. However, they are applied during role plays and in real-life social situations. Underlying core beliefs are explored as well.

*Strategy 5: Exposure to social threat.* Hypothesis testing is performed in the form of behavioural experiments to test out the threat perceived by the socially anxious individual. These experiments take place in real-life settings for the client.

*Strategy 6: Cognitive interventions for post event processing.* For individuals who engage in significant rumination after social situations, it is important to do a cost-benefit analysis of the time spent ruminating. The primary disadvantage of rumination is that it ultimately reinforces the notion of threat in social situations. Recurring negatively-biased old memories are also targeted here, restructuring the negative bias in memory which still affects current social situations. Assignments such as surveys to friends and family are often used here. D. M. Clark's approach emphasizes clients' remembering past events from their own perspective, not from the imagined perspective of others.

In the last 15 years the gap between theory and practice in the treatment of SAD has been narrowed. This is mainly due to the groundbreaking theoretical model which was put forward by Clark D. M. and Wells in 1995. Some of the techniques have been discussed in the previous sections, such as using video feedback to adjust unhelpful imagery and changing memories to update knowledge that maintains social anxiety. Their model incorporates ideas from both clinical observation and theoretical background (see Chapter 3.7). The cognitive treatment (CT) developed by Clark D. M. and Wells based on their model has helped individuals with social anxiety to much greater extent, with more impressive effect sizes on outcome measures, than the more traditional CBT treatments. The evidence is mounting, giving therapists a clearer understanding of what to target in their treatments (Clark D. M.



2003, 2006; McManus et al., 2009; Mortberg, Clark D. M., Sundin, & Wistedt, 2007; Stangier, Heidenreich, Peitz, Lauterback, & Clark, D. M. 2003).

In summary, novel features in Clark D. M. and Wells based treatments include the following. First, a detailed idiosyncratic model of the patient's problem is created to enhance understanding of the problem for the patient. This incorporates the patient's own thoughts, images, attentional strategies, safety behaviours and other symptoms. This is a transparent process which the therapist and the patient discuss in detail. Second, the focus of the treatment approach includes experiential exercises where both safety behaviours and attention are manipulated to demonstrate unfavourable effects of these unhelpful maintenance processes. Third, the treatment involves systematic training in focusing attention externally, both in social and non-social situations. Fourth, the distorted self-imagery is targeted using video feedback. Fifth, systematic surveys are used to further give the patient opportunity to collect data on issues related to social anxiety, providing further corrective feedback. Finally, behavioural experiments are created to test specific negative predictions, and the patient is encouraged to drop the safety behaviour (Clark, D. M. et al., 2006).

#### **4.5 Experimental literature for specific components of CBT**

The consensus in the field of clinical psychology to date is that cognitive restructuring and exposure are vital components of any CBT. Importantly, there are theoretically sound ideas behind both these strategies, which have been tested experimentally (Beck & Clark D. A., 2010). However, several other components have been included under the umbrella of CBT

that are no longer considered essential to effective treatments. Examples are relaxation strategies and social skills training.

Relaxation exercises, such as Jacobson's (1938) progressive muscle relaxation, have limited effectiveness in the treatment of social anxiety symptoms (Al-Kubaisy et al., 1992; Alström et al., 1984). Furthermore, Clark D. M. (2004) referred to how Teasdale (1977) revealed with his experimental studies on systematic desensitization that the relaxation training was unnecessary. This is an example where theory and experimental studies provide a guide to more targeted treatment, which in this case have resulted in more effective treatments with superior effect sizes. For example, Clark D. M. and Wells did not include any social skills training in their treatment protocol based on their empirical background research.

The use of social skills training to treat social phobia is controversial. In particular, it is controversial whether people with SAD have a lack of social skills. Moreover, there is no empirical evidence that this component is essential in the treatment of SAD using CBT (see Magee et al., 2009). Furthermore, considering the role of safety behaviours (see Chapter 3.5.1) in social anxiety, in theory these strategies may serve such a purpose. In fact, social skills training manuals could be a recipe for a variety of safety behaviours that can serve to maintain anxiety. This hypothesis needs to be tested experimentally.

Other techniques which some authors consider to fall within the category of CBT are mindfulness-based treatments, and acceptance- and commitment-based techniques. A general

consensus (Jørstad-Stein & Heimberg, 2009; Lampe, 2009; Magee et al., 2009) is that these techniques do not have enough experimental data to support their individual elements over the evidence-based treatment of CBT. The problem with testing their efficacy is that several components of these treatments include exposure and other evidence-based CBT techniques, making it difficult to determine their contribution. However, according to Clark D. M. (2004), we need to continue to test all these different components in order to be able to identify the correct targets. In other words, the smaller the area we choose, the more specific we can be in our targets. In turn, this will give us better insight, and a higher chance of tackling the causal and maintaining factors of social anxiety. A smaller and more specific area within the social anxiety treatment literature is the social anxiety that has been observed in those who stutter.

#### **4.6 The treatment of social anxiety in stuttering**

In his groundbreaking work in clinical psychology, Wolpe (1969) covered aspects of the psychological treatment of stuttering. He proposed that stuttering is a consequence of neurotic anxiety, and therefore suggested exploring the stimulus-response to understand the correlations that are causing problems for the patients. In the second edition of Wolpe's book *The practise of behaviour therapy* (1973, pp. 232-233) he stated:

The dependence of most stuttering on social anxiety is demonstrated by the fact that almost every stutterer speaks fluently when he is alone or in the presence of people whom he is quite comfortable. The greater the

anxiety the social situation evokes, the worse the stutter is likely to be. A behaviour analysis will identify the stimulus elements in the social context that trigger the anxiety; and upon these will depend the therapeutic strategy. Most often, assertive training or some form of desensitization will be indicated or both... . The deconditioning of anxiety is often all that is needed to alleviate stuttering more or less completely, and lastingly. However, in some cases motor operants will keep the stutter going to some extent after the anxiety has been removed and their separate extinction will be needed.

Now, almost 40 years later, the causal roles of social anxiety in stuttering are still not fully understood. Though most contemporary writers in the field would argue that Wolpe (1973) overstated the significance of anxiety in the disorder, Menzies, Onslow, and Packman (1999) concluded that there was mounting evidence to suggest a mediational role for anxiety in stuttering. A recent study indicated that those who stutter have a higher chance of having SAD compared to age- and gender-matched controls (Iverach et al., 2009b).

Only one randomized controlled trial (Menzies et al., 2008) has explored the efficacy of a psychological treatment for SAD in stuttering. The results indicate that CBT reduced anxiety and improved the quality of life for those who stuttered at a 12 month follow assessment, but had no impact on stuttering frequency. However, dropout for psychological measures was significant, with only 14 of the 30 who were in the trial, completing the assessment.

Blumgart, Tran, and Craig (2010) pointed out a flaw in the current DSM-IV diagnostic system. The DSM-IV assumes that social anxiety is always a consequence of stuttering, and therefore proposes that stuttering should be used as exclusion criterion for SAD. However,

Blumgart et al. pointed out that this exclusion, which is based on this unconfirmed assumption, limits access to effective treatment for those who stutter and struggle with social anxiety. This is unfortunate, given that these individuals have a higher risk of having experienced anxiety in a social context, and therefore have a high probability of needing treatment.

In conclusion, it is evident that CBT is an efficacious therapy for SAD. Importantly, only one trial has tested CBT within the population of individuals who stutter (Menzies et al., 2008). In that trial, individuals who stuttered demonstrated less anxiety after receiving CBT and, most importantly, CBT eliminated a DSM diagnosis of social phobia in every case treated. The chapter that follows summarizes the problem in translating these clinical results into accessible treatment services for the 60 million people in the world who suffer from stuttering.

## CHAPTER 5 - CLINICAL TRANSLATION: FROM CBT TRIAL TO ACCESSIBLE TREATMENT SERVICES

This chapter provides an overview of the problem of clinical translation from an effective CBT trial for social anxiety for adults who stutter to accessible treatment services in the community. First, the chapter summarizes how the nature of social anxiety limits access to treatment. Furthermore, it summarizes the lack of evidence-based treatment options for all individuals with social anxiety. Next it describes how this treatment delivery is particularly needed for adults who stutter and suffer from social phobia, due to the high prevalence of social phobia in this group. Furthermore, it highlights how mental health problems can interfere with successful speech rehabilitation. The last section shows how this thesis aims to solve the problems of clinical translation for the 60 million people in the world who stutter.

### **5.1 The nature of social phobia limits access to treatment**

The vast majority of people who struggle from social anxiety never seek any treatment (Beck & Clark, D. A., 2010). It is widely established that a social phobia diagnosis is frequently missed in primary care worldwide (Beck & Clark, D. A., 2010; Lampe, 2009). The shame and embarrassment that lie at the heart of social phobia are highly likely to be contributors to this phenomenon. Indeed, a qualitative study by Davidson (2007) highlighted that embarrassment is the primary reason why socially anxious individuals do not report their symptoms to their GP. In a study of 9,282 individuals, Ruscio et al. (2008) found that those who had the most severe social phobia were the least likely to receive treatment.

Astonishingly, once the diagnosis has been made, it can take up to 17 years for treatment to be sought (Beck & Clark, D. A., 2010; Lampe, 2009).

Given the above problems, there is a strong need to find and facilitate ways to make it easier for socially phobic people to seek and receive professional help. One option is to allow people to receive treatment via the internet. It is much less confronting for people to log on to a website than to attend a specialist clinic in person. This can potentially result in the famous “foot-in-the-door” phenomenon. This technique was first published in 1966 by Fredman and Fraser at Stanford University. These authors sought to answer the question, “How can a person be induced to do something he would rather not do?” Their approach involves first asking for something small, before building to a more substantial request. They found that people were more likely to comply with the larger request after they had already agreed to the smaller one. In the case of online therapy, the initial stages involve no human contact, which should appeal to people with social phobia. Agreeing to participate in online treatment may be seen as the “small request”. Once people have already been involved with the treatment for some length of time they may be more likely to comply with more difficult tasks. For example, a difficult task is participating in behavioural experiments that involve confronting their fears in social situations.

Despite the major contributions of evidence-based methods in the treatment of social anxiety from the field of clinical psychology in the last 40 years (Rachman, 2009; Chapter 4), it is evident that a minority of sufferers receive effective treatment. A recent report (Shafran et al., 2009) by some the leading researchers in clinical psychology today highlights this problem.

In that report the authors summarize the key cognitive distortions held by clinical psychology clinicians that prevent patients from receiving top-of-the-line treatments for their psychological problems. One of the points they make is that patients fail to receive this care due to the lack of specialist training for many clinicians. Therefore, there is tremendous value in capturing specialist knowledge from expert clinicians, and then using technology to make it widely available. This can be accomplished by using an automated system that runs on the World Wide Web. The need for this is particularly pressing for social anxiety in stuttering, due to the small number of clinical psychologists working in the area.

## **5.2 The problem of clinical translation of the results from Menzies et al. (2008) to the stuttering population at large**

With exclusion criteria suspended, approximately 44% of individuals who stutter meet a DSM-IV diagnosis of social phobia (Stein, Baird, & Walker, 1996). Of those who seek speech restructuring treatments, the proportion who also have a social phobia diagnosis can be as high as 60% (Menzies et al., 2008). Furthermore, an alarmingly high incidence of social anxiety has been found in adults who stutter compared to the general population (Iverach et al., 2009a). This is troubling because of the extreme disability that social anxiety poses for individuals, in both their professional and personal lives (Antony et al., 2009). Finally, a recent study has demonstrated that having a mental health diagnosis is highly correlated with an inability to maintain treatment gains from speech rehabilitation programs (Iverach et al., 2009b).



Menzies et al. (2008) demonstrated that CBT is an excellent method for treating mental health problems for adults who stutter. Their RCT demonstrated that social phobia diagnoses were removed for all members of the experimental group, whereas the control group intervention (i.e. those who received speech restructuring alone) did little to eliminate social phobia. Furthermore, everyday life improved significantly for the experimental group who received CBT, in that their Global Assessment of Functioning (GAF) scores improved markedly. However, the clinical results from the Menzies et al. (2008) trial are not easily translated into the community at large. There are several reasons for this.

First, in the Menzies et al. (2008) trial, a highly experienced clinical psychologist who had significant training in the management of stuttering was used. This specialty is rare in the psychology workforce. Therefore, given the high prevalence of social anxiety, there is a lack of resources available to treat the population of those who stutter and also suffer from social anxiety. Furthermore, those who stutter have special needs as compared with other psychological disorders, given that stuttering has complex origins and specific negative cognitions associated with it (St Clair, et al., 2008). The fact that stuttering is not addressed in clinical psychology curricula makes it unlikely that those seeking help for their social anxiety with a clinical psychologist would receive adequate treatment.

Second, individuals in rural areas have limited access to psychological services. The cost and time commitment of travelling put this population at a disadvantage, as there are practical difficulties in attending treatments. Therefore, this group is even more likely to have to live with social anxiety, and maladaptive social isolation is also a greater risk among this group.

Finally, a core problem is posed by the fact that individuals who stutter do not see themselves as having a psychiatric problem. Therefore, this population is rarely seen in psychology clinics. It is possible that the increased stigma associated with psychological treatment compared to speech rehabilitation may be a contributing factor. However, it is clear that the management of stuttering rests within the field of speech pathology, and the delivery of CBT rests within the field of clinical psychology. Therefore, translating the successful clinical results to the stuttering community poses several challenges.

One promising answer to the present problem lies in an online treatment protocol that can deliver high quality specialist knowledge from clinical psychologists that can be used by speech pathologists managing adults with chronic stuttering.

### **5.3 Fully automated online therapy**

The remainder of this thesis presents a case study for a fully automated online “therapist”. The computer therapist embodied knowledge from a clinical psychologist with 25 years of expertise in the area of treating anxiety disorders, and 15 years of experience in the area of stuttering. It is argued that the online therapist developed in this thesis offers a solution to the translation problems raised above.

CBTpsych.com is the name of the “therapist” that was researched and developed to solve the translation difficulties. Appendix 2 includes a full copy of the website’s content. The computer program was written by the candidate in the scripting language PHP, and using a MySQL database for information storage and retrieval. The system runs on a Linux-based Apache server, although it can be ported to other platforms.

The content of the program is based on the work of Menzies et al. (2008), who outlined a live group based CBT social anxiety treatment package for people who stutter. Their treatment protocol included group treatment, tailored CBT, with hierarchical exposure tasks, behavioural experiments, cognitive restructuring tasks, and relapse prevention

A novel feature in this treatment protocol is the clinical data that is used for corrective feedback, which is written in such way that individualised treatment is conducted. The components of the program are designed to be consistent with the Clark D. M. & Wells (1995) research literature (see Chapters 3 and 4). Therefore, novel features incorporated in CBTpsych.com, that were not part of the Menzies et al. 2008 trial, include: 1) development of a personalised Clark D. M. and Wells model for each patient using the patient’s anxiety symptoms, safety behaviours, unhelpful imagery; 2) discussing and eliminating safety behaviours are pivotal for the treatment, and are an important part of behavioural experiments; 3) attention deployment is targeted in order to help the patient shift their attention from themselves in social situations and have better control over shifting away from negative post event rumination; 4) problematic anticipatory and post event processing is targeted; and 5) rescripting of unhelpful imagery maintaining social anxiety.

However, several features from the Clark D. M. and Wells treatment needed to be adjusted, given that this population was adults who stutter. In particular, the video feedback section was not used since there is no evidence that those who stutter have a highly negatively *distorted* image of themselves in social situations. Furthermore, having the patients conduct surveys about other people's perception of those who stutter was also eliminated. This is because it might fail to be effective as positive feedback, as there is some evidence of stereotyping and prejudice against those who stutter (see Chapter 2 and MacKinnon et al., 2007).

CBTpsych.com contains thousands of examples to be used as clinical data, which are used to generate automatic feedback for patients. These examples were written on the basis of the principles of CBT, and reviewed by an expert in that field who also has extensive experience in stuttering management.

#### **5.4 Artificial intelligence**

Modern advances in artificial intelligence (AI) have produced machines that excel in highly specialized areas, such as playing chess, recognizing and matching images of fingerprints, or reading printed characters. However, certain areas of human intellect still pose significant challenges for AI researchers (Crevier, 1993). For example, general object recognition is easily accomplished by young children, but has been surprisingly difficult to automate (Ullman, 1996). Consider, for instance, a system that is designed to recognize chairs. Such a

system would require an unambiguous definition (or model) of what a chair is. At first, formulating this definition might seem like an easy task; perhaps “something that has four legs and people can sit on”. However, a little thought demonstrates that this definition is inadequate. Tables can have four legs and can be sat on, but are certainly not chairs. Furthermore, many chairs do not have four legs. Also, the definition assumes implicit knowledge that is not immediately obvious. For example, the system would need to know what it means to “sit”, resulting in a cascade of definitions. Formalizing these fuzzy concepts (see further Luger & Stubblefield, 2004) in the inflexible language of computers has proved to be much more challenging than anyone expected (Crevier, 1993). Taking automated systems to the next level, including concepts such as emotion, creativity, motivation, consciousness and self-awareness, may be beyond the reach of today’s technology. However, some prominent researchers feel that given the exponential advances in technology that we are currently experiencing, systems exhibiting these behaviours may be achievable within the next few generations (Kurzweil, 2005).

Measuring the intelligence of a machine is a difficult task in itself. As mentioned above, machines can already outperform people in some areas (e.g. calculation), but are drastically lacking in others (e.g. composing art). Therefore, current machines can be considered intelligent in some respects but not others. The brilliant mathematician Alan Turing proposed a solution to measuring intelligence in the 1950s (Turing, 1950). The “Turing Test” involves a person communicating with another entity that is either a person or a machine. The challenge for the person is to try to determine if he or she is talking to a real person by engaging in conversation. If the person cannot tell the difference between a real person and a

machine, the machine is said to have passed the Turing Test. In that case, as Turing argued, we may as well attribute intelligence to the machine, since its behaviour is indistinguishable from human behaviour.

Currently, no machine has succeeded in passing the Turing Test in a general setting. However, in certain restricted situations, people have been fooled into thinking they are communicating with a real person, when in fact they were communicating with a machine. For example, in 1966 a famous computer program known as “Eliza” was tested, and some participants were convinced they were conversing with a real therapist (see Chapter 7.1).

The goal of this thesis is not to mimic the complex interactions between a patient and a therapist using a fully autonomous and intelligent system. Rather, it proposes a new paradigm in mental health treatment delivery. In particular, the goal is to embody specialist knowledge from cutting edge psychological research into a computer program, and deliver this treatment using an online system. Furthermore, the proposed system is not static. In other words, it does not simply provide online reading material for patients. CBTpsych.com can adapt to the specific and subtle requirements of the individual user, and adapt the treatment accordingly. It is this aspect that distinguishes CBTpsych.com from existing online treatment programs, which are reviewed in the next chapter.

## CHAPTER 6 – PROBLEMS WITH EXISTING INTERNET-BASED TREATMENTS FOR MENTAL HEALTH

Note. The material in this chapter has been published as Helgadóttir, F. D., Menzies, R., Onslow, M. Packman, A. & O'Brian, S. (2009a). Online CBT I: Bridging the gap between Eliza and modern online CBT treatment packages. *Behaviour Change*, 26 (4), 245-253.

### 6.1 Introduction

In 1991, Isaac Marks argued that “refining care delivery to the point where self-care becomes possible is often the product of the most sophisticated stage of a science. Behavioural psychotherapy is entering that mature stage” (p. 41). Marks was referring to the increased knowledge of the basic principles in behavioural psychotherapy which had led to less therapist time being needed to treat anxiety disorders. At the same time, others were also searching for treatment modalities that could essentially be delivered in a “self-care” mode. Computerised treatment lay at the heart of these attempts.

The earliest recorded attempt to create a computerized psychologist was in 1966 by Joseph Weizenbaum. His program, dubbed “Eliza”, was designed to simulate a Rogerian psychologist, and used natural language processing (NLP) to interact with people by asking open-ended questions in an empathic manner. This was the first use of automation to create the illusion of human-human clinical interaction through a computer-human interface (Weizenbaum, 1966). However, despite initial optimism, little progress has been

made since then in the development of a fully automated technique for treating mental health disorders. Most attempts at developing computerized cognitive behaviour therapy treatment packages have included a therapist contact component.

Three recent meta-analyses have investigated the efficacy of current internet CBT treatments. One review revealed impressive effect sizes for health related issues such as headaches and pain problems (Cuijpers, van Straten, & Andersson, 2008). A second, which explored CBT for anxiety and depression, showed promising results for anxiety but not depression (Spek et al., 2007). The third focused on the various electronic devices (e.g. computers, PDAs, DVDs) used to treat anxiety disorders. The authors concluded that in some cases therapy involving the use of electronic devices might match the outcomes of face-to-face therapy (Cuijpers et al., 2009). However, a consistent finding across all reviews was that the amount of therapist time spent with each client remained the most important prognostic indicator for positive outcomes.

The importance of therapist time for internet treatments can be seen in recent social phobia treatments. Several independent research teams have demonstrated the efficacy of online social anxiety treatments in randomized trials (Andersson et al., 2006; Berger, Hohl, & Caspar, 2009; Carlbring et al., 2007; Titov, Andrews, Schwencke, Drobny, & Einstein, 2008a; Titov, Andrews, & Schwencke, 2008b). Further, the treatment benefits observed in at least one of these trials have been maintained for up to 30 months post-treatment (Carlbring, Nordgren, Furmark, & Andersson, 2009). However, all of these trials included



at least 2-3 hours of therapist contact per person, which is inconsistent with the goals of “self care” and the fully automated “Elizian” therapist.

This chapter addresses the shortcomings of existing computerised treatment systems, including those with no therapist contact, and provides suggestions about how to proceed in creating fully automated treatment systems that are tailored to individual patients.

## **6.2 The lack of individualized formulations**

Spek et al. (2007) identified seven studies with no therapist involvement. Two of these were prevention studies in non-clinical samples (Kenardy, McCafferty & Rosa, 2003; Patten, 2003), and the findings therefore cannot be generalized to clinical populations. Four involved some therapist contact via in-person instructional sessions (Klein & Richards, 2001), non-automated email reminders (Hirai & Clum, 2005), phone contact (Christensen, Griffiths, & Jorm, 2004) or both emails and phone calls (Clarke et al., 2005). The final study (Clarke et al., 2002) was the only one with no therapist contact in a clinical population, and showed poor results with low retention rates.

Programs with no therapist contact are referred to as standalone programs. One of the best-known standalone programs is MoodGYM (<http://moodgym.anu.edu.au>). However, this program does not customize its formulation for individual users; each person using the

program appears to receive essentially the same intervention. This is theoretically problematic, and is inconsistent with the emphasis on individual formulations that is the crux of traditional CBT programs worldwide. A “one size fits all” approach to computerized treatment is likely to simplify an individual’s condition, and to lead to reduced engagement with the program by the client.

An alternative approach would be to use clinical file audit data to generate large lists of commonly reported unhelpful thoughts, beliefs, and behaviours. These would enable a standalone computer program to tailor responses to a patient’s individual problems. In our view, computerized treatment programs should open with extensive assessment of the individual’s symptoms, just as in-person therapy does, in order to produce an individualized formulation. For example, the recently developed CBTpsych.com, which specifically targets anxiety in stuttering, is based around the Unhelpful Thoughts and Beliefs about Stuttering (UTBAS) questionnaire (St Clare et al., 2008). The UTBAS is a comprehensive measure of cognitions about anxiety in stuttering based on a 10-year file audit from several major anxiety clinics in Sydney, Australia. The clinical tool contains 66 different unhelpful thoughts reported on thought monitoring sheets by individuals who stutter, during CBT treatment. CBTpsych.com opens with the completion of this instrument, as well as measures of avoidance, safety behaviours, mental imagery and physiological responses, enabling the program to build an individual formulation consistent with the established cognitive model of social phobia of Clark and Wells (1995). This individualized formulation then guides the individual’s treatment program. For example, specific behavioural experiments are developed for each individual in order to test the particular unhelpful beliefs of the individual in settings

that would typically be avoided. In our view, individualized formulations that guide the treatment process are a critical component of standalone computer treatment models of the future.

### **6.3 The lack of automated corrective feedback**

Many standalone programs seem to assume a higher degree of patient understanding of CBT treatment than appears reasonable. For example, E-COUCH (<http://ecouch.anu.edu.au>) assumes that clients can create their own behavioural experiments for exposure purposes. Similarly, MoodGYM expects client to distinguish between thoughts, emotions and behaviours. It is likely that without corrective feedback for client attempting to complete these tasks, most will be unable to correctly and effectively complete these programs. An inherent problem with many of the current standalone computerized CBT programs is that corrective feedback is generally not provided for client responses. Some standalone programs allow users to print out summaries of their answers throughout the program, and some of these packages refer to these summaries as “individualised feedback”. However, to our knowledge, none of the currently available standalone programs offer corrective feedback from the “computer psychologist” that can be compared with the individual’s responses. This is a serious limitation of current standalone online treatment protocols, which may result in clients consistently answering cognitive restructuring questions incorrectly without receiving feedback on these errors.

Providing sample answers for all written work in standalone CBT programs is an effective way to address the issue of corrective feedback. It ensures that after completing any exercise individuals can review their responses against the optimal responses provided by the “computer psychologist”. An example of this approach can be seen in CBTpsych.com. In this program, 528 sample answers are provided for the cognitive restructuring phase of this social anxiety treatment program. Individual complete restructuring exercises on just the UTBAS items that they previously noted as frequently experienced. After completing eight probe questions on the unhelpful thought, individuals are asked to compare their answers to those of the “computer psychologist” before attempting the next restructuring exercise. In this way, the quality of clients’ responses is shaped over successive trials to approximate the computerized psychologist. Table 6.1 contains an example of the sample answers provided for one of the 66 negative thoughts on the UTBAS in CBTpsych.com.

Table 6.1. Sample answers provided by the computer psychologist to Unhelpful Thought No. 14. *Other people will think I am stupid if I stutter*

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1. *What evidence do you have for the thought?*

I have no evidence for this thought. I often *feel* like the thought is true, but I simply don’t have any evidence that it’s true. This is an example of ‘emotional reasoning’. Nobody has ever told me that I am stupid because I stutter. Nobody has ever told me that others are thinking this. And anyway, how could I have evidence for this thought – it’s predicting the thinking of people in situations that haven’t even happened yet. It’s a good example of ‘mind-reading’.

2. *What evidence do you have against the thought?*

To begin with, lots of people who stutter have achieved great things. For example, consider all these people: Aesop (writer of famous fables), Aristotle (famous thinker), Lewis Carroll (writer of Alice in Wonderland), Winston Churchill (English PM during WWII), Claudius (Roman Emperor), Nat King Cole (singer), Richard Condon (Novelist – Prizzies Honour Manchurian Candidate), Charles Darwin (Theory of Evolution), King George VI (King of England), Henry James (Novelist), Thomas Jefferson (US President), Lenin (Russian Communist Leader), Louis II (King of France), Isaac Newtown (Scientist-Law of Gravity), Alan Turing (founder of computer science), Virgil (Roman poet), George Washington (US president), Rowan Atkinson (‘Mr Bean’), Jake Eberts (Film Producer-Gandhi, Dances with Wolves), Noel Gallagher (Guitarist-Oasis), Ben Johnson (Athlete), Harvey Keitel (Actor), and Carly Simon (singer).

Clearly, people didn't think they were stupid. And I know that people close to me don't think I'm stupid. I have had great performance reviews at work/school.

3. *What would you tell a friend (to help them) if they had the thought?*
  - a. I would tell him that it simply isn't true.
  - b. I would point out that if someone *did* think you're stupid because you stutter, s/he is the one who is stupid.
  - c. Why do you care what people think in the first place? What's the point? Why worry about what other people are thinking and doing – just get on with your own life.
4. *Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?*

Who cares what they think. They don't have any power over how bright you are. If you stutter, you stutter – nothing worse than that. You really don't need to care if someone thinks you're stupid, because deep down you know you're not.
5. *Are you worrying about an outcome that you can't control? Is there any point to this type of worry?*

I can't change what people think of me. Worrying about what people think of me is not going to change their opinions. So no, there isn't any point to this type of worry. People will think whatever they want, just as I do about others.
6. *What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?*

Well, it gives me a stomach ache and I feel like I have to throw up, it makes me anxious whenever I think it. It keeps me out of social situations – it makes me avoid new people and new places. It robs me of opportunities in life. I cannot see any helpful thing about this thought. It is wholly destructive, and has the potential to significantly damage my life.
7. *What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?*

Well, I wouldn't feel sick in my stomach anymore. My life would be more relaxed, since I wouldn't be worrying all the time about my interaction with other people! What a relief that would be. And the world would open up to me. I would put myself forward at work, and when I meet people. I wouldn't be afraid to ask people out. I'd start to get the things I want from life.
8. *If the causal thought was true, what is the worst outcome? Is it as bad as you think?*

The worst scenario is that on rare occasions somebody would think I was stupid because I stutter. But I guess that isn't all that traumatic when I really think about it. My friends and family know very well that I am not stupid. I know that I am not stupid. So it's probably not as bad as I thought, and this is the worst case scenario!

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The goal of corrective feedback, throughout every aspect of a computerised treatment program, is to make the user feel as if there is a sentient agent behind the scenes, when in reality it is nothing more than automated algorithms. This feature helps to imitate the therapeutic relationship, and ensures that patients use online treatment programs to more effectively correct the way they think.

#### **6.4 The lack of automated features for adherence**

Another problem with standalone treatments is that they have typically been associated with very high dropout rates. In some studies, as few as 1% to 7% of those starting treatment have completed all modules of the program (Farvolden, Denisoff, Selby, Bagby, & Rudy, 2005; Christensen, Griffiths, Groves, & Korten, 2006). There are many possible reasons for this. Earlier in this chapter, we proposed that the lack of individualized formulations of most standalone programs might contribute to reduced client engagement. This in turn may result in high levels of dropout. Moreover, many individuals may simply forget to regularly log on and, without any behavioural monitoring schemes in place, become inadvertent dropouts. This is a significant obstacle to the adoption of online treatment programs, yet there are few solutions proposed in the literature.

One potential solution is to have an automated system in place that tracks the last time a participant logged on, and then periodically sends email reminders. For example, a reminder email might be sent after 3 days of not logging on, 7 days, 10 days and so forth. Once the participant logs on again, the system would be reset to 0. This delivery of regular reminders of the need to complete the treatment components is likely to improve treatment adherence.

Another solution to this problem could be to create time pressure for access to the computer program. Klein and Richards (2001) reported only one dropout when they gave time limited access to their online panic treatment program. However, their trial was only semi-

standalone, given that the senior author had to show the participants how to access and navigate the program and also to check whether clients were accessing the program during the active treatment phase. The low dropout rate could also have been an artefact of the relatively brief nature of the intervention. Despite these caveats, we believe that limited access time to standalone program should be explored as a means of enhancing adherence to the program.

Further, the process of time pressure can be easily automated. For example, the computer can create a completion date for individuals when they begin the treatment program, and automated emails can regularly remind them of this date, and how many days they have left to complete the program. The obvious benefit of having this automated process is that the computer takes over the monitoring role. Despite this simple way of improving adherence, no one to date has published a standalone trial using this feature.

### **6.5 The lack of human contact e.g. vision or voice**

The importance of the therapeutic relationship in CBT has been demonstrated in several studies (Elvins & Green, 2008; Martin, Garske, & Davis, 2000). Therefore, it is not surprising that treatment gains from online therapies are positively correlated to therapist contact. Current online therapies do not address this challenge. In other words, no attempt has been made to mimic the therapeutic relationship using the computer. One approach to

this is the use of multimedia. For example, sound clips can be used to implement voiceovers.

In theory, voiceovers could make individuals feel as though they have a therapist travelling with them throughout the online treatment. Furthermore, voiceovers provide an opportunity for world-leading specialists to give treatments to a wider audience than would otherwise be possible. The authors are not aware of any existing systems that have therapist voiceovers used to deliver online cognitive treatments in this way. However, the idea behind pre-recorded voiceovers is not new in clinical psychology. Marks et al. (1998) demonstrated this approach when they published their innovative telephone-based program, BTsteps, which incorporated self-assessment and self-administered treatment of OCD via interactive voice response. They were the first to use sound clips to deliver interactive feedback in an automated exposure treatment. However, this approach has not been used to simulate an interactive client and therapist relationship. Personalized voiceovers could be extremely useful when delivering behavioural experiments in cognitive therapy, since the voiceover can be made dependent on the feedback the client has given to the computer from the exposure task.

Another feature of human contact which could be simulated is vision. Most current computer programs use cartoons for the characters in their programs. For example, E-COUCH uses cartoon video clips to explain generalized CBT concepts. This may have the effect of distancing the patient even further from the traditional treatment experience. Therefore, using real images of people might give automated treatment programs a human



contact “feel”. The more life-like we can make the interaction, the closer we can get towards mimicking a real CBT therapy experience. Andersson, Carlbring, Berger, Almlöv, & Cuijpers (2009) argued that it is even important to show photos and names of the support staff behind their program. This idea could be taken one step further, by having all examples in the program illustrated with photographs of real scenes.

Another important feature could be to have the computer intervention programmed in such a way that is not too predictable. One way of creating such an environment would be to have error messages that vary. For example, some error messages might include the name of the patient, such as “OK Joe. It is very important that you write something in the evidence column 1. If you have no evidence, please write ‘No evidence’. Remember, only write evidence that would stand as evidence in the court of law!” Another error message might comment on the length of the content entered into the program, such as, “It looks like you have written very short answers to these questions – really have a go and try your best to write more detailed answers”.

## **6.6 The lack of an adequate CBT dose for individuals’ problems**

As mentioned earlier, current standalone programs tend not to target individualized problems for clients. Instead, clients receive generalized CBT psychoeducation and treatment. Further, they do not get help with cognitive restructuring of their particular, idiosyncratic pattern of negative thoughts and beliefs. The impact of this is that the clients

receive a relatively low dose of CBT targeted to their actual problem set. This could at least partly explain why CBT intervention and CBT psychoeducation did not differ significantly at a 12-month follow up in the study of Mackinnon et al. (2008).

An important feature for delivering an adequate CBT dose in computerized treatments is an accurate formulation. We strongly argue that formulations that are based on individualized avoidances, safety behaviours, mental imagery and physiological anxiety symptoms have a much higher chance of targeting the crucial problems individuals are struggling with. In addition, once the specific negative thoughts and behaviours are identified, it is important that standalone programs ensure that individuals receive a large number of opportunities to engage in cognitive and behavioural tasks relevant to their problems. As a general rule, it seems that most current standalone programs do not include sufficient repetition of CBT exercises to facilitate lasting change. CBT dose has been shown to be an important predictor of treatment outcome (Craske et al., 2006).

## **6.7 Conclusions**

Existing standalone computer programs lack individualized feedback and expect too much CBT knowledge from patients. To progress in the development of a “computer psychologist”, we need to focus efforts on creating illusionary therapist assisted systems. This will not happen unless online programs target specialized areas so that we can use computer algorithms to generate individualized profiles and use techniques such as voiceovers and

individualized automated emails to enhance the human-computer clinical experience. We disagree with Andersson's (2009) claim that the computer cannot totally replace human contact. Rather, we argue that we should aim to continually improve our imitation of human contact using emerging technologies. We disagree with Mohr's (2009) argument that we have a limited ability to individualize and tailor standalone internet treatments. Rather, we argue that a standalone program, given a thorough online assessment phase to guide the automation processes, can effectively create individual treatment formulations. Major work is needed in this area to meet the initial optimism that arose following the appearance of Eliza in 1966. Future developments in artificial intelligence will no doubt contribute to the success of this endeavour.

## CHAPTER 7 – CBTPSYCH.COM AND A PHASE I STUDY

Note. The material in this chapter has been published as Helgadottir, F. D., Menzies, R., Onslow, M. Packman, A. & O'Brian, S. (2009b). Online CBT II: A Phase I trial of a standalone, online CBT treatment program for social anxiety in stuttering. *Behaviour Change*, 26 (4), 254-270.

### **7.1. Introduction**

Despite the high rate of mental health problems among adults who stutter, few studies to date have explored psychological treatment options for this group. Cognitive behaviour therapy is the only psychological treatment that has been tested in a randomized controlled trial for this population. A 12-month blinded follow up of a CBT treatment resulted in the complete elimination of social phobia (SP) diagnoses in the experimental group compared to 50% rate of SP in the control group (Menzies at al., 2008). Furthermore, participants who received CBT experienced a greater improvement in engagement in everyday activities and reduced avoidance, compared to those in the control group. A more detailed review can be found in Chapter 4.6.

Chapter 6 reviewed the current available internet-based treatment programs. It is identified that most online CBT packages lack several features that take full advantage of the potential cost effectiveness of using the internet. In contrast, the program CBTPsych.com addresses

key limitations of current standalone treatment packages, such as: (1) the lack of individualized formulations, (2) the lack of automated corrective feedback, (3) the lack of automated features for adherence, (4) the lack of human contact e.g. vision or voice, and (5) the lack of an adequate CBT dose.

CBTpsych.com is a standalone online program developed to target these limitations in treating social anxiety associated with stuttering. CBTpsych.com attempts to imitate real therapist contact using computer algorithms. The present study aims to assess the viability, safety, effectiveness, and usability of his standalone program in the stuttering population. This chapter begins with an overview of CBTpsych.com, and contains the results of a Phase I study.

## **7.2 The structure of CBTpsych.com**

All components of CBTpsych.com are presented in the appendices of this thesis. What follows is a short description of its structure. To imitate a real therapist experience, CBTpsych.com uses two clinical psychologists (one female and one male) who “talk” to the patient using pre-recorded sound clips throughout the program. Also, CBTpsych.com incorporates individualized automated emails to target adherence. Patients receive emails that congratulate them for completing each section (see Figure 7.1).

**Subject: Congratulations for finishing Part 3 of CBTpsych.com**

f.helgadottir@usyd.edu.au to ben@gmail.com

04/11/2008 Reply – Inbox

Congratulations Ben for finishing part 3 of CBTpsych.com

You have now learned how social anxiety manifests itself in people, and the different roles causal thoughts and safety behaviours play in maintaining the problem. You are now almost half-way through the program and in the next section it is time for you to go out and experience things in the real world. It is extremely important that you actually DO the exercises we ask you to do, if you are to benefit from the program. We wish you best of luck with it all and keep up the good work!

To get back into the program use this link here: <http://www5.fhs.usyd.edu.au/fjola> and use your username and password.

You have now finished 0 of the 20 weeks you have to do the program. We want to remind you again of your due date Tuesday, March 24<sup>th</sup>, 2009 and unfortunately we do not give any extensions. Keep up the good work! Only 140 days left.

Cheers

Fjola & Ross

THIS IS AN AUTOMATED EMAIL, SO PLEASE DO NOT RESPOND TO IT. IF YOU DO, PLEASE DO NOT EXPECT A REPLY.

Figure 7.1. A sample email sent to a participant after completing one section.

Patients receive reminders if they have not logged on for 3, 7, 10, 14, 21 or 28 days. This system is reset to 0 every time patients log on. In these emails, patients are reminded that they have a limited time to complete the program. This feature of applying a time limit of 5 months was designed to boost retention rates (see Figure 7.2).

**Subject: 3 day reminder from the CBTpsych.com**

f.helgadottir@usyd.edu.au to inga@gmail.com	12/02/2008 Reply – Inbox
Hello Inga	
<p>This is a reminder that it has been 3 days since you last logged on. Remember you only have five months to complete this program and we expect you to log on around twice a week.</p> <p>Your latest finish date is 01-05-2009 at 10:56. There are still 78 days to go, so keep up the good work!</p> <p>To logon again, press this link: <a href="http://www5.fhs.usyd.edu.au/fjola">http://www5.fhs.usyd.edu.au/fjola</a></p> <p>Your username is: Inga</p> <p>Cheers</p> <p>Fjola &amp; Ross</p> <p>THIS IS AN AUTOMATED EMAIL, SO PLEASE DO NOT RESPOND TO IT.</p>	

Figure 7.2. A sample email sent to a participants who had not logged on for 3 days.

CBTpsych.com is divided into seven sections. Early in the program, an individualized profile for each patient is built from a comprehensive online battery of measures designed to assess negative thoughts, behaviours, and emotional responses. These psychometric tests are readministered at the end of the seventh section. Patients must complete each section in order to be able to enter the subsequent section. Details of each section are provided here.

*Section 1:* In Section 1 the cognitive model of emotion is introduced, and common cognitive errors are described. Furthermore, in this section, a virtual therapeutic relationship is established when the virtual clinical psychologists introduce themselves via a photograph and a pre-recorded sound clip. Finally, this section is designed to familiarize patients with the technological aspects of the program, such as learning to use the feedback, and voiceovers.

*Section 2:* File audit data from 10 years of work by senior clinical psychologists in major anxiety clinics in Sydney was used to compile a list of 66 unhelpful thoughts experienced by adults who stutter in social situations. The resulting scale, known as UTBAS (Unhelpful Thoughts and Beliefs About Stuttering) was used to create a tailored profile of cognitive errors for each patient (see further St Clare et al., 2008). By using eight standard probe questions, 528 different cognitive restructuring sample answers were written to provide patients with individualized corrective feedback for their unhelpful thoughts. In this section, the patient must write at least 40 different cognitive challenges to ensure an adequate dose of restructuring prior to moving on to the next sections. Corrective feedback, in the form of



sample answers, is provided for each patient response. In this way, the quality of patient responses is shaped across trials.

*Section 3:* In this section an extensive psychoeducation component on the Clark D. M. and Wells model (1995) of SP is presented. The instructions show patients how to build their personal SP formulation. To prevent errors in constructing the individualized formulation, pre-written symptoms are selected from a list. These include avoided situations, cognitions driving anxiety and avoidance, safety behaviours, mental images and physical anxiety symptoms. This model is then used later in the program to perform behavioural experiments and to target unhelpful imagery.

*Section 4:* Section 4 uses the individualized formulation created in Section 3. In this component patients select an avoided situation, which they can choose from their own avoided situations list. CBTpsych.com then creates a behavioural experiment for that situation, targeting one or more different cognitions responsible for driving the avoidance and anxiety. The number of experiments to be completed in this section is expected to be around 10 for each patient. In addition to completing worksheets on the results of the experiment, patients carry out additional cognitive restructuring exercises. Section 4 has the potential to create 3620 different behavioural experiments for the patients, based on their individualized profile of unhelpful cognitions and avoided behaviours. The program determines whether each experiment should be repeated prior to recommending a novel experiment. CBTpsych.com bases this decision on whether patients indicate that they would still avoid the previously feared situation.

*Section 5:* Since self-focused attention and the adoption of an observer perspective are significant problems in social anxiety, Section 5 addresses these maintaining factors. First, skills-based attention training (Wells, 2000) is taught in order to increase the patients' control of attention in social situations. Second, rescripting methods are used to help "update" faulty and unhelpful imagery (Holmes, Arntz, & Smucker, 2007). The voiceovers in these sections are particularly important, as patients hear a voice that rescripts their particular image selected on the basis of their tailored formulation as constructed in Section 3.

*Section 6:* Further work on challenging fear of negative evaluation is included in Section 6. In this section, patients write an essay with the title "Why it doesn't matter what other people think of me". In line with the rest of the program, a pre-written sample essay is provided. Furthermore, targeting of maladaptive "should" statements is covered. Patients select 3 out of 17 "shoulds" that they commonly experience, e.g. "I shouldn't stutter"; "Other people should be polite"; and "I should be married or in a committed relationship". Next, patients receive individualized feedback in a cost-benefit analysis exercise. This component of CBTpsych.com includes 34 different sample answers to help patients target the "tyranny of the shoulds".

*Section 7:* This section deals with relapse prevention and reviews all the former components of the program. Furthermore, as depression is a frequent comorbid condition in SP, and commonly reported among adults who stutter, psychoeducation is focused on preventive

behaviours that patients can engage in to maintain treatment gains and avoid negative moods.

## **7.3 Method**

### *7.3.1 Design*

This study used psychometric tests to measure changes before and after the CBTpsych.com intervention. Furthermore, the quality of the interaction with the computer psychologist was analysed.

### *7.3.2 Participants*

Two participants seeking treatment for stuttering at the Australian Stuttering Research Centre (ASRC) took part in this trial. Both received a DSM-IV diagnosis of SP following initial screening with the Composite International Diagnostic Inventory – Auto (CIDI-Auto-2.1; World Health Organization, 1997). *Participant 1* was a 40 year old married male with a high school education. He reported stuttering onset at age 3. He also reported a positive family history of stuttering: namely, in his maternal aunt. *Participant 2* was a 57 year old married male with a bachelor's degree. He reported that his stuttering had emerged at age 10. He reported several family members suffering from stuttering: paternal uncle, brother, and two of his sons.

Eligibility criteria for participant inclusion in the present study were: (1) aged between 18 and 70 years, (2) not having seen a clinical psychologist for CBT treatment within the last 6 months, (3) access to regular internet/email, (4) functional written and spoken English, (5) no endorsement of the suicide item on the Beck's Depression Inventory (BDI-II). The study was approved by the Human Research Ethics committee at the University of Sydney and written informed consent was obtained from both participants.

### *7.3.3. Outcome measures*

Psychometric tests were administered before and after the intervention. Three different modes of data collection were used for psychometric testing: an automated diagnostic interview, a pencil and paper booklet, and an online questionnaire. No therapist contact occurred during psychometric testing. For example, the DSM-IV (APA, 1994) and ICD-10 (WHO, 1993) diagnoses were obtained using the self-administered, computerized version of the Composite International Diagnostic Interview (CIDI-Auto-2.1; WHO, 1997). However, a research assistant with no psychology qualification contacted the participants for the collection of data. Ten tests were used to evaluate the participants, as described in detail in the following subsections.

*7.3.3.1 Computerized Version of the Composite International Diagnostic Interview (CIDI-Auto-2.1)* (WHO, 1997). The CIDI-Auto-2.1 is a standardized interview which is self-administered on a laptop computer. It is designed to comprehensively assess and diagnose

mental health problems according to the DSM-IV and ICD-10. The interview has established adequate reliability and validity (WHO, 1997). Furthermore, the CIDI-Auto-2.1 provides comparable prevalence rates of psychiatric conditions to those obtained through clinical interview (Lampe, Slade, Issakidis, & Andrews, 2003).

*7.3.3.2 Fear of Negative Evaluation Scale (FNE)* (Watson & Friend, 1969). The FNE contains 30 “true” and “false” statements designed to measure fear of negative evaluation by others. For 17 of the statements, a response of “true” adds a score of 1 and for the other 13 statements a response of “false” adds a score of 1. This leads to a score in the range of 0 to 30 which reflects the social anxiety of the participant. This measure has been used extensively in social anxiety research (Stopa & Clark D. M., 2001) and has established excellent psychometric properties (Durm & Glaze, 2001; Garcia-Lopez, Olivares, Hidalgo, Beidel, & Turner, 2001).

*7.3.3.3 Unhelpful Thoughts and Beliefs About Stuttering (UTBAS)* (St Clare et al., 2008). The UTBAS contains 66 items that assess the frequency of unhelpful thoughts and beliefs about stuttering. The scale is scored on a 5-point Likert scale ranging from 1: “Never have the thought” to 5: “Always have the thought”. Items were constructed from a comprehensive file audit of stuttering cases seen in CBT clinics over a 10-year period. The measure demonstrates high reliability and validity within the stuttering population (St Clare et al., 2008).

7.3.3.4 *Stuttering Specific Avoidance Scale (SSAS)* (Helgadottir, Menzies, O'Brian, Onslow, & Packman, 2007). The SSAS contains 55 items which cover avoided situations common to adults who stutter. The items were generated by surveying senior speech pathologists with a minimum of 10 years experience in the management of stuttering. Participants indicate their avoidance on a 5-point Likert scale ranging from 0: "Never avoid" to 4: "Always avoid". This measure was used for the first time in the present study.

7.3.3.5 *The State-Trait Anxiety Inventory (STAI)* (Spielberger, 1983). The STAI-T is a self-reported measure that includes 20 items relevant to trait anxiety. The scale is scored from 1: "Almost never" to 4: "Almost always". The measure demonstrates adequate reliability and validity (Spielberger, Reheiser, Owen, & Sydenham, 2004), and is among the most widely used anxiety scales in clinical studies over the past 20 years.

7.3.3.6 *Social Phobia Anxiety Inventory (SPAI)* (Turner, Beidel, & Dancu, 1996). The SPAI includes 45 items. The inventory is scored from 0: "Never" to 6: "Always". The SPAI is an empirically derived instrument that incorporates responses from the cognitive, somatic, and behavioural dimension of SP. This instrument can distinguish socially phobic patients from other anxiety patients. The inventory has high levels of demonstrated reliability and convergent validity (Turner, Beidel, Dancu, & Stanely, 1989).

7.3.3.7 *Beck Depression Inventory-II (BDI-II)* (Beck, 1996). The BDI-II includes 21 items that measure a variety of depressive symptoms. The inventory is scored from 0 to 3. For

example, for sadness a score of 0 equates to “I do not feel sad”, and a score of 3 equates to “I am so sad I can’t stand it”. The inventory has adequate reliability and validity (Dozois, Dobsin, & Ahnberg, 1998; Osman et al., 1997) and has become a standard measure for the assessment of depression in clinical populations.

7.3.3.8 *The Social Evaluation Scale (EMAS-T-SE)* (Endler, Edwards, & Vitelli, 1991a). The Social Evaluation (EMAS-T-SE) Scale and the New/Strange Situations (EMAS-T-AM) Scale of the EMAS-T were administered to participants. Both scales consist of 15 statements which are rated on a 5-point scale ranging from 1: “Not at all” to 5: “Very much”, with total scores for each scale ranging from 15 to 75. The EMAS-T has demonstrated satisfactory reliability and validity as a multidimensional measure of anxiety (Endler, Edwards, Vitelli, & Parker, 1989; Endler, Parker, Bagby, & Cox, 1991b). The two subscales used in the present study have been shown to discriminate between stuttering and non-stuttering samples (Messenger et al., 2004)

7.3.3.9 *Overall Assessment of the Speaker’s Experience of Stuttering (OASES)* (Yaruss & Quesal, 2006). The OASES consists of four sections, each assessing a different component of the impact of stuttering. The total score is designed to evaluate the total impact of stuttering on a person’s life. Section IV assesses the impact of stuttering on quality of life. This section is scored from 1: “Not at all” to 5: “Completely”. The OASES has demonstrated strong reliability and good validity (Yaruss & Quesal, 2006).

*7.3.3.10 Depression, Anxiety and Stress Scales (DASS).* The DASS is a 42-item test that aims to capture three dimensions of negative emotional states: depression, anxiety and stress/tension (Lovibond & Lovibond, 1995a, b). The response format is a 4-point scale measuring the frequency of an event in the preceding week. The answers range from “Did not apply to me at all” to “Applied to me very much, or most of the time”. The instrument has excellent internal consistency and a replicable three-factor structure (Antony, Beiling, Cox, Enns, & Swinson, 1998; Brown, Chorpita, Korotitsch, & Barlow, 1997; Crawford & Henry, 2003). The DASS aims to address the failure of earlier emotional measures to discriminate between anxiety and depression.

#### *7.3.4 Procedure*

The two participants attended the ASRC to give informed consent and to complete the assessment procedures. The assessment involved a comprehensive self-evaluation, using both a laptop computer and comprehensive pencil-and-paper booklet of measures (see above). After the assessment was completed, the participants were given the web address and login details for the “computer psychologist”. The participants were not contacted again by any research or clinical staff until after they had completed the treatment with the “computer psychologist”. At this point, they were asked to return to the ASRC for completion of the post-assessment measures. These were again conducted using a laptop computer and a pencil-and-paper booklet. It should be emphasized that any emails sent by the participants to the “computer psychologist” during the treatment period were not acknowledged, consistent with the fully automated research design.



## 7. 4 Results

### 7.4.1 Psychometric tests

At post-treatment administration of the CIDI Auto 2.1, neither participant met the DSM-IV and ICD-10 criteria for SP. Furthermore, as can be seen in Table 7.1, psychometric testing revealed that both participants experienced large reductions in anxiety and depression symptoms after receiving the intervention by CBTpsych.com.

Table 7.1. Pre-treatment and post-treatment data for both participants.

	User 1 Before	User 1 After	User 2 Before	User 2 After
DSM-IV SP*	YES	NO	YES	NO
ICD-10 SP*	YES	NO	YES	NO
FNE	20	4	23	7
STAI	40	31	55	42
SPAI	153	81	125	87
BDI-II	11	0	19	5
EMAS-T-SE	49	40	46	63
EMAS-T-AM	52	39	58	62
Stuttering impact on quality of life	69	50	69	48
OASES Total Impact	65	47	70	48
UTBAS I	181	102	198	118
DASS	17	3	60	51
AVOIDANCE	138	28	96	49

\*SP: Social Phobia diagnosis

7.4.2 Individualized models and behavioural experiments

Participant 1 reported high use of safety behaviours both in the assessment phase and in the cognitive restructuring tasks. Figure 7.3 demonstrates an idiosyncratic model that this participant built with the help of CBTpsych.com.



Figure 7.3. Example of Participant 1's idiosyncratic model

This participant engaged in four behavioural experiments during treatment: twice for the situation of “presenting material to a group of people”, once for “asking for directions”, and once for “asking questions in tutorials”. In the first experiment, the participant reported several different unhelpful thoughts and beliefs. Table 7.2 lists all of the different predictions that Participant 1 tested out in these experiments.

Table 7.2. Components of the behavioural experiments for Participant 1

---

Cognitions:

- 7 I might stutter
- 11 I will stutter
- 12 Everyone in the room will hear me stutter

Situations avoided:

- 45 Asking for directions (general public)
- 21 Presenting material to group / meeting (work)
- 21 Presenting material to group / meeting (work) \*
- 29 Asking questions in tutorials (university)

Predictions tested out:

- 4 People will not help me out
  - 6 People will laugh at my questions
  - 15 They will not give me a chance to finish my sentence
  - 5 People will turn away when I speak
  - 13 The other person will look at someone else and make a fun of me
  - 7 They will not listen to me when I talk to them
  - 16 I will not be able to explain myself
  - 20 People will laugh when they hear me stutter
  - 14 They are going to shake their heads
- 

\* The participant had to perform two behavioural experiments with this situation to reduce anxiety

By examining the written responses of Participant 1, it is clear that he came to realise that he routinely overestimated the likelihood and costs of bad outcomes. Figure 7.4

demonstrates an example of one of this participant's behavioural experiments, and the responses he gave to CBTpsych.com after completing the task.

---

## **What did I learn from doing the experiment?**

### **My causal thought was:**

I might stutter

### **The task I completed was:**

Walk around your neighbourhood and ask at least five people for directions to a local shop

### **I predicted these three things:**

- I predicted: "People will not help me out" with likelihood: 30%
- I predicted: "People will turn away when I speak" with likelihood: 30%
- I predicted: "People will walk away" with likelihood: 60%

### **This is what happened:**

- Nobody laughed; I was actually surprised that they were helpful and friendly. Some actually engaged in the conversation which was very surprising.
- I didn't see people making fun of me. Everyone was attentive. Although one person laughed and was trying to hide it. Everyone was cooperative and listened what I had to say.
- NO one treated me badly, one person laughed quietly, but realized the situation and it was OK in the end. It was just a fear I have that was not there at all. I should stop assuming things.

### **Do you still think you would avoid: *Asking for directions (general public)?***

---

Figure 7.4. Written response by Participant 1 in a behavioural experiment.

### *7.4.3 Cognitive restructuring*

Figure 7.5 contains an example of Participant 2's cognitive restructuring. On the left-hand side is the restructured thinking by the participant, and on the right-hand side is the feedback which CBTpsych.com gave to him to challenge the unhelpful thought, "It's impossible to be successful if you stutter". As indicated earlier, CBTpsych.com has 528 sample answers to the eight probe questions used in the restructuring component of the program.

Causal thought:

It's impossible to be really successful in life if you stutter

**1. What evidence do you have for the thought?**

Your answer:

I do not have any evidence for the thought. I feel if I do not speak fluent it may not be easy to succeed in life. I think I have to work harder than the normal people to be successful in life but I do not have strong evidence, it is impossible.

Our sample answer:

Although this feels true, I have no evidence for the thought.

**2. What evidence do you have against the thought?**

Your answer:

Lots of stutterers achieve great things in life. Sometimes I do succeed in life and I don't fail all the time. If I work hard and with luck I may succeed in doing some things. To be successful in life you must have a commitment, be hard working and lucky. It is not impossible to be really successful in life if I stutter, some of my performance can prove it.

Our sample answer:

There have been lots of very successful people who stutter. These include Aesop (writer of famous fables), Aristotle (famous thinker), Lewis Carroll (writer of Alice in Wonderland), Winston Churchill (English PM during WWII), Claudius (Roman Emperor), Nat King Cole (singer), Richard Condon (Novelist – Prizzies Honour Manchurian Candidate), Charles Darwin (Theory of Evolution), King George VI (King of England), Henry James (Novelist), Thomas Jefferson (US President), Lenin (Russian Communist Leader), Louis II (King of France), Isaac Newtown (Scientist-Law of Gravity), Alan Turing (founder of computer science), Virgil (Roman poet), George Washington (US president), Rowan Atkinson ('Mr Bean'), Jake Eberts (Film Producer-Gandhi, Dances with Wolves), Noel Gallagher (Guitarist-Oasis), Ben Johnson (Athlete), Harvey Keitel (Actor), and Carly Simon (singer)

**3. What would you tell a friend (to help them) if they had the thought**

Your answer:

It is absolutely wrong. You can be successful in many things despite you stutter, look at your past performance, you succeed sometime.

Our sample answer:

Don't be silly! Lots of people who stutter are successful. This thought is so self-defeating. You need to beat it!

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

Your answer:

It is rubbish to have this thought. No matter you stutter or not if you want to be successful in life you have to work hard with a commitment and sometime depend on luck.

Our sample answer:

That's rubbish. If you keep thinking thoughts like this, it will just eat away your confidence. Why would you believe such a thought?

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Your answer:

If in case it is impossible to be successful if I stutter, I cannot change it with this thought. I must work harder to try it again or to overcome my stuttering. It does not help me if I still have the thought.

Our sample answer:

My success is largely within my control. I want to be successful. I've got one life to live, and I'm going to go for it!

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

Your answer:

It discourages me from having a good performance. It stops me from doing something I like. It is not helpful in any way, I just devastate my life with it.

Our sample answer:

The thought makes me feel sad and helpless. So I guess it is only distressing, since when I am sad and helpless I often end up doing nothing about my situation. The thought stops me from helping myself.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

Your answer:

If I give up the thought then my life would be cheerful. I have courage and strength to overcome or control my problems. My life will be happier, I will not be anxious and distressful.

Our sample answer:

If I didn't believe the thought, I would see no limit to my possible achievements, I would be more optimistic. I wouldn't feel robbed of a fair life. I wouldn't be so bitter and angry. I'd just get on with trying.

**8. If the causal thought was true, what is the worst outcome? It is as bad as you think?**

Your answer:

If the thought was true, then I just live a normal life, not everyone is successful in life, I do not die if I am not a successful person.

Our sample answer:

Even if it was true, I could still be blissfully happy. Why do I pin some much of my worth onto external achievements? I need to learn to be happy with whatever I achieve in life. Life is so short – there just isn't any value in continually thinking about what I could have been if I was more fluent or taller or thinner or smarter. Its all such a waste of time.

Figure 7.5. An example of a cognitive restructuring exercise of Participant 2.

*7.4.4 Adherence – time limits and login patterns*

Participant 1 completed the program in around 2 months. Figure 7.6 illustrates his pattern of use by showing the number of days between each login. The most common number of days between logins was 6 days. This is interesting, given that a reminder was sent once 7 days had elapsed since the last log on.



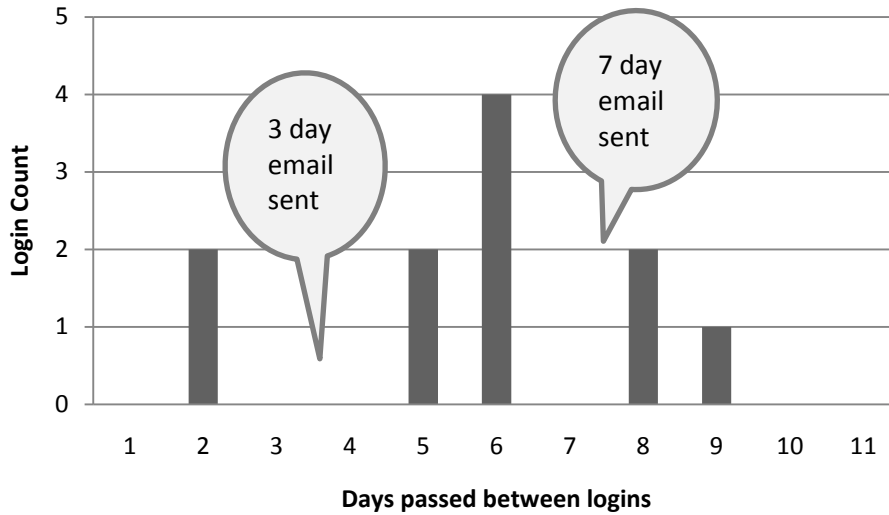


Figure 7.6. Days between logins for Participant 1.

Participant 2 completed the program in 3.5 months. His pattern of login behaviour was very different from that of Participant 1 (see Figure 7.7). At this stage, it is impossible to hypothesize whether the email reminders were helpful in this process due to small numbers and no comparison group. However, this participant logged in every day. The second most common time between his logins was on the fourth day, a day after the 3-day email reminder had been sent. Interestingly, both the participants seemed to engage with the computer on a regular basis. This is an encouraging result, as previous studies of standalone online programs have reported difficulties with client engagement.

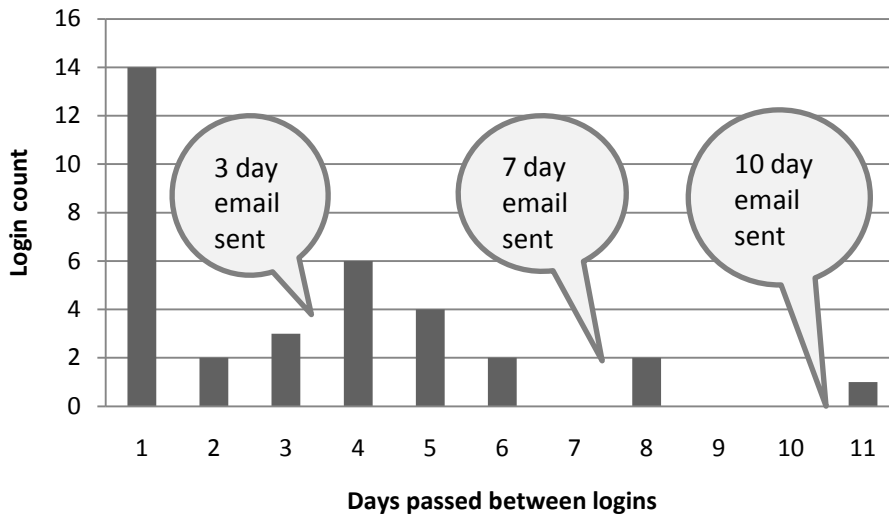


Figure 7.7. Days between logins for Participant 2

### 7. 5. Discussion

Both participants showed significant improvements in their symptoms following their interaction with CBTpsych.com. In particular, their diagnoses of SP, both on the ICD-10 and DSM-IV, were removed. Post-treatment data was impressive on all instruments administered, except on one scale (EMAS) for one of the participant. In particular, the participants’ post-treatment scores on the Fear of Negative Evaluation scale were below community group means in previous reports (Stopa & Clark, D. M., 2001).

CBTpsych.com includes several innovations in online treatment. First, the program opens with a comprehensive and targeted assessment battery. The measures assess faulty intrusive thoughts, as well as avoidance, safety behaviours and physiological responses. This enables

the program to then build an individual formulation consistent with the established cognitive model of SP of Clark D. M. and Wells (1995). This individualised formulation then guides the individual's treatment program. It seems likely that such individualised formulations that guide the treatment process will become a standard component of standalone computer treatment models of the future.

Second, CBTpsych.com addresses the important issue of corrective feedback. To date, none of the currently available standalone programs offers this type of feedback *for all exercises* from the "computer psychologist" for comparison with the individual's responses. This is a serious limitation of current standalone online treatment protocols. Clients may be routinely answering cognitive restructuring questions incorrectly without constructive feedback on these errors. CBTpsych.com provides corrective feedback on all written exercises to help shape participants' responses throughout treatment.

Third, CBTpsych.com includes an automated system to track participants' log-ons. It also periodically sends email reminders to keep up their progress. Together with limiting the time for completing the program, this measure encourages regular completion of online exercises. Data from both participants in this study suggest that these approaches to online treatment programs may be effective in aiding program adherence.

Fourth, CBTpsych.com addresses the challenge of mimicking the therapeutic experience of in-session treatment. The use of voiceovers from two clinical psychologists throughout the program creates the "feel" of moving along the treatment journey with an experienced

guide. This innovation in online treatment also allows leading therapists to reach more individuals simultaneously around the globe. Access to specialist clinicians can be dramatically increased through the use of voice-driven online treatment programs.

Finally, CBTpsych.com ensured that an adequate dose of CBT was received by both study participants. Once the specific negative thoughts and behaviours were identified, a large number of restructuring exercises, behavioural experiments, imagery rescripting tasks, and attentional training procedures had to be completed to progress through the program. Participant 1 had 11 online treatment sessions, with many behavioural tasks completed between each session. Participant 2 had 34 online sessions and also completed a large number of individual exercises between online sessions. Most current standalone programs do not include sufficient repetition of CBT exercises to engender lasting change. CBT dose has been shown to be an important predictor of treatment outcome in several recent studies (e.g. Craske et al., 2006).

The present results are encouraging and suggest that individualized CBT formulations can be the basis of online treatment. The results suggest that substantial gains can be achieved through the use of fully automated and tailored CBT systems. Of course, larger controlled trials are needed to establish the effectiveness of this treatment approach. The next chapter contains the results of Phase II trials that were conducted to estimate the effect size associated with CBTpsych.com.

## 8.1 Introduction

A novel paradigm for internet treatments has been introduced for the treatment of social anxiety in stuttering (see Chapters 6 and 7). This treatment approach is aimed at bridging the gap between Eliza (Weizenbaum, 1966) and modern internet treatments for anxiety disorders, by addressing some of the limitations of modern internet treatments (see Chapter 6). A major limitation of current online treatments is that effective online treatment protocols require one-to-one feedback or support for efficacy (Spek et al., 2007). This thesis presents a fully functional implementation of a treatment that has no such contact, but rather attempts to create virtual contact using computer algorithms.

As discussed in Chapter 7, the Phase I trial of CBTpsych.com demonstrated that two participants no longer met the diagnosis of SP on the DSM-IV and ICD-10 after being treated by CBTpsych.com. The same symptom reduction was observed on other psychometric tests, including measures of unhelpful cognitions, behavioural avoidance, and low mood. The quality of the interaction appeared to be similar to face-to-face therapy. The automated techniques were successful in engaging the participants, and encouraging them to log on regularly and complete the treatment.

This chapter presents the results of a Phase II trial of CBTpsych.com. One main goal of the study was to determine whether the power of the CBTpsych.com treatment protocol was sufficient to proceed to a randomized controlled trial.

## **8.2 Method**

### *8.2.1 Design*

A Phase II trial was designed to determine whether there was sufficient evidence for conducting a RCT for the treatment intervention (CBTpsych.com). The study was designed to determine the power and effect size of the intervention. Psychometric tests were used to measure changes before and after the intervention. The importance of conducting effect size analysis of clinical innovation prior to RCT has been highlighted by Clark, D. M. (2004).

A naturalistic design was used, with very lenient exclusion criteria to test for external validity. Treatment did not involve any contact with speech pathologists, psychologists or clinical psychologists. The structure of the intervention was summarized in Chapter 7. Furthermore, all components of CBTpsych.com are incorporated in Appendix 2.

### *8.2.2 Participants*

Eighteen participants seeking treatment for stuttering at the Australian Stuttering Research Centre (ASRC) took part in this trial. They were offered 5 months access to CBTpsych.com. Eligibility criteria for participant inclusion in the present study were: (1) aged between 18 and 70 years, (2) not having seen a clinical psychologist for CBT treatment within the last 6 months, (3) regular access to internet/email, (4) functional written and spoken English, (5) no

endorsement of the suicide item on the BDI-II. The study was approved by the Human Research Ethics committee at the University of Sydney (Appendix 1), and written informed consent was obtained from all participants.

### *8.2.3 Measures*

Psychometric tests were administered before and after the intervention. Three different modes of data collection were used for psychometric testing: an automated diagnostic interview, a pencil-and-paper booklet, and online questionnaires. No therapist contact occurred during psychometric testing. For example, the DSM-IV and ICD-10 diagnoses were obtained using the self-administered, computerized version of the Composite International Diagnostic Interview (CIDI-Auto-2.1; World Health Organization, 1997). A research assistant with no psychological qualifications contacted the participants for the collection of data. Ten tests (see section 7.3.3. for outcome measures) were used to evaluate the participants.

### *8.2.4 Procedure*

The 18 participants went to the ASRC to give informed consent and to complete the assessment procedures. The assessment involved a comprehensive self-evaluation, using both a laptop computer and a pencil-and-paper booklet of measures (see above). After the assessment was completed, the participants were given the online access and login details for CBTpsych.com. Before and after the intervention, CBTpsych.com administered the

online psychometric tests. The participants were not contacted again by any research or clinical staff members until after they had completed the treatment. At this point, they were asked to return to the ASRC for completion of the post-assessment measures. This involved the same assessments as for the pre-treatment measures. It should be emphasised that any emails sent by the participants to CBTpsych.com during the treatment period were not acknowledged, as the goal of the study was to test treatment that involved no human interaction.

## **8.3 Results**

### *8.3.1 Completion rates for the Phase II trial*

Of the 18 participants recruited for the study, 16 started the online treatment. Figure 8.1 shows how far the participants had progressed when their 5-month cut-off time arrived.



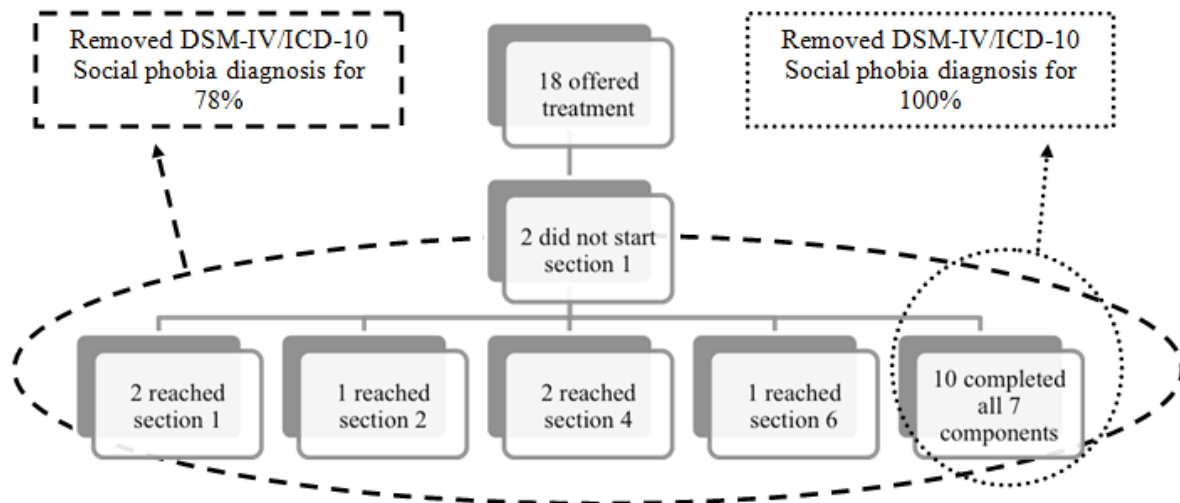


Figure 8.1. Progress of the 18 participants across their 5 month access to CBTpsych.com

The two participants who did not start the intervention also completed only half of the pre-assessment assessment battery. One participant claimed to have been too busy with wedding and travel to be able to start the program. It is unknown why the second participant did not start the program, as a research assistant at the ASRC was unable to get in contact with that participant.

A total of 16 participants started the treatment program. Of these, one person did not return the paper booklet containing the post-treatment questionnaires, and another did not complete the online post-treatment questionnaires.

Two participants completed only the first section of CBTpsych.com. This section incorporates general psychoeducation, but does not include cognitive restructuring, behaviour experiments, or any other specific components of the CBT treatment. One of these participants asked for an extension because of being too busy with university studies during the 5 months access time to the program. In order to comply with the research design, this request was not granted. The other participant, via an email to CBTpsych.com, expressed being frustrated by the lack of individualization in the first part of the program, where general psychoeducation is introduced.

One participant reached part II, which includes cognitive restructuring, and contacted the ASRC asking to speak to one of the psychologists involved in the study. Once again, due to the goal of no therapist interaction, and consistent with ethics clearances and participant information sheets, this request was denied during the 5 months of treatment. This participant stopped use of the program.

### *8.3.2 Diagnostic interview CIDI 2.1 Auto*

The CIDI-Auto-2.1 was administered to the 18 participants pre-treatment. Eleven of these people met the diagnosis for SP. In other words, 61% of these adults who sought treatment at the ASRC suffered from SP. However, two of these people with SP did not start the program, as discussed above. Notably, those with a high number of comorbid diagnoses appeared more likely to complete all 7 components of the program (see Figure 8.2).

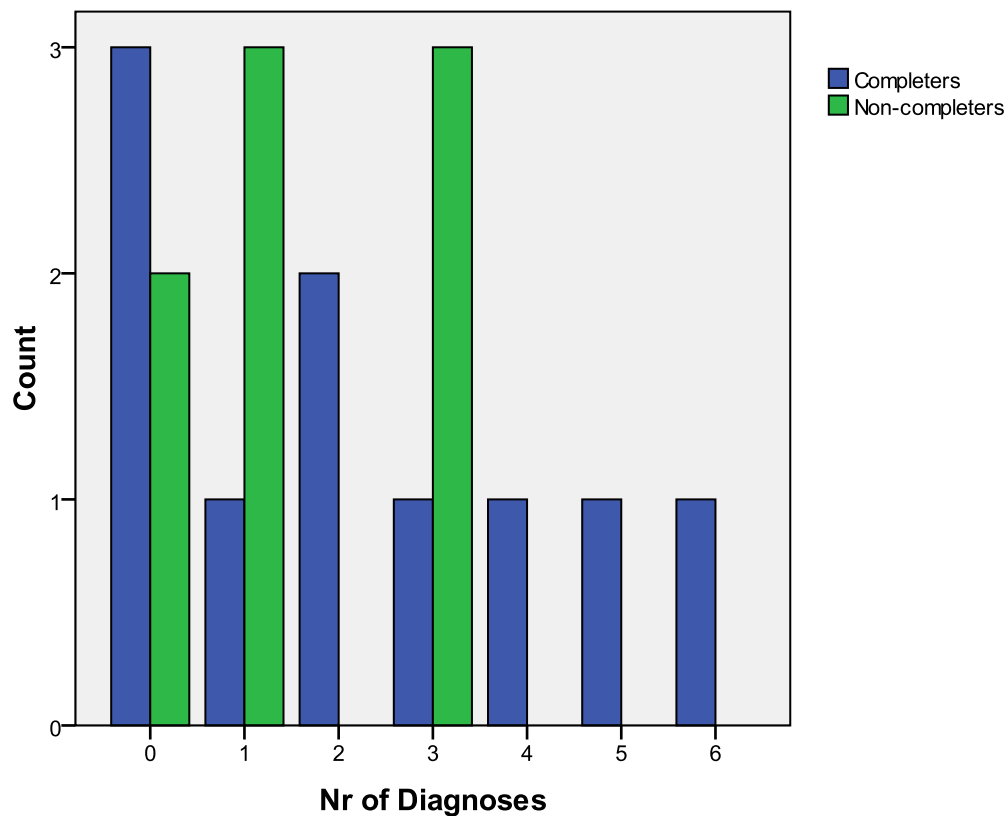


Figure 8.2. Number of diagnoses pre-treatment.

The 10 participants who finished all components in 5 months had on average 2.3 ICD-10 or DSM-IV diagnoses, compared to 1.5 diagnoses for the rest of the group who did not reach the end of the program before the 5-month cut-off. However, this difference did not reach significance.

At post-treatment, a reassessment was conducted for the anxiety disorders, using the CIDI-Auto-2.1. This revealed that only two of the participants still met the criteria for a SP diagnosis on the DSM-IV or ICD-10. Interestingly, these two people only completed 14%

and 29% of the CBTpsych.com intervention. Consequently, 7 of the 9 participants (78%) who had a SP diagnosis before the treatment no longer met the criteria (on DSM-IV or ICD-10) post-treatment. As noted above, the two who did not lose their diagnosis did not complete the program. On the other hand, 100% of those who completed all 7 components of the treatment prior to 5-month cut-off time lost their SP diagnosis on the DSM-IV and the ICD-10.

### *8.3.3 Online measures within the treatment program*

CBTpsych.com administered four measures before and after the treatment intervention as a part of its protocol. Two of the 18 participants who were offered the CBTpsych.com treatment did not complete the pre-treatment online measures. Fifteen of the 16 participants who started the first module of the CBTpsych.com intervention completed the online assessments before and after the intervention. Consistent with an intention to treat approach, the 16th individual's pre-treatment data was also used as "post-treatment" data.

Table 8.1. Online measures pre- and post-intervention for all participants (M ± SD)..

N=16 <sup>^</sup>	Before	After	ES (Cohen's d)	Test statistic
<i>Primary Outcomes:</i>				
FNE	17.81 ± 6.30	10.9 ± 6.75	1.15	<i>t</i> (15) = 4.63*
UTBAS	159.4 ± 48.90	117.3 ± 25.97	1.04	<i>t</i> (15) = 4.148*
AVOID	90.8 ± 46.58	54.4 ± 29.83	1.02	<i>t</i> (15) = 4.067*
<i>Secondary Outcomes:</i>				
Total DASS	28.9 ± 23.94	17.31 ± 16.88	0.70	<i>t</i> (15) = 2.808***
Depression on DASS	9.1 ± 9.25	5.0 ± 6.90	0.77	<i>t</i> (15) = 3.097**
Anxiety on DASS	6.6 ± 7.10	3.6 ± 3.7	0.60	<i>t</i> (15) = 2.058
Stress on DASS	13.5 ± 9.03	8 ± 7.52	0.70	<i>t</i> (15) = 2.722***

\**p* < .001 and \*\**p* < .01 and \*\*\**p* < .05

<sup>^</sup> Consistent with an intention to treat approach, the 16th individual's pre-treatment data was also used as "post-treatment" data.

Table 8.1 demonstrates the reduction observed in the 16 participants in symptoms of social anxiety, and reductions in unhelpful cognition and avoidance. As can be seen in the table, large and significant differences were obtained on most measures from pre- to post-treatment. An exception to the general trend was observed on the DASS anxiety subscale, where change from pre- to post-treatment failed to reach significance.

A linear regression was calculated for all the online measures, and the result indicated a significant dose-response relationship for FNE anxiety (see Figure 8.3).

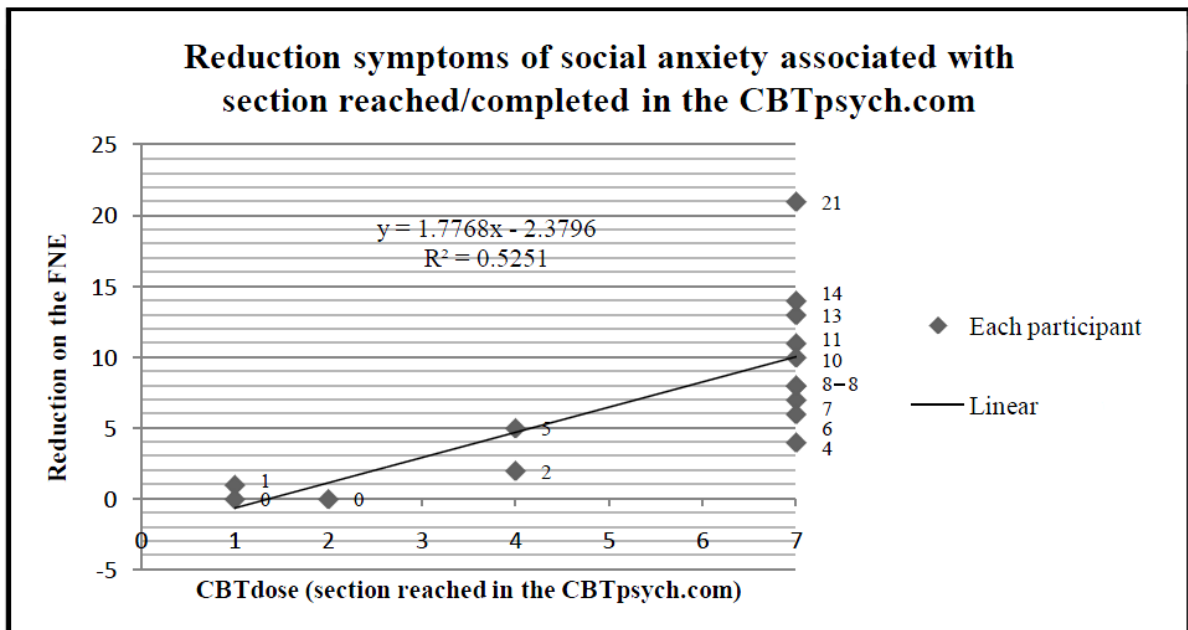


Figure 8.3. The relationship between dose (sections completed) and change in FNE score from pre- to post-treatment.

The horizontal axis indicates which component the participant had reached when the 5-month access to CBTpsych.com was over. The vertical axis is the decrease in participants' scores on the FNE. A linear regression demonstrated that dose of CBTpsych.com was a significant predictor of outcome. In other words, the more the participant completed, the greater the symptom reduction on FNE they experienced. In particular, the dose explained  $r^2=53\%$  (R) of the variance of change scores.

The core construct of social anxiety is fear of negative evaluation. Therefore, this result is particularly important. Notably, this impact of CBTpsych.com was very strong for the 10 individuals who received the full intervention. These were the participants who reached the

end of the program prior to their 5-month cut-off date. Table 8.2 demonstrates effect sizes for the participants who completed all components of the program.

Table 8.2. Pre-post online assessment for those who received the full intervention (M ± SD).

N=10 <sup>^</sup>	Before	After	ES (Cohen's d)	Test statistic
<i>Primary Outcomes:</i>				
FNE	19.7 ± 6.82	9.5 ± 7.81	2.08	<i>t</i> (9) = 6.590*
UTBAS	162.4 ± 58.97	107.7 ± 25.03	1.29	<i>t</i> (9) = 4.081**
AVOID	91.10 ± 57.77	43.90 ± 32.36	1.21	<i>t</i> (9) = 3.817**
<i>Secondary Outcomes:</i>				
Total DASS	31.9 ± 27.51	15.0 ± 15.51	0.92	<i>t</i> (9) = 2.913***
Depression on DASS	9.4 ± 9.58	3.5 ± 4.35	1.03	<i>t</i> (9) = 3.259**
Anxiety on DASS	8.1 ± 8.65	3.6 ± 4.38	0.66	<i>t</i> (9) = 2.097
Stress on DASS	14.4 ± 10.31	7.9 ± 7.95	0.94	<i>t</i> (9) = 3.000***

\**p* < .001 and \*\**p* < .01 and \*\*\**p* < .05

<sup>^</sup> Consistent with an intention to treat approach, the 1s individual's pre-treatment data was also used as "post-treatment" data.

### 8.3.4 The paper and pencil measures

One of the 16 participants did not return the paper booklet after the treatment program.

Consistent with the intention to treat approach to the research, pre-treatment data was carried

forward to post-treatment for this participant. The same approach was taken with the two

participants who were assessed at pre-treatment but did not begin the program. The following results then were observed for all 18 participants (Table 8.3).

Table 8.3. All participants offered the treatment (including those who did not start and those starting Session 1 only) (M ± SD).

N=18	Before	After	ES (Cohen's d)	Test statistic
FNE	17.8 ± 7.26	11.8 ± 8.03	0.82	$t(17) = 3.472^{**}$
BDI-II	10.9 ± 11.09	6.1 ± 8.71	0.60	$t(17) = 2.556^{***}$
STAI	42.9 ± 10.84	40.9 ± 8.37	0.63	$t(17) = 1.397$
SPAI	99.2 ± 36.17	77.9 ± 27.00	1.01	$t(17) = 3.187^{**}$
Impact on Quality of Life	56.3 ± 15.67	49.1 ± 15.51	0.83	$t(17) = 3.532^{**}$
Overall Impact on Life	59.3 ± 11.84	52.8 ± 11.43	0.85	$t(17) = 3.613^{**}$
UTBAS	169.6 ± 64.63	141.8 ± 59.85	0.85	$t(17) = 3.586^{**}$

\* $p < .001$  and \*\* $p < .01$  and \*\*\* $p < .05$

^ Consistent with an intention to treat approach, pre-treatment data was also used as “post-treatment” data for all participant whom post-treatment data was not collected.

Consistent with the intention to treat approach, the two individuals who did not start the intervention were included in this analysis and their pre-treatment data was also used as post-treatment data. The same method was used for the one participant who did not return the post-treatment booklet. Despite these limitations, large effect sizes were reached for social anxiety, quality of life and the UTBAS (Cohen, 1992). To understand better the impact of the treatment on those who actually received it a separate analysis was conducted. Table 8.4



presents the results for those 9 participants who received the full intervention and returned their post-treatment booklet.

Table 8.4. Results of the psychometric tests from the paper and pencil booklet for those who received the full intervention (M ± SD).

N=9	Before	After	ES (Cohen's d)	Test statistic
FNE	19.4 ± 8.31	9.1 ± 8.42	1.35*	$t(8) = 4.053^{***}$
BDI-II	12.4 ± 12.99	3.1 ± 4.05	2.25	$t(8) = 3.037^{***}$
STAI	43.1 ± 13.71	38.7 ± 7.81	0.56	$t(8) = 1.686$
SPAI	106.1 ± 42.55	69.8 ± 28.89	1.14	$t(8) = 3.432^{**}$
Impact on Quality of Life	56.3 ± 15.67	44.1 ± 14.04	1.52	$t(8) = 4.550^{**}$
Overall Impact on Life	61.6 ± 14.214	50.1 ± 12.68	1.70	$t(8) = 5.084^*$
UTBAS	174.3 ± 66.97	123.3 ± 46.11	1.57	$t(8) = 4.719^{**}$

\* $p < .001$  and \*\* $p < .01$  and \*\*\* $p < .05$

High effect sizes were found for those who completed the whole intervention. Notably, the BDI-II demonstrated an ES of 2.25 in pre-post-treatment change. Furthermore, the impact of CBTpsych.com on quality of life reached an ES of 1.52. Finally, the overall impact of stuttering on these participants' lives reached an effect size of 1.70.

## 8.4 Discussion

The removal of a DSM-IV social phobia diagnosis for those receiving treatment by CBTpsych.com is consistent with the RCT on social phobia in stuttering conducted by Menzies et al. (2008). In that trial, every person in the experimental group who had a social phobia diagnosis prior to the CBT treatment no longer met the diagnostic criteria at post-treatment assessment. The present Phase II trial of a computerised version of this CBT program has produced a similar result. These preliminary data are very promising.

Overall, the results suggest that the computerized treatment protocol can lead to substantial reductions in social anxiety, unhelpful thinking styles and avoidance. This finding was demonstrated by impressive effect sizes, and the high power achieved to detect such change. It is highlighted by the fact every single participant had fewer social anxiety symptoms after receiving treatment by CBTpsych.com. However, these results need to be interpreted with caution since they reflect only the participants who received the full intervention by CBTpsych.com (i.e. all seven parts of the program).

It should be noted that the effect sizes obtained in this study cannot be directly compared against those found in other studies dealing with social phobia. Pre-treatment levels of social anxiety in this stuttering sample were lower than those in other trials involving social phobic patients. Therefore, there was less room for improvement in social anxiety measures in the present trial. This is commonly known as the “floor effect”. Furthermore, this was an open

trial with lenient exclusion criteria. This suggests high external validity due to this being a naturalistic setting.

CBTpsych.com is a treatment focused on treating social anxiety symptoms. However, significant reductions were observed in symptoms of depression on the DASS and BDI-II. This is consistent with the reduction in depressive symptoms observed in CT by Clark, D. M. and his colleagues (Clark D. M. et al., 2006) and in a group-based treatment for social phobia (Marom, Gilboa-Schechtman, Aderka, Weizman, & Hermesh, 2009). Furthermore, it is also consistent with therapist-assisted online treatment protocols for social phobia by Titov, Gibson, Andrews, and McEvoy (2009), who also found significant reduction in comorbid depression when targeting only social phobia. The BDI-II demonstrated greater effect size and power than the depression scale on the DASS, and should therefore be used in any future RCTs of CBTpsych.com.

The tests administered in the paper booklet were included in this study because they are part of the standard assessment battery for individuals seeking treatment for stuttering at the ASRC. The data from the booklet provided further evidence for the impressive effect size and power on the FNE. The high consistency between the booklet and the online data provided further evidence of the significant change observed in this trial.

Data from the paper booklet suggests that the computerised treatment protocols can lead to substantial reductions in anxiety and can improve mood and quality of life as measured by

the FNE, SPAI, BDI-II, UTBAS, and OASES. No significant difference was found on the STAI. Nevertheless, given the excellent power and high effect size for the core construct of social anxiety (FNE scale), a randomized controlled trial should be conducted on the basis of this data.

Finally, the fact that CBTpsych.com succeeded in engaging the participants in multiple exposure tasks and behavioural experiments was beyond the hope of the researchers, due to the difficulty clinicians commonly have in persuading their patients to engage in such experiments. The success of this endeavour was highlighted in the reduction of behavioural avoidance specific to stuttering. Therefore, there is a strong basis for using this avoidance measure in a future RCT on CBTpsych.com. Further work is needed to establish the psychometric properties of the avoidance measure.

In conclusion, the treatment conducted by CBTpsych.com resulted in an intervention that had substantial pre-treatment to post-treatment effect size, which is the prerequisite for conducting a randomized controlled trial (Clark D. M., 2004). Further, the power calculations performed demonstrated that the intervention fulfilled Cohen's (1988; 1992) criteria for adequate power.

In summary, the fully automated computer psychologist achieved the following outcomes with no therapist interaction:

- motivated participants to log on regularly (with the use of an automated email process)
- engaged participants in detailed cognitive restructuring work
- created successful, individualized behavioural experiments for participants
- produced promising preliminary results. These included excellent effect sizes for social anxiety, the removal of all anxiety diagnoses on the DSM-IV and ICD-10, and strong power to detect such change in a randomized controlled trial
- reduced comorbid problems and important underlying cognitive constructs. In particular, CBTpsych.com improved mood, reduced avoidance behaviour and reduced unhelpful thinking styles

## CHAPTER 9 - CONCLUSIONS AND FUTURE RESEARCH

### 9.1 General Discussion

#### *9.1.1 Quality of the CBTpsych.com codebase*

Chapters 7 and 8 demonstrated promising results from a fully automated online program that treats social anxiety for those who stutter. The program was written by the candidate who is a clinical psychologist who learned two computer languages (PHP and MySQL) for this thesis. The system, as it stands, is better thought of as a proof of concept, rather than commercial grade software. This is often described as the “alpha phase” in the development of a computer program, whereas the beta phase is conducted after the proof of concept.

Completion of a beta version typically requires a substantial budget. This is because its development would involve a multidisciplinary team of a professional software engineers, graphic designers, and large number of people to perform quality and assurance testing. For example, when Microsoft released the beta version of Windows Vista in January 2005, they used 5219 testers in the first round of testing, and another 5308 testers in February 2006. Yet despite this massive effort Windows Vista still had many flaws when released (<http://wikipedia.org/Development of Windows Vista>, 2010). This demonstrates that even when a large number people have been involved in testing a system it is still possible for

software problems to remain undetected. For CBTpsych.com, 30 people have tested the computer system to date. However, it is likely that many bugs still exist in the code.

### *9.1.2 Human–computer interaction – the clinical relationship*

It is suggested that participants were engaging with the computer psychologist. This is supported by the observation that there were fewer symptoms of psychopathology after receiving the treatment, and also in the quality of participants' answers. Although empirical evidence of the efficacy of the treatment has not yet been obtained through a RCT, it is encouraging to note that the participants were able to engage in clinical psychology treatment with a fully automated computer system. This brings us closer to reaching the goal of delivering computer-based CBT treatment in a manner consistent with that of a human psychologist.

Delivering CBT treatment through an online medium has several advantages. First, the treatment can be provided at a very low cost, or even cost-free. Secondly, participants can use the system at any time, day or night, whenever it is convenient. This is because the entire treatment is automated. Finally, an unlimited number of people can be involved in the treatment at the same time, yet still receive the same high quality standard of clinical psychology services.

Another important observation from the development of CBTpsych.com is that automated email reminders are very important. The reason for this is that they provide a stimulus to

remind the patient to log on. Another important aspect of the automated emails sent by CBTpsych.com is that they are personalized. For example, they automatically use personal details about the patient to whom they are addressed. It is suggested that this may enhance the computer-patient relationship, although this remains an empirical question. Clearly, future research should examine this area.

## **9.2 Future research for online social anxiety treatment in stuttering**

### *9.2.1 Randomized controlled trials*

Now that it has been established that the effect size and power of CBTpsych.com is sufficient, continuing research is under way. A trial will be conducted using CBTpsych.com, and the design will be analogous to the one utilized by Menzies et al. (2008). The RCT trial in this study delivers “prolonged speech” treatment to both the experimental and control groups. Cognitive behaviour therapy is being offered to the experimental group. The RCT that is under way will use CBTpsych.com instead of a “live” CBT practitioner.

### *9.2.2 Limitations of CBTpsych.com*

A number of limitations of the current system were observed while the trial was conducted. These should be addressed in the next version of this program. First, the current system sends



email reminders when the individual has not logged in for 3, 7, 14, 21 and 28 days. One problem that became apparent was that after the 28 days reminder, the participants no longer received further emails. Ideally, the system would continue to monitor patient activity throughout the 5-month treatment program.

A limitation of CBTpsych.com is that it needs to provide the user with a more functional user interface. For example, features such as an index and an overview of the user's progress would be very useful. This was common feedback from users of the current version.

The programming logic of CBTpsych.com is very complex in some places. For example, the code for formulating behavioural experiments was developed in a very ad hoc manner. The code in these areas needs refining. Furthermore, some parts of the program need further testing to determine their robustness. Finally, the system would benefit from being more flexible. For example, it is the author's view that it should be able to accommodate users who change their mind about answers they made in previous sections.

The current system would also benefit from improvement in its appearance. In particular, a graphic designer is needed to improve the overall aesthetics of the interface. Currently the pictures and artwork in the program are not of a professional quality. Furthermore, all the people in the images of CBTpsych.com are of friends and colleagues of the author.

A further limitation of the current system is that users must perform the tasks in the order specified by CBTpsych.com. It would be more user-friendly to allow users to do some tasks, such as cognitive restructuring, throughout the program. This could be accomplished by using popup windows and menu items that give users more control over their tasks. Finally, and importantly, additional automated processes are needed to give users feedback (e.g. charts and printouts) about their progress throughout the treatment.

Development is already under way to address some of the above limitations in the next version of the CBTpsych.com.

### *9.2.3 Computer CBT vs. live CBT*

A fundamental and important question remains to be answered: can fully automated treatments match or outperform a human clinical psychologist? To date, no such trial exists. Furthermore, as mentioned previously in this thesis, no publication exists of a successful computerised treatment for social anxiety where there was no therapist contact. Both these topics are important for the future of this type of intervention.

One advantage of the computer therapist over a human therapist is that it does not suffer from “therapist drift” (Waller, 2009). This is a relatively common phenomenon in live therapy, where the actual treatment slowly drifts away from the initial treatment plan. Furthermore,

the computer psychologist is not distracted by mundane and irrelevant information, which is a common problem during live therapy.

### **9.3 Future research for online treatment of generalized social anxiety disorders**

The core ideas behind the online treatment program presented in this thesis are applicable to other mental disorders. The reason for this is that the technique at the core of the treatment (i.e. CBT) is the same across a broad range of anxiety disorders. In particular, the goal is to rectify threat perception using cognitive restructuring and behavioural experiments.

Targeting social anxiety in stuttering was useful for the reason that a comprehensive clinical tool from file audit data was published for treatment targeting (St Clare et al., 2008). For the translation of this process into other anxiety disorders, several file audit driven measures are needed for common symptoms of the specific disorders. For example, for mainstream social anxiety the following would be needed: a comprehensive list of social anxiety cognitions and core beliefs, common imagery, and a comprehensive list of common safety behaviours and avoidance. Therefore, future research needs to focus on developing measures such as the UTBAS (St Clare et al., 2008) in order to develop similar interventions for generalized social anxiety. Similar measures need to be developed for other anxiety conditions, such as generalized anxiety disorder, obsessive compulsive disorder, and panic disorder. Only after this information has been extracted from file audit data can the techniques from this thesis be used for treatment delivery for other anxiety disorders.

In the development of this treatment protocol, novel features of the Clark, D. M. and Wells (1995) paradigm were incorporated. This was made somewhat difficult by the dearth of studies on the viable application of each treatment component for those who stutter. An example is the role of video feedback in the treatment protocol. For generalized social anxiety the role of video feedback has been demonstrated to enhance treatment results (Harvey, 2000). However, this cannot be directly translated into the area of stuttering, since anecdotal reports have indicated that seeing video of oneself stuttering or blocking actually makes anxiety and stuttering worse. This component could be included in future online systems using web cameras and other modern technology, if an evidence base in this population for the procedure can be established.

Another component that should be incorporated in future social anxiety treatments for the non-stuttering population is the surveying methods suggested by Clark, D. M. These surveys are meant to gather evidence that people's perception of themselves in a social setting might not correspond to how others see them. This could be accomplished using online technology (e.g. setup of automated email to friends and family, giving sample suggestions to ensure the efficacy of this technique). However, as stated earlier, given research findings on the stereotypes associated with stuttering, exploratory work is needed to establish the viability of this procedure.

Finally, the paradigm introduced in this thesis presents an excellent solution to the problem of disseminating expert therapy to the community at large (Shafran et al., 2009). In particular, it is invaluable for those who would otherwise not have access to such services, such as people

in remote areas, or those who cannot attend therapy for financial reasons. The use of fully automated treatment programs helps to bridge the gap between evidence-based treatments and those who need them.

#### **9.4 Other research directions and final comments**

Almost all current research on stuttering is conducted by speech pathologists. However, this has not always been the case. In the 1980s, only 52% of published studies on stuttering were conducted by speech pathologists; 33% were published by psychologists and 14% by physicians (Andrews, Guitar & Howie, 1980). In the past, the goal of therapy conducted by psychologists and speech pathologists was the same; namely, that of reducing the frequency of stuttering. However, as discussed in Chapter 4, clinical psychology has moved from behaviour therapy into an era dominated by CBT.

With the increasing role of cognitive constructs in psychological treatments, the goals of treatment for SAD in stuttering have changed. Today CBT focuses on decreasing mediating cognitive variables of social anxiety (e.g. fear of negative evaluation). The goal is to reduce these mediating variables, encourage engagement in everyday speaking situations and improve quality of life. Notably, CBT does not target stuttering directly and it has not been shown to change the frequency of stuttering (see e.g. Menzies et al., 2008).

The application of CBT in stuttering is new, and it focuses on the same goals as the clinical psychology field today. In particular, it aims to rid people who stutter of their fear of the appraisals of others and to eliminate avoidance strategies and safety behaviours.

The topic of safety behaviours is a subject of some ongoing debate and increasing interest within the anxiety literature (see Chapter 3.5.1). This topic highlights the lack of multidisciplinary communication between the fields of speech pathology and clinical psychology. No discussion of this topic was found in any textbook on stuttering management. As a result of this thesis, the candidate has now completed additional research to identify safety behaviours routinely used in speech restructuring practice. This research was not included as a formal chapter within the thesis, as it is beyond the immediate scope of the present research. However, some mention of this extension of the present work is warranted in this final section on future directions. In essence, this preliminary research suggests that state-of-the-art speech treatment for adults who stutter (i.e. prolonged speech treatment) should routinely include attention to safety behaviours that have the potential to stop the extinction of fear in everyday speaking situations. It is further hypothesised that these safety behaviours may be responsible for the maintenance of anxiety disorders seen in stuttering populations. Ongoing research exploring this issue is a future direction that arises from the CBT focus that the present thesis brings to the field of stuttering. It is hoped that an alignment of the goals of speech pathology and clinical psychology in the field of stuttering may emerge from this research effort.

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## APPENDIX 1 – ETHICS APPROVAL 1



The University of Sydney

Human Research Ethics Committee

[www.usyd.edu.au/ethics/human](http://www.usyd.edu.au/ethics/human)

Senior Ethics Officer:

Gail Briody

Telephone: (02) 9351 4811

Facsimile: (02) 9351 6706

Email: [gbriody@usyd.edu.au](mailto:gbriody@usyd.edu.au)

Room 313, Level 3, Old Teachers College – A22

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Human Secretariat

Telephone: (02) 9036 9309

(02) 9036 9308

Facsimile: (02) 9036 9310

5 May 2008

Associate Professor R Menzies  
Australian Stuttering Research Centre  
Faculty of Health Sciences  
Cumberland Campus – C42  
The University of Sydney

Dear Professor Menzies

I am pleased to inform you that the Human Research Ethics Committee (HREC) at its meeting on 1 May 2008 approved your protocol entitled **“Online Computerized Cognitive Behaviour Therapy (CBT) for anxiety in individuals who stutter”**.

Details of the approval are as follows:

**Ref No.:** 05-2008/10800  
**Approval Period:** May 2008 to May 2009  
**Authorised Personnel:** Associate Professor R Menzies  
F Helgadottir

The HREC is a fully constituted Ethics Committee in accordance with the *National Statement on Ethical Conduct in Research Involving Humans-March 2007* under Section 5.1.29

The approval of this project is **conditional** upon your continuing compliance with the *National Statement on Ethical Conduct in Research Involving Humans*. We draw to your attention the requirement that a report on this research must be submitted every 12 months from the date of the approval or on completion of the project, whichever occurs first. Failure to submit reports will result in withdrawal of consent for the project to proceed.

**Chief Investigator / Supervisor’s responsibilities to ensure that:**

- (1) All serious and unexpected adverse events should be reported to the HREC as soon as possible.
- (2) All unforeseen events that might affect continued ethical acceptability of the project should be reported to the HREC as soon as possible.
- (3) The HREC must be notified as soon as possible of any changes to the protocol. All changes must be approved by the HREC before continuation of the research project. These include:-

- If any of the investigators change or leave the University.
  - Any changes to the Participant Information Statement and/or Consent Form.
- (4) All research participants are to be provided with a Participant Information Statement and Consent Form, unless otherwise agreed by the Committee. The Participant Information Statement and Consent Form are to be on University of Sydney letterhead and include the full title of the research project and telephone contacts for the researchers, unless otherwise agreed by the Committee and the following statement must appear on the bottom of the Participant Information Statement. *Any person with concerns or complaints about the conduct of a research study can contact the Senior Ethics Officer, University of Sydney, on (02) 9351 4811 (Telephone); (02) 9351 6706 (Facsimile) or [gbriody@usyd.edu.au](mailto:gbriody@usyd.edu.au) (Email).*
  - (5) Copies of all signed Consent Forms must be retained and made available to the HREC on request.
  - (6) It is your responsibility to provide a copy of this letter to any internal/external granting agencies if requested.
  - (7) The HREC approval is valid for four (4) years from the Approval Period stated in this letter. Investigators are requested to submit a progress report annually.
  - (8) A report and a copy of any published material should be provided at the completion of the Project.

Yours sincerely



**Professor D I Cook**  
**Chairman**  
**Human Research Ethics Committee**

cc: Fjola Helgadottir, Australian Stuttering Research Centre, Faculty of Health Sciences, Cumberland Campus – C42, The University of Sydney

Encl. Copy of Approved Participant Information Statement, Copy of Approved Participant Consent Form

APPENDIX 1 – ETHICS APPROVAL 2



The University of Sydney

Human Research Ethics Committee

ABN 15 211 513 464

**Gail Briody**

*Manager*

*Office of Ethics Administration*

**Marietta Coutinho**

*Deputy Manager*

*Human Research Ethics Administration*

Telephone: +61 2 8627 8175

Facsimile: +61 2 8627 8180

Email: [gabriody@usyd.edu.au](mailto:gabriody@usyd.edu.au)

Telephone: +61 2 8627 8176

Facsimile: +61 2 8627 8177

Email: [mcoutinho@usyd.edu.au](mailto:mcoutinho@usyd.edu.au)

**Mailing Address:**

Level 6

Jane Foss Russell Building – G02

The University of Sydney

NSW 2006 AUSTRALIA

Ref: DC/PE

30 March 2009

Associate Professor Ross Menzies  
Australian Stuttering Research Centre  
Faculty of Health Sciences  
Cumberland Campus - C42  
The University of Sydney  
Email: [r.menzies@usyd.edu.au](mailto:r.menzies@usyd.edu.au)

Dear Professor Menzies

**Title: Online Computerized Cognitive Behaviour Therapy (CBT) for anxiety in individuals who stutter**

**Ref. No.: 05-2008/10800**

**Authorised Personnel:**

**A/Professor Ross Menzies**

**Ms Fjola Helgadottir**

The Human Research Ethics Committee, at its Executive Meeting held on **16 March 2009** considered and approved the following request dated 12 March 2009 to modify the above protocol:

- To recruit from (1) Speak Easy and Toastmaster and (2) previously treated clients at the Australian Stuttering Research Centre.

The Committee found that there were no ethical objections to the modification and therefore recommends approval to proceed.

**Chief Investigator / Supervisor's responsibilities to ensure that:**

- (1) All serious and unexpected adverse events should be reported to the HREC as soon as possible.

- (2) All unforeseen events that might affect continued ethical acceptability of the project should be reported to the HREC as soon as possible.
- (3) The HREC must be notified as soon as possible of any changes to the protocol. All changes must be approved by the HREC before continuation of the research project. These include:-
  - If any of the investigators change or leave the University.
  - Any changes to the Participant Information Statement and/or Consent Form.
- (4) All research participants are to be provided with a Participant Information Statement and Consent Form, unless otherwise agreed by the Committee. The Participant Information Statement and Consent Form are to be on University of Sydney letterhead and include the full title of the research project and telephone contacts for the researchers, unless otherwise agreed by the Committee and the following statement must appear on the bottom of the Participant Information Statement. *Any person with concerns or complaints about the conduct of a research study can contact the Manager, Ethics Administration, University of Sydney, on (02) 8627 8175 (Telephone); (02) 8627 8180 (Facsimile) or [gbriody@usyd.edu.au](mailto:gbriody@usyd.edu.au) (Email).*
- (5) Copies of all signed Consent Forms must be retained and made available to the HREC on request.
- (6) It is your responsibility to provide a copy of this letter to any internal/external granting agencies if requested.
- (7) A report and a copy of any published material should be provided at the completion of the Project.

Yours sincerely



**Professor D I Cook**  
**Chairman**

**Human Research Ethics Committee**

Copy: Ms. Fjola Helgadottir [f.helgadottir@usyd.edu.au](mailto:f.helgadottir@usyd.edu.au)

Enc. Approved Invitation to Participate

APPENDIX 1 – ETHICS APPROVAL 3



The University of Sydney

HUMAN RESEARCH  
ETHICS COMMITTEE

Web:

<http://www.usyd.edu.au/ethics/human>

ABN 15 211 513 464

**Gail Briody**

*Manager*

*Office of Ethics Administration*

**Marietta Coutinho**

*Deputy Manager*

*Human Research Ethics Administration*

Telephone: +61 2 8627 8175

Facsimile: +61 2 8627 8180

Email: [gbriody@usyd.edu.au](mailto:gbriody@usyd.edu.au)

Telephone: +61 2 8627 8176

Facsimile: +61 2 8627 8177

Email: [mcoutinho@usyd.edu.au](mailto:mcoutinho@usyd.edu.au)

**Mailing Address:**

Level 6

Jane Foss Russell Building – G02

The University of Sydney

NSW 2006 AUSTRALIA

DC/KR

3 August 2009

Associate Professor Ross Menzies  
Australian Stuttering Research Centre  
Faculty of Health Sciences  
Cumberland Campus – C42  
The University of Sydney  
[Email: [r.menzies@usyd.edu.au](mailto:r.menzies@usyd.edu.au)]

Dear Professor Menzies

**Title: Online Computerized Cognitive Behaviour Therapy (CBT) for anxiety in individuals who stutter Reference: 10800**

Thank you for forwarding the Annual Report Form, as requested, for the above referenced study. Your protocol has been renewed to **31 May 2010**.

**NOTE:**

Any changes to the authorised personnel a Modification Form ([www.usyd.edu.au/ethics/human](http://www.usyd.edu.au/ethics/human) under "Forms and Guides") must be submitted to the Ethics Office.

Yours sincerely

**Professor D I Cook**  
**Chairman**  
**Human Research Ethics Committee**

cc Ms Fjola Helgadottir [Email: [f.helgadottir@usyd.edu.au](mailto:f.helgadottir@usyd.edu.au)]

## Table of Contents of Appendix 2

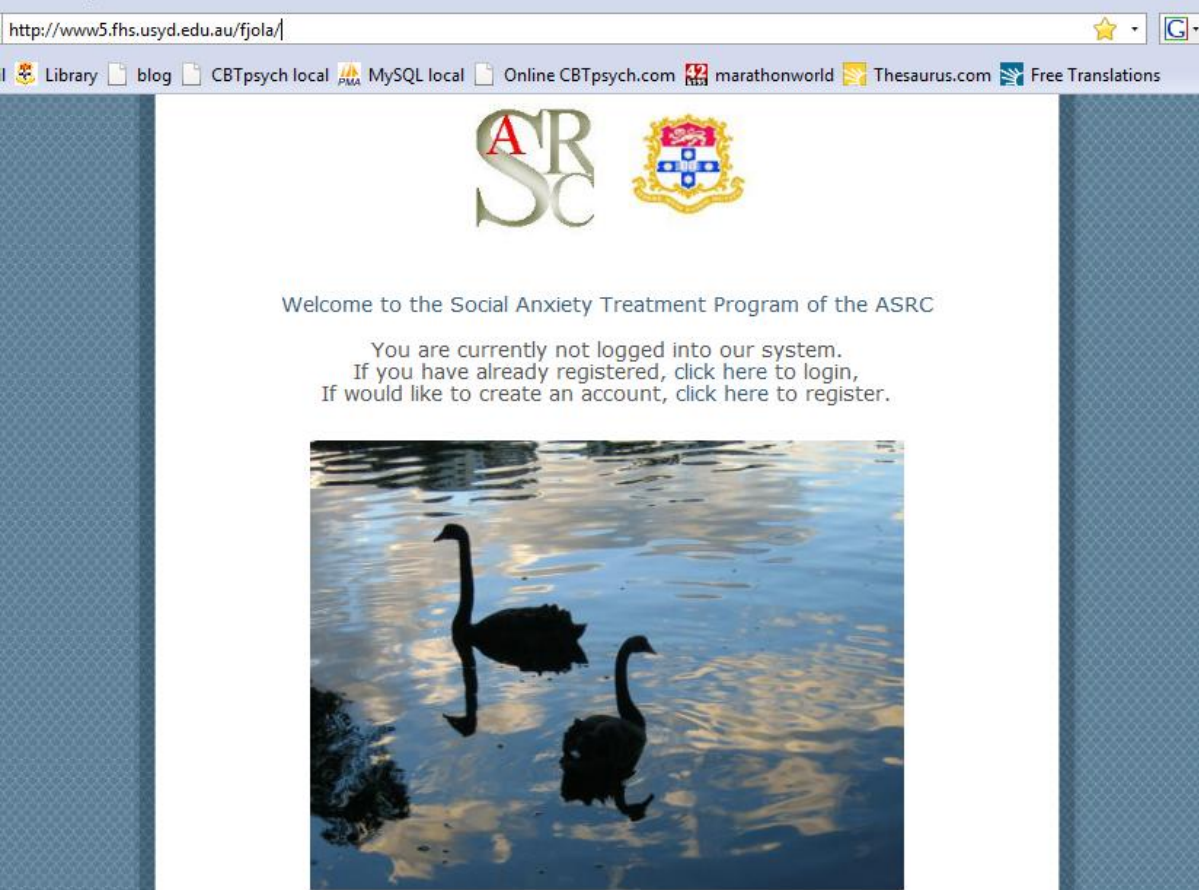
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# Web pages in the CBTpsych.com

## Assessment and Introduction

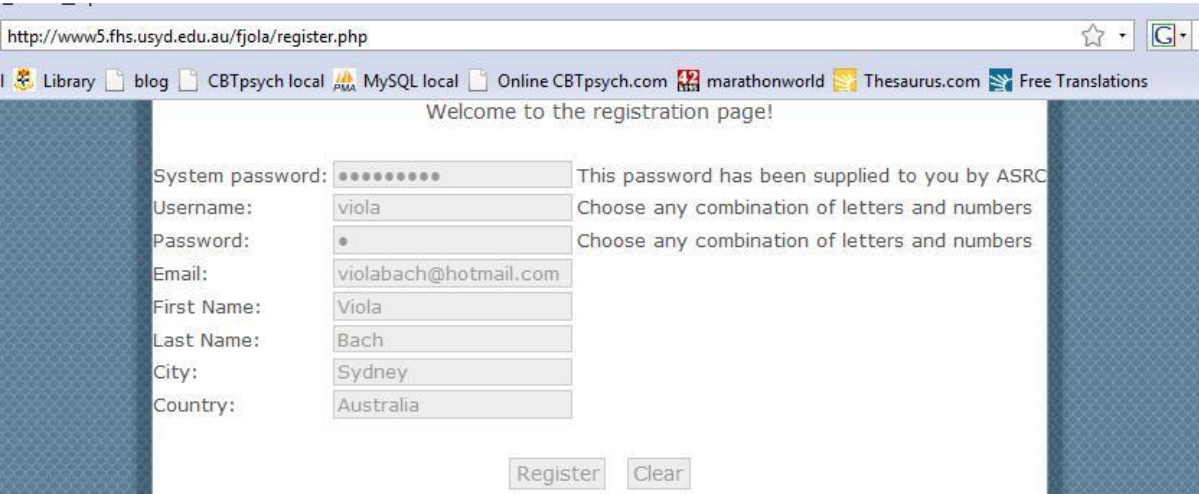


A screenshot of a web browser displaying the home page of the ASRC (Anxiety and Stress Research Centre). The browser's address bar shows the URL `http://www5.fhs.usyd.edu.au/fjola/`. The page features the ASRC logo and the University of Sydney crest. The main content area contains the following text:

Welcome to the Social Anxiety Treatment Program of the ASRC

You are currently not logged into our system.  
If you have already registered, click here to login,  
If would like to create an account, click here to register.

Below the text is a photograph of two swans swimming in a body of water, with their reflections visible on the surface.



A screenshot of the registration page on the ASRC website. The browser's address bar shows the URL `http://www5.fhs.usyd.edu.au/fjola/register.php`. The page displays a registration form with the following fields and values:

Welcome to the registration page!

System password:	<input type="password" value="●●●●●●●●"/>	This password has been supplied to you by ASRC
Username:	<input type="text" value="viola"/>	Choose any combination of letters and numbers
Password:	<input type="password" value="●"/>	Choose any combination of letters and numbers
Email:	<input type="text" value="violabach@hotmail.com"/>	
First Name:	<input type="text" value="Viola"/>	
Last Name:	<input type="text" value="Bach"/>	
City:	<input type="text" value="Sydney"/>	
Country:	<input type="text" value="Australia"/>	

At the bottom of the form are two buttons: "Register" and "Clear".



Tired?  
Why not logout  
and return later?

## Welcome to the ASRC Social Anxiety Treatment Program

Thank you for logging into our system Viola

To start the treatment program [click here](#)

Did you forget to logout last time you left the program? If so, [Please press here](#)



**The following questionnaire is a very crucial component of this program. So if you want maximum benefit from our treatment package, you need to think carefully about your answers to the questions below. The treatment program will be tailored around the pattern of thinking revealed in your answers.**

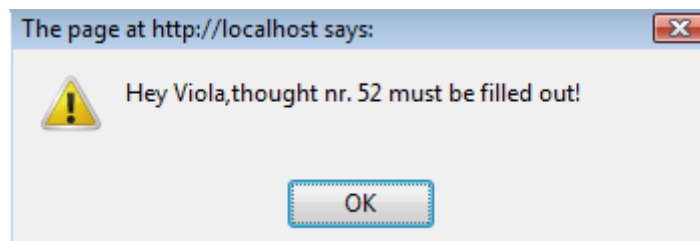
*Below we have compiled a list of thoughts, beliefs and attitudes about stuttering that you may experience. Using numbers from the scale below, please indicate how frequently you have these thoughts from (1, 2, 3, 4 or 5) for each thought. If you are not sure, choose the option the closest to your thoughts*

Thought / Belief / Attitude	Never have the thought	Rarely have the thought	Sometimes have the thought	Often have the thought	Always have the thought
1. People will doubt my ability because I stutter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. It's impossible to be really successful in life if you stutter.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I won't be able to keep a job if I stutter.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. It's all my fault-I should be able to control my stutter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5. I'm a weak person because I stutter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. No one will like me if I stutter.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I might stutter.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. People focus on every word I say.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I am incompetent.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. No one could love a stutterer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. I will stutter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
12. Everyone in the room will hear me stutter.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. I'm stupid.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Other people will think I'm stupid if I stutter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
15. I'll never be successful because of my stutter.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I won't be able to answer their questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
17. I'm hopeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
18. I'm of no use in the workplace.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. People will think I'm incompetent because I stutter.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I'll block completely and won't be able to talk.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Everyone will think I'm an idiot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
22. I can't speak to people in positions of authority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
23. People will think I'm strange.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. People will think I can't speak English.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. No one would want to have a relationship with a stutterer.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I can't think clearly because I stutter.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I can't speak to aggressive people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
28. People will think that I have no opinions.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. People will think that I'm boring because I have nothing to say.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. If I block, people will think I'm retarded.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I can't face these people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
32. People will wonder what's wrong with me if I stutter.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. What will people think of me if they disagree with what I say?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Most people view stutterers as less capable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
35. I don't want to go - people won't like me.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. My pauses are too long - people will think I'm weird.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
37. People won't like me because I won't be able to talk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
38. I can't convince people of anything I say because I stutter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
39. People will think I'm retarded if I stutter.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I'll block - I know I will.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I'll make a fool of myself.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. People get tired of waiting for me to get my words out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
43. People shouldn't have to wait so long for me to speak.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. I always embarrass the people I'm speaking to.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

45. People think I have something to hide because my stutter sounds suspicious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
46. People will think that I'm worthless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
47. I'll embarrass myself.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. I can't speak to people I find sexually attractive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
49. No one will understand what I'm trying to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
50. What's the point of even trying to speak? It never comes out right.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. I won't be able to say exactly what I want to say.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Everyone will think I'm simple or dumb because I avoid using difficult words.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. I slow up everyone's conversation.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Everyone hates it when I start to speak.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. I can never speak on the phone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
56. I won't be able to ask for what I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
57. The person on the other end of the phone will hang up on me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
58. People will laugh at me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
59. People will think I'm mute.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. I'll never finish explaining my point - they'll misunderstand me.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. The answering machine will turn off if I block ? I won't be able to leave any message.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
62. They'll think I'm a prank caller if I block.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. I won't be able to say "hello" when I pick up the phone	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. People who stutter are stupid.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. People who stutter are incompetent.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. People who stutter are boring.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Submit



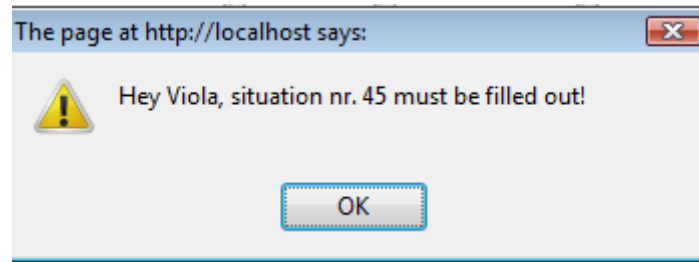
52. Everyone will think I'm simple or dumb because I avoid using difficult words.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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The following questionnaire is also a very crucial component of this program. So if you want maximum benefit from our treatment package, you need to think carefully about your answers to the questions below. Please indicate accurately on a range from Never to Always how often you avoid the following situations. It is extremely important for your progress that you give honest responses.

Situation	Never Avoid	Infrequently Avoid	Sometimes Avoid	Frequently Avoid	Always Avoid
1. Talking to hearing impaired relative (Home and Family)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Meeting up with the In-laws (Home and Family)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Large family gatherings (Home and Family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. Meeting new partners of family members (Home and Family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. Meeting new friends of family members (Home and Family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. Introducing self (Friends and social)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7. Introducing friends (Friends and social)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8. Talking over noise (in bars, parties) (Friends and social)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Yelling at football match (Friends and social)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Talking to strangers at parties / dinners (Friends and social)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. Joining new groups / activities (Friends and social)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12. Catching up with old friends (friends and social)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
13. Ordering food (friends and social)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
14. Ordering food and drink on behalf of friends (friends and social)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
15. Making phone calls to clients / colleagues (work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
16. Receiving phone calls from clients / colleagues (work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
17. Phone calls in open-plan office where others can overhear (work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
18. Making calls in front of supervisor (work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
19. Working at enquiry counter (work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
20. Answering quick questions from colleagues (work)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Presenting material to group / meeting (work)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Chairing meetings (work)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Asking for pay-rise / leave etc from supervisor (work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
24. Introducing new staff members (work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
25. Lunchroom social situation (work)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Talking over public address systems (work)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Quick / informal chit-chats / exchanges throughout the day with colleagues (work)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Tutorial presentations (University)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Asking questions in tutorials (University)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
30. Oral exams (University)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
31. Practical placements (University)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Being called on to speak in class (University)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
33. Running and participating in group projects (University)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Making phone calls (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
35. Receiving phone calls (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
36. McDonald's drive-through (general public)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Ordering food in restaurant (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
38. Ordering drinks in bar (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
39. Asking for products in shop e.g. Chemist (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
40. Making enquiries in shop e.g. new stereo system (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
41. Face-to-face with tradesmen (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
42. Phoning tradesmen (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
43. Bank enquiry counter (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
44. Market research phone calls (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
45. Asking for directions (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Buying bus or train tickets (general public)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Asking about menu details (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
48. Querying a restaurant bill (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
49. Being asked directions (general public)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Returning faulty goods (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
51. Job interview (important speech)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
52. Punch line in jokes (important speech)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
53. When needing to be macho e.g. at gym! (important speech)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Asking for a date (important speech)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Speeches at weddings, funerals (important speech)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Submit



45. Asking for directions (general public)

CBTpsych.com -  
Part I  
Thinking Exercises



The University of Sydney



**Tired?**  
Why not logout  
and return later?

**Good Afternoon Viola**

**Good Morning Viola**

Depends on what time  
of the date one logs in

Welcome to the first part of your social anxiety treatment program.

This part of the program focuses on your thinking, that is, how your thoughts control the way you feel and behave. This is what Cognitive Behaviour Therapy (CBT) is all about. This page is the first one that has sound clips, so put your volume up if you haven't already heard us talking.

However, I'll need you to answer two more questionnaires before you begin the treatment. These are important in assessing your psychological functioning.

Turn up the sound on your computer to hear the voice clip on this page!!

Turn up the sound on your computer to hear the voice clip on this page!!



Find out more about me on my website:  
<http://www.fjolad.com>



Hi, my name is Fjola Dogg Helgadottir, and I am one of the creators of this computerized psychologist. I am a Clinical Psychologist, specialized in anxiety disorders and a PhD candidate at the University of Sydney.

Turn up the sound on your computer to hear the voice clip on this page!!



Find out more about me on my

Im the other creator of this computer psychologist



I am Associate Professor Ross Menzies, and I am the head of the Anxiety Disorders clinic at the University of Sydney and a research associate at the Australian Stuttering Research Centre. I am a clinical psychologist that have been working with stuttering anxiety for the last 15 years.



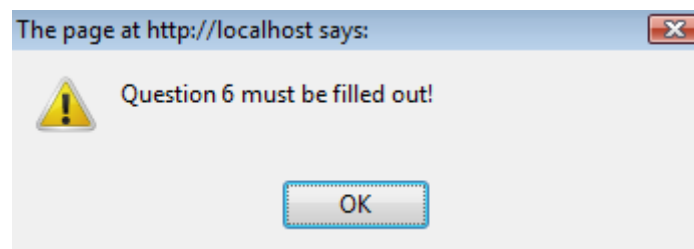
Continue

### Fear of Negative Evaluation Scale

<b>For the following statements, please answer each in terms of whether it is true or false for you.</b>	<b>True</b>	<b>False</b>
1. I rarely worry about seeming foolish to others.	<input type="radio"/>	<input checked="" type="radio"/>
2. I worry about what people will think of me even when I know it doesn't make any difference.	<input checked="" type="radio"/>	<input type="radio"/>
3. I become tense and jittery if I know someone is sizing me up.	<input checked="" type="radio"/>	<input type="radio"/>
4. I am unconcerned even if I know people are forming an unfavorable impression of me.	<input checked="" type="radio"/>	<input type="radio"/>
5. I feel very upset when I commit some social error.	<input type="radio"/>	<input checked="" type="radio"/>
6. The opinions that important people have of me cause me little concern.	<input type="radio"/>	<input type="radio"/>
7. I am often afraid that I may look ridiculous or make a fool of myself.	<input checked="" type="radio"/>	<input type="radio"/>
8. I react very little when other people disapprove of me.	<input type="radio"/>	<input checked="" type="radio"/>
9. I am frequently afraid of other people noticing my shortcomings.	<input checked="" type="radio"/>	<input type="radio"/>
10. The disapproval of others would have little effect on me.	<input checked="" type="radio"/>	<input type="radio"/>
11. If someone is evaluating me I tend to expect the worst.	<input checked="" type="radio"/>	<input type="radio"/>
12. I rarely worry about what kind of impression I am making on someone.	<input checked="" type="radio"/>	<input type="radio"/>
13. I am afraid that others will not approve of me.	<input checked="" type="radio"/>	<input type="radio"/>
14. I am afraid that people will find fault with me.	<input checked="" type="radio"/>	<input type="radio"/>
15. Other people's opinions of me do not bother me.	<input type="radio"/>	<input checked="" type="radio"/>
16. I am not necessarily upset if I do not please someone.	<input type="radio"/>	<input checked="" type="radio"/>
17. When I am talking to someone, I worry about what they may be thinking about me.	<input checked="" type="radio"/>	<input type="radio"/>

- |   |                                  |                                  |
|---|----------------------------------|----------------------------------|
| 18. I feel that you can't help making social errors sometimes, so why worry about it. | <input checked="" type="radio"/> | <input type="radio"/>            |
| 19. I am usually worried about what kind of impression I make.                        | <input checked="" type="radio"/> | <input type="radio"/>            |
| 20. I worry a lot about what my superiors think of me.                                | <input checked="" type="radio"/> | <input type="radio"/>            |
| 21. If I know someone is judging me, it has little effect on me.                      | <input checked="" type="radio"/> | <input type="radio"/>            |
| 22. I worry that others will think I am not worthwhile.                               | <input checked="" type="radio"/> | <input type="radio"/>            |
| 23. I worry very little about what others may think of me.                            | <input checked="" type="radio"/> | <input type="radio"/>            |
| 24. Sometimes I think I am too concerned with what other people think of me.          | <input checked="" type="radio"/> | <input type="radio"/>            |
| 25. I often worry that I will say or do the wrong things.                             | <input checked="" type="radio"/> | <input type="radio"/>            |
| 26. I am often indifferent to the opinions others have of me.                         | <input checked="" type="radio"/> | <input type="radio"/>            |
| 27. I am usually confident that others will have a favourable impression of me.       | <input type="radio"/>            | <input checked="" type="radio"/> |
| 28. I often worry that people who are important to me won't think very much of me.    | <input checked="" type="radio"/> | <input type="radio"/>            |
| 29. I brood about the opinions my friends have about me.                              | <input type="radio"/>            | <input type="radio"/>            |
| 30. I become tense and jittery if I know I am being judged by my superiors.           | <input checked="" type="radio"/> | <input type="radio"/>            |

Submit



- |   |                       |                                  |
|---|-----------------------|----------------------------------|
| 6. The opinions that important people have of me cause me little concern. | <input type="radio"/> | <input checked="" type="radio"/> |
|---|-----------------------|----------------------------------|

---

**DASS**

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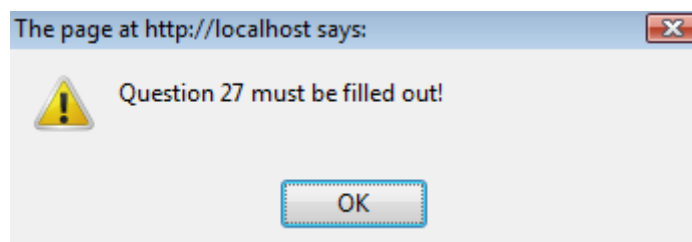
Please read each statement and press a number 0, 1, 2 or 3 which indicates how much the statement applied to you over **the past week**. There are no right or wrong answers. Do not spend too much time on any statement.

---

**The rating scale is as follows:**

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
0 Did not apply to me at all				
1 Applied to me to some degree, or some of the time				
2 Applied to me to a considerable degree, or a good part of time				
3 Applied to me very much, or most of the time				
1. I found myself getting upset by quite trivial things	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. I was aware of dryness of my mouth	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I couldn't seem to experience any positive feeling at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4. I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. I just couldn't seem to get going	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I tended to over-react to situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7. I had a feeling of shakiness (eg, legs going to give way)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8. I found it difficult to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
9. I found myself in situations that made me so anxious I was most relieved when they ended	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10. I felt that I had nothing to look forward to	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I found myself getting upset rather easily	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I felt that I was using a lot of nervous energy	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13. I felt sad and depressed	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14. I found myself getting impatient when I was delayed in any way (eg, lifts, traffic lights, being kept waiting)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
15. I had a feeling of faintness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
16. I felt that I had lost interest in just about everything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
17. I felt I wasn't worth much as a person	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
18. I felt that I was rather touchy	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
19. I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I felt scared without any good reason	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
21. I felt that life wasn't worthwhile	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

22. I found it hard to wind down	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
23. I had difficulty in swallowing	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I couldn't seem to get any enjoyment out of the things I did	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
25. I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
26. I felt down-hearted and blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
27. I found that I was very irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I felt I was close to panic	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
29. I found it hard to calm down after something upset me	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
30. I feared that I would be "thrown" by some trivial but unfamiliar task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
31. I was unable to become enthusiastic about anything	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
32. I found it difficult to tolerate interruptions to what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
33. I was in a state of nervous tension	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
34. I felt I was pretty worthless	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
35. I was intolerant of anything that kept me from getting on with what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
36. I felt terrified	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
37. I could see nothing in the future to be hopeful about	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
38. I felt that life was meaningless	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
39. I found myself getting agitated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
40. I was worried about situations in which I might panic and make a fool of myself	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
41. I experienced trembling (eg, in the hands)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
42. I found it difficult to work up the initiative to do things	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>



27. I found that I was very irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
---------------------------------------	-----------------------	-----------------------	-----------------------	----------------------------------

## Part 1

CBTpsych.com -  
Part I  
Thinking Exercises



Tired?  
Why not logout  
and return later?

## OK Viola! Lets begin your treatment.

At any point in the treatment program, feel free to print out pages that contain information that you find particularly interesting and useful. That way, you can review material when you are not online. Alternatively, you can save any page to a folder on your desktop.

Also, you will see the 'sad puppy' icon throughout the program at the bottom of each page. This is to remind you to consult a clinical psychologist or medical practitioner if your mood slips during the course of this computerised treatment. If you are feeling too overwhelmed by your anxiety or feelings of depression, we encourage you to seek help in your local area.

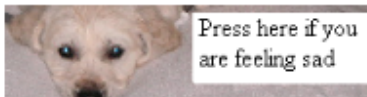


## Now, how do we know that anxiety is important in stuttering? Some of the evidence includes:

- Large surveys show the vast majority of people who stutter think anxiety leads to a worsening of their condition.
- The majority of Speech Pathologists agree.
- We know that stuttering severity depends to some extent on the situation the person is in. Many people who stutter can talk to a pet or a pot plant without stuttering. However, stuttering is usually much worse when talking to people, particularly 'important' people. It is clear that people who stutter are capable of talking well (they have regularly done this with pets, partners and pot plants!). The easiest way to explain why people who stutter do not talk this well all the time is that they become more anxious when they talk to some people in some social situations (eg. when there are lots of people around, talking to the boss, meeting new people).
- Speech involves moving air over sensitive parts of the throat. Anxiety produces changes in breathing (inability to breathe, rapid breathing, shallow breathing etc), and makes it more difficult to control the flow of air across this area. It therefore makes it more difficult to speak in a smooth, controlled way.
- There are afferent pathways from the limbic system (the home of anxiety in the brain) to the vocal tract, so anxiety should necessarily affect control of speech. That is, there are direct links from the area of the brain controlling anxiety to the sensitive areas of the throat involved in speaking.

- When people are anxious, they pay attention to the things that they are anxious about. For example, they may pay attention to the way other people are looking at them, or to the feeling of tightness in their throat. This means that they are not able to focus as intently as they should on producing normal speech. Once you learn the techniques to control your speech, you will realise that they take a lot of practice and attention to implement. It is a bit like playing sport. In order to play golf well, for example, you have to learn to produce the same swing consistently every time. There are so many small details that will change if you are not focussing intently on how to make them 'right'- if you are paying attention to the wrong things (e.g. the way others are looking at you).
- People who do not usually stutter have been shown to stutter when they become very anxious.

Continue



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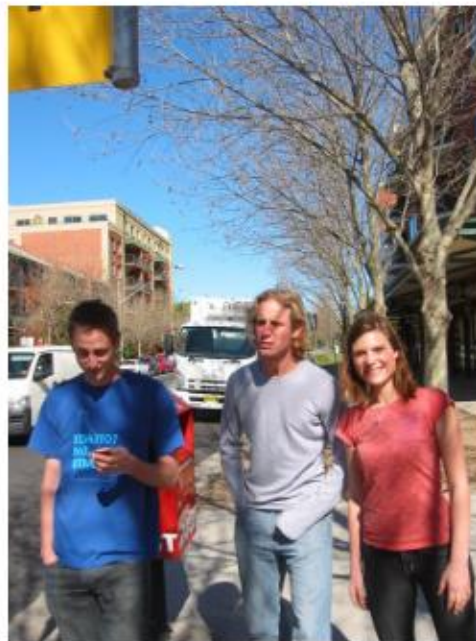


## What causes us to feel anxious?

Sometimes it seems that our feelings of anxiety result directly from the situations we are in, but this is not the case. The way we *FEEL* is a direct result of the *THOUGHTS* and *BELIEFS* we have. To understand why, read the following example:

### Situation:

Ben, Nick and Sally are waiting for the same bus. Just as the bus is due to pick them up, they all see it pass without stopping.






### Feelings:

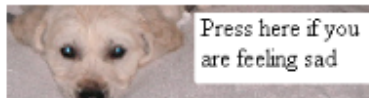
Ben felt anxious  
Nick felt angry  
Sally felt happy

If Ben, Nick and Sally were all in the same situation, how is it that they felt so different from one another?

It is because missing the bus had different meanings to each of them. They had different *thoughts* about the situation.

<p><b>Ben's thoughts:</b></p> <p>I'm going to be late for work  My boss might think I'm slack  I might get fired</p> <p><b>No wonder Ben felt anxious!</b></p>	
<p><b>Nick's thoughts:</b></p> <p>I'm so sick of this bus company  The driver must be incompetent - how could he just miss the stop?  I did everything I could get to work on time today - I don't deserve to be late!</p> <p><b>No surprise that Nick felt angry!</b></p>	
<p><b>Sally's thoughts:</b></p> <p>Fantastic! Now I have a good excuse for being late to work  I have half an hour to wait for the next bus, so I might as well go and sit in a cafe. I can have a coffee and read the paper.</p> <p><b>We'd feel happy too, if we had the thoughts that Sally had!</b></p>	
<p><b>THOUGHTS → FEELINGS → BEHAVIOUR</b></p>	

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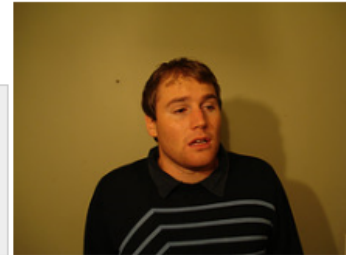
### Situation 1

Alex was walking down the street one day when he saw a dog jogging towards him. The dog had blood on his right leg. The dog was not on a lead, and was not accompanied by an owner.

What thoughts could Alex have that would lead him to feel **ANXIOUS?**

Insert as many answers as you can think of:

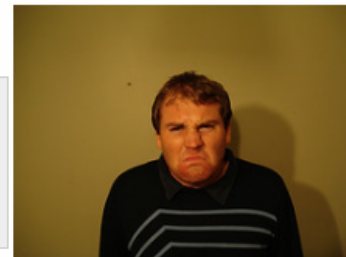
The dog is gonna bite me



What thoughts could Alex have that would lead him to feel **ANGRY?**

Insert as many answers as you can think of:

What is going on here!!!



What thoughts could Alex have that would lead him to feel **SAD?**

Insert as many answers as you can think of:



What thoughts could Alex have that would lead him to feel **HAPPY?**

Insert as many answers as you can think of:

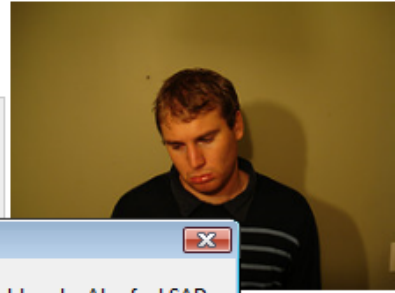
What a cute dog, hopefully it runs to me :)




Submit the relevant thoughts

What thoughts could Alex have that would lead him to feel **SAD?**

Insert as many answers as you can think of:



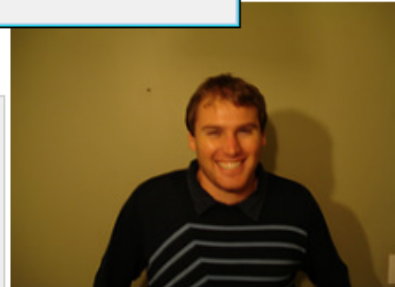
The page at http://localhost says: ✕

 Hey Viola, please fill out what thoughts you think would make Alex feel SAD

What thoug

Insert as many answers as you can think of:

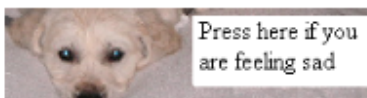
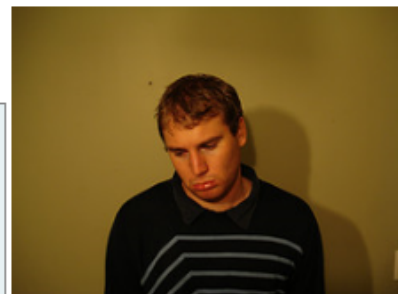
What a cute dog, hopefully it runs to me :)



What thoughts could Alex have that would lead him to feel **SAD?**

Insert as many answers as you can think of:

Isn't this just another evidence of what a sad place the world is



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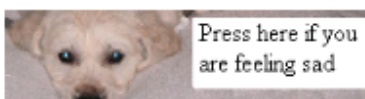


Now that you have created some thoughts that might have caused Alex's various emotions, let's review our sample answers to this task.

That way, you can compare your answers to ours to see if you are on the right track. This will help you learn about what sorts of thoughts create different emotions.

Notice that our answers only include THOUGHTS. Don't forget that it's THOUGHTS that cause emotions and behaviours.

It's a good idea to print out, or save, the next page and keep it in a file.



Press here if you  
are feeling sad

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### 'Thinking' Exercise 1

Please compare the thoughts you wrote down to our example thought, what could have lead Alex to feel in the four different ways in the same situation:

#### Situation 1

Alex was walking down the street one day when he saw a dog jogging towards him. The dog had blood on his right leg. The dog was not on a lead, and was not accompanied by an owner.

What thoughts according to you could Alex have that would lead him to feel ANXIOUS?

The dog is gonna bite me

Examples of thoughts that Alex could have thought that lead him to feel ANXIOUS

1. The dog is going to attack me.
2. The dog looks sick - if he bites me I will die.
3. I don't know how to help the dog, his leg might get infected.
4. If I can't find the owner quickly the dog might die...

What thoughts according to you could Alex have that would lead him to feel ANGRY?

What is going on here!!!

Examples of thoughts that Alex could have thought that lead him to feel ANGRY:

1. This dog *SHOULDN'T* be running around like this, its owner *SHOULD* take care of it.
2. How could someone let this happen!
3. Where the hell is the dog's owner?
4. There is a law about dogs being on leads, so this *SHOULDN'T* happen!

What thoughts according to you could Alex have that would lead him to feel SAD:

Isn't this just another evidence of what a sad place the world is

Examples of thoughts that Alex could have thought that lead him to feel SAD:

1. Poor little dog. Nobody cares.
2. Animals have a shocking life.
3. The world is full of lonely people and lonely animals
4. He's all by himself - hurt and alone. He's probably a very unhappy little dog. Its so sad that some dogs don't have any owners.

What thoughts according to you could Alex have that would lead him to feel HAPPY?

What a cute dog, hopefully it runs to me :)

Examples of thoughts that Alex could have thought that lead him to feel HAPPY

1. Look at this lovely dog jogging towards me.
2. I love dogs, they are so easy to please.
3. I am going to find its owners and tell them they have lost their dog, I love being helpful. Maybe I'll get a reward.
4. What a cute little dog!

Continue



Tired?  
Why not logout  
and return later?

## 'Thinking' Exercise 2

Please read the following example and write down the **THOUGHTS** you think Jane would have in the situation described below:

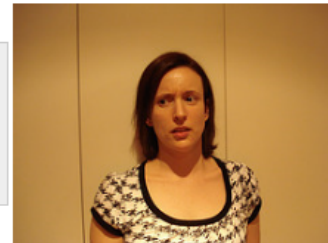
### Situation 2

Jane is a 30 year old woman with a moderate stutter. She walked into a record shop one day intending to ask for the new Britney Spears CD. She approached the counter and waited a minute or two for the salesperson to assist her. She stuttered several times whilst asking for the CD, and the sales assistant asked her to repeat her request. She managed to buy the CD she had wanted, then left the shop.

What thoughts could Jane have that would lead her to feel **ANXIOUS**?

Insert as many answers as you can think of:

She'll think im such a retard



What thoughts could Jane have that would lead her to feel **ANGRY**?

Insert as many answers as you can think of:

This is sooo unfair, why the f%\*" does she have to ask me to repeat my words! I dont like having to TALK!



What thoughts could Jane have that would lead her to feel **SAD**?

Insert as many answers as you can think of:

I can never have normal communications with people because I stutter



What thoughts could Jane have that would lead her to feel **HAPPY**?

Insert as many answers as you can think of:

[Empty text box for writing thoughts]

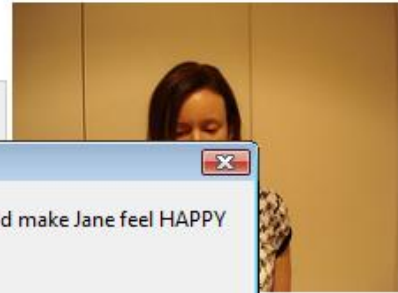
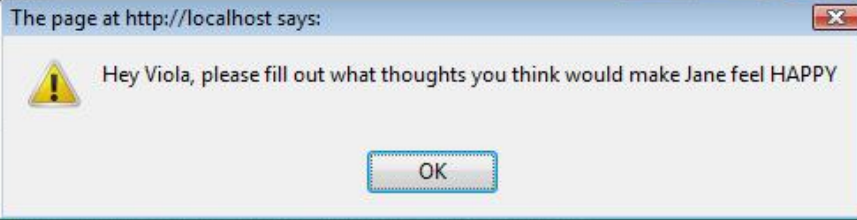


Submit the relevant thoughts

What thoughts could Jane have that would lead her to feel **SAD**?

Insert as many answers as you can think of:

I can never have normal communications with people because I stutter



What thoughts

to feel **HAPPY**?

Insert as many answers as you can think of:

[Empty text input area]



Submit the relevant thoughts

What thoughts could Jane have that would lead her to feel **HAPPY**?

Insert as many answers as you can think of:

I love my new CD! What a comeback Britney!



## 'Thinking' Exercise 2

Please compare the thoughts you wrote down to our example thought, what could have lead Jane to feel in the four different ways in the same situation:

### Situation 2

Jane is a 30 year old woman with a moderate stutter. She walked into a record shop one day intending to ask for the new Britney Spears CD. She approached the counter and waited a minute or two for the salesperson to assist her. She stuttered several times whilst asking for the CD, and the sales assistant asked her to repeat her request. She managed to buy the CD she had wanted, then left the shop.

What thoughts could Jane have that would lead her to feel ANXIOUS?

She'll think im such a retard

Examples of thoughts that Jane could have thought that lead her to feel ANXIOUS

1. The salesperson thinks I am stupid.
2. Everyone in the shop noticed my stuttering.
3. The salesperson thinks I am silly for buying Britney Spears, being a 30 year old.
4. Maybe there was someone I know in the shop who heard me asking for this. They must be thinking "Jane can't even ask for a CD without stuttering!"

What thoughts could Jane have that would lead her to feel ANGRY?

This is sooo unfair, why the f%\*" does she have to ask me to repeat my words! I dont like having to TALK

Examples of thoughts that Jane could have thought that lead her to feel ANGRY

1. I am the customer here, why am I waiting.
2. It was very mean of the salesperson to ask me to repeat what I said.
3. She has no right to treat me this way.
4. I *SHOULDN'T* stutter!

What thoughts could Jane have that would lead her to feel SAD?

I can never have normal communication with people because I stutter

Examples of thoughts that Jane could have thought that lead her to feel SAD

1. I'm hopeless, I can't do anything right.
2. Why should I bother even trying things like ordering a CD. I will always fail to talk normally.
3. The salesperson thinks I am pathetic and that I am a loser.
4. Stuttering has ruined my life.

What thoughts could Jane have that would lead her to feel HAPPY?

I love my new CD! What a comeback Britney!

Examples of thoughts that Jane could have thought that lead her to feel HAPPY

1. Nice work! I only stuttered a few times.
2. I only had to repeat once what I was asking for!
3. Now I have got my favourite CD, so I am going to listen to it all the time!!!
4. I have to ask more people for the things I want to practise my speaking. People are so understanding of my stuttering.

Continue



**Tired?**  
Why not logout  
and return later?

## What is a 'causal' thought?

A 'causal' thought is a thought, attitude or belief that 'causes' an emotion or feeling. You have already written many causal thoughts in this program (eg. the sentences you created to explain Alex and Jane's feelings in the previous tasks). Let's look at a new situation.

Karen and Ben are walking to the park where they are going for a picnic. They have different thoughts, that cause them to feel the way they do:



How do you think Karen feels as a result of her causal thought?

How do you think Ben feels as a result of his causal thought ?

Choose a feeling for Karen ▼

Choose a feeling for Ben ▼

Press to see how Karen felt

Press to see how Ben felt

Choose a feeling for Karen ▼

- Choose a feeling for Karen
- Frustrated**
- Sad
- Angry
- Happy

**Frustrated.** No, Karen is not frustrated, try another option

**Happy.** Yes, you are right! She is happy as a result of her CAUSAL thoughts!



Choose a feeling for Ben ▾

Choose a feeling for Ben

Frustrated

**Sad**

Angry

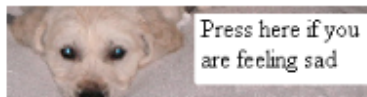
Happy

**Sad.** No, Ben is not sad, try another option

**Angry.** No, Ben is not angry - although his feeling is related to anger!

**Frustrated.** Yes, you are right! Ben is frustrated as a result of his CAUSAL thoughts!

Continue



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Why not logout  
and return later?



The causal thoughts that create difficulties for people in social situations have been divided into three categories by leading researchers (Clark & Wells, 1995; Clark, 2005):

**1.Excessively high standards for social performance** e.g. I must not show any signs of weakness. I must always sound intelligent and fluent. I must not interrupt or slow down other peoples speech.

**2.Conditional beliefs concerning the consequences of performing in a certain way** e.g. If I disagree with someone, they will think I am stupid and might reject me. If I stutter, or show other signs of anxiety, people will think I am odd or won't like me. If I am quiet, people will think I am boring.

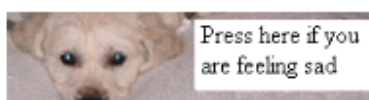
**3.Unconditional negative beliefs about the self** e.g. I'm odd or different. I'm unlikeable, boring, and stupid.

These causal thoughts make people dread social situations and with this mindset people often interpret ambiguous cues as signs of negative evaluation by others. Several vicious cycles are created by this mindset and these cycles maintain the problem and prevent people from disconfirming these negative beliefs and appraisals.

Let's look at more examples of these sorts of thoughts in the table below.

Common causal thoughts	Consequences
I must be loved and approved of by everyone.	Anxiety, unassertive behaviour, depression, poor self-esteem.
I must be competent, adequate and achieving in every respect.	Anxiety, self-downing, depression, frustration, shame, procrastination.
The world should be a fair place and I should always be treated fairly.	Anger, resentment, frustration, depression.
Certain people are bad, and they should be blamed or punished for their misdeeds.	Anger, resentment, hatred, depression.
When I do something badly, I am a bad person, a failure, an idiot.	Poor self-esteem, frustration, depression.
The world should provide me with what I need. Life should be comfortable. I shouldn't have to suffer or be inconvenienced.	Frustration, depression, despair.
It is awful when things don't go the way that I would like.	Frustration, anger, depression, anxiety.
It's easier to avoid problems than to confront and deal with them.	Procrastination, unresolved problems, relationship tensions, helplessness.
Human unhappiness is caused by life circumstances, and it's impossible to be happy when things are not going well for me.	Helplessness, hopelessness, failure to take responsibility, despair.
If there is a chance that something bad might happen, I should dwell on it now.	Anxiety, rumination.
There is a correct solution to every problem, and it's awful if I can't find it.	indecision, procrastination, anxiety.
Ellis, A. (2001), Edelman (2002)	

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In his book, *Feeling Good*, David Burns (1985) grouped causal thoughts into 10 different categories.

Have a look at the list below, and then move on to the exercises that follow.

## CHECKLIST OF COGNITIVE ERRORS

1. **All or nothing thinking:** You look at things in absolute, black-and-white categories.
2. **Overgeneralization:** You view negative events as a never-ending pattern of defeat.
3. **Mental filter:** You dwell on the negatives and ignore the positives.
4. **Discounting the positives:** You insist that your accomplishments or positive qualities "don't count."
5. **Jumping to conclusions:**  
(A) **Mind reading**-You assume that people are reacting negatively to you when there is no definite evidence for this;  
(B) **Fortune-telling**-you arbitrarily predict that things will turn out badly.
6. **Magnification or minimization:** You blow things out of proportion or you shrink their importance inappropriately.
7. **Emotional reasoning:** You reason from how you feel: "I *feel* like an idiot, so I really must be one." Or "I don't *feel* like doing this, so I'll put it off."
8. **"Should" statements:** You criticize yourself or other people with "shoulds" or "shouldn'ts." "Musts" and "oughts" are similar offenders.
9. **Labelling:** You identify with your shortcomings. Instead of saying "I made a mistake" you tell yourself "I'm a jerk" or "a fool."
10. **Personalization and blame:** You blame yourself for something you weren't entirely responsible for, or you blame other people and overlook ways that your own attitudes and behaviour might have contributed to the problem.



See page 233 for the content for the below exercises

**To make sure you have understood these thinking errors, let's see if you recognize them in the following examples.**

I ate all this dinner, I am such a pig!

Pick which cognitive error this is

Press to see the correct cognitive error



I only got this job because there were so few applicants.

Pick which cognitive error this is

Press to see the correct cognitive error



Frank doesn't like me, I know it because I feel it when I try to talk to him.

Pick which cognitive error this is

Press to see the correct cognitive error



All people who work for Coles are rude.

Pick which cognitive error this is

Press to see the correct cognitive error



These people think I am an idiot because I had such difficulty ordering my food.

Pick which cognitive error this is

Press to see the correct cognitive error



If I miss out one day in the gym, my training plan is ruined.

Pick which cognitive error this is

Press to see the correct cognitive error



These people only like me because I know Kristy. They wouldn't be so interested in me if I didn't know her.

Pick which cognitive error this is

Press to see the correct cognitive error



I am going to make a fool of myself at the party.

Pick which cognitive error this is

Press to see the correct cognitive error



If I just had been more supportive of my friend, she wouldn't have got into all this trouble.

Pick which cognitive error this is

Press to see the correct cognitive error



I don't fit in with the crowd at the Yoga club. I am an unlikeable person.

Pick which cognitive error this is

Press to see the correct cognitive error

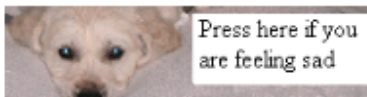


I have to look fantastic all of the time.

Pick which cognitive error this is

Press to see the correct cognitive error

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### 'Thinking' Exercise 3

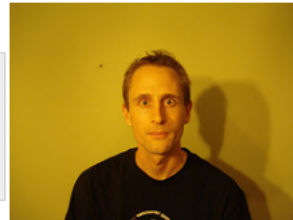
Please read the following example and write down the **THOUGHTS** you think Ben would have in the situation described below:

#### Situation 3

Ben had invited Sarah to go to the movies with him. They had arranged to meet outside the movie theatre at 6:00 pm on Saturday night. Ben had arrived at 6:10, to find that Sarah was not there. He waited for 50 minutes, but Sarah did not arrive.

What thoughts could Ben have that would lead him to feel **ANXIOUS?**

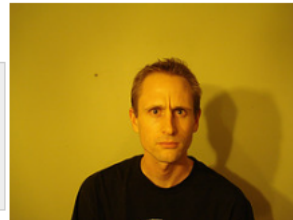
Insert as many answers as you can think of:



What thoughts could Ben have that would lead him to feel **ANGRY?**

Insert as many answers as you can think of:

This is soo rude! She is so inconsiderate



What thoughts could Ben have that would lead him to feel **SAD?**

Insert as many answers as you can think of:

I will always be alone. Totally confirms what a lousy date I must be



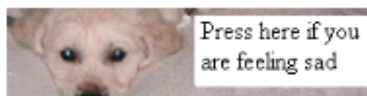
What thoughts could Ben have that would lead him to feel **HAPPY?**

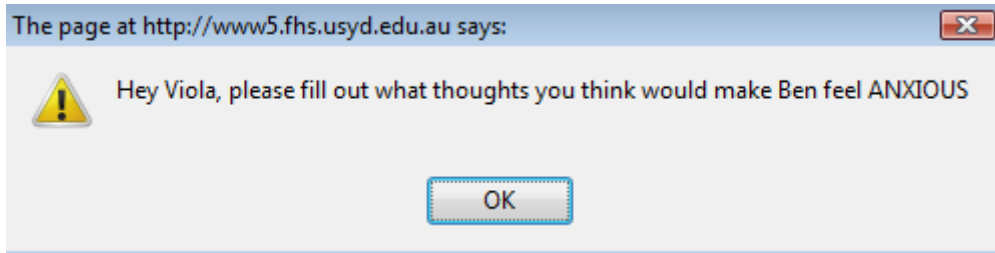
Insert as many answers as you can think of:

Oh well, obviously she isnt the sort of person that i am interested in dating, good that I found this out now! Next please!



Submit the relevant thoughts

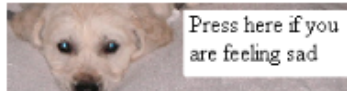




What thoughts could Ben have that would lead him to feel **ANXIOUS**?

Insert as many answers as you can think of:

I must have said something wrong on the phone, maybe she thought it was lame my choice of movie..



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### 'Thinking' Exercise 3

Please compare the thoughts you wrote down to our example thought, what could have lead Ben to feel in the four different ways in the same situation:

#### Situation 3

Ben had invited Sarah to go to the movies with him. They had arranged to meet outside the movie theatre at 6:00 pm on Saturday night. Ben had arrived at 6:10, to find that Sarah was not there. He waited for 50 minutes, but Sarah did not arrive.

What thoughts could Ben have that would lead him to feel ANXIOUS?

I must have said something wrong on the phone, maybe she thought it was lame my choice of movie..

Examples of thoughts that Ben could have thought that lead him to feel ANXIOUS

1. This is going to be bad for my reputation. I hope people don't find out I've been stood up.
2. People are watching me stand here on my own. They probably think I'm a loser.
3. Maybe she came and left before I arrived. I wonder if she's angry with me?
4. I hope she's OK. What if she's had an accident

What thoughts could Ben have that would lead him to feel ANGRY?

This is soo rude! She is so inconsiderate

Examples of thoughts that Ben could have thought that lead him to feel ANGRY

1. She *SHOULDN'T* say that she is coming if she's not!
2. She is a terrible person - I hate her.
3. I *SHOULDN'T* be treated this way
4. I have spent all this money on her. I bought tickets and flowers and she doesn't SHOW UP, I should've spent it on myself!

What thoughts could Ben have that would lead him to feel SAD?

I will always be alone. Totally confirms what a lousy date I must be

Examples of thoughts that Ben could have thought that lead him to feel SAD

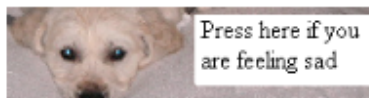
1. I will never be to get the girl I want
2. The world is full of couples, but I will always be alone.
3. Why would I think that someone like Sarah would go out with someone like me. I'm unlovable.
4. I'm a loser

What thoughts could Ben have that would lead him to feel HAPPY?

Oh well, obviously she isnt the sort of person that i am interested in dating, good that I found this out now! Next please!

Examples of thoughts that Ben could have thought that lead him to feel HAPPY

1. Fantastic! That means I'm free to ask Stephanie out.
2. Great! I really didn't want to go out with Sarah. I only asked her because she's Julie's friend and is in town for the week.
3. Thank God! I didn't want to watch this chick-flick anyway.
4. Now I'll be able to finish my assignment for tomorrow - I really needed the time. This has worked out well.



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## 'Thinking' Exercise 4

Please read the following example and write down the **THOUGHTS** you think Zoe would have in the situation described below:

### Situation 4

Zoe had suffered from a mild stutter for many years. She was doing her weekly grocery shop one evening, when she realised she needed to buy some jelly. She tried to find the correct aisle for the jelly, but could not locate it. She approached a supermarket employee, started smiling, and prepared herself to ask where the jelly was located. As she was walking up to the employee, he turned towards her and started laughing.

What thoughts could Zoe have that would lead her to feel **ANXIOUS**?

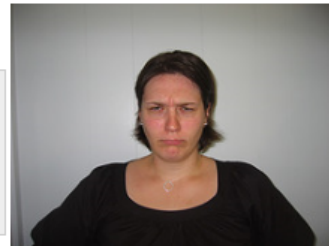
Insert as many answers as you can think of:

He must be laughing at me, other people dont have such a simple request, what if I will never be able to talk normally in situations like this.



What thoughts could Zoe have that would lead her to feel **ANGRY**?

Insert as many answers as you can think of:



What thoughts could Zoe have that would lead her to feel **SAD**?

Insert as many answers as you can think of:

I'm hopeless, I cant even ask such a simple request, I may as well give up on talking.



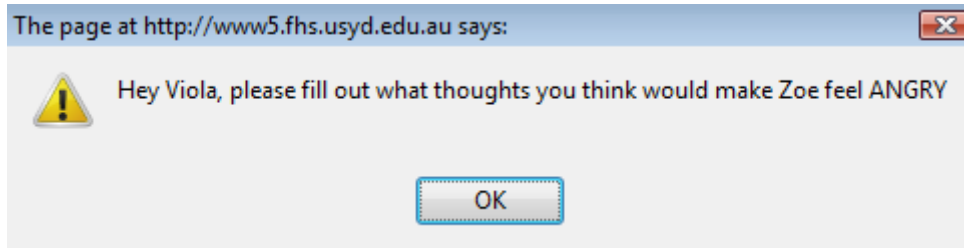
What thoughts could Zoe have that would lead her to feel **HAPPY**?

Insert as many answers as you can think of:

He must be thinking of something funny, I love when I giggle to myself - I giggle like this when I think about the scene from the Curb Your Enthusiasm show!



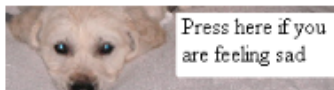
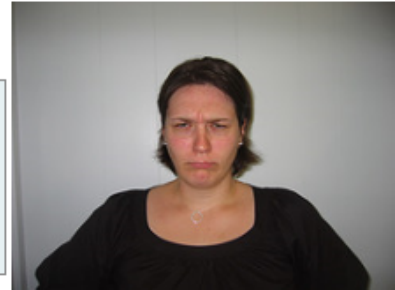
Submit the relevant thoughts



What thoughts could Zoe have that would lead her to feel **ANGRY**?

Insert as many answers as you can think of:

He has no right to laugh! It makes me so incredible angry people like this employee, I am going to send in a complaint and get him fired! |



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## 'Thinking' Exercise 4

Please compare the thoughts you wrote down to our example thought, what could have lead Zoe to feel in the four different ways in the same situation:

### Situation 4

Zoe had suffered from a mild stutter for many years. She was doing her weekly grocery shop one evening, when she realised she needed to buy some jelly. She tried to find the correct aisle for the jelly, but could not locate it. She approached a supermarket employee, started smiling, and prepared herself to ask where the jelly was located. As she was walking up to the employee, he turned towards her and started laughing.

What thoughts could Zoe have that would lead her to feel ANXIOUS?

He must be laughing at me, other people dont have such a simple request, what if I will never be able to talk normally in situations like this.

Examples of thoughts that Zoe could have thought that lead her to feel ANXIOUS

1. He must have heard me talk earlier. That's why he's laughing at me
2. I probably won't be able to talk at all, now that he's laughing
3. He'll make fun of my stutter
4. He won't take me seriously. I think he'll walk away.

What thoughts could Zoe have that would lead her to feel ANGRY?

He has no right to laugh! It makes me so incredible angry people like this employee, I am going to send in a complaint and get him fired!

Examples of thoughts that Zoe could have thought that lead her to feel ANGRY

1. He *SHOULDN'T* be laughing
2. He is the most rude, annoying and worthless human being that I've ever met
3. He has no right to laugh at me
4. I *HATE* my stutter. I *HATE* having problems whenever I have to talk.

What thoughts could Zoe have that would lead her to feel SAD?

I'm hopeless, I cant even ask such a simple request, I may as well give up on talking.

Examples of thoughts that Zoe could have thought that lead her to feel SAD

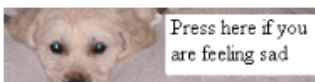
1. People are always going to laugh at me.
2. I can't even buy groceries from the local shops like normal people. I'm pathetic.
3. I'll never fix my stutter. I'm so disabled
4. I may as well stop trying to get my point across.

What thoughts could Zoe have that would lead her to feel HAPPY?

He must be thinking of something funny, I love when I giggle to myself - I giggle like this when I think about the scene from the Curb Your Enthusiasm show!

Examples of thoughts that Zoe could have thought that lead her to feel HAPPY

1. Looks like he's in a good mood!
2. I haven't even started talking and he's laughing, so at least I know he's not laughing at my stutter.
3. He must love working here. He looks like such a fun guy.
4. I love seeing people laugh.



## Part 2

CBTpsych.com - Part II  
Challenging thinking



The University of Sydney



**Tired?**  
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**and return later?**

**Well done!** You have finished the first component of your social anxiety treatment program. Now you have completed these exercises you have hopefully come to understand the power that thoughts have over feelings. Now its time to focus on the thoughts that trouble you. We are going to look closely at the negative thoughts that you ticked on the opening questionnaire in this computer program.

### **But why should I look at these thoughts?**



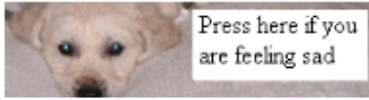
Remember ....

- Anxiety worsens speech
- Anxiety is caused by unhelpful causal thoughts (like the thoughts you ticked on the questionnaire)
- In general, these thoughts centre on how others judge you in social situations
- So, if you didn't care about the evaluations of others, you wouldn't generally get anxious in any social situation

AND you would speak to the best of your ability!

That's why it's important to learn to challenge your negative thinking!

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CBTpsych.com - Part II  
Challenging thinking



**Tired?**  
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**and return later?**

See page 253 for content for the  
below exercises

## You are now in Part II: Challenge your thinking!

Below is an example of thought challenging. The eight questions help you to identify the problems of the negative, causal thought. You will be using these eight questions to attack the negative thoughts that you ticked in the opening questionnaire in this program. Let's look at an example. It might be a good idea to print out this page.

Causal thought:

14. Other people will think I am stupid if I stutter

1. What evidence do you have for the thought?

I have no evidence for this thought. I often *feel* like the thought is true, but I simply don't have any evidence that its true. This is an example of 'emotional reasoning'. Nobody has ever told me that I am stupid because I stutter. Nobody has ever told me that others are thinking this. And anyway, how could I have evidence for this thought - its predicting the thinking of people in situations that haven't even happened yet. It's a good example of 'mind-reading'.

2. What evidence do you have against the thought?

To begin with, lots of people who stutter have achieved great things. For example, consider all these people. Clearly, people didn't think they were stupid. And I know that people close to me don't think I'm stupid. I have had great performance reviews at work/school.

3. What would you tell a friend (to help them) if they had the thought?

1. I would tell him that it simply isn't true.  
2. I would point out that if someone *did* think you're stupid because you stutter, s/he is the one who is stupid  
3. Why do you care what people think in the first place? What's the point? Why worry about what other people are thinking and doing - just get on with your own life.

4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?

Who cares what they think. They don't have any power over how bright you are. If you stutter, you stutter - nothing worse than that. You really don't need to care if someone thinks you're stupid, because deep down you know you're not.

5. Are you worrying about an outcome that you can't control?  
Is there any point to this type of worry?

I can't change what people think of me. Worrying about what people think of me is not going to change their opinions. So no, there isn't any point to this type of worry. People will think whatever they want, just as I do about others.

6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?

Well, it gives me a stomach ache and I feel like I have to throw up, it makes me anxious whenever I think it. It keeps me out of social situations - it makes me avoid new people and new places. It robs me of opportunities in life. I cannot see any helpful thing about this thought. It is wholly destructive, and has the potential to significantly damage my life.

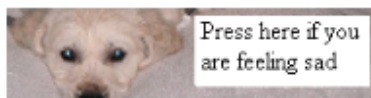
7. What good things would you gain if you gave up the thought?  
How would your life be different if you didn't believe the thought?

Well, I wouldn't feel sick in my stomach anymore. My life would be more relaxed, since I wouldn't be worrying all the time about my interaction with other people! What a relief that would be. And the world would open up to me. I would put myself forward at work, and when I meet people. I wouldn't be afraid to ask people out. I'd start to get the things I want from life.

8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?

The worst scenario is that on rare occasions somebody would think I was stupid because I stutter. But I guess that isn't all that traumatic when I really think about it. My friends and family know very well that I am not stupid. I know that I am not stupid. So it's probably not as bad as I thought, and this is the worst case scenario!

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**Your causal thought:**

I will stutter.

**1. What evidence do you have for the thought?**

I dont really know what will happen in the future. Nobody knows what happens tomorrow, if they did they would be millionaires by playing the lotto right?. So I dont have any evidence.

**2. What evidence do you have against the thought?**

The same evidence applies above, I dont know if I will stutter tomorrow. All I can do really is to not worry about it, because if I do, I am more likely to stutter due to anxiety

**3. What would you tell a friend (to help them) if they had the thought?**

I would ask him, why do you care so much if you stutter tomorrow or not? Nobody else is as worried about his stutter as he is...people mostly dont care.

**4. Think of your calmest, most rational and supportive friend or family member.  
How would he/she react to the causal thought? What would he/she say?**

He would find a way to frame this worry in a funny way, he would be wondering why one should really care if they stutter or not.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me feel awful and anxious. When I think this thought it goes in circles and gets into a bigger and bigger catastrophe! Nothing good comes from it so yes it is just distressing.



7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?

I would enter situations with a lot more confidence. If I didnt care whether or not I stutter, my life would be so free, I would be a lot more relaxed and happy.

8. If the causal thought was true, what is the worst outcome?  
Is it as bad as you think?

I guess the worst outcome here is that I will stutter. At the end of the day, it is not worth my time worrying about such a trivial thing to stutter here and there. I have done it many times before and in my adult life nothing that bad has happened if one puts things into perspective. The sun will come up tomorrow, I have two legs, two hands and beautiful friends and family! That is really what matters and this is where I am going to place my attention!

Submit

The page at http://localhost says:



OK Viola. Please tell us in column 5 if you are worrying about an outcome you can't control and if there is any point to this type of worry.

OK

5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?

Yes, I am. I cant always control if I stutter. All I can really do is to try my best, and sometimes when I try my best, and I cant do better than my best. So in that sense there is no point to this type of worry! I may as well worry about the stock exchange or something else that is beyond my control!



Press here if you are feeling sad

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## Now compare your answers to the questions to our example answers!

Causal thought:

I will stutter.

### 1. What evidence do you have for the thought?

Your answer:

I dont really know what will happen in the future. Nobody knows what happens tomorrow, if they did they would be millionaires by playing the lotto right?. So I dont have any evidence.

Our sample answer:

It is difficult to have actual evidence for the way I will speak in a future conversation. I might be surprisingly fluent. I often am. However, I have stuttered in many situations in the past, so I think I might stutter when I go into similar situations in the future. Although I think this, I need to remember that I have NO actual evidence of how I will speak on any given future day.

### 2. What evidence do you have against the thought?

Your answer:

The same evidence applies above, I dont know if I will stutter tomorrow. All I can do really is to not worry about it, because if I do, I am more likely to stutter due to anxiety

Our sample answer:

As I'm thinking about a future conversation, I can't really have evidence against this thought. I may stutter and I may not.

### 3. What would you tell a friend (to help them) if they had the thought?

Your answer:

I would ask him, why do you care so much if you stutter tomorrow or not? Nobody else is as worried about his stutter as he is...people mostly dont care.

Our sample answer:

So what? You have stuttered before, and you will almost certainly stutter again. Yes, you might stutter when you talk in your meeting later today, but who really cares? Why do you give your stutter so much significance.

### 4. Think of your calmest, most rational and supportive friend or family member.

How would he/she react to the causal thought? What would he/she say?

Your answer:

He would find a way to frame this worry in a funny way, he would be wondering why one should really care if they stutter or not.

Our sample answer:

He would just tell me that stuttering isn't as big a deal to other people as it is to me - so therefore, worrying about stuttering in a situation is pointless.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Your answer:

Yes, I am. I cant always control if I stutter. All I can really do is to try my best, and sometimes when I try my best, and I cant do better than my best. So in that sense there is no point to this type of worry! I may as well worry about the stock exchange or something else that is beyond my control!

Our sample answer:

I am worrying about an outcome beyond my control. I can't MAKE my speech motor system perfect by worrying about it. A lot of factors influence whether I am fluent in any given conversation. For example, if I am tired my speech tends to be poorer. So I am unlikely to ever gain total control over my speech. Thinking about whether I will stutter on any given day is a bit like thinking about the weather - there really isn't much point!

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

Your answer:

It makes me feel awful and anxious. When I think this thought it goes in circles and gets into a bigger and bigger catastrophe! Nothing good comes from it so yes it is just distressing.

Our sample answer:

The thought occupies my mind when I should be doing other things. The thought makes me apprehensive and feel anxious. Because I then get anxious, I become MORE likely to stutter. So the thought itself increases my chance of stuttering. What a useless thought!! It also stops me hearing things accurately in conversations. I become so absorbed by whether or not I'm going to stutter I often miss what others are saying. It just doesn't help me in any way.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

Your answer:

I would enter situations with a lot more confidence. If I didnt care whether or not I stutter, my life would be so free, I would be a lot more relaxed and happy.

Our sample answer:

If I could let go of this thought I would live more 'in the moment'. I would have more time to just focus on what I'm doing, what people are saying, and what I want to say. I wouldn't be so distracted. I wouldn't be so anxious. I wouldn't get distressed for a day or two before going out. My quality of life would go up. There are lots of gains that would come from dropping this thought.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

Your answer:

I guess the worst outcome here is that I will stutter. At the end of the day, it is not worth my time worrying about such a trivial thing to stutter here and there. I have done it many times before and in my adult life nothing that bad has happened if one puts things into perspective. The sun will come up tomorrow, I have two legs, two hands and beautiful friends and family! That is really what matters and this is where I am going to place my attention!

Our sample answer:

There really isn't a 'worst outcome' here. All that would happen is that I would stutter, and I have done that thousands of times before. No-one cuts off my legs if I stutter tonight. There is no fine to pay if I stutter. There really isn't any terrible outcome here.

Continue



## 1 Down, and 4 to go. Keep at it!

### Your causal thought:

Everyone will think I'm an idiot.

#### 1. What evidence do you have for the thought?

I have this feeling that this is what other people are thinking. However, I have no evidence, nobody has ever said this to me.

#### 2. What evidence do you have against the thought?

I have never heard anyone say this to me. I have a lot of evidence against this thought indeed. My superiours at work dont think im an idiot, my friends dont, my family doesnt. Therefore if all these people dont think Im an idiot, and I can ask them and then I have lot of evidence against the this thought.

#### 3. What would you tell a friend (to help them) if they had the thought?

I would tell him, that there is no reason to think about what other people are thinking, because they own their thinking, he can never know about this, therefore, I would tell him to stop thinking about it. I would tell him to stop spending time on such unhelpful thought.

#### 4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?

She would be saying to herself. If they think I am idiot it is easier for me to crack a joke. It would be a good role if they actually thought this, because I would be free to be myself and actually relax more than normal and joke around!

#### 5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?

Yes, I cannot control what other people are thinking. They can think whatever. And since I cannot control it, it is completely pointless to worry about it!

#### 6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?


7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?


I would be so much more relaxed around people I dont know very much. It would be a revolution to the way I interact with the world, making me a lot happier person

8. If the causal thought was true, what is the worst outcome?  
Is it as bad as you think?

Well, what does it really mean if a group of people think that im an idiot. They dont control if im an idiot. That is their opioion, thats all. So in the end of the day, they may think that and I can decide to not even care what they think of me! So really it isnt that bad!

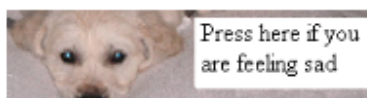
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 OK Viola. Please tell us in column 6 what the thought does for you, how it makes you feel, and if it's helpful in any way or just distressing?

6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?

It makes me dread meeting new people, it makes me fell embarrassed. It eats up my confidence, so it it isnt helpful at all and totally just distressing!



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## Now compare your answers to the questions to our example answers!

### Causal thought:

Everyone will think I'm an idiot.

#### 1. What evidence do you have for the thought?

Your answer:

I have this feeling that this is what other people are thinking. However, I have no evidence, nobody has ever said this to me.

Our sample answer:

I have no evidence for the thought. I know of no event in the past where everyone has thought I'm an idiot. This is just a negative imagining.

#### 2. What evidence do you have against the thought?

Your answer:

I have never heard anyone say this to me. I have a lot of evidence against this thought indeed. My superiors at work don't think I'm an idiot, my friends don't, my family doesn't. Therefore if all these people don't think I'm an idiot, and I can ask them and then I have a lot of evidence against the thought.

Our sample answer:

I have been out hundreds of times in lots of different social situations. I have not had this happen even once. In fact, I don't think I've ever seen a single person at any gathering or meeting, lunch or dinner, where EVERYONE thought they were an idiot. This really just doesn't happen.

#### 3. What would you tell a friend (to help them) if they had the thought?

Your answer:

I would tell him, that there is no reason to think about what other people are thinking, because they own their thinking, he can never know about this, therefore, I would tell him to stop thinking about it. I would tell him to stop spending time on such unhelpful thought.

Our sample answer:

I would tell him not to care about others so much. Even if a couple of people saw him as an idiot, I would tell him not to care! Because we don't need everyone's approval to be happy.

**4. Think of your calmest, most rational and supportive friend or family member.**

**How would he/she react to the causal thought? What would he/she say?**

Your answer:

She would be saying to herself. If they think I am idiot it is easier for me to crack a joke. It would be a good role if they actually thought this, because I would be free to be myself and actually relax more than normal and joke around!

Our sample answer:

He would tell me to stop caring about ridiculous possibilities. He always tells me that I think up the worst situations and that they never come true. He would tell me that "I'm writing stories in my mind again". He would laugh at the idea that people would think I'm an idiot.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Your answer:

Yes, I cannot control what other people are thinking. They can think whatever. And since I cannot control it, it is completely pointless to worry about it!

Our sample answer:

I can't control the opinions of others. Worrying about the private thoughts of others is a waste of time.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

Your answer:

It makes me dread meeting new people, it makes me feel embarrassed. It eats up my confidence, so it isn't helpful at all and totally just distressing!

Our sample answer:

It makes me feel paranoid and anxious. It makes me focus on how others are responding to me too much. It stops me enjoying social events. It's not helpful in any way.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

Your answer:

I would be so much more relaxed around people I don't know very much. It would be a revolution to the way I interact with the world, making me a lot happier person

Our sample answer:

Oh, I would be so much more relaxed in social situations. I would enjoy planning to go out. I would perform better socially, because I would be at ease and natural. I could just be myself, without constantly trying to influence the way others see me.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

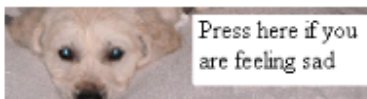
Your answer:

Well, what does it really mean if a group of people think that I'm an idiot. They don't control if I'm an idiot. That is their opinion, that's all. So in the end of the day, they may think that and I can decide to not even care what they think of me! So really it isn't that bad!

Our sample answer:

Oh well, I guess I would have a bad night. I guess it wouldn't be fun. But the night would end, and I would go home, and the sun would come up the next day and life would continue. I guess it isn't a catastrophe, even if it actually happened.

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## 2 Down, and 3 to go. You are half way there!

### Your causal thought:

I can't speak to people in positions of authority.

#### 1. What evidence do you have for the thought?

I feel like this is true, because I am particularly anxious around one person in my workplace that I always seem to stutter so much when I have to talk to him.

#### 2. What evidence do you have against the thought?

I have in the past been able to talk to a lot of people in position of authority. Especially to those that are nice and laid back. Every single conversation in the past (I could probably count about 100 conversation) is an evidence against this thought.

#### 3. What would you tell a friend (to help them) if they had the thought?

I would tell him that this is emotional reasoning. It isn't helpful at all to think this thought. This is silly- of course it is difficult to talk to authority, however, that doesn't mean that he CAN'T speak to these people. It is difficult, that is all.

#### 4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?

She would say. Really why care about if you can be fluent or not in the presence of authority. Really all you can do is your best. It is silly to say that you can't do it. Of course you can't - just stop putting so much emphasis on your performance in front of authority. In the end of the day, if you mess it up, then there is only one way to go, and that is upwards!

#### 5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?

Yes, because I can only do my best to be fluent. Beyond that is out of my control. So I may as well just try my best and see how I go, and not let a thought like this make it more difficult to speak to authority.

#### 6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?

It makes me terrible anxious every single time I have to speak to authority



7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?


I would be so much more relaxed at work and when dealing with other sorts of authority.

8. If the causal thought was true, what is the worst outcome?  
Is it as bad as you think?

7. What good things would you gain if you gave up the thought? How would your

I would

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OK Viola. Finally, tell us in column 8 if your thought was true what is the worst outcome, is it really as bad as you think?

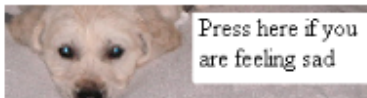
OK

y.

8. If the causal thought was true, what is the worst outcome?  
Is it as bad as you think?

If it was true that I couldnt speak to people in positions of authority, it wouldnt really be the end of the world. If I am talented in what I do, my work will do the talking. I can write emails and other ways of communicating and be show my thought! Therefore, if I couldnt speak to these people, it really wouldnt be the end of the world, would it?

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## Now compare your answers to the questions to our example answers!

Causal thought:

I can't speak to people in positions of authority.

### 1. What evidence do you have for the thought?

Your answer:

I feel like this is true, because I am particularly anxious around one person in my workplace that I always seem to stutter so much when I have to talk to him.

Our sample answer:

I have some evidence that on some occasions in meetings I have stayed silent if the boss is present.

### 2. What evidence do you have against the thought?

Your answer:

I have in the past been able to talk to a lot of people in position of authority. Especially to those that are nice and laid back. Every single conversation in the past (I could probably count about 100 conversation) is an evidence against this thought.

Our sample answer:

Most of the time I do speak to the boss, and to other managers at work. Often I don't like doing this. Often I feel anxious when I do this. But usually I do speak to them, and I do get my words out.

### 3. What would you tell a friend (to help them) if they had the thought?

Your answer:

I would tell him that this is emotional reasoning. It isn't helpful at all to think this thought. This is silly- of course it is difficult to talk to authority, however, that doesn't mean that he CAN'T speak to these people. It is difficult, that is all.

Our sample answer:

I would tell him not to focus on the rare occasions when he can't do this. I would tell him to focus on the hundreds of positive conversations that he has had with people in authority. I would tell him to stop imagining the worst all the time. I would tell him that he is just setting himself up for failure.

**4. Think of your calmest, most rational and supportive friend or family member.**

**How would he/she react to the causal thought? What would he/she say?**

Your answer:

She would say. Really why care about if you can be fluent or not in the presence of authority. Really all you can do is your best. It is silly to say that you cant do it. Of course you cant - just stop putting so much emphasis on your performance in front of authority. In the end of the day, if you mess it up, then there is only one way to go, and that is upwards!

Our sample answer:

He would acknowledge my feelings. He would accept that I find this difficult. However, he would point out that most people do get stressed when they speak to people in authority, since they are in AUTHORITY. But thinking about not being able to talk just gets me more worried about the situation.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Your answer:

Yes, because I can only do my best to be fluent. Beyond that is out of my control. So I may as well just try my best and see how I go, and not let a thought like this make it more difficult to speak to authority.

Our sample answer:

I can't do better than my best. I can simply try to have the conversations and see how they go. I might stutter and I might block. But if I persevere I always get my words out.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

Your answer:

It makes me terrible anxious every single time I have to speak to authority

Our sample answer:

The thought makes me more stressed and anxious when I have to speak to a person in authority, so it is ONLY distressing. It is not helpful in any way. It stops me focusing on what the other person in the conversation is actually saying. That leads me to worry that I have missed something critical in the conversation, which makes me worry even more about what the person thinks of me. It is damaging in so many ways.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

Your answer:

I would be so much more relaxed at work and when dealing with other sorts of authority.

Our sample answer:

I would be relaxed and be able to be more assertive with people in authority. I would be less anxious and more free. I would enjoy my working day so much more. I would be happier, and not long for the weekend all week.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

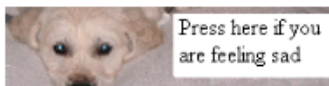
Your answer:

If it was true that I couldnt speak to people in positions of authority, it wouldnt really be the end of the world. If I am talented in what I do, my work will do the talking. I can write emails and other ways of communicating and be show my thought! Therefore, if I couldnt speak to these people, it really wouldnt be the end of the world, would it?

Our sample answer:

Worst case scenario - I am in an office of an authority figure and I couldn't speak. I doubt they would get angry or all worked up over that. I would try a little longer to speak, and I know I always get some words out. The person in authority could get a little irritated, but that isn't such a big deal. I'm not going to lose my job because I got stuck one day while speaking.

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### 3 Done - getting close.

#### Your causal thought:

I can't face these people.

1. What evidence do you have for the thought?

2. What evidence do you have against the thought?

3. What would you tell a friend (to help them) if they had the thought?

I would tell him to just do it, it always feels better to just go and face people than to put it off. Nobody has died out of embarrassment!

4. Think of your calmest, most rational and supportive friend or family member.  
How would he/she react to the causal thought? What would he/she say?

He would wonder why he was putting so much importance in making a good impression on these people. Really is that important? - Making a fool of oneself is healthy for good sense of humour! He use this as an opportunity to come up with something funny to say next time I would meet him!

5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?

Yes, I am worrying about their disapproval of me. I cannot control that. I can just do my best to repair the situation. Really there is no point in this type of worry. It only wastes my time.

6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?

It makes me feel anxious and wanting to lock myself in a room and never come out! This feels awful!

7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?

I would be free to face the world with a brave face. It would be so relaxing not having to care so much about what people think of me. Lot of people have have such great lives because they simply mind their own business and dont put so much emphasis on outside approval!

8. If the causal thought was true, what is the worst outcome?  
Is it as bad as you think?

The worst outcome is that these people would humilate me publicly. However, people forget about almost anything and move on! Everything passes!

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OK Viola. It is very important that you write something in the evidence column 1. If you have no evidence, please write 'No evidence'. Remember, only write evidence that would stand as evidence in the court of law!

OK

1. What evidence do you have for the thought?

No evidence

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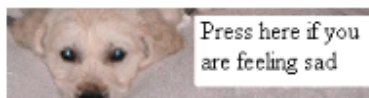


OK Viola. It is very important that you write something in the evidence column 2. If you have no evidence, please write 'No evidence'.

OK

2. What evidence do you have against the thought?

No evidence



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## Now compare your answers to the questions to our example answers!

Causal thought:

I can't face these people.

### 1. What evidence do you have for the thought?

Your answer:

No evidence

Our sample answer:

Well, I have failed to turn up to two social events when these people are present. I guess that could be evidence that I can't face these people. Then again, it's probably just evidence that I don't want to face these people. Obviously I can physically drive my car to the restaurant and enter it - I just don't want to do it.

### 2. What evidence do you have against the thought?

Your answer:

No evidence

Our sample answer:

I have faced these people on many occasions. I haven't always enjoyed these occasions, but I have done it many times. I guess this is strong evidence against the thought. Interestingly, some of the nights that I have faced these people have turned out to be fun.

### 3. What would you tell a friend (to help them) if they had the thought?

Your answer:

I would tell him to just do it, it always feels better to just go and face people than to put it off. Nobody has died out of embarrassment!

Our sample answer:

I would tell her that its only her that suffers in the end. Each time she avoids a social situation she cuts options out of her life. Each time she avoids she misses out on meeting new people. Some of these people could have played important roles in her life.

### 4. Think of your calmest, most rational and supportive friend or family member.

How would he/she react to the causal thought? What would he/she say?

Your answer:

He would wonder why he was putting so much importance in making a good impression on these people. Really is that important? - Making a fool of oneself is healthy for good sense of humour! He use this as an opportunity to come up with something funny to say next time I would meet him!

Our sample answer:

He would tell me that I perform very well in these situations and that if I just gave up caring about others opinions I'd have lots of fun. He'd tell me to face my fears. He would point out that, in the end, its the only way to move forward.

### 5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?

Your answer:

Yes, I am worrying about their disapproval of me. I cannot control that. I can just do my best to repair the situation. Really there is no point in this type of worry. It only wastes my time.

Our sample answer:

I can completely control whether I go to this event. Its up to me. I have done it before, and liked it some times. I can do it again. Who knows who I'll meet.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

Your answer:

It makes me feel anxious and wanting to lock myself in a room and never come out! This feels awful!

Our sample answer:

The thought only makes me anxious and I start to ruminate. It is not helpful since I feel very sad and I don't feel like doing anything about the situation when I think this way. I should actually get out there and face these people. The thought is shutting down my life.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

Your answer:

I would be free to face the world with a brave face. It would be so relaxing not having to care so much about what people think of me. Lot of people have have such great lives because they simply mind their own business and dont put so much emphasis on outside approval!

Our sample answer:

I would be able to go everywhere I wanted. I would not have to hide from anyone or anything. That would give me lots of freedom and happiness. My life would be so much less restricted. I would open lots of doors in life - lots of new possibilities. Its all there for the taking. I just have to grab it.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

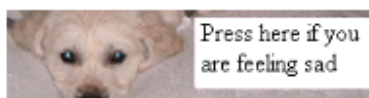
Your answer:

The worst outcome is that these people would humilate me publicly. However, people forget about almost anything and move on! Everything passes!

Our sample answer:

If I couldn't face these people, that would mean that I would have to limit my activities a bit. Also, I would be anxious about seeing these people everywhere. But I can change it by just going and confronting the situation. Then its all over. Like ripping off a band-aid. So even if the causal thought were true, there is a very clear way out of the situation.

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## 4 Done! Only one to go!!

### Your causal thought:

My pauses are too long - people will think I'm weird.

#### 1. What evidence do you have for the thought?

well I normally pause very long, that is my evidence

#### 2. What evidence do you have against the thought?

Not much, although I guess the conversations I have and my pauses are not long are all evidence against this thought

#### 3. What would you tell a friend (to help them) if they had the thought?

I would tell him not to worry so much about what other people think about him, because life worrying about this is so exhausting!

#### 4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?

#### 5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?

Yes, I have no control over my pauses, of course if I could I wouldnt have so long pauses. So beyond trying my best, this is outside my control. Plus it is certainly true that worrying about if other people think I am weird is pointless. I can never know anyways!

#### 6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?

It make me worry so much about the way I speak. So it makes me feel sad, it is so distressing!

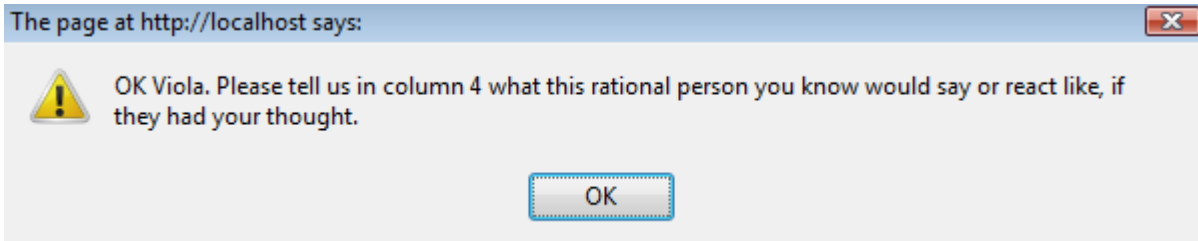


7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?

I would just have so much better time with my friends, at work and in my family!

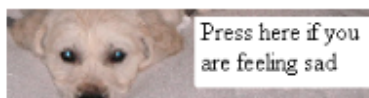
8. If the causal thought was true, what is the worst outcome?  
Is it as bad as you think?

At the end of the day, if people thought I was weird because my pauses were so long, what does that do? Nothing. That is that. They would think I was weird, and that isn't a disaster, and can sometimes mean positive attention at the end of the day. What a waste of time worrying about this given that the outcome can even be positive!



4. Think of your calmest, most rational and supportive friend or family member.  
How would he/she react to the causal thought? What would he/she say?

He would point out that most famous people are pretty eccentric. Therefore, if people think he is weird he normally takes it as a compliment!



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## Now compare your answers to the questions to our example answers!

Causal thought:

My pauses are too long - people will think I'm weird.

### 1. What evidence do you have for the thought?

Your answer:

well I normally pause very long, that is my evidence

Our sample answer:

I have no evidence for the thought. I know of no event in the past where people have thought I'm weird. This is just a negative imagining. It's a story that I tell myself, but that doesn't make it true.

### 2. What evidence do you have against the thought?

Your answer:

Not much, although I guess the conversations I have and my pauses are not long are all evidence against this thought

Our sample answer:

I have been out hundreds of times in lots of different social situations. I have no evidence that this has happened even once.

### 3. What would you tell a friend (to help them) if they had the thought?

Your answer:

I would tell him not to worry so much about what other people think about him, because life worrying about this is so exhausting!

Our sample answer:

I would tell him not to care about others so much. Even if a couple of people saw him as weird, I would tell him not to care! Because we don't need peoples approval to be happy. I would tell him to 'lighten up'. If an ignorant people doesn't understand stuttering, you don't have to care.

### 4. Think of your calmest, most rational and supportive friend or family member.

How would he/she react to the causal thought? What would he/she say?

Your answer:

He would point out that most famous people are pretty eccentric. Therefore, if people think he is weird he normally takes it as a compliment!

Our sample answer:

He would tell me to stop caring about ridiculous possibilities. He tells me that I think up the worst outcomes and dwell on them. He tells me that they never come true. He would tell me that "I'm writing stories in my mind again". He would laugh at the idea that people would think I'm weird.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Your answer:

Yes, I have no control over my pauses, of course if I could I wouldn't have so long pauses. So beyond trying my best, this is outside my control. Plus it is certainly true that worrying about if other people think I am weird is pointless. I can never know anyways!

Our sample answer:

I can't control the opinions of others. Worrying about the private thoughts of others is a waste of time. I need to stop doing this.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

Your answer:

It make me worry so much about the way I speak. So it makes me feel sad, it is so distressing!

Our sample answer:

It makes me feel paranoid and anxious. It makes me focus on how others are responding to me too much. It stops me enjoying social events. Its not helpful in any way. It really is ruining my social life. It effects the way I behave at work. It even effects where I shop (because I only like going to places where I know the staff). This thought really is restricting me.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

Your answer:

I would just have so much better time with my friends, at work and in my family!

Our sample answer:

Oh, I would be so much more relaxed in social situations. I wouldn't catastrophise every time I have a long block. I would enjoy planning to go out. I would perform better socially, because I would be at ease and natural. I could just be myself, without constantly trying to influence the way others see me. I would feel free!

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

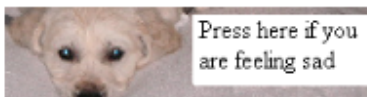
Your answer:

At the end of the day, if people thought I was weird because my pauses were so long, what does that do? Nothing. That is that. They would think I was weird, and that isnt a disaster, and can sometimes mean positive attention at the end of the day. What a waste of time worrying about this given that the outcome can even be positive!

Our sample answer:

Not too much to worry about here really. So what if a couple of people thought I was weird because of long blocks? Of course, I'd rather it didn't happen. But it really isn't that bad when I think about it.

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## Part 3

CBTpsych.com - Part III  
Creating your model



The University of Sydney



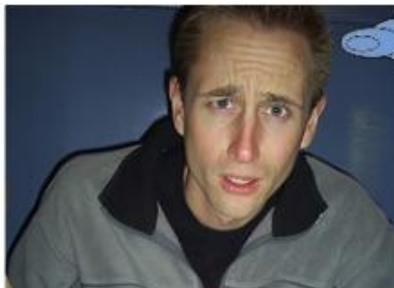
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## Congratulations Viola - you have now reached the third part of the program!!!

This part of the program introduces a model of how many stutterers think, and how thinking and behaviours often contribute to anxiety in many common social situations.

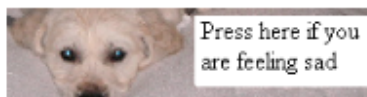
### Do you remember Ben?

Ben is a 30 year old man with a moderate stutter. In this example he is going to a work meeting. His thoughts are presented in the cloud below...



- I'm going to stutter
- I'll feel embarrassed
- They'll think I'm a nervous person
- They'll think I'm incompetent

Continue



Press here if you  
are feeling sad

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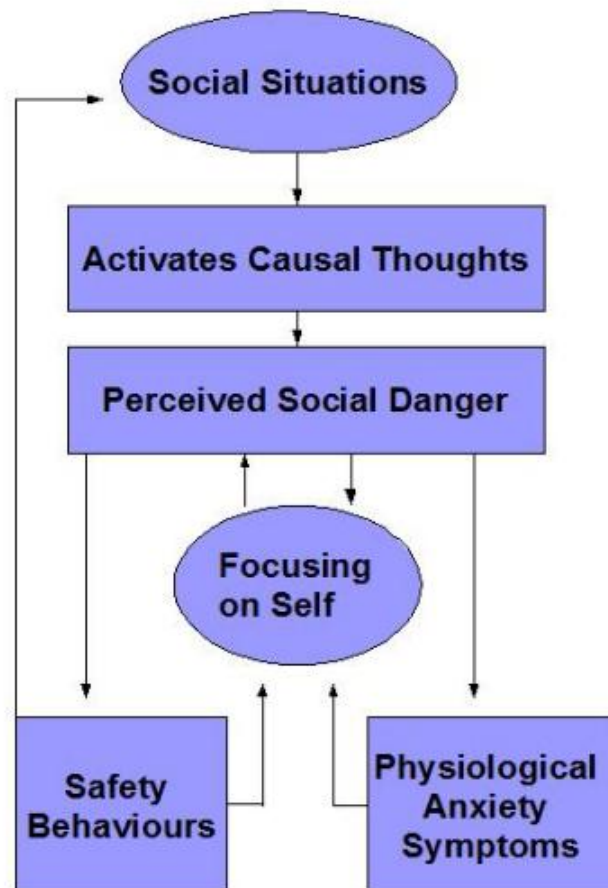
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### A Model of Ben's Social Anxiety

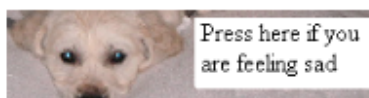
As you have already learned, Ben's causal thoughts determine how his meeting with his workmates will go. So, look at the model to the right →

He enters a feared social situation, which activates his causal thoughts of "I'm going to stutter, I'll feel embarrassed, they will think I'm incompetent and a nervous person". These thoughts lead to perception of social danger which contributes to self focusing, safety behaviours and physical anxiety symptoms (sweating etc). You will learn more about these factors on the pages that follow.

Press continue to see this model in more detail...



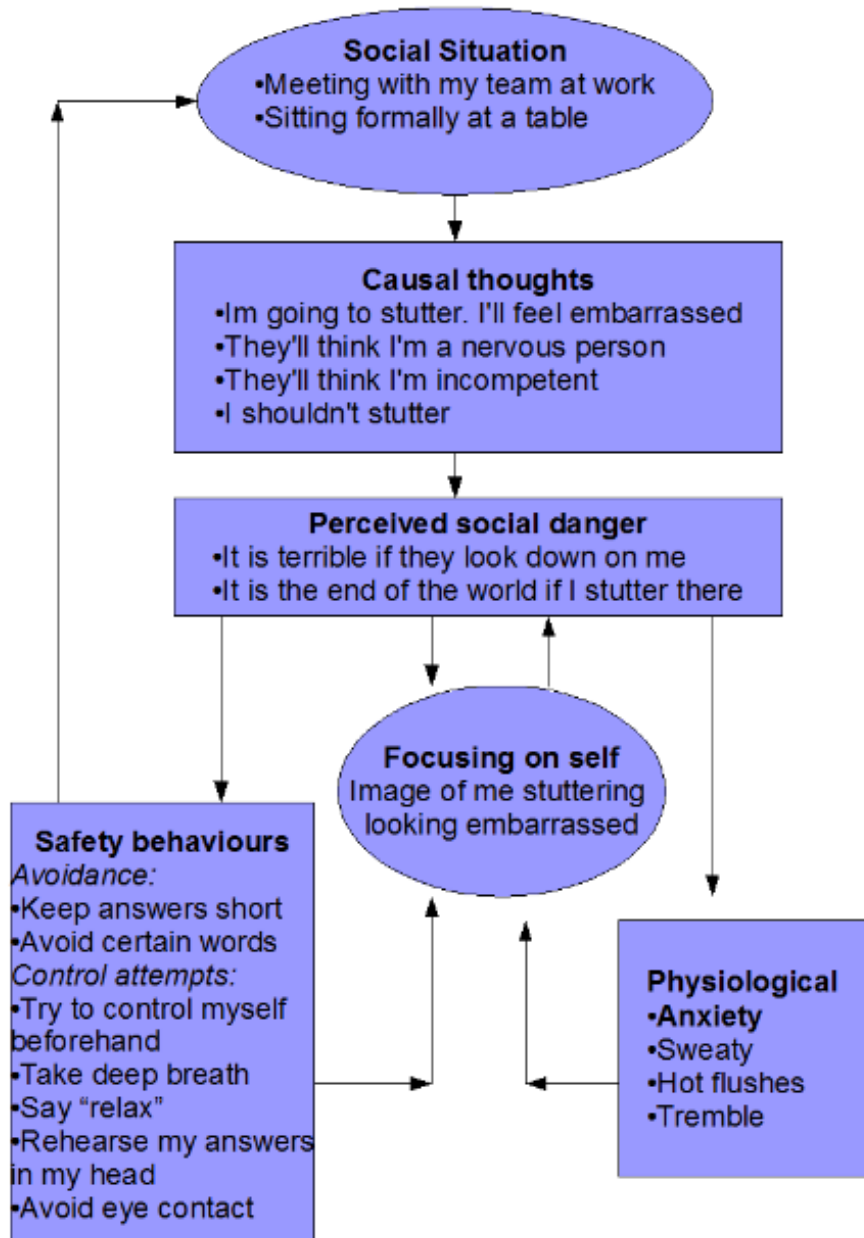
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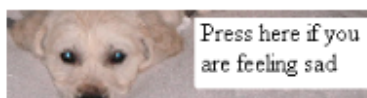
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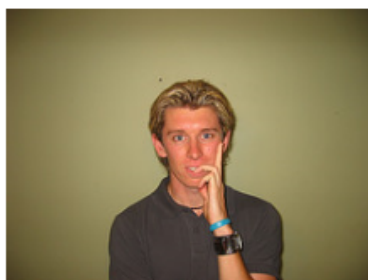


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## Avoidance and Safety Behaviours

People with social anxiety tend to avoid situations in which they are faced with the possibility of scrutiny or judgement of others. It is not hard to understand why avoidance becomes such a frequently used strategy.



Let's take Mark, a man with moderate stutter. Mark is asked to go out for lunch with his colleagues. Mark's immediate thoughts are "I will get anxious...I'll stutter...I'll have to avoid talking, and everyone will think I'm boring or stupid." He feels very worried at the thought that his colleagues might find him uninteresting or stupid, so he refuses the invitation. Mark's anxiety drops immediately, as he knows he no longer has to face the threat of possible negative judgement by others.

Mark learns very quickly that avoidance of difficult situations brings an immediate sense of relief, so he starts doing it again and again.

Note that avoidance can be overt, such as refusing to go to gatherings, or more subtle (or 'sneaky'), such as nodding or simply saying 'yes' and 'no' instead of giving long answers which highlight your stutter. Unfortunately, although avoidance sounds like a fairly logical and understandable strategy to use, there are several significant problems with it.

### Why avoidance does not work in the long term

- 1) *You can't always avoid the situations that make you uncomfortable.*
- 2) *Avoidance can restrict your lifestyle by preventing you from doing things you would otherwise like to do.*
- 3) *You will never be able to decrease your anxiety if you continue to avoid threatening situations.*
- 4) *By avoiding things, you are convincing yourself more and more that the situations are indeed dangerous*
- 5) *You'll never be able to disconfirm your belief that the situations are dangerous and that its TERRIBLE if the feared outcome happens.*

Let's look at Mark's example again to understand why. Remember that Mark had several thoughts about what would happen if he were to go out to lunch with his colleagues:



- I will get anxious
- I'll stutter
- I'll have to avoid talking, and everyone will think I'm boring or stupid

By avoiding the lunch, Mark feels relieved. He thinks that he has prevented his colleagues from finding out that he can't speak in these situations, and therefore that he has prevented them from thinking he is stupid. However, there is a problem with this assumption. If Mark did not go to the lunch, how could he possibly know what would have happened? If Mark had gone to lunch he may have found himself able to converse well (every person who stutters knows that they have had many good days as well as bad!). We'll never know!

So in fact Mark has made an assumption about the situation, but has not allowed the assumption to be tested. In doing this he has prevented himself from ever discovering how he would have conversed, or what his colleagues may have thought of him. Unless Mark is able to test out his dire predictions he will continue to believe that he is unable to talk in these situations and that people will think he is stupid. His social anxiety will continue.

#### **Avoidance 'generalises' to other situations.**

Because avoidance brings such an immediate and powerful decrease in anxiety, you learn very quickly to use it in many different situations. The more you use it, the more it restricts your lifestyle, and the more anxious you become in the long term.

#### **What are Safety behaviours/Preventive behaviours?**

Safety Behaviours are things that you do to *decrease the risk that something threatening will happen to you*. They include things like carrying a packet of refresher towels so that you can wipe sweat off your face (in this case you are reducing the risk that others will notice your sweating and judge you negatively for it), and only attending social gatherings with someone you trust, so that you don't have to talk to others.

Safety Behaviours are actually another form of avoidance, as they prevent you from facing the situation you are really afraid of.

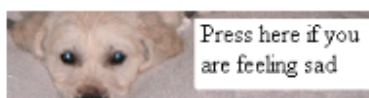
We have talked a lot about why avoidance does not work, but what can we do about it?

#### **Exposure to the situations with behavioural experiments.**

If Mark had gone out to lunch with his colleagues, he would have had an opportunity to see exactly *how* he would have acted and *what* his colleagues would have thought of him. We know that Mark's original predictions are very extreme (e.g. 'They will think I'm stupid') and are unlikely to be realistic. So it is likely that the lunch would have shown Mark that the situation was not as bad as he originally thought.

It is only through facing your feared situation that you can come to see the realistic outcome! Remember that *thoughts or predictions are NOT facts*

Remember that it is only through facing your anxiety that you will ever reduce it!



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## Another example of Safety Behaviours



Susan experiences anxiety about speaking again and again in social situations. On every social occasion, she engages in some kind of safety behaviour. She does this in an attempt to prevent a catastrophe from happening.

### WHY DOES SHE GET ANXIOUS OVER AND OVER AGAIN?

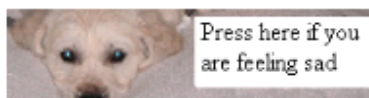
The safety behaviours prevent her from disconfirming her negative predictions about what will happen in a social situation. So every single time she predicts that people will doubt her abilities because she stutters. Every single time, she gets some evidence that other people do NOT doubt her abilities because she stutters. However, she attributes these positive experiences in social situations to the safety behaviours she has engaged in. For example, if she enters a situation and uses the safety behaviour of keeping her answers short in conversations, she says to herself "this social situation went well ONLY because I kept my answers short" She has no way of knowing whether positive events would have happened anyway, without the safety behaviours. The safety behaviours prevent her from ever discovering this.

Interestingly, Susan has received objective evidence against her negative predictions. For example, she has recently been given a pay rise in her position at the real estate agency. However, she does think of this as proof that people think she is highly competent. She does not realise that her pay rise has occurred because of her hard work and talent in the field of real estate! In her mind, these positive things happen BECAUSE of the safety behaviours e.g. keeping her answers short!

The only sensible way forward for Susan is to test out her belief in the power of her safety behaviours. She needs to drop these safety behaviours so that she can disconfirm her negative predictions and get rid of her constant anxiety in social situations at work.

### Are there other disadvantages of engaging in safety behaviours?

Because Susan always gives short answers she actually RAISES the possibility of being perceived as unfriendly or aloof or distant. That is, contrary to her expectations, the safety behaviours end up INCREASING the chances that she will be negatively evaluated!





## Lets recap ...

Susan, doesn't really understand why she get's anxious all the time in social situations. She never really feels like going to do stuff as a result of her anxiety.

As you have learned on the previous page, one reason for her anxiety is that she engages in safety behaviours as an attempt to prevent her feared outcomes from happening. But what's so bad about Susan's feared outcome? Well, like most people with social anxiety, she tends to catastrophize the results of an occasional negative event. She imagines disastrous outcomes from minor negative social encounters. Let's look at the catastrophes that Susan has created in her mind.

It goes like this...

Before going into a situation she thinks to herself: "People will doubt my abilities because I stutter."

Thinking this thought isn't bad in itself, since thinking is just thinking. And after all, the negative thought doesn't sound that bad. It is the *MEANING* that Susan gives to this thought or the implications of this thought that causes the anxiety. Because of this *MEANING* Susan perceives the consequences of this thought as a significant social danger.

Below is an extract of a conversation with Susan:

**Fjola:** So Susan ... tell me a bit about the thought you have about people doubting your abilities because you stutter.

**Susan:** Yes, it comes to my mind all the time before I have to do stuff and as a result I engage in these so called safety behaviours to try to prevent it from happening.

**Fjola:** Let's say that someone did actually doubt your abilities because you stutter, what would be so bad about that?

**Susan:** Well ... that would be terrible

**Fjola:** Why is it terrible if someone doubts your abilities because you stutter? Let's say they did, what is so bad about that?

**Susan:** Well, people would lose respect for me

**Fjola:** And if they did, what would be bad about that?

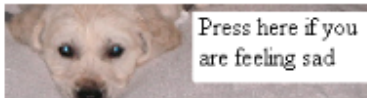
**Susan:** Well, it would mean that I would be fired at the real estate agency. It would mean that I was not good enough to work because I stutter.

**BINGO!!!**

There is Susan's catastrophic prediction. She has equated someone doubting her one day in a social encounter with the loss of her job and career. She has catastrophised the *MEANING* or consequence of a negative social encounter. Susan engages in the safety behaviour of keeping her answers short because of this! It is a desperate attempt to stop the feared outcome. However, if she would test it out she would almost certainly discover that when she speaks in longer sentences, she would *STILL* be successful in her job. However, as long as she engages in safety behaviours she is not going to prove herself wrong and her anxiety will continue to be a major problem for her.

The next page explains how causal thoughts and safety behaviours can pollute other social situations and cause anxiety. Susan is about to go to a work party. She has tried every single possible excuse to get out of the event, and really does not feel like going. However, because she is trying to work on her anxiety she decides that she should attend. Unfortunately, as you will see, Susan ends up engaging in numerous safety behaviours. These serve to maintain her anxiety.

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People will doubt  
my abilities because  
I stutter

On the previous page, we have seen how Susan catastrophises the outcomes of any negative evaluation involving people from her work place. With these causal thoughts in mind (e.g. 'people will doubt my ability if I stutter', 'people will lose respect for me', 'I will be fired') she uses numerous safety behaviours at the work party. She avoids eye contact, doesn't want to draw attention to herself, says little, lets her partner do the talking, tries to plan what to say, rehearses sentences mentally before saying them, says nothing about herself, monitors words to pronounce words properly, keeps topics away from "difficult" issues and keeps her answers short.

Unfortunately, these safety behaviours contribute to the following:

■ **Heightened self-focus**

Susan is much more self-conscious at the work party and she is more focused on herself than others. This prevents her from really engaging with people. It also means that she misses parts of conversations, which only increases her anxiety.

■ **Prevention of disconfirmation**

Susan doesn't get the opportunity to disconfirm her catastrophic causal thoughts. She could only do this by dropping the safety behaviours. Remember, safety behaviours prevent her from ever discovering that her causal thoughts are simply untrue.

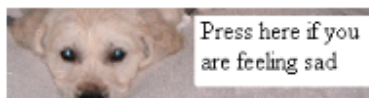
■ **Drawing attention to herself**

Susan's safety behaviours end up backfiring. She actually draws attention to herself by avoiding eye contact, and not speaking. Her work mates notice that she avoids engaging with them.

■ **Contamination of the social situation.**

In sum, these safety behaviours can contaminate the social situation. For example, when she is staring at people and not saying anything (because she is rehearsing what she is going to say next), her work mates notice. This may lead them to negatively evaluate her - the very thing she fears!

Continue



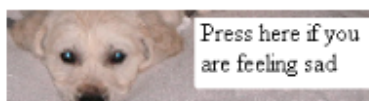
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	Negative causal thoughts	Self-processing	Safety behaviours
Alana's example	 <p>1. I won't know what to say. I'm sure they'll think I'm an idiot</p>	Image of self as unintelligent 'dumb blonde'	Avoids eye contact, rehearses 'intelligent' sentences, says little, pretends to be overly interested in something, reads newspaper thoroughly before going
John's example	 <p>2. I'm sure I'll shake and lose control. Everyone will see</p>	Exaggerated image of self shaking uncontrollably	Grips objects extremely tightly, tenses arm muscles, holds cups with both hands, rests elbows on table
Zoe's example	 <p>3. What if I get anxious today? If people notice me blush, they will think I'm strange</p>	Image of self as an odd, red-faced, anxious looking woman that doesn't fit in	Wears extra make-up, covers cheeks with hair, exaggerates her smile, avoids facing others directly.
Frank's example	 <p>4. What if I sweat? They will think I'm weird</p>	Image of beads of sweat on forehead and shirt looking soaked	Wears two layers of shirts, keeps jacket on, uses extra deodorant, carries deodorant in pocket, keeps arms next to body.

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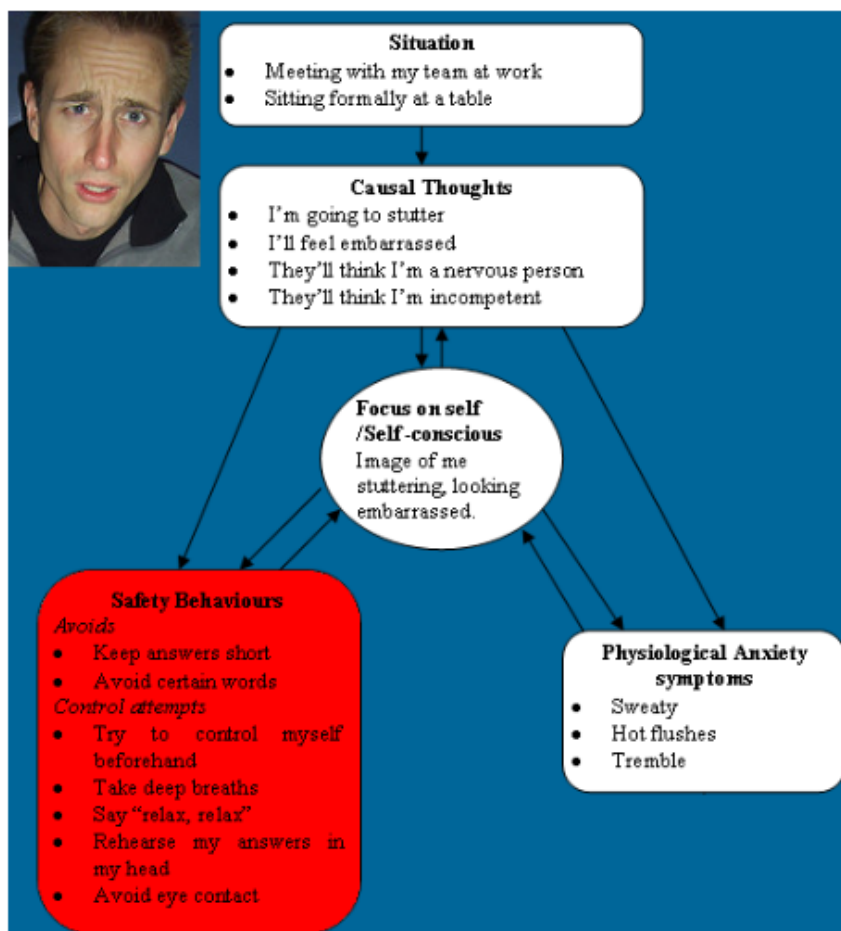
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## Over the coming pages we are going to help you to build your own individualized model of social anxiety. Lets begin with safety behaviours.

### Safety behaviours

You have already learned a lot about safety behaviours. Now we are going to try to find out which safety behaviours you use. We want you to tick which of the following you engage in when you get anxious. Think of a situation where you were recently anxious about speaking. Think of the things you did to prevent bad things from happening.

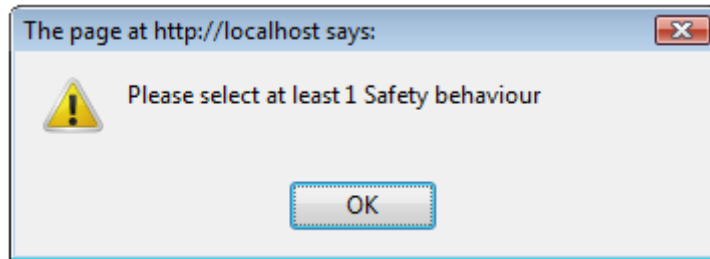
Do you remember Ben? Here is his model of anxiety that we discussed earlier. His safety behaviours are highlighted in red.



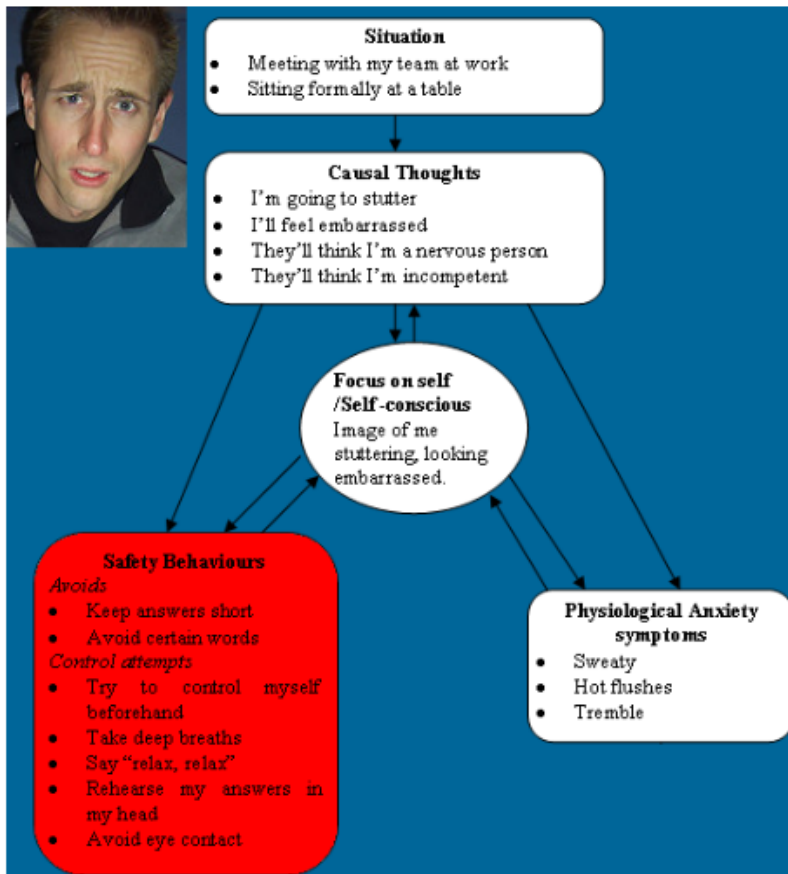
### Pick the safety behaviours you use when you get anxious in speaking situations:

- Try not to draw attention to yourself
- Say 'relax' to yourself when you feel anxious
- If you feel like you are having a bad day, skip unnecessary talking
- Try to speak slowly when you get anxious
- Rehearse sentences mentally before saying them
- Try to avoid difficult words
- Try to avoid difficult syllables
- Keep your answers short
- Point at things instead of talking
- Allow others to order for you
- Encourage listeners to speak more. e.g. by asking lots of questions
- Choose something else in order to avoid saying something difficult

Submit



Do you remember Ben? Here is his model of anxiety that we discussed earlier. His safety behaviours are highlighted in red.

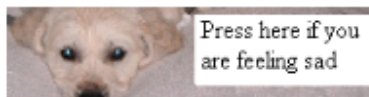


**Pick the safety behaviours you use when you get anxious in speaking situations:**

- Try not to draw attention to yourself
- Say 'relax' to yourself when you feel anxious
- If you feel like you are having a bad day, skip unnecessary talking
- Try to speak slowly when you get anxious
- Rehearse sentences mentally before saying them
- Try to avoid difficult words
- Try to avoid difficult syllables
- Keep your answers short
- Point at things instead of talking
- Allow others to order for you
- Encourage listeners to speak more. e.g. by asking lots of questions
- Choose something else in order to avoid saying something difficult

See a completed list of safety behaviours on page 251

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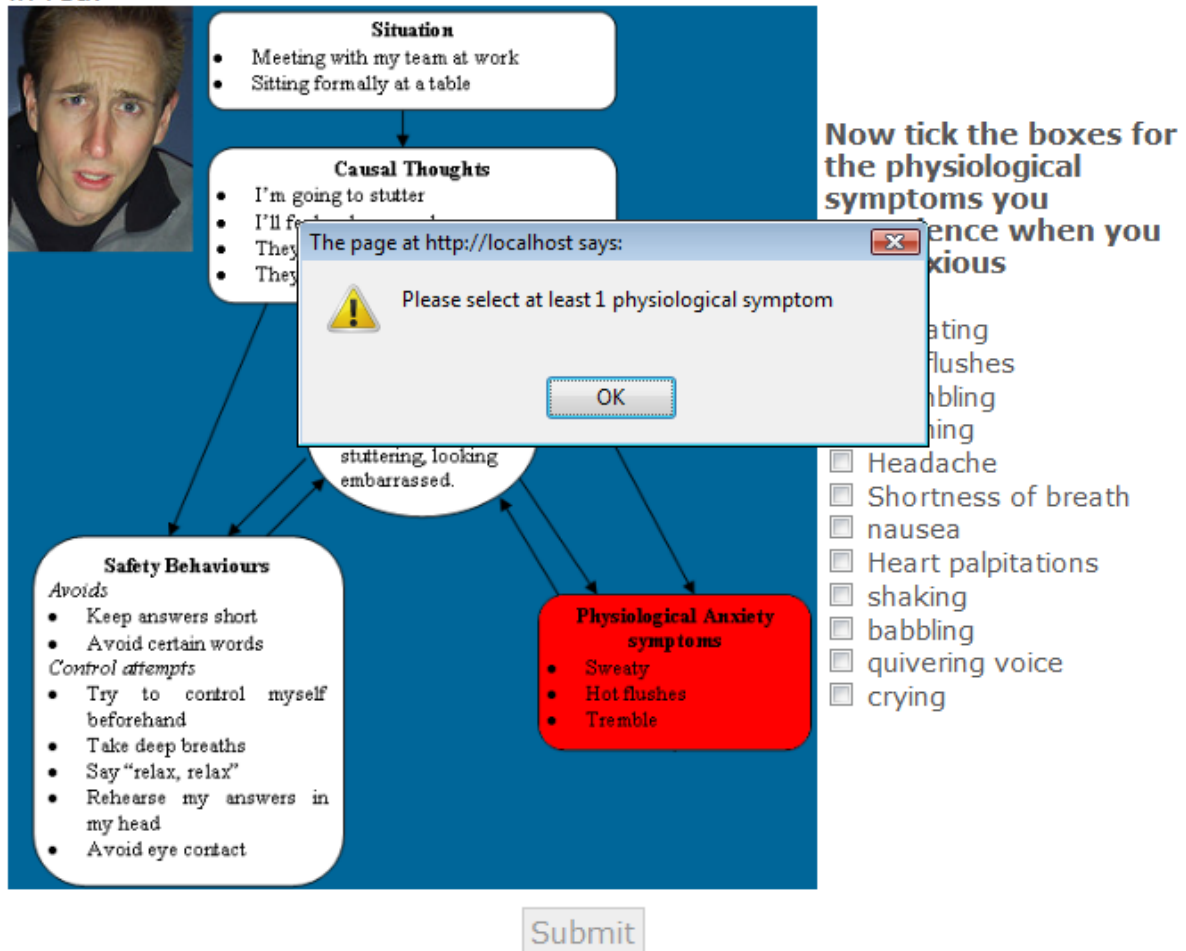


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## Physiological anxiety symptoms

In situations where you get anxious, which symptoms do you experience?

Here is Ben's example. His symptoms are highlighted in red.



**Situation**

- Meeting with my team at work
- Sitting formally at a table

**Causal Thoughts**

- I'm going to stutter
- I'll forget what I want to say
- They will think I'm stupid
- They will think I'm boring

**Safety Behaviours**

*Avoids*

- Keep answers short
- Avoid certain words

*Control attempts*

- Try to control myself beforehand
- Take deep breaths
- Say "relax, relax"
- Rehearse my answers in my head
- Avoid eye contact

stuttering, looking embarrassed.

**Physiological Anxiety symptoms**

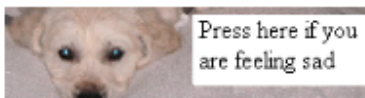
- Sweaty
- Hot flushes
- Tremble

**Now tick the boxes for the physiological symptoms you experience when you are anxious**

- Flushing
- Hot flushes
- Shaking
- Headache
- Shortness of breath
- nausea
- Heart palpitations
- shaking
- babbling
- quivering voice
- crying

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- Shortness of breath
- nausea
- Heart palpitations



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## Self-focussed Imagery

The best way to identify the images that flash through your mind when you are in speaking situations is to either: (1) enter a situation where you usually become self-conscious in or; (2) think about the last time you felt anxious. Try to capture the essential components of the image/s that you see.

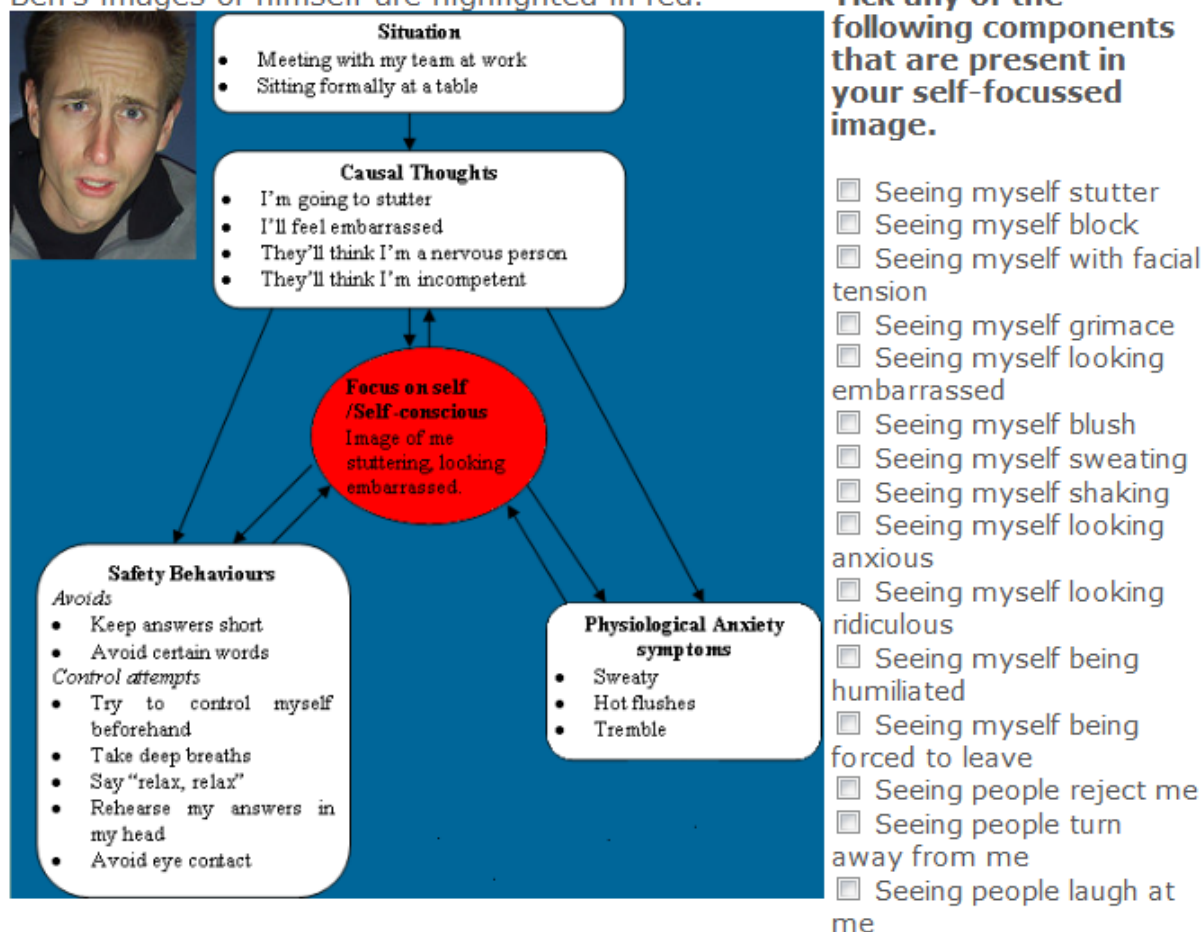
What were you thinking about and what "image" came to your mind?

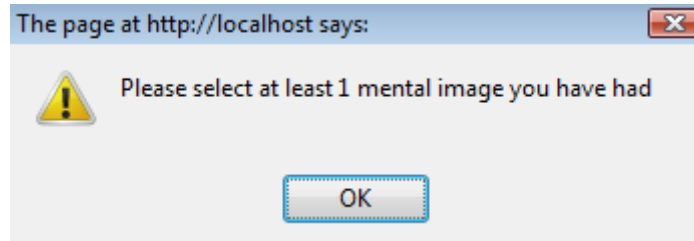
What were you most aware of?

How did you think you looked to others? Remember, this image is your own creation and nobody else can see it exactly the way you do.

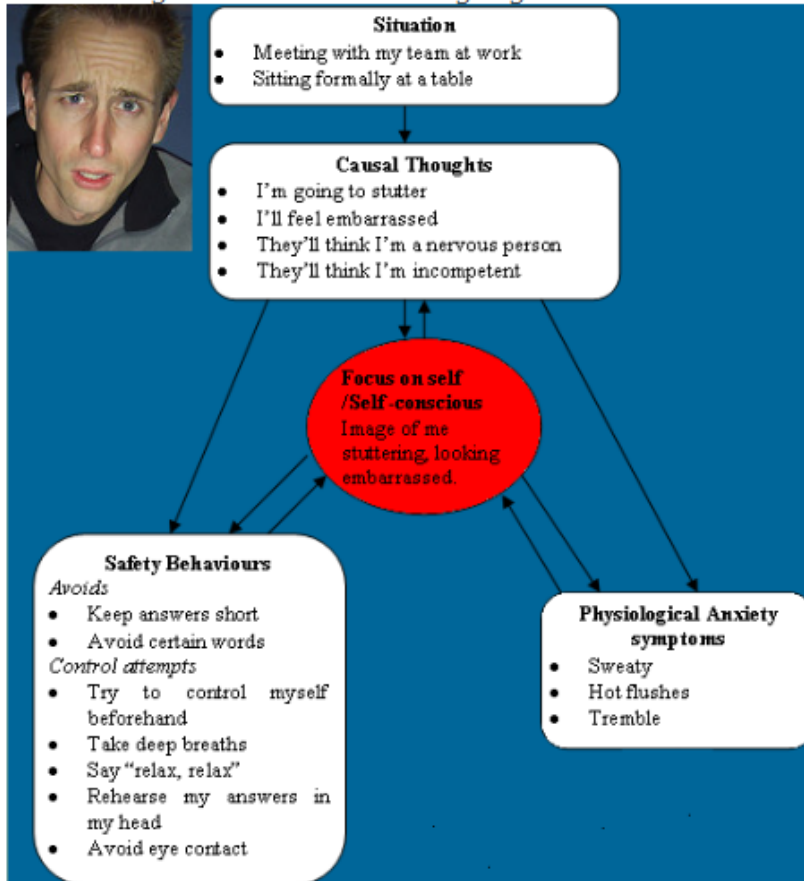
It can be helpful to close your eyes and imagine that you are in a feared situation. What do you see when you imagine the scene?

Ben's images of himself are highlighted in red.





Ben's images of himself are highlighted in red.

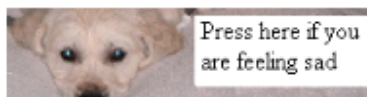


Tick any of the following components that are present in your self-focussed image.

- Seeing myself stutter
- Seeing myself block
- Seeing myself with facial tension
- Seeing myself grimace
- Seeing myself looking embarrassed
- Seeing myself blush
- Seeing myself sweating
- Seeing myself shaking
- Seeing myself looking anxious
- Seeing myself looking ridiculous
- Seeing myself being humiliated
- Seeing myself being forced to leave
- Seeing people reject me
- Seeing people turn away from me
- Seeing people laugh at me

Submit

See a completed list of images on page 249



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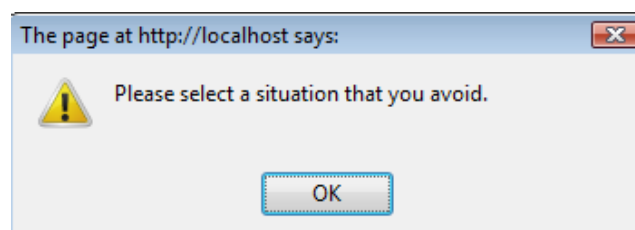
**These are the situations you avoid. Please select one:**

- Ordering food (friends and social)
- Making phone calls to clients / colleagues (work)
- Receiving phone calls from clients / colleagues (work)
- Phone calls in open-plan office where others can overhear (work)
- Making calls in front of supervisor (work)

**Which of the following is the most likely reason for you avoiding this situation? If none fit, try different selection above**

- Everyone will think I'm an idiot.
- I can't speak to people in positions of authority.
- I can't face these people.
- My pauses are too long - people will think I'm weird.
- People won't like me because I won't be able to talk.
- I can't convince people of anything I say because I stutter.
- I will stutter.
- I can't speak to people I find sexually attractive
- The person on the other end of the phone will hang up on me.
- People will laugh at me.

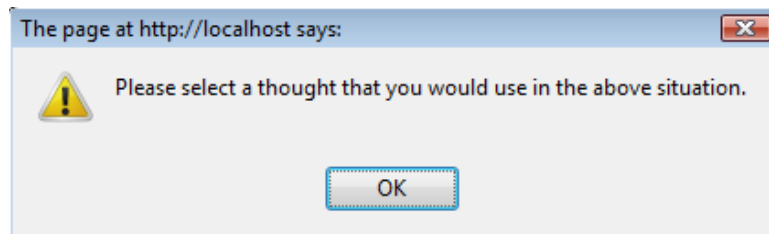
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These are the situations you avoid. Please select one:

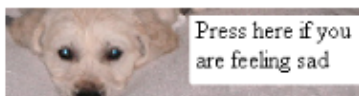
- Ordering food (friends and social)
- Making phone calls to clients / colleagues (work)
- Receiving phone calls from clients / colleagues (work)
- Phone calls in open-plan office where others can overhear (work)
- Making calls in front of supervisor (work)



Which of the following is the most likely reason for you avoiding this situation? If none fit, try different selection above

- Everyone will think I'm an idiot.
- I can't speak to people in positions of authority.
- I can't face these people.
- My pauses are too long - people will think I'm weird.
- People won't like me because I won't be able to talk.
- I can't convince people of anything I say because I stutter.
- I will stutter.
- I can't speak to people I find sexually attractive
- The person on the other end of the phone will hang up on me.
- People will laugh at me.

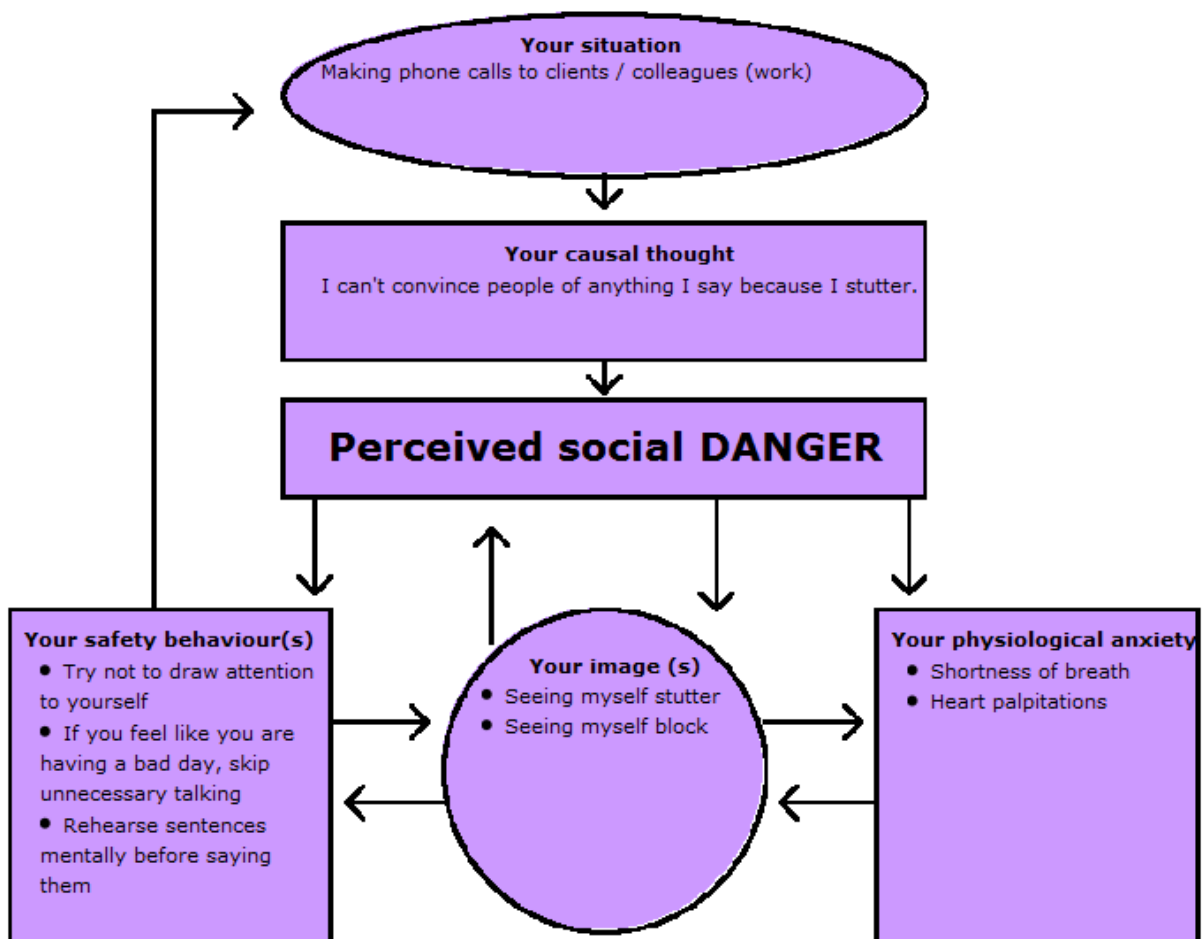
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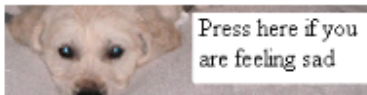
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## Part 4

CBTpsych.com - Part IV  
Behavioural experiments



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**Congratulations Viola!! You have now made it to Part IV of your individualised social anxiety in stuttering program. You are about half way through the treatment package. Well done!!**

Having seen how your social anxiety is essentially driven by your causal thoughts, and maintained by safety behaviours and avoidance, its time to tackle these nasties head on!

### **Behavioural Experiments**

Behavioural Experiments are a way to test whether the *thoughts* you have or *predictions* you make about certain situations are accurate. They involve:

- a) Making a prediction about what will happen in a particular situation
- b) Entering that situation
- c) Discovering whether or not your predicted outcome actually occurs

Let's look at an example.



Sean is a young man with a moderate stutter. For years he has avoided going into banks, because he thought he would be unable to convey his request to the bank teller, and that the bank teller would treat him in a condescending manner.

We came up with the following behavioural experiment to test out whether or not Sean's predictions about the bank were accurate:

**Task:**

Sean was to enter a bank on his own. After entering he was to approach a bank teller and ask to make a deposit into his account. He was then to leave the bank.

*Actual Outcome:*

Sean felt anxious when he walked into the bank. His anxiety increased as he approached the teller. The teller smiled in greeting Sean, and asked how she could assist him. Sean was hesitant in his speech, and stammered over three words. However, he easily managed to communicate his request. The teller processed the deposit, smiled, and told Sean to have a nice day. She then turned her attention to the next customer.

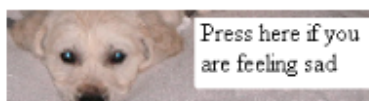
As we can see, the actual outcome was different from Sean's prediction. Although Sean did have some difficulty with his speech, he was able to communicate his wish to make a deposit. The teller may (or may not have) noticed Sean's difficulties, but she did not act in a condescending way towards him. On the contrary, she treated him in a friendly manner.

What does this say about the accuracy of Sean's prediction?

*Answer: Human beings (including Sean) tend to overestimate enormously both the likelihood and badness of their predicted outcomes.*

You can see how DOING tasks that you usually avoid can be very helpful in establishing the accuracy of your beliefs

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## Preparing for your Behavioural Experiment:

Don't let perfectionism stop you!

Social perfectionism is another form of social fear. The result of aiming for perfection is often procrastination and avoidance. People become extremely worried about what other people will think of them if they make a mistake or if they stutter. But all this does is discouraging them from 'having a go'.

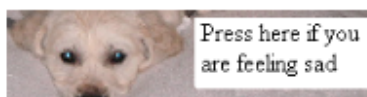
If you worry too much about speaking in a perfect way, you are likely to be very disappointed. You will never achieve your goal, because no-one is fluent all the time. For example, have you actually listened to the pauses and errors that most people make when they order food? You should go into McDonalds and listen to all the hmmm, eemmm, ahhh's that people use. Interestingly, most of these people don't seem to care about their awkward, interrupted speech or the fact that they are delaying other diners. They are more concerned with achieving the planned outcome of the social interaction i.e. getting their lunch! People who are perfectionistic about fluency pay too much attention to their speech, which they insist SHOULD never be dysfluent! This, of course, increases the anxiety in the task, which makes you more likely to stutter.

Thinking that you have to be perfectly fluent each time you speak will only lead to: (1) avoidance; (2) procrastination, or; (3) the overuse of safety behaviours. One of the reasons you will procrastinate if you have a perfectionistic attitude to fluency is that it makes the whole situation so stressful. It increases the demands of the situation, which is likely to increase anxiety and stuttering.

Another way to demonstrate how perfectionism can be unhelpful is to view it as a form of social avoidance. The perfectionist is simply trying to avoid any possibility of negative evaluation that might arise from doing a less than perfect job. However, if you challenge these thoughts, you may see that people in general don't put much emphasis into having things perfect. For example, by purposely stuttering, spilling a little coffee on your saucer, wearing a shirt with a slight stain, or taking a long time while answering a question, you may come to see that most aspects of social encounters go largely unnoticed.

For you, (if you are a social perfectionist), deliberately making mistakes would be very difficult. But you have to remind yourself that if you continue to avoid the things you have put so much effort into avoiding in the past, your anxiety will NOT improve. Only by doing the things you avoid, without safety behaviours, will you be able to learn that you have been catastrophising. All of your avoidance has simply reinforced the idea in your head that the situation is inherently dangerous.

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## Why it REALLY doesn't matter what other people think of you.

If someone disapproves of something you have said or done, it doesn't have to affect you. The impact of the disapproval of others depends on you buying into their thinking.

The less you care about what other people think about you, the more confident and happy you will become. That is, if you decide to stop letting other people bother you so much you will DISCONNECT your mood from the way in which the world is treating you at any given minute.

When you are in constant need of approval from someone, you are giving that person so much POWER over you. The person only needs to stop smiling at you one morning, and you may spend the rest of the day wondering what you have done wrong! Of course, the most likely explanations will be trivial eg. s/he didn't have time to have breakfast, s/he is tired, s/he has a minor sore throat. That is, most of the time other people's moods will have nothing to do with you!

And anyway, why is it soooooo terrible if you are the cause - if someone actually does disapprove of something about you? Is that so bad? Remember, social disapproval rarely comes with a real cost. No-one loses a limb because someone doesn't like the way they speak, or the colour of their hair, or the way they dress. Most of the costs of social disapproval are only in our imaginings.

In general, most people exaggerate the real LIKELIHOOD and COST of social disapproval. You need to perceive a LIKELIHOOD and a COST of disapproval to create the feeling of anxiety.

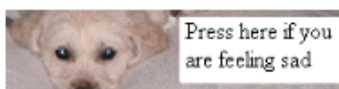
$$\text{ANXIETY} = \text{Overestimated COST} \times \text{Overestimated PROBABILITY}$$

Of course, positive feedback feels good, and nobody is telling you to stop enjoying that. But being overly dependent on it gives other people power over you. When you become dependent on the approval of others you are handing over your emotional life to these people. Your mood will swing with the approval and disapproval of others. You need to learn to value yourself without constant reassurance from others.

Just a final note - think about the last time you disapproved of someone. Did it really change them in any way? Does someone become a lesser person just because you disapprove of them? Why give anyone else the power over you are, your moods and your self-worth? It doesn't make any sense.

Before finishing this section, we want you to read the closing line on 'Approval Addiction' in David Burn's excellent volume, *Feeling Good*. We think David sums this problem up very well.

"If you admit your disapproval does not contain enough moral atomic power to devastate the meaning and value of another person's life, why give their disapproval the power to wipe out your sense of self-worth? What makes them so special? When you tremble in terror because someone dislikes you, you magnify the wisdom and knowledge that person possesses, and you have simultaneously sold yourself short as being unable to make sound judgements about yourself. Of course, someone might point out a flaw in your behaviour or an error in your thinking. I hope they will because you can learn this way. After all, we're all imperfect, and others have the right to tell us about it from time to time. But are you obliged to make yourself miserable and hate yourself every time someone flies off the handle or puts you down?"



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**Its time to plan a Behavioural Experiment. These experiments are a critical part of learning to overcome anxiety. Think carefully about the activity that you choose from the list of situations below. You are going to have to confront the feared situation that you select!**

- Ordering food (friends and social)
- Making phone calls to clients / colleagues (work)
- Receiving phone calls from clients / colleagues (work)
- Phone calls in open-plan office where others can overhear (work)
- Making calls in front of supervisor (work)

**Which of the following is the most likely reason for you avoiding this situation? If none fit, try different selection above**

- Everyone will think I'm an idiot.
- I can't speak to people in positions of authority.
- I can't face these people.
- My pauses are too long - people will think I'm weird.
- People won't like me because I won't be able to talk.
- I can't convince people of anything I say because I stutter.
- I will stutter.
- I can't speak to people I find sexually attractive
- The person on the other end of the phone will hang up on me.
- People will laugh at me.

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**Here is your situation:**

Making phone calls to clients / colleagues (work)

**Here is your task:**

Make a phone call to a client or colleague. Ask them for a favour, the status of some outstanding work, or offer your help with something.

**While doing the task DO NOT use the following safety behaviours:**

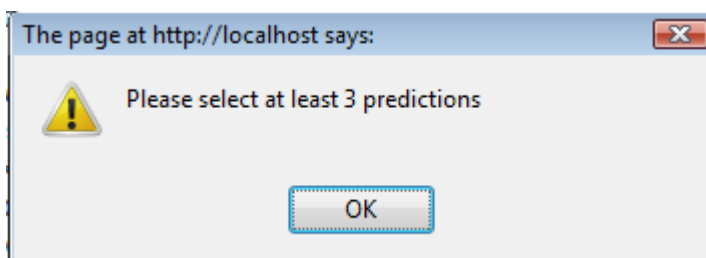
Try not to draw attention to yourself

If you feel like you are having a bad day, skip unnecessary talking

Rehearse sentences mentally before saying them

**Here are some predictions that you might make about this task. Select the 3 most likely outcomes that you fear:**

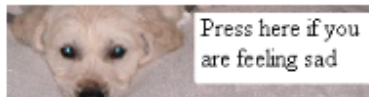
- They are going to talk to me in a demeaning way
- Nobody will smile at me
- People are going to tell me to go away
- People will not help me out
- People will turn away when I speak
- People will laugh at my questions
- They will not listen to me when I talk to them
- There will be awkward pauses when I don't know what to say
- Nobody will initiate a conversation with me
- People will walk away
- They will ask me "do you speak English"?
- The other person will look at someone else and make fun of me
- They are going to shake their heads
- They will not give me a chance to finish my sentences
- I won't be able to explain myself
- I will forget what I am going to say



See a completed list of predictions on page 417

- There will be awkward pauses when I dont know what to say
- Nobody will initiate a conversation with me
- People will will walk away
- They will ask me "do you speak English"?
- The other person will look at someone else and make fun of me
- They are going to shake their heads
- They will not give me a chance to finish my sentences

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Behavioural experiments



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**Here is your situation:**

Making phone calls to clients / colleagues (work)

**Here is your task:**

Make a phone call to a client or colleague. Ask them for a favour, the status of some outstanding work, or offer your help with something.

**REMEMBER, While doing the task DO NOT use the following safety behaviours:**

- Try not to draw attention to yourself
- If you feel like you are having a bad day, skip unnecessary talking
- Rehearse sentences mentally before saying them

**Here are your predictions. For each one, select a number between 0 and 100 to indicate the likelihood or probability of that outcome occurring (where 0 means 'certain NOT to occur', and 100 means 'certain to occur'):**

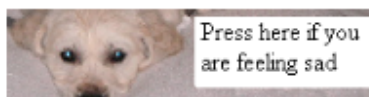
There will be awkward pauses when I dont know what to say

They will ask me "do you speak English"?

They will not give me a chance to finish my sentences

0
10
20
30
40
50
60
70
80
90
100

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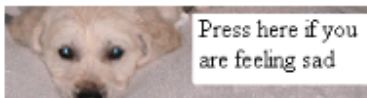


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Now it is time to go out there and do the experiment we have setup on the last page!

Ok, Viola, please logout **HERE** and **DO** the experiment!!

Continue



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Or [click here](#) to register.

Username:   
Password:

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**You said that it was 90% likely that "There will be awkward pauses when I dont know what to say". Were there awkward pauses?**

I guess this didnt happen. I just stuttered a bit, but there wasnt anything awkward about that. It was just a little stutter!

**Possible answers include:**

Well, there were some pauses. But I just realized that I don't have to care about the silences. Because of this, it didn't feel awkward.

I didn't have something to say all the time, so there were some pauses

None of the pauses seemed to be difficult or cause a problem

**You said that it was 70% likely that "They will ask me "do you speak English"?". Did they ask you if you speak English?**

No, what a silly prediction to make - I have to stop predicting things like this...

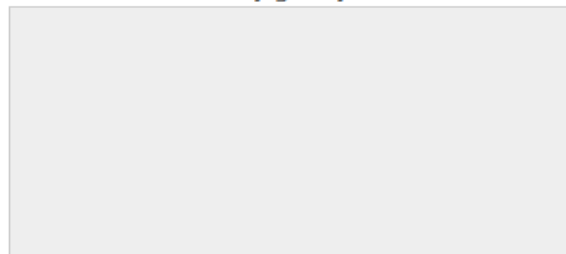
**Possible answers include:**

Nobody asked me that question

I can't understand why I would predict this. It has never happened.

Even if they had asked, why do I need to care?

**You said that it was 100% likely that "They will not give me a chance to finish my sentences". Did they give you a chance to finish your sentences?**



**Possible answers include:**

Well, I felt like they wouldn't, but they did. I learned that if you keep talking people listen

On some occasions people talked over the top of me. But they also did this to other people. I was not treated any differently

**It does not look like you have entered a response for prediction 3.**

**You said that it was 100% likely that "They will not give me a chance to finish my sentences". Did they give you a chance to finish your sentences?**

Well actually the person on the other phone was very understanding. Not sure it was because she heard my stutter or not, but she was extremely nice! |

**Possible answers include:**

Well, I felt like they wouldn't, but they did. I learned that if you keep talking people listen

On some occasions people talked over the top of me. But they also did this to other people. I was not treated any differently



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## Now try to have a go challenging the thought you used in your experiment...Lets begin!!

Causal thought:

The person on the other end of the phone will hang up on me.

1. What evidence do you have for the thought?

Well, this has only happened once. So I guess this is the only evidence I have

2. What evidence do you have against the thought?

I make on average 10 phone calls a week at work. This is 520 phonecalls a year. The fact that just in the last year, 1 person hung up on me, I am drastically ignoring the statistics here, because I have 519 phonecalls that went successfully!!!

3. What would you tell a friend (to help them) if they had the thought?

I would tell him not to care about this one phonecall. That sort of grumpiness by other people has nothing todo with him. So he may as well ignore it, and not allow it to cause anxiety and other unpleasant emotion.

4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?

He would wonder what a stressful day this person on the other life must be having. He would think, so what, I guess this person is better in emails, then at least his grumpiness are going to be recorded in my files.

5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?

Yes, I have no control over whether the other person has had a good sleep, good personal relationships, had breakfast or any other reasons for them hanging up the phone. Therefore I may as well stop worrying about it because it is completely beyond my control!

6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?

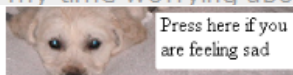
It makes me feel anxious and want to avoid making phone calls at work, which isnt particularly good for my career. Furthermore, it makes me miss out on the practise of making these phonecalls

7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?

I would be so much more relaxed at work. I would be a real go getter, making all the phonecalls I wanted and enjoy my job a lot more.

8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?

Really the worst outcome here is that the person will hang up! At the end of the day, that isnt the end of the world, and has so much more todo with the other person than me. So no it really isnt as bad as I intially thought, and therefore I really should stop spending my time worrying about such trivial things





### Causal thought:

The person on the other end of the phone  
will hang up on me.

## Now compare your answers to the questions to our example answers!

### 1. What evidence do you have for the thought?

Your answer:

Well, this has only happened once. So I guess this is the only evidence I have

Our sample answer:

I don't know what will happen in the future, so I have no evidence that this will definitely happen. However, last week when I called the bank they hung up on me. It has happened several times in the past.

### 2. What evidence do you have against the thought?

Your answer:

I make on average 10 phone calls a week at work. This is 520 phonecalls a year. The fact that just in the last year, 1 person hung up on me, I am drastically ignoring the statistics here, because I have 519 phonecalls that went successfully!!!

Our sample answer:

Again, I have no evidence for what happens in the future. I shouldn't predict that they will hang up on me. However, I have made thousands of phone calls in my life without having people hanging up on me. The weight of evidence is strongly against my negative thought.

### 3. What would you tell a friend (to help them) if they had the thought?

Your answer:

I would tell him not to care about this one phonecall. That sort of grumpiness by other people has nothing to do with him. So he may as well ignore it, and not allow it to cause anxiety and other unpleasant emotion.

Our sample answer:

I would tell him that sometimes telephone staff are grumpy or short when you call them. They are in a rush because of their job. So, even if it happens, he shouldn't take it personally. He doesn't have to see it as a big deal.

### 4. Think of your calmest, most rational and supportive friend or family member.

How would he/she react to the causal thought? What would he/she say?

Your answer:

He would wonder what a stressful day this person on the other end must be having. He would think, so what, I guess this person is better in emails, then at least his grumpiness are going to be recorded in my files.

Our sample answer:

Anyone who hangs up quickly if they can't hear what is said on the phone is just very impatient. Why should I care? Worrying about this doesn't make any sense, since I can't do anything about it.



**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Your answer:

Yes, I have no control over whether the other person has had a good sleep, good personal relationships, had breakfast or any other reasons for them hanging up the phone. Therefore I may as well stop worrying about it because it is completely beyond my control!

Our sample answer:

Yes, because I'm worrying about the behaviour of another person. I can't control the reactions of others. There is no point worrying about it - its just a waste of time.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

Your answer:

It makes me feel anxious and want to avoid making phone calls at work, which isnt particularly good for my career. Furthermore, it makes me miss out on the practise of making these phonecalls

Our sample answer:

It makes me anxious about calling to do things. That is, I constantly worry if I don't perform on the phone, the other person will hang up on me. This is very unhelpful, since when I get anxious my performance is worse at speaking on the phone. The thought is not useful in any way.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

Your answer:

I would be so much more relaxed at work. I would be a real go getter, making all the phonecalls I wanted and enjoy my job a lot more.

Our sample answer:

I wouldn't be so anxious when I had to make a phone call. Because of this, there is more likelihood that the other person wouldn't hang up on me in the first place. Everyday life would be so much more relaxed if I could drop this thought

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

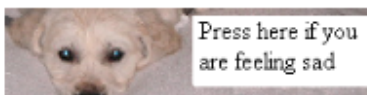
Your answer:

Really the worst outocome here is that the person will hang up! At the end of the day, that isnt the end of the world, and has so much more todo with the other person than me. So no it really isnt as bad as I intially thought, and therefore I really should stop spending my time worrying about such trivial things

Our sample answer:

Worst case scenario is that the person will hang up on me. However, I can choose how I interpret that. I can say to myself, "oh well, this person is probably having a bad day or feels rushed", and simply choose not to care about it.

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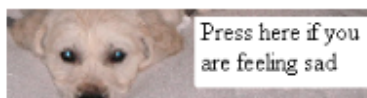
### **What happens if you perceived negative evaluations from others while doing the experiment?**

The most important thing is to remember is that only your thoughts can make you feel upset as a result of a social rejection. Nothing else! If someone has evaluated you badly, it does mean that you will be rejected by everyone else you meet. You will not have a sign on your forehead saying, I WAS REJECTED LAST WEEK.

It is important to always acknowledge that causal thoughts CREATE the emotional disturbance following negative evaluation. Therefore, it is not sensible to blame the situation itself for your emotional distress. If people actually treat you badly, or make fun of you, choosing not to care is an option. For example, let's imagine that you engage in a behavioural experiment and someone actually does laugh at you. This does not mean that you have to feel upset. What is the real cost here? If an ignorant person, who doesn't understand stuttering, reacts in a stupid way ,why should you care? What would you ever give such a person the POWER over your emotional life?

Let's do a little more challenging of the causal thought related to the experiment that you have just completed.

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## What did I learn from doing the experiment?

### **My causal thought was:**

The person on the other end of the phone will hang up on me.

### **The task I completed was:**

Make a phone call to a client or colleague. Ask them for a favour, the status of some outstanding work, or offer your help with something.

### **I predicted these three things:**

- I predicted: "There will be awkward pauses when I dont know what to say" with likelihood: 90%
- I predicted: "They will ask me "do you speak English"?" with likelihood: 70%
- I predicted: "They will not give me a chance to finish my sentences" with likelihood: 100%

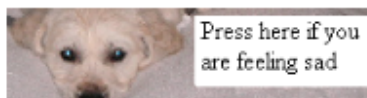
### **This is what happened:**

- I guess this didnt happen. I just stuttered a bit, but there wasnt anything awkward about that. It was just a little stutter!
- No, what a silly prediction to make - I have to stop predicting things like this...
- Well actually the person on the other phone was very understanding. Not sure it was because she heard my stutter or not, but she was extremely nice!

Do you still think you would avoid: *Making phone calls to clients / colleagues (work)?*

Yes I still would avoid it

No I would not avoid it anymore



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Do you still think you would avoid: *Making phone calls to clients / colleagues (work)*?

Yes I still would avoid it

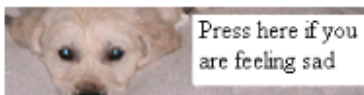
No I would not avoid it anymore

You have said that you would still avoid *Making phone calls to clients / colleagues (work)*. We recommend that you redo your behavioural experiment.

You should continue to repeat the experiment until you are no longer anxious about the situation. Don't forget, you will need to drop your safety behaviours when you re-enter the situation.

First, however, we think you might benefit by reading the pages on perfectionism and 'approval addiction' again.

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## Preparing for your Behavioural Experiment:

Don't let perfectionism stop you!

Social perfectionism is another form of social fear. The result of aiming for perfection is often procrastination and avoidance. People become extremely worried about what other people will think of them if they make a mistake or if they stutter. But all this does is discouraging them from 'having a go'.

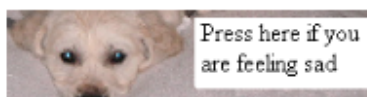
If you worry too much about speaking in a perfect way, you are likely to be very disappointed. You will never achieve your goal, because no-one is fluent all the time. For example, have you actually listened to the pauses and errors that most people make when they order food? You should go into McDonalds and listen to all the hmmm, eemmm, ahhh's that people use. Interestingly, most of these people don't seem to care about their awkward, interrupted speech or the fact that they are delaying other diners. They are more concerned with achieving the planned outcome of the social interaction i.e. getting their lunch! People who are perfectionistic about fluency pay too much attention to their speech, which they insist SHOULD never be dysfluent! This, of course, increases the anxiety in the task, which makes you more likely to stutter.

Thinking that you have to be perfectly fluent each time you speak will only lead to: (1) avoidance; (2) procrastination, or; (3) the overuse of safety behaviours. One of the reasons you will procrastinate if you have a perfectionistic attitude to fluency is that it makes the whole situation so stressful. It increases the demands of the situation, which is likely to increase anxiety and stuttering.

Another way to demonstrate how perfectionism can be unhelpful is to view it as a form of social avoidance. The perfectionist is simply trying to avoid any possibility of negative evaluation that might arise from doing a less than perfect job. However, if you challenge these thoughts, you may see that people in general don't put much emphasis into having things perfect. For example, by purposely stuttering, spilling a little coffee on your saucer, wearing a shirt with a slight stain, or taking a long time while answering a question, you may come to see that most aspects of social encounters go largely unnoticed.

For you, (if you are a social perfectionist), deliberately making mistakes would be very difficult. But you have to remind yourself that if you continue to avoid the things you have put so much effort into avoiding in the past, your anxiety will NOT improve. Only by doing the things you avoid, without safety behaviours, will you be able to learn that you have been catastrophising. All of your avoidance has simply reinforced the idea in your head that the situation is inherently dangerous.

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## Why it REALLY doesn't matter what other people think of you.

If someone disapproves of something you have said or done, it doesn't have to affect you. The impact of the disapproval of others depends on you buying into their thinking.

The less you care about what other people think about you, the more confident and happy you will become. That is, if you decide to stop letting other people bother you so much you will DISCONNECT your mood from the way in which the world is treating you at any given minute.

When you are in constant need of approval from someone, you are giving that person so much POWER over you. The person only needs to stop smiling at you one morning, and you may spend the rest of the day wondering what you have done wrong! Of course, the most likely explanations will be trivial eg. s/he didn't have time to have breakfast, s/he is tired, s/he has a minor sore throat. That is, most of the time other people's moods will have nothing to do with you!

And anyway, why is it soooooo terrible if you are the cause - if someone actually does disapprove of something about you? Is that so bad? Remember, social disapproval rarely comes with a real cost. No-one loses a limb because someone doesn't like the way they speak, or the colour of their hair, or the way they dress. Most of the costs of social disapproval are only in our imaginings.

In general, most people exaggerate the real LIKELIHOOD and COST of social disapproval. You need to perceive a LIKELIHOOD and a COST of disapproval to create the feeling of anxiety.

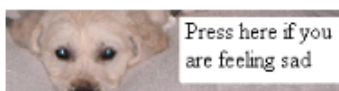
$$\text{ANXIETY} = \text{Overestimated COST} \times \text{Overestimated PROBABILITY}$$

Of course, positive feedback feels good, and nobody is telling you to stop enjoying that. But being overly dependent on it gives other people power over you. When you become dependent on the approval of others you are handing over your emotional life to these people. Your mood will swing with the approval and disapproval of others. You need to learn to value yourself without constant reassurance from others.

Just a final note - think about the last time you disapproved of someone. Did it really change them in any way? Does someone become a lesser person just because you disapprove of them? Why give anyone else the power over you are, your moods and your self-worth? It doesn't make any sense.

Before finishing this section, we want you to read the closing line on 'Approval Addiction' in David Burn's excellent volume, *Feeling Good*. We think David sums this problem up very well.

"If you admit your disapproval does not contain enough moral atomic power to devastate the meaning and value of another person's life, why give their disapproval the power to wipe out your sense of self-worth? What makes them so special? When you tremble in terror because someone dislikes you, you magnify the wisdom and knowledge that person possesses, and you have simultaneously sold yourself short as being unable to make sound judgements about yourself. Of course, someone might point out a flaw in your behaviour or an error in your thinking. I hope they will because you can learn this way. After all, we're all imperfect, and others have the right to tell us about it from time to time. But are you obliged to make yourself miserable and hate yourself every time someone flies off the handle or puts you down?"



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**Here is the situation you said you still avoided -  
Choose a causal thought for this situation, you can  
choose the same one you indicated earlier for this  
scene or you can choose a new causal thought for  
this scene**

Here is the situation you said you still avoided:

- Making phone calls to clients / colleagues (work)

Choose the same or different causal thought for the situation:

- Everyone will think I'm an idiot.
- I can't speak to people in positions of authority.
- I can't face these people.
- My pauses are too long - people will think I'm weird.
- People won't like me because I won't be able to talk.
- I can't convince people of anything I say because I stutter.
- I will stutter.
- I can't speak to people I find sexually attractive
- The person on the other end of the phone will hang up on me.
- People will laugh at me.

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**Here is your situation:**

Making phone calls to clients / colleagues (work)

**Here is your task:**

Make a phone call to a client or colleague. Ask them for a favour, the status of some outstanding work, or offer your help with something.

**While doing the task DO NOT use the following safety behaviours:**

Try not to draw attention to yourself

If you feel like you are having a bad day, skip unnecessary talking

Rehearse sentences mentally before saying them

**Here are some predictions that you might make about this task. Select the 3 most likely outcomes that you fear:**

- They are going to talk to me in a demeaning way
- Nobody will smile at me
- People are going to tell me to go away
- People will not help me out
- People will turn away when I speak
- People will laugh at my questions

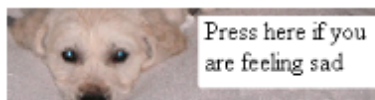
**Here are your predictions. For each one, select a number between 0 and 100 to indicate the likelihood or probability of that outcome occurring (where 0 means 'certain NOT to occur', and 100 means 'certain to occur'):**

They are going to talk to me in a demeaning way  ▾

People will not help me out  ▾

People will laugh at my questions  ▾

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Now it is time to go out there and do the experiment we have setup on the last page!

Ok, Viola, please logout **HERE** and **DO** the experiment!!

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**You said that it was 60% likely that "They are going to talk to me in a demeaning way". Did they talk to you in a demeaning way?**

No this did not happen

**Possible answers include:**

They actually spoke to me in a very normal voice  
They actually smiled  
There was nothing humiliating about the situation

**You said that it was 70% likely that "People will not help me out". Did people help you out?**

Of course they did, most people are nice.

**Possible answers include:**

They were extremely helpful  
Nobody rejected me  
I only had to ask once for assistance

**You said that it was 90% likely that "People will laugh at my questions". Did people laugh at your questions?**

Why do I worry so much about this. Nobody flat out laughed at me. Why would I care anyways!

**Possible answers include:**

Actually they appeared to take my questions very seriously  
Nobody laughed. Nobody commented on me taking a little time asking the question  
They actually smiled in a very friendly way when I asked my question

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## Now try to have a go challenging the thought you used in your experiment...Lets begin!!

Causal thought:

People won't like me because I  
won't be able to talk.

1. What evidence do you have for the thought?

I dont have any evidence for this. I just feel like this is the truth sometimes.

2. What evidence do you have against the thought?

Actually lots of people like me. Even people I tend to not talk alot around...All of those are evidence against this silly thought

3. What would you tell a friend (to help them) if they had the thought?

I would tell him not care what other people think. Also, if someone was to judge you for not talking much right away, are these people worth winning over? Not really.

4. Think of your calmest, most rational and supportive friend or family member.  
How would he/she react to the causal thought? What would he/she say?

He would think to himself, this is such a silly thought and I really have to start to believe it because it is waisting my time

5. Are you worrying about an outcome that you can't control? Is there any point to  
this type of worry?

Completely. I have no control if people like me or not. I can only be me and this type of worry is pointless

6. What does the thought do for you? How does it make you feel? Is it helpful in  
any way, or is it just distressing?

It makes me feel humiliated and anxious. Doesnt have any purpose what so ever!

7. What good things would you gain if you gave up the thought? How would your  
life be different if you didn't believe the thought?

I would be so much more calm in social situations, and enjoy my life a lot more.

8. If the causal thought was true, what is the worst outcome? Is it as bad as you  
think?

Really, the worst outcome here is that someone dislikes me. Why is that catastrophic? Really it isnt. At the end of the day, it helps me get over my 'approval addiction' (I read about in the David Burns book) to have some people disapprove of me. This is the worst case scenario!!!!



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### Causal thought:

People won't like me because I won't be able to talk.

## Now compare your answers to the questions to our example answers!

### 1. What evidence do you have for the thought?

Your answer:

I dont have any evidence for this. I just fell like this is the truth sometimes.

Our sample answer:

I have no evidence for this thought. Its just an irrational fear that I have. I always write these negative stories in my head about how things will turn out ? and they almost never come true!

### 2. What evidence do you have against the thought?

Your answer:

Acutally lots of people like me. Even people I tend to not talk around...All of those are evidence against this silly thought

Our sample answer:

When I have met new people in the past they have generally warmed to me. I have made lots of friends by going into social situations where I haven't known everyone. Even when my speech has been difficult and my stutter has been bad, people seem to like me.

### 3. What would you tell a friend (to help them) if they had the thought?

Your answer:

I would tell him not care what other people think. Also, if someone was to judge you for not talking much right away, are these people worth winning over? Not really.

Our sample answer:

Just look around you. You have friends everywhere. People like you because you're a nice person. No-one cares about the stutter - except you!! YOU are the one that is making the big deal about it.

### 4. Think of your calmest, most rational and supportive friend or family member.

How would he/she react to the causal thought? What would he/she say?

Your answer:

He would think to himself, this is such a silly thought and I really have to start to believe it because it is waiting my time

Our sample answer:

If someone doesn't like you because you stutter, why bother with them? Would you really want to be close to someone who is that shallow? Life's too short to bother with these types of people.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Your answer:

Completely. I have no control if people like me or not. I can only be me and this type of worry is pointless

Our sample answer:

Worrying about the private thoughts of others is pointless. I cannot control what others think about me. Some people will warm to me, and others will not. Ruminating about the feelings of others is a waste of my mental life.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

Your answer:

It makes me feel humiliated and anxious. Doesn't have any purpose whatsoever!

Our sample answer:

The thought makes me feel that my life will be lonely and that I will always feel isolated. It separates me from other people - it keeps me distant from people because I fear rejection. In the end, if I don't beat this thought, it could become a self-fulfilling prophecy!! It doesn't help me in any way. I have lots of evidence that people generally like me.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

Your answer:

I would be so much more calm in social situations, and enjoy my life a lot more.

Our sample answer:

I would want to go out more! I would be more relaxed around people and therefore it would be much more likely that I would fit in. I would not shy away from people so much. I would pursue relationships without fear. I wouldn't be scared whenever I entered a new social situation.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

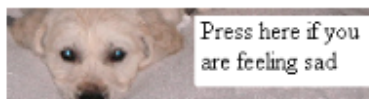
Your answer:

Really, the worst outcome here is that someone dislikes me. Why is that catastrophic? Really isn't. At the end of the day, it helps me get over my approval addiction (I read about in the David Burns book) to have some people disapprove of me. This is the worst case scenario!!!!

Our sample answer:

The thought is ridiculous so I don't need to really think about it. But if the people around me didn't seem to like me because I stuttered I guess I would just search for less shallow friends! There are lots of lovely, kind, caring people in the world.

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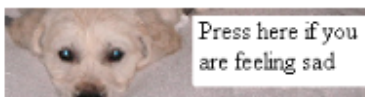
### **What happens if you perceived negative evaluations from others while doing the experiment?**

The most important thing is to remember is that only your thoughts can make you feel upset as a result of a social rejection. Nothing else! If someone has evaluated you badly, it does mean that you will be rejected by everyone else you meet. You will not have a sign on your forehead saying, I WAS REJECTED LAST WEEK.

It is important to always acknowledge that causal thoughts CREATE the emotional disturbance following negative evaluation. Therefore, it is not sensible to blame the situation itself for your emotional distress. If people actually treat you badly, or make fun of you, choosing not to care is an option. For example, let's imagine that you engage in a behavioural experiment and someone actually does laugh at you. This does not mean that you have to feel upset. What is the real cost here? If an ignorant person, who doesn't understand stuttering, reacts in a stupid way ,why should you care? What would you ever give such a person the POWER over your emotional life?

Let's do a little more challenging of the causal thought related to the experiment that you have just completed.

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## What did I learn from doing the experiment?

### My causal thought was:

People won't like me because I won't be able to talk.

### The task I completed was:

Make a phone call to a client or colleague. Ask them for a favour, the status of some outstanding work, or offer your help with something.

### I predicted these three things:

- I predicted: "They are going to talk to me in a demeaning way" with likelihood: 60%
- I predicted: "People will not help me out" with likelihood: 70%
- I predicted: "People will laugh at my questions" with likelihood: 90%

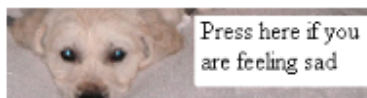
### This is what happened:

- No this did not happen
- Of course they did, most people are nice.
- Why do I worry so much about this. Nobody flat out laughed at me. Why would I care anyways!

Do you still think you would avoid: *Making phone calls to clients / colleagues (work)*?

Yes I still would avoid it

No I would not avoid it anymore



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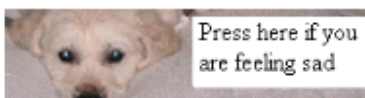
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Well done!! You have now completed 1 of the three situations we will ask you to confront in these exercises. Its time to try another situation. The more you do the better you feel!

First, however, we think you might benefit by reading the pages on perfectionism and "approval addiction" again.

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## Preparing for your Behavioural Experiment:

Don't let perfectionism stop you!

Social perfectionism is another form of social fear. The result of aiming for perfection is often procrastination and avoidance. People become extremely worried about what other people will think of them if they make a mistake or if they stutter. But all this does is discouraging them from 'having a go'.

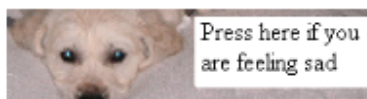
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Thinking that you have to be perfectly fluent each time you speak will only lead to: (1) avoidance; (2) procrastination, or; (3) the overuse of safety behaviours. One of the reasons you will procrastinate if you have a perfectionistic attitude to fluency is that it makes the whole situation so stressful. It increases the demands of the situation, which is likely to increase anxiety and stuttering.

Another way to demonstrate how perfectionism can be unhelpful is to view it as a form of social avoidance. The perfectionist is simply trying to avoid any possibility of negative evaluation that might arise from doing a less than perfect job. However, if you challenge these thoughts, you may see that people in general don't put much emphasis into having things perfect. For example, by purposely stuttering, spilling a little coffee on your saucer, wearing a shirt with a slight stain, or taking a long time while answering a question, you may come to see that most aspects of social encounters go largely unnoticed.

For you, (if you are a social perfectionist), deliberately making mistakes would be very difficult. But you have to remind yourself that if you continue to avoid the things you have put so much effort into avoiding in the past, your anxiety will NOT improve. Only by doing the things you avoid, without safety behaviours, will you be able to learn that you have been catastrophising. All of your avoidance has simply reinforced the idea in your head that the situation is inherently dangerous.

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# Nice one now you are at your in you second situation you avoid

CBTpsych.com - Part IV  
Behavioural experiments



## Why it REALLY doesn't matter what other people think of you.

If someone disapproves of something you have said or done, it doesn't have to affect you. The impact of the disapproval of others depends on you buying into their thinking.

The less you care about what other people think about you, the more confident and happy you will become. That is, if you decide to stop letting other people bother you so much you will DISCONNECT your mood from the way in which the world is treating you at any given minute.

When you are in constant need of approval from someone, you are giving that person so much POWER over you. The person only needs to stop smiling at you one morning, and you may spend the rest of the day wondering what you have done wrong! Of course, the most likely explanations will be trivial eg. s/he didn't have time to have breakfast, s/he is tired, s/he has a minor sore throat. That is, most of the time other peoples moods will have nothing to do with you!

And anyway, why is it soooooo terrible if you are the cause - if someone actually does disapprove of something about you? Is that so bad? Remember, social disapproval rarely comes with a real cost. No-one loses a limb because someone doesn't like the way they speak, or the colour of their hair, or the way they dress. Most of the costs of social disapproval are only in our imaginings.

In general, most people exaggerate the real LIKELIHOOD and COST of social disapproval. You need to perceive a LIKELIHOOD and a COST of disapproval to create the feeling of anxiety.

$$\text{ANXIETY} = \text{Overestimated COST} \times \text{Overestimated PROBABILITY}$$

Of course, positive feedback feels good, and nobody is telling you to stop enjoying that. But being overly dependent on it gives other people power over you. When you become dependent on the approval of others you are handing over your emotional life to these people. Your mood will swing with the approval and disapproval of others. You need to learn to value yourself without constant reassurance from others.

Just a final note - think about the last time you disapproved of someone. Did it really change them in any way? Does someone become a lesser person just because you disapprove of them? Why give anyone else the power over who you are, your moods and your self-worth? It doesn't make any sense.

Before finishing this section, we want you to read the closing line on 'Approval Addiction' in David Burn's excellent volume, Feeling Good. We think David sums this problem up very well.

"If you admit your disapproval does not contain enough moral atomic power to devastate the meaning and value of another person's life, why give their disapproval the power to wipe out your sense of self-worth? What makes them so special? When you tremble in terror because someone dislikes you, you magnify the wisdom and knowledge that person possesses, and you have simultaneously sold yourself short as being unable to make sound judgements about yourself. Of course, someone might point out a flaw in your behaviour or an error in your thinking. I hope they will because you can learn this way. After all, we're all imperfect, and others have the right to tell us about it from time to time. But are you obliged to make yourself miserable and hate yourself every time someone flies off the handle or puts you down?"



**Its time to plan a Behavioural Experiment. These experiments are a critical part of learning to overcome anxiety. Think carefully about the activity that you choose from the list of situations below. You are going to have to confront the feared situation that you select!**

- Ordering food (friends and social)
- Ordering food and drink on behalf of friends (friends and social)
- Receiving phone calls from clients / colleagues (work)
- Phone calls in open-plan office where others can overhear (work)
- Making calls in front of supervisor (work)

**Which of the following is the most likely reason for you avoiding this situation? If none fit, try different selection above**

- Everyone will think I'm an idiot.
- I can't speak to people in positions of authority.
- I can't face these people.
- My pauses are too long - people will think I'm weird.
- People won't like me because I won't be able to talk.
- I can't convince people of anything I say because I stutter.
- I will stutter.
- I can't speak to people I find sexually attractive
- The person on the other end of the phone will hang up on me.
- People will laugh at me.

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**Here is your situation:**

Making calls in front of supervisor (work)

**Here is your task:**

Plan an then make a phone call in front of your supervisor.

**While doing the task DO NOT use the following safety behaviours:**

Try not to draw attention to yourself

If you feel like you are having a bad day, skip unnecessary talking

Rehearse sentences mentally before saying them

**Here are some predictions that you might make about this task. Select the 3 most likely outcomes that you fear:**

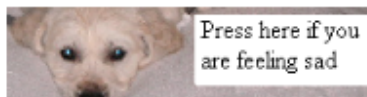
- The other person will look at someone else and make fun of me
- They are going to shake their heads
- They will not give me a chance to finish my sentences
- I wont be able to explain myself
- I will forget what I am going to say
- They will not talk to me
- People will laugh when they hear me stutter?
- People will stop talking if I stutter

**Here are your predictions. For each one, select a number between 0 and 100 to indicate the likelihood or probability of that outcome occurring (where 0 means 'certain NOT to occur', and 100 means 'certain to occur'):**

The other person will look at someone else and make fun of me

I will forget what I am going to say

People will stop talking if I stutter

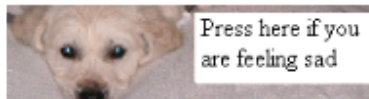


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Now it is time to go out there and do the experiment we have setup on the last page!

Ok, Viola, please logout **HERE** and **DO** the experiment!!



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**You said that it was 70% likely that "The other person will look at someone else and make fun of me". Did the person look at someone else and make fun of you?**

No this did not happen. I am no longer in high school, I have to update these predictions of mine!!!

**Possible answers include:**

Nobody tried to make fun of me  
The conversation went smoothly  
Adults don't behave like children in a schoolground. I have never seen this happen in my adult life. It didn't happen today, so there is no reason to make this prediction in the future

**You said that it was 90% likely that "I will forget what I am going to say". Did you forget what you were going to say?**

I was a little stressed and didnt remember everything. But I remember the important points I needed to get across. Practising this will make me less stressed about this in the future

**Possible answers include:**

No, I did not forget what I was going to say  
Who cares anyway? It didn't happen, but I realised that it wouldn't have mattered if it had happened.  
Almost everyone forgets what they are about to say from time to time. It didn't happen, but why am I worried about it anyway?

**You said that it was 100% likely that "People will stop talking if I stutter". Did people stop talking when you stuttered?**

NOT AT ALL! I was surprised how little attention other people gave me in the situation

**Possible answers include:**

Nobody stopped talking when I stuttered  
I did stutter on several occasions, but everyone continued to talk to me.  
People were nice to me even when I stuttered

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## Now try to have a go challenging the thought you used in your experiment...Lets begin!!

Causal thought:

I can't speak to people in positions  
of authority.

1. What evidence do you have for the thought?

Well I once got anxious in front of authority and couldnt speak

2. What evidence do you have against the thought?

I guess this experiment is an clear evidence that I CAN do it! I have to practise this more so that I stop feeling that I cant do it because I CAN!

3. What would you tell a friend (to help them) if they had the thought?

I would tell him not to worry about it and simply do it over and over again.

4. Think of your calmest, most rational and supportive friend or family member.  
How would he/she react to the causal thought? What would he/she say?

He would reframe this as I find it difficult to speak in front of authority, therefore, I need more practise in doing it so that I will become good at it.

5. Are you worrying about an outcome that you can't control? Is there any point to  
this type of worry?

YES. I can only do my best. I cant do better than my best!

6. What does the thought do for you? How does it make you feel? Is it helpful in  
any way, or is it just distressing?

It makes me anxious and feel like I have to avoid calling when my boss is around. This causes lots of extra problems. So yes it isnt helpful in any way and just distressing

7. What good things would you gain if you gave up the thought? How would your  
life be different if you didn't believe the thought?

I would be a lot more relaxed in the workplace and able to do my job in time even though my boss is around all the time.

8. If the causal thought was true, what is the worst outcome? Is it as bad as you  
think?

As I said before. If I at some point havent been able to talk in front of a boss, that does not mean that I will forever not be able to do this. I simply have to practice this, just like any olympian athlete needs to practise before the going to the olympics!

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## Now compare your answers to the questions to our example answers!

### Causal thought:

I can't speak to people in positions of authority.

#### 1. What evidence do you have for the thought?

Your answer:

Well I once got anxious in front of authority and couldn't speak

Our sample answer:

I have some evidence that on some occasions in meetings I have stayed silent if the boss is present.

#### 2. What evidence do you have against the thought?

Your answer:

I guess this experiment is a clear evidence that I CAN do it! I have to practise this more so that I stop feeling that I can't do it because I CAN!

Our sample answer:

Most of the time I do speak to the boss, and to other managers at work. Often I don't like doing this. Often I feel anxious when I do this. But usually I do speak to them, and I do get my words out.

#### 3. What would you tell a friend (to help them) if they had the thought?

Your answer:

I would tell him not to worry about it and simply do it over and over again.

Our sample answer:

I would tell him not to focus on the rare occasions when he can't do this. I would tell him to focus on the hundreds of positive conversations that he has had with people in authority. I would tell him to stop imagining the worst all the time. I would tell him that he is just setting himself up for failure.

#### 4. Think of your calmest, most rational and supportive friend or family member.

How would he/she react to the causal thought? What would he/she say?

Your answer:

He would reframe this as I find it difficult to speak in front of authority, therefore, I need more practise in doing it so that I will become good at it.

Our sample answer:

He would acknowledge my feelings. He would accept that I find this difficult. However, he would point out that most people do get stressed when they speak to people in authority, since they are in AUTHORITY. But thinking about not being able to talk just gets me more worried about the situation.

#### 5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?

Your answer:

YES. I can only do my best. I can't do better than my best!

Our sample answer:

I can't do better than my best. I can simply try to have the conversations and see how they go. I might stutter and I might block. But if I persevere I always get my words out.



**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

Your answer:

It makes me anxious and feel like I have to avoid calling when my boss is around. This causes lots of extra problems. So yes it isnt helpful in any way and just distressing

Our sample answer:

The thought makes me more stressed and anxious when I have to speak to a person in authority, so it is ONLY distressing. It is not helpful in any way. It stops me focusing on what the other person in the conversation is actually saying. That leads me to worry that I have missed something critical in the conversation, which makes me worry even more about what the person thinks of me. It is damaging in so many ways.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

Your answer:

I would be a lot more relaxed in the workplace and able to do my job in time even though my boss is around all the time.

Our sample answer:

I would be relaxed and be able to be more assertive with people in authority. I would be less anxious and more free. I would enjoy my working day so much more. I would be happier, and not long for the weekend all week.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

Your answer:

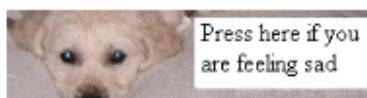
As I said before. If I at some point havent been able to talk in front of a boss, that does not mean that I will forever not be able to do this. I simply have to practice this, just like any olympian athlete needs to practise before the going to the olympics!

Our sample answer:

Worst case scenario - I am in an office of an authority figure and I couldn't speak. I doubt they would get angry or all worked up over that. I would try a little longer to speak, and I know I always get some words out. The person in authority could get a little irritated, but that isn't such a big deal. I'm not going to lose my job because I got stuck one day while speaking.

Continue

Now second time through



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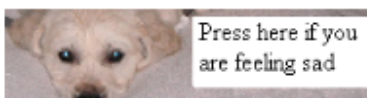
### **What happens if you perceived negative evaluations from others while doing the experiment?**

The most important thing to remember is that only your thoughts can make you feel upset as a result of a social rejection. Nothing else! If someone has evaluated you badly, it does mean that you will be rejected by everyone else you meet. You will not have a sign on your forehead saying, I WAS REJECTED LAST WEEK.

It is important to always acknowledge that causal thoughts CREATE the emotional disturbance following negative evaluation. Therefore, it is not sensible to blame the situation itself for your emotional distress. If people actually treat you badly, or make fun of you, choosing not to care is an option. For example, let's imagine that you engage in a behavioural experiment and someone actually does laugh at you. This does not mean that you have to feel upset. What is the real cost here? If an ignorant person, who doesn't understand stuttering, reacts in a stupid way, why should you care? What would you ever give such a person the POWER over your emotional life?

Let's do a little more challenging of the causal thought related to the experiment that you have just completed.

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## What did I learn from doing the experiment?

### **My causal thought was:**

I can't speak to people in positions of authority.

### **The task I completed was:**

Plan an then make a phone call in front of your supervisor.

### **I predicted these three things:**

- I predicted: "The other person will look at someone else and make fun of me" with likelihood: 70%
- I predicted: "I will forget what I am going to say" with likelihood: 90%
- I predicted: "People will stop talking if I stutter" with likelihood: 100%

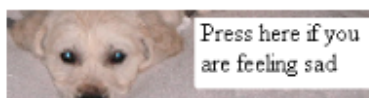
### **This is what happened:**

- No this did not happen. I am no longer in high school, I have to update these predictions of mine!!!
- I was a little stressed and didnt remember everything. But I remember the important points I needed to get across. Practising this will make me less stressed about this in the future
- NOT AT ALL! I was surprised how little attention other people gave me in the situation

Do you still think you would avoid: *Making calls in front of supervisor (work)?*

Yes I still would avoid it

No I would not avoid it anymore





Well done!! You have now completed 2 of the three situations we will ask you to confront in these exercises. Its time to try another situation. The more you do the better you feel!

First, however, we think you might benefit by reading the pages on perfectionism and "approval addiction" again.

Continue

See a completed list of predictions on page x.  
Furthermore. One can repeat the behavioural experiments until they indicate that they would no longer avoid the situation.  
However, only three different situation are experimented with, with up same or different cognitions driving the anxiety.

## Part 5

CBTpsych.com - Part V  
Further challenging  
thinking



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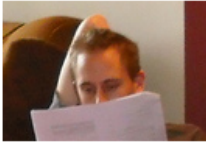
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### Welcome to Part 5 Viola

**In this section, you will continue to gain skills in attacking negative, unhelpful thinking. Let's begin by writing a short essay on "Why it doesn't matter what people think about me". You can complete this exercise by using dot-points if you would rather.**

Here is Ben's response to this task.



### *Sample essay*

Why it doesn't matter what people think about me.

My key points:

1) If I constantly need reassurance that I am worthwhile or successful, I will be on an emotional roller-coaster all the time. In contrast, if I value my own opinions about my worth, I can have a stable emotional life.

2) If I can't handle minor criticisms well, I will never be able to learn from my mistakes. I want to be successful, so I need to learn not to overreact to negative evaluation.

3) If I care too much about the way other people evaluate me, they will be able to constantly take advantage of me. I will end up doing EVERYTHING I can to prevent them from disapproving of me.

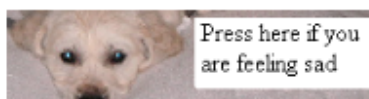
4) If I don't care what other people think of me, I will be more assertive and I'll stop feeling so resentful all the time.

5) It is so much easier to be truly happy if you are not worrying about what other people think of you all the time.

6) If I don't care what other people think of me, I can be REAL. If I can listen to the beat of my own drum, rather than constantly trying to please others, I will be able to read what I want, go where I want, eat what I want, and be WHO I AM.

*Error message:*

**It does not look like you have written anything for your essay.**



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## Should Statements

Lots of people make the mistake of insisting that things **SHOULD** be different. They become upset and angry when things don't work out the way they think they should. They spend so much of their mental life thinking about how things **SHOULD** be. Let's look at an example. Sean walked into a store and stuttered at the counter. The shop-assistant appeared to be in a grumpy mood. She snapped, "Can you hurry up - there is a long queue you know".



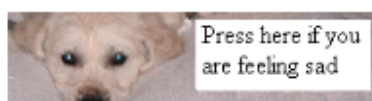
Sean was extremely upset after this and later became quite angry. This anger lasted for most of the day. He kept thinking that "she **SHOULDN'T** have been so rude".

But what is the point of his thinking? He can't turn back time and he can't change the shop-assistant's behaviour. After all, it has already occurred. Anger, based on SHOULDs, doesn't erase events from the past. It is true that Sean could complain. But is this the best option for him? We would argue that a superior position for Sean is that of acceptance. The shop-assistant was a tired, angry, teenage girl who would rather be out with friends. If Sean can accept this, and not personalize the event, he will not waste his mental energy and the rest of his day ruminating about the scene. He could simply smile to himself at the insensitivity of youth and move on with his plans for the day.

And let's not forget, Sean's SHOULD was simply a reflection of his life experiences and his personal perspective. His SHOULD is not right just because he thinks it. There are 6 billion people on the planet and they have 6 billion different sets of experiences. Many of them would have perceived this scene differently to Sean. Some would argue that the shop-assistant was being considerate to other shoppers. Some would argue that the shop-assistant has the right to manage her shop in any way she chooses. Some would speak up for her freedom of speech. Others, who have worked as a shop-assistant, might have sympathy for the tiring and frustrating nature of her job. Never forget that your SHOULDs are simply a construction from the million moments of your life experience - they are not laws etched in stone. They are arbitrary and differ from person to person. Given this, isn't it sensible to take them less seriously?

Let's take another example. Joe has a causal thought that he SHOULDN'T stutter. So every single time that he does, he gets extremely upset and starts to ruminate about it. If he were to accept that he is inevitably going to stutter on some occasions he would experience immediate relief. Of course, he might choose to continue to work on his stutter. We have no objection to this. We are simply saying that his perfectionistic SHOULD is causing an additional problem. It is creating unnecessary distress every time he stutters. SHOULDs generally lead to feelings of frustration, anger and distress which results in less quality of life!

As you can see SHOULDs create enormous amount of unhappiness for people. SHOULDs involve rules which are often impossible to live up to, because we are all imperfect at times. Every single time a person with a perfectionistic SHOULD goofs up, s/he is not only unhappy because of the mistake itself, but also because of the secondary problem of guilt, shame and negative self-rumination.



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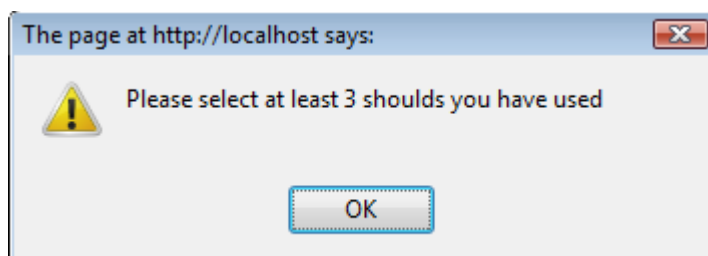




## The Tyranny of the Shoulds

**Below are SHOULD statements that lots of people believe. Please select the 3 that are most relevant to you.**

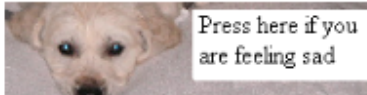
- I shouldn't stutter
- Everyone should treat me nicely
- My life should be easy
- Other people should be polite
- I should look great all the time
- I should be doing and achieving more than I am
- I should always be positive, bright and cheerful
- I should be married, or in a committed relationship
- I should have grown up in a "perfect" family environment
- I should be a "perfect" parent



See page 427 for a list of all the 'Shoulds'

- I should always say "yes" to requests from others
- I should never be afraid or insecure
- I should always look good in other people's eyes

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## What do my SHOULDs do for me?

As you have seen, your SHOULDs are arbitrary. They are not right just because you hear them in your head! One sensible approach to SHOULDs is to explore the costs and benefits of maintaining them. In other words, what are you SHOULDs really doing for you? Are they helpful or unhelpful? Are they worth keeping? Lets look at an example. Below is a Cost-Benefit analysis of living with a perfectionistic SHOULD about stuttering:

"I SHOULD BE FLUENT AT ALL TIMES"

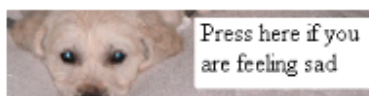
Advantages	Disadvantages
<p>-When I'm fluent, I'll feel like I'm doing what I'm supposed to be doing</p> <p>-I'll work very hard to be fluent</p>	<p>-If I'm not fluent I'll feel guilty and blame myself.</p> <p>-I'll very often feel like a failure and be upset</p> <p>-I'll never be able to achieve my goal of ALWAYS being fluent, so I'll be disappointed lot of the time</p> <p>-I'll be irritated, sad and anxious most of the time when I have to speak</p>

As you can see, there are lots of serious disadvantages to this SHOULD. It is setting the person up for failure, shame and frustration. Consider the following syllogism:

- (A) Human adults with a history of stuttering tend to be dysfluent from time to time
- (B) I'm a human adult with a history of stuttering
- (C) Therefore, I SHOULD stutter from time to time

If you did a Cost-Benefit analysis on this SHOULD you would see its merits!

Continue





**List the advantages and disadvantages of thinking this thought:**

I should always say "yes" to requests from others

**Advantages**

I get a good reputation for doing everything for everyone

**Disadvantages**

I get very frustrated. I dont have any time for my personal life because I spend all my time doing tasks that I dont have todo in the first place. This is getting me to feel very stressed and sad due to lack of social life due to this should.

**List the advantages and disadvantages of thinking this thought:**

I should always look good in other people's eyes

**Advantages**

I try very hard to look good in the eyes of others

**Disadvantages**

Most of the time we cant get any confirmation about how we look in the eyes of others. Therefore, this should makes me feel constantly on edge and hypersensitive to any comments about my image. It causes enourmous anxiety in social situation and makes me want to avoid them

**List the advantages and disadvantages of thinking this thought:**

I should always look good in other people's eyes

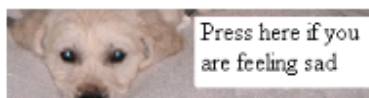
**Advantages**

I try very hard to look good in the eyes of others

**Disadvantages**

Most of the time we cant get any confirmation about how we look in the eyes of others. Therefore, this should makes me feel constantly on edge and hypersensitive to any comments about my image. It causes enourmous anxiety in social situation and makes me want to avoid them

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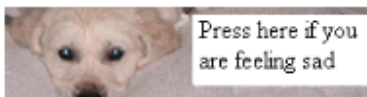


<b>Your answer</b>		<b>Sample answer</b>	
<b>I should always say "yes" to requests from others</b>			
<i>Advantage</i>	<i>Disadvantage</i>	<i>Advantage</i>	<i>Disadvantage</i>
I get a good reputation for doing everything for everyone	I get very frustrated. I dont have any time for my personal life because I spend all my time doing tasks that I dont have todo in the first place. This is getting me to feel very stressed and sad due to lack of social life due to this should.	I will get lots of opportunities in the workplace to take on extra tasks.	I will probably be taken advantage of in my personal and professional relationships. I will end up doing lots of things that I really would prefer to avoid. I will end up feeling overburdened. I will end up resentful of the demands of others.

<b>I should never be afraid or insecure</b>			
<i>Advantage</i>	<i>Disadvantage</i>	<i>Advantage</i>	<i>Disadvantage</i>
I feel very good when I am not afraid and secure	Not only do I have to deal with the unpleasant feelings of being afraid or insecure, but also the additional frustration with myself for feeling this way. This makes me a lot more stressed.	I will feel happy when I`m feeling confident	Like all humans, I will inevitably feel insecure or afraid on some occasions. At those times, I will feel weak or inferior. I will feel inadequate as a person. My self-image will suffer because I have set up an impossible standard for myself.

<b>I should always look good in other people's eyes</b>			
<i>Advantage</i>	<i>Disadvantage</i>	<i>Advantage</i>	<i>Disadvantage</i>
I try very hard to look good in the eyes of others	Most of the time we cant get any confirmation about how we look in the eyes of others. Therefore, this should makes me feel constantly on edge and hypersensitive to any comments about my image. It causes enourmous anxiety in social situation and makes me want to avoid them	When I believe that others are happy with me, I will feel good.	I will experience a lot of anxiety because of the conflicting views of parents, partners, children and friends. It will not be possible to find behavioural solutions to problems that everyone around me will like. I will feel anxious when I perceive criticism from others. I will constantly try to please others, and will therefore rarely please myself. I will do few things that are just for me. I will give up my true self in order to listen to the beat of other people's drums.

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## Part 6

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VI  
Self-processing



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## Welcome to part 6

### The problem of self-consciousness

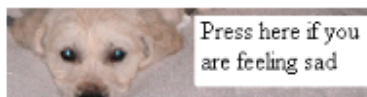
Becoming self-conscious in social situations is a very common experience for people who stutter. When this happens, they have difficulty focusing on what they were doing at the time. That is, they find it hard to focus on the moment they are in. Let's list all the things you are up to when you are self-conscious:

- A. You may be looking at a mental "image" on yourself in which you are stuttering badly
- B. You may be wondering if this is how you look to other people.
- C. You may be listening to what you sound like
- D. You may be focusing on a speech technique i.e. Prolonged speech
- E. You are probably assuming that other people have noticed that you have become self-conscious...

**THE BOTTOM LINE IS:** your mind is working overtime on all these different tasks, so it becomes difficult for you to focus on your speech technique and the content of what you are trying to say!

**THE ANSWER TO THIS PROBLEM IS:** attentional exercises ie. training yourself to refocus your attention on aspects of the external environment when you become self-focused in social situations. On the following pages you will learn how to train up your attentional grip ie. how to control where you put your attention in social situations.

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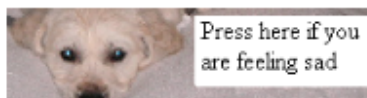
### Gaining control of your attention will help you:

1. Stop ruminating after social events about what went wrong in the situations. Anxious individuals often waste hours or days thinking back over perceived social errors from the past.
2. Re-focus attention on what ACTUALLY occurs in social situations. You will become a more accurate observer of the full range of people's responses to you in social situations.
3. Focus on non-threatening aspects of social situations. Rather than having your attention captured by a small negative aspect of a social encounter you will be able to focus on more neutral or positive aspects of these situations.
4. Find evidence in social encounters that disconfirms your negative causal thoughts.

In summary, the attentional training exercises we are going to teach you free up attentional resources to help you change your perceptions of everyday social encounters.

We are going to teach you two techniques which can be found in detail in Adrian Wells book on innovative cognitive therapy, called Emotional Disorders and Metacognition (2000). The first technique is call Attentional Training (ATT) and the second is called Situational Attention Refocusing (SAR).

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this mp3 on page 214

## Attentional Training (ATT)

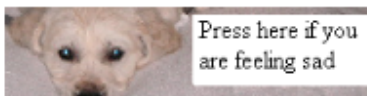
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It is important that you remember that attentional training is not a technique you should use when you are feeling anxious. Rather, it is a skill that you are developing to achieve the outcomes covered on the previous page. Also, please understand that it takes time and practise to develop power of one's attention. It will require several weeks of practise before you have the ability to readily control where you place your attention in social situations.

You will receive an email now with an mp3 file which you can copy onto your phone/ipod so that you can work on this exercise wherever you choose.



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## Situational attentional refocusing (SAR)

Once you have practised the attentional training exercise on the previous page for several weeks you should notice an increase in your ability to control where your attention rests. That is, you will be able to move your attention away from distractions and better engage in everyday activities. You should begin to notice that you get more enjoyment from daily pleasant activities because more of your attention is captured by them.

You can also use your new attentional skills to correct any negative biases in social situations. Research suggests that anxious individuals place too much of their attention on negative feedback in social settings. You may have experienced this in the past. For example, have you ever found yourself focusing on the one critical person in a social situation rather than the seven or eight people that are being positive and supportive of you? This is the sort of negative attentional bias that anxious individuals often display. Situational attentional refocusing (SAR) involves purposefully focusing your attention on aspects of the environment that are positive and helpful.



Here is an example of how Ben used SAR in a recent visit to the pub.

*"I had been avoiding the Glebe Hotel for several months after a bad encounter with a grumpy barmaid. She was always there and she had heard me stutter on several occasions. In the past, I haven't been able to drag my attention away from where she was standing and what she was doing. I would constantly glance over to see if she was looking at me. With my new attentional skills, I have decided to return to the pub and try SAR. As I entered she was the first woman I saw behind the bar, but I quickly refocused on the faces of several other barmaids. I moved over to the bar and asked one of them for the drinks list, placing my attention on the written words on the page. I ordered and while waiting for my change, focused my attention on the football match that was playing on the large plasma screen at the end of the bar. I became caught up in the action of the match and moved to a chair without taking my eyes off the screen. I continued to use SAR throughout the night, focusing my attention on smiling faces, the taste of beer, and the wonderful sounds of fun and laughter echoing through the hotel."*

Ben's previous experience at the Glebe hotel had been coloured by a negative attentional bias. All he needed to do to diffuse anxiety was refocus his attention to the positive aspects of the hotel. In this way, Ben's perception of the hotel became more balanced and positive.




We want you to practise this technique in situations you find difficult. Below are a list of situations that you previously told us were difficult for you:

- Ordering food (friends and social)
- Making phone calls to clients / colleagues (work)
- Receiving phone calls from clients / colleagues (work)
- Phone calls in open-plan office where others can overhear (work)
- Making calls in front of supervisor (work)
- Making enquiries in shop e.g. new stereo system (general public)
- Asking for products in shop e.g. Chemist (general public)
- Making phone calls (general public)
- Introducing new staff members (work)
- Receiving phone calls (general public)

Choose 3 of the situations in order to practise SAR. You'll need to enter these situations while focusing on the positive aspects of the environment. Then record your experiences on the following page...

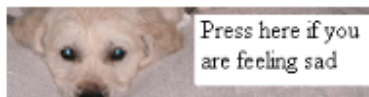
Submit

The page at http://localhost says: ✕

 Please select 3 situations you have been avoiding in the past, and that you think you can go and practise SAR

- Ordering food (friends and social)
- Making phone calls to clients / colleagues (work)
- Receiving phone calls from clients / colleagues (work)
- Phone calls in open-plan office where others can overhear (work)
- Making calls in front of supervisor (work)
- Making enquiries in shop e.g. new stereo system (general public)
- Asking for products in shop e.g. Chemist (general public)

Submit



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**Tell us what happened when you tried the SAR technique in this situation?**  
Ordering food (friends and social)

I used the technique and it was very powerful

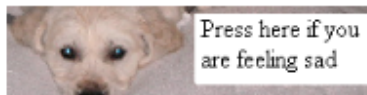
**Tell us what happened when you tried the SAR technique in this situation?**  
Asking for products in shop e.g. Chemist (general public)

I started having a problem, but I really focused on saying strepsils, and used the all my attention on saying that. Also, before entering I started to worry that the person would think bad of me, but I refocused my attention on my sore throat!

**Tell us what happened when you tried the SAR technique in this situation?**  
Making enquiries in shop e.g. new stereo system (general public)

This was also fine.

Submit





## Your mental imagery

Research has consistently shown that people with social anxiety lay down incorrect and distorted images into memory. When they recall social encounters in which they were anxious, they tend to remember them from an "observer" perspective. That is, their memories are of how they think they actually looked in the event. In their mind, they see themselves performing in the social event, as if they had been an observer. Its as if anxious individuals are remembering scenes recorded from an external camera!

This research finding is stunning, because obviously these negative memories are false! No-one sees themselves when they speak. In reality, our memory should only be of the other faces and people and sounds that we experience in social encounters.

Lets look at an example. Two years ago, Ben was talking to three women on a day when his stuttering had been particularly severe. He had always liked one of the women, Mary, and was feeling very anxious. He began to block as he tried to keep up his end of the conversation. Ben was very distressed by the way this social encounter went. He has images of that day that still intrude into his mind two years later. But the images he reports are false, because they display the "observer" bias. Ben tells us that he sees himself grimacing badly as his speech blocked. He describes an image like the picture below.



The tragedy of this memory is that it MUST BE FALSE. Ben could not possibly have seen himself in this social encounter. What he ACTUALLY saw that day looked more like the image below:



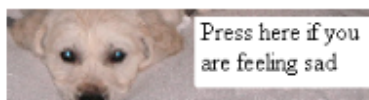
So Ben's distress is being magnified by a false memory. His recollection of that day is biased because of this faulty memory. Furthermore, this memory continues to plague Ben and ruin present day social encounters.

Do you think you show this "observer" or "external camera" bias? Well, earlier in this program you told us that you do get images in your mind of the following:

Seeing myself stutter  
Seeing myself block

It looks like you do experience the "observer" bias. Remember, unless you are telling us that you were standing in front of a large mirror in these social events, you simply could not see yourself doing anything!

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### More on the observer bias

Unfortunately these images do a lot of damage to one's sense of identity. They sit there in one's mind and bias our sense of self. In a general way, experiencing negative self-images may interfere with a person's ability to process information contrary to their negative self-beliefs. Furthermore, it is suggested that people with social anxiety use these distorted internal cues as evidence that they have made a negative impression on others.

### What should we do about these biased, faulty images and memories?

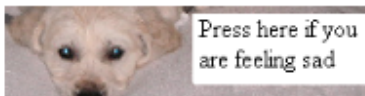
Increasingly, research suggests that humans have the capacity to rescript or change the faulty images and memories that are haunting them. This can be a powerful way of preventing future social encounters from becoming contaminated by faulty memories from the past.

In this exercise, we want you to attempt to rescript a negative image/memory that you regularly experience. Choose a distressing memory involving stuttering for this task. Then press the button below to start the rescripting exercise.

Press here to listen to or download this exercise

Continue

Please find the transcription of this script on page 221



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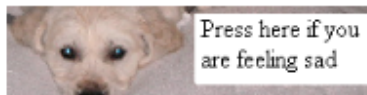
## Postevent rumination

Studies have shown that people with social anxiety ruminate a great deal after a social encounter. They may spend hours or days going over and over the social event, ruminating on small perceived errors in their speech or behaviour. They "replay" the film in the mind of the social event again and again. As you have learned on the previous pages, this is a dangerous thing to do, because the images and memories are likely to be faulty.

Now that you have better control of your attention, we want you to fight postevent rumination by placing your mind in the present moment. That is, whenever you become aware that you are living in the past, drag your attention back to what you are currently doing (eg. tasting your chicken sandwich, reading the newspaper, listening to your conversational partner). We want you to become more 'present-centred'. This is a great way of both defeating postevent rumination and increasing the pleasure you get from life.

We also suggest that you go back over the essay you wrote on "why it doesn't matter what other people think of me". And don't forget to keep up your thought challenging exercises. If you don't have evidence for a negative causal thought, why are you believing it?

Continue



## Part 7

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Tired?  
Why not logout  
and return later?

## Relapse prevention

Everybody has **GOOD** and **BAD** days, and you should expect your progress to be 'up and down' when you are recovering from anxiety

BUT how can you tell if you are starting to slip, and what can you do about it?

### Distinguishing between lapse and relapse

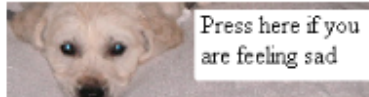
A LAPSE is a minor setback. Lapses can be frustrating. It is often tempting to feel that all the hard work you have put into your recovery has been in vain, and that you are right back where you started. However, this is not the case

We talked a lot about how your thinking can effect your behavior. If you blow a small setback out of proportion, your anxiety is likely to get a lot worse.

### How can you prevent a LAPSE from becoming a RELAPSE?

- Remain realistic about the lapse. Is it **REALLY** the end of the world? Does it **REALLY** cancel out all that progress that you have made?
- Keep at it! You know by now what techniques you need to use to fight the anxiety symptoms - don't let your thoughts prevent you from making further progress!

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**Tired?**  
Why not logout  
and return later?

## Relapse prevention

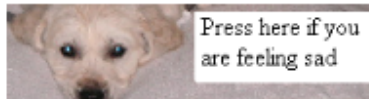
### When will I be more vulnerable to having a RELAPSE, and how can I protect myself?

People tend to be more vulnerable to having a relapse when they are under increased stress or when something distressing occurs in their life. 'Stressful' situations can be either major life events (such as losing a job) or a minor thing (such as sleeping poorly, drinking too much alcohol or working too hard). These 'minor' things can become a problem if they persist over a period of time (for example if you sleep poorly for a period of a few weeks).

You should also watch out for other types of anxiety (such as exam anxiety). We know that if you become anxious about something *completely unrelated* to social performance, it will put you at an risk of having a lapse in your social anxiety.

Because we know that these types of situations are more likely to lead to a lapse, it makes sense to anticipate them, where possible, and to plan the best way to cope with them.

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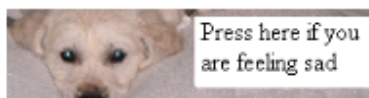


**Tired?**  
**Why not logout**  
**and return later?**

## Some suggestions of ways you may protect yourself in times of stress are:

- Know the amount of work, study etc you are able to cope with, and do not try to exceed this.
- Identify what is causing your stress. If possible, take action to reverse it. For example, if you feel you are not getting enough sleep or not spending enough time relaxing, make an effort to sleep more / spend more time engaged in relaxing tasks.
- Try to avoid whatever it was that led to your previous episodes of anxiety. If something caused sufficient stress to cause you such anxiety on one occasion, it is possible that it will do so on others.
- Where possible, try to slow down and relax. Use the techniques we have taught you to control your anxiety symptoms.
- Whatever you do, **DO NOT** avoid situations that make you feel anxious. Remember that whilst avoidance can feel better in the short term, it always leads to more anxiety in the future.

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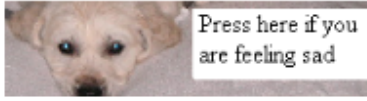
**Tired?**  
**Why not logout**  
**and return later?**

## A final thought

Perhaps the single greatest error that anxious individuals are making is 'sweating the small stuff'. So much anxiety is attached to such minor things. What did the sales assistant in the cheese shop think of me? Why did the bus driver frown when I spoke? All of these worries seem so ridiculous when you think about the wonderful opportunity that each of us has to grab life and enjoy it. Ruminating on these trivial issues not only feels bad, but robs us of the pleasure 'of the now'. Don't let anxiety steal the sensory moments of your life!!

Lets explore an example of what we mean. You are sitting down to watch a film tonight, but your mind is dragged to your memory of the woman in the cheese shop. The film cost millions of dollars to produce and utilised the combined talents of hundreds of actors, scriptwriters, designers, cinematographers, make-up artists, and the like. But you have missed critical parts of the film while you ruminate about the sales assistant! Your enjoyment of the film is diminished and you have permanently lost these moments in time. You don't get the night back! Anxiety has robbed you of another opportunity to enjoy yourself and expand your experience.

Never forget, you have the power to decide where you place your attention. Use this power wisely!



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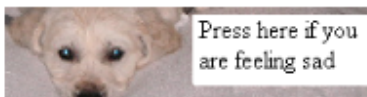
**Tired?**  
**Why not logout**  
**and return later?**

## Selected handouts for you to print out

Thinking exercises  
Cognitive challenging  
Your model  
A behavioural experiment  
More challenging of your thinking  
Attention training and image rescripting

Continue

These will not be shown here as these are summaries from all the exercises in this program



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## Assessments Post Treatment

To complete the program, please follow the instructions below.

Below we have compiled a list of thoughts, beliefs and attitudes about stuttering that you may experience. Using numbers from the scale below, please indicate how frequently you have these thoughts from (1,2,3,4 or 5) for each thought. If you are not sure, choose the option the closest to your thoughts

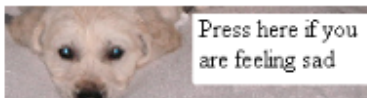
Thought / Belief / Attitude	Never have the thought	Rarely have the thought	Sometimes have the thought	Often have the thought	Always have the thought
1. People will doubt my ability because I stutter.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. It's impossible to be really successful in life if you stutter.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I won't be able to keep a job if I stutter.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. It's all my fault-I should be able to control my stutter.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I'm a weak person because I stutter.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. No one will like me if I stutter.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I might stutter.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. People focus on every word I say.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I am incompetent.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. No one could love a stutterer.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I will stutter.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Everyone in the room will hear me stutter.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I'm stupid.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Other people will think I'm stupid if I stutter.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I'll never be successful because of my stutter.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I won't be able to answer their questions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I'm hopeless.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I'm of no use in the workplace.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. People will think I'm incompetent because I stutter.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I'll block completely and won't be able to talk.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Everyone will think I'm an idiot.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I can't speak to people in positions of authority.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. People will think I'm strange.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. People will think I can't speak English.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. No one would want to have a relationship with a stutterer.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I can't think clearly because I stutter.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I can't speak to aggressive people.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. People will think that I have no opinions.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. People will think that I'm boring because I have nothing to say.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. If I block, people will think I'm retarded.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I can't face these people.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. People will wonder what's wrong with me if I stutter.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. What will people think of me if they disagree with what I say?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Most people view stutterers as less capable.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I don't want to go - people won't like me.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. My pauses are too long - people will think I'm weird.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. People won't like me because I won't be able to talk.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. I can't convince people of anything I say because I stutter.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. People will think I'm retarded if I stutter.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I'll block - I know I will.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I'll make a fool of myself.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. People get tired of waiting for me to get my words out.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. People shouldn't have to wait so long for me to speak.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. I always embarrass the people I'm speaking to.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. People think I have something to hide because my stutter sounds suspicious.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. People will think that I'm worthless	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. I'll embarrass myself.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. I can't speak to people I find sexually attractive	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. No one will understand what I'm trying to say.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. What's the point of even trying to speak? It never comes out right.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. I won't be able to say exactly what I want to say.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



52. Everyone will think I'm simple or dumb because I avoid using difficult words.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. I slow up everyone's conversation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Everyone hates it when I start to speak.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. I can never speak on the phone.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. I won't be able to ask for what I want.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. The person on the other end of the phone will hang up on me.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. People will laugh at me.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. People will think I'm mute.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. I'll never finish explaining my point - they'll misunderstand me.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. The answering machine will turn off if I block ? I won't be able to leave any message.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. They'll think I'm a prank caller if I block.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. I won't be able to say "hello" when I pick up the phone	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. People who stutter are stupid.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. People who stutter are incompetent.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. People who stutter are boring.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Submit



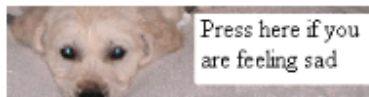
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Mark on a scale from Never to Always how much you avoid the following situations in your daily life.

Situation	Never Avoid	Infrequently Avoid	Sometimes Avoid	Frequently Avoid	Always Avoid
1. Talking to hearing impaired relative (Home and Family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Meeting up with the In-laws (Home and Family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Large family gatherings (Home and Family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Meeting new partners of family members (Home and Family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Meeting new friends of family members(Home and Family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Introducing self (Friends and social)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Introducing friends (Friends and social)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Talking over noise (in bars, parties) (Friends and social)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Yelling at football match (Friends and social)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Talking to strangers at parties / dinners (Friends and social)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Joining new groups / activities (Friends and social)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Catching up with old friends (friends and social)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Ordering food (friends and social)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Ordering food and drink on behalf of friends (friends and social)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Making phone calls to clients / colleagues (work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Receiving phone calls from clients / colleagues (work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Phone calls in open-plan office where others can overhear (work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Making calls in front of supervisor (work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Working at enquiry counter (work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Answering quick questions from colleagues (work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Presenting material to group / meeting (work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Chairing meetings (work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Asking for pay-rise / leave etc from supervisor (work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Introducing new staff members (work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Lunchroom social situation (work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Talking over public address systems (work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Quick / informal chit-chats / exchanges throughout the day with colleagues (work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Tutorial presentations (University)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Asking questions in tutorials (University)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Oral exams (University)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Practical placements (University)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Being called on to speak in class (University)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Running and participating in group projects (University)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Making phone calls (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Receiving phone calls (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. McDonalds drive through (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Ordering food in restaurant (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. Ordering drinks in bar (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Asking for products in shop e.g. Chemist (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Making enquiries in shop e.g. new stereo system (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Face-to-face with tradesmen (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Phoning tradesmen (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Bank enquiry counter (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Market research phone calls (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Asking for directions (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Buying bus or train tickets (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Asking about menu details (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Querying a restaurant bill (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Being asked directions (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Returning faulty goods (general public)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. Job interview (important speech)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Punch line in jokes (important speech)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. When needing to be macho e.g. at gym! (important speech)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Asking for a date (important speech)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Speeches at weddings, funerals (important speech)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Submit



This site is developed by  
Fjola Dogg Helgadottir  
supervised by  
A.Professor Ross Menzies

## DASS

Please read each statement and press a number 0, 1, 2 or 3 which indicates how much the statement applied to you over **the past week**. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

	0	1	2	3
1. I found myself getting upset by quite trivial things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I was aware of dryness of my mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I couldn't seem to experience any positive feeling at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I just couldn't seem to get going	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I tended to over-react to situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I had a feeling of shakiness (eg, legs going to give way)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I found it difficult to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I found myself in situations that made me so anxious I was most relieved when they ended	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I felt that I had nothing to look forward to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I found myself getting upset rather easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I felt that I was using a lot of nervous energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I felt sad and depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I found myself getting impatient when I was delayed in any way (eg, lifts, traffic lights, being kept waiting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I had a feeling of faintness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I felt that I had lost interest in just about everything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I felt I wasn't worth much as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I felt that I was rather touchy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I felt scared without any good reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I felt that life wasn't worthwhile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I found it hard to wind down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I had difficulty in swallowing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I couldn't seem to get any enjoyment out of the things I did	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I felt down-hearted and blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I found that I was very irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I felt I was close to panic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I found it hard to calm down after something upset me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. I feared that I would be "thrown" by some trivial but unfamiliar task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I was unable to become enthusiastic about anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I found it difficult to tolerate interruptions to what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I was in a state of nervous tension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I felt I was pretty worthless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I was intolerant of anything that kept me from getting on with what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. I felt terrified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. I could see nothing in the future to be hopeful about	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. I felt that life was meaningless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I found myself getting agitated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I was worried about situations in which I might panic and make a fool of myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I experienced trembling (eg, in the hands)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. I found it difficult to work up the initiative to do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

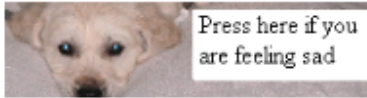
Submit

## Fear of Negative Evaluation Scale

For the following statements, please answer each in terms of whether it is true or false for you.	True	False
1. I rarely worry about seeming foolish to others.	<input type="radio"/>	<input type="radio"/>
2. I worry about what people will think of me even when I know it doesn't make any difference.	<input type="radio"/>	<input type="radio"/>
3. I become tense and jittery if I know someone is sizing me up.	<input type="radio"/>	<input type="radio"/>
4. I am unconcerned even if I know people are forming an unfavorable impression of me.	<input type="radio"/>	<input type="radio"/>
5. I feel very upset when I commit some social error.	<input type="radio"/>	<input type="radio"/>
6. The opinions that important people have of me cause me little concern.	<input type="radio"/>	<input type="radio"/>
7. I am often afraid that I may look ridiculous or make a fool of myself.	<input type="radio"/>	<input type="radio"/>
8. I react very little when other people disapprove of me.	<input type="radio"/>	<input type="radio"/>
9. I am frequently afraid of other people noticing my shortcomings.	<input type="radio"/>	<input type="radio"/>
10. The disapproval of others would have little effect on me.	<input type="radio"/>	<input type="radio"/>
11. If someone is evaluating me I tend to expect the worst.	<input type="radio"/>	<input type="radio"/>
12. I rarely worry about what kind of impression I am making on someone.	<input type="radio"/>	<input type="radio"/>
13. I am afraid that others will not approve of me.	<input type="radio"/>	<input type="radio"/>
14. I am afraid that people will find fault with me.	<input type="radio"/>	<input type="radio"/>
15. Other people's opinions of me do not bother me.	<input type="radio"/>	<input type="radio"/>
16. I am not necessarily upset if I do not please someone.	<input type="radio"/>	<input type="radio"/>
17. When I am talking to someone, I worry about what they may be thinking about me.	<input type="radio"/>	<input type="radio"/>
18. I feel that you can't help making social errors sometimes, so why worry about it.	<input type="radio"/>	<input type="radio"/>
19. I am usually worried about what kind of impression I make.	<input type="radio"/>	<input type="radio"/>
20. I worry a lot about what my superiors think of me.	<input type="radio"/>	<input type="radio"/>
21. If I know someone is judging me, it has little effect on me.	<input type="radio"/>	<input type="radio"/>
22. I worry that others will think I am not worthwhile.	<input type="radio"/>	<input type="radio"/>
23. I worry very little about what others may think of me.	<input type="radio"/>	<input type="radio"/>
24. Sometimes I think I am too concerned with what other people think of me.	<input type="radio"/>	<input type="radio"/>
25. I often worry that I will say or do the wrong things.	<input type="radio"/>	<input type="radio"/>
26. I am often indifferent to the opinions others have of me.	<input type="radio"/>	<input type="radio"/>
27. I am usually confident that others will have a favourable impression of me.	<input type="radio"/>	<input type="radio"/>
28. I often worry that people who are important to me won't think very much of me.	<input type="radio"/>	<input type="radio"/>
29. I brood about the opinions my friends have about me.	<input type="radio"/>	<input type="radio"/>
30. I become tense and jittery if I know I am being judged by my superiors.	<input type="radio"/>	<input type="radio"/>

Submit

Viola! you've reached the end - Congratulations!!! We hope you have benefitted from doing this program. Please contact us if you have any questions or concerns!



This site is developed by  
Fjola Dogg Helgadottir  
supervised by  
A.Professor Ross Menzies

# Emails

## Reminder emails

### Summary for 2009-01-12T09:32:02 Inbox | X

☆ **Fjóla Dögg Helgadóttir** to me [show details](#) 12/01/2009 [Reply](#) ▼

Current time 2009-01-12T09:32:02  
The user: Viola is not yet finished  
Their last logon: 2009-01-09T12:21:59  
Days since last logon: 3  
Sending 3 days email to [violabach@hotmail.com](mailto:violabach@hotmail.com)

### 3 day reminder from the CBTpsych.com Inbox | X

☆ **Fjóla Dögg Helgadóttir** to violabach [show details](#) 12/01/2009 [Reply](#) ▼

Hello Viola

This is a reminder that it has been 3 days since you last logged on.  
Remember you only have five months to complete this program and we expect you to log on around twice a week.  
Your latest finish date is 01-05-2009 at 10:56. There are still 109 days to go, so keep up the good work!

To logon again, press this link. <http://www5.fns.usyd.edu.au/fjola/>  
Your username is:Viola.

Cheers  
Fjola and Ross

THIS IS AN AUTOMATED EMAIL, SO PLEASE DO NOT RESPOND TO IT

[Reply](#) [Forward](#)



## Summary for 2009-01-16T09:32:02 Inbox | X

☆ **Fjóla Dögg Helgadóttir** to me [show details](#) 16/01/2009 [Reply](#) ▼

Current time 2009-01-16T09:32:02

The user: Viola is not yet finished  
Their last logon: 2009-01-09T12:21:59  
Days since last logon: 7  
Sending 7 days email to [violabach@hotmail.com](mailto:violabach@hotmail.com)

## 7 day reminder from the CBTpsych.com Inbox | X

☆ **Fjóla Dögg Helgadóttir** to violabach [show details](#) 16/01/2009 [Reply](#) ▼

Hello Viola

This is a reminder that it has been 7 days since you last logged on.  
Remember you only have five months to complete this program and we expect you to log on around twice a week.  
Your latest finish date is 01-05-2009 at 10:56. There are still 105 days to go, so keep up the good work!

To logon again, press this link. <http://www5.fhs.usyd.edu.au/fjola/>  
Your username is: Viola.

Cheers  
Fjóla and Ross

THIS IS AN AUTOMATED EMAIL, SO PLEASE DO NOT RESPOND TO IT

[Reply](#) [Forward](#)

## Summary for 2009-01-19T09:32:02 Inbox | X

☆ **Fjóla Dögg Helgadóttir** to me [show details](#) 19/01/2009 ↩ Reply ▼

Current time 2009-01-19T09:32:02

The user: Viola is not yet finished  
Their last logon: 2009-01-09T12:21:59  
Days since last logon: 10  
Sending 10 days email to [violabach@hotmail.com](mailto:violabach@hotmail.com)

## 10 day reminder from the CBTpsych.com Inbox | X

☆ **Fjóla Dögg Helgadóttir** to violabach [show details](#) 19/01/2009 ↩ Reply ▼

Hello Viola

This is a reminder that it has been 10 days since you last logged on.  
Remember you only have five months to complete this program and we expect you to log on around twice a week.  
Your latest finish date is 01-05-2009 at 10:56. There are still 102 days to go, so keep up the good work!

To logon again, press this link. <http://www5.fhs.usyd.edu.au/fjola/>  
Your username is: Viola.

Cheers  
Fjóla and Ross

THIS IS AN AUTOMATED EMAIL, SO PLEASE DO NOT RESPOND TO IT

↩ Reply → Forward

## Summary for 2009-01-23T09:32:02 Inbox | X

☆ **Fjóla Dögg Helgadóttir** to me [show details](#) 23/01/2009 ↩ Reply ▼

Current time 2009-01-23T09:32:02

The user: Viola is not yet finished  
Their last logon: 2009-01-09T12:21:59  
Days since last logon: 14  
Sending 14 days email to [violabach@hotmail.com](mailto:violabach@hotmail.com)

## 14 day reminder from the CBTpsych.com Inbox | X

☆ **Fjóla Dögg Helgadóttir** to violabach [show details](#) 23/01/2009 ↩ Reply ▼

Hello Viola

This is a reminder that it has been 14 days since you last logged on.  
Remember you only have five months to complete this program and we expect you to log on around twice a week.  
Your latest finish date is 01-05-2009 at 10:56. There are still 98 days to go, so keep up the good work!

To logon again, press this link. <http://www5.fhs.usyd.edu.au/fjola/>  
Your username is: Viola.

Cheers  
Fjola and Ross

THIS IS AN AUTOMATED EMAIL, SO PLEASE DO NOT RESPOND TO IT

↩ Reply → Forward

**Summary for 2009-01-30T09:32:01** Inbox | X

☆ **Fjola Dögg Helgadóttir** to me [show details](#) 30/01/2009 Reply

Current time 2009-01-30T09:32:01

The user: Viola is not yet finished

Their last logon: 2009-01-09T12:21:59

Days since last logon: 21

Sending 21 days email to [violabach@hotmail.com](mailto:violabach@hotmail.com)

**21 day reminder from the CBTpsych.com** Inbox | X

☆ **Fjola Dögg Helgadóttir** to violabach [show details](#) 30/01/2009 Reply

Hello Viola

This is a reminder that it has been 21 days since you last logged on.

Remember you only have five months to complete this program and we expect you to log on around twice a week.

Your latest finish date is 01-05-2009 at 10:56. There are still 91 days to go, so keep up the good work!

To logon again, press this link. <http://www5.fhs.usyd.edu.au/fjola/>

Your username is: Viola.

Cheers

Fjola and Ross

THIS IS AN AUTOMATED EMAIL, SO PLEASE DO NOT RESPOND TO IT

[Reply](#) [Forward](#)

## Summary for 2009-02-06T09:32:01 Inbox | X

☆ **Fjóla Dögg Helgadóttir** to me [show details](#) 06/02/2009 ↩ Reply ▾

Current time 2009-02-06T09:32:01  
The user: Viola is not yet finished  
Their last logon: 2009-01-09T12:21:59  
Days since last logon:28  
Sending 28 days email to [violabach@hotmail.com](mailto:violabach@hotmail.com)

## 28 day reminder from the CBTpsych.com Inbox | X

☆ **Fjóla Dögg Helgadóttir** to violabach [show details](#) 06/02/2009 ↩ Reply ▾

Hello Viola

This is a reminder that it has been 28 days since you last logged on.  
Remember you only have five months to complete this program and we expect you to log on around twice a week.  
Your latest finish date is 01-05-2009 at 10:56. There are still 84 days to go, so keep up the good work!

To logon again, press this link. <http://www5.fhs.usyd.edu.au/fjola/>  
Your username is:Viola.

Cheers  
Fjola and Ross

THIS IS AN AUTOMATED EMAIL, SO PLEASE DO NOT RESPOND TO IT

↩ Reply → Forward

And here violabach logs on again  
and the system is reset

**Summary for 2009-02-12T09:32:02** Inbox | X

☆ **Fjóra Dögg Helgadóttir** to me [show details](#) 12/02/2009 [Reply](#) ▼

Current time 2009-02-12T09:32:02  
The user: Viola is not yet finished  
Their last logon: 2009-02-09T16:39:26  
Days since last logon: 3  
Sending 3 days email to [violabach@hotmail.com](mailto:violabach@hotmail.com)

**3 day reminder from the CBTpsych.com** Inbox | X

☆ **Fjóra Dögg Helgadóttir** to violabach [show details](#) 12/02/2009 [Reply](#) ▼

Hello Viola

This is a reminder that it has been 3 days since you last logged on.  
Remember you only have five months to complete this program and we expect you to log on around twice a week.  
Your latest finish date is 01-05-2009 at 10:56. There are still 78 days to go, so keep up the good work!

To logon again, press this link. <http://www5.fhs.usyd.edu.au/fjola/>  
Your username is:Viola.

Cheers  
Fjola and Ross

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## Motivational emails

### Welcome to CBTpsych.com

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☆ [f.helgadottir@usyd.edu.au](mailto:f.helgadottir@usyd.edu.au) to fjola [show details](#) 11:05 (32 minutes ago) [Reply](#)

Hello there Viola Bach in Sydney, Australia!

Congratulations for logging onto CBTpsych.com

Your username is=viola3

Instructions:  
To get into the program in the future use the following link.  
<http://www5.fhs.usyd.edu.au/fjola/>

It is important that you use the above link each time you enter the program. Also, when you exit the program, always press the logout button in the top right corner. That way you tell the program where you are up to.

You have 5 months to finish the program so you are expected to log on at least twice a week.

We hope you enjoy the experience!

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### Congratulations for finishing Part I of CBTpsych.com

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☆ [f.helgadottir@usyd.edu.au](mailto:f.helgadottir@usyd.edu.au) to fjola [show details](#) 11:09 (29 minutes ago) [Reply](#)

Congratulations Viola for finishing part I of the CBTpsych.com

We hope you have learned a lot from doing the exercises so far. Remember you only have 20 weeks or five months in total to complete this treatment program, so today is Thursday 25th of February 2010 and by Thursday, July 15, 2010, at 10:35 you'll have to have finished all the components of the CBTpsych. We expect you to log on at least twice a week so that you will be able to benefit the most from this program and finish it in time! Again, congratulations for finishing the first part!

To get back into the program use this link here: <http://www5.fhs.usyd.edu.au/fjola> and use your username and password.

Cheers  
Fjola & Ross

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**Congratulations for finishing Part II of CBTpsych.com** Inbox | X uni | X

☆ [f.helgadottir@usyd.edu.au](mailto:f.helgadottir@usyd.edu.au) to fjola [show details](#) 11:10 (29 minutes ago) ↩ Reply ▼

Congratulations Viola for finishing part II of the CBTpsych.com

Last component helped you to learn 'how-to' challenge your thinking. We want you to continue to ask yourself these 8 questions you trained yourself in using in this part 2

They are:

1. What evidence do you have for the thought?
2. What evidence do you have against the thought?
3. What would you tell a friend (to help them) if they had the thought?
4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?
5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?
6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?
7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?
8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?

Remember you only have 20 weeks or five months in total to complete this treatment program, you are now 0 weeks into it, so keep at it. Your due date is Thursday, July 15, 2010, good luck with it all!

To get back into the program use this link here: <http://www5.fhs.usyd.edu.au/fjola> and use your username and password.

Cheers  
Fjola & Ross

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**Congratulations for finishing Part III of CBTpsych.com** Inbox | X uni | X

☆ [f.helgadottir@usyd.edu.au](mailto:f.helgadottir@usyd.edu.au) to fjola [show details](#) 11:11 (29 minutes ago) ↩ Reply ▼

Congratulations Viola for finishing part III of the CBTpsych.com

You have now learned how social anxiety manifests itself in people, and the different roles causal thoughts and safety behaviours play in maintaining the problem. You are now almost half-way through the program and in the next section it is time for you to go out and experience things in the real world. It is extremely important that you actually DO the exercises we ask you to do, if you are to benefit from this treatment program. We wish you the best of luck with it all and keep up the good work!

To get back into the program use this link here: <http://www5.fhs.usyd.edu.au/fjola> and use your username and password

You have now finished 0 of the 20 weeks you have to do the program. We want to remind you again of your due date Thursday, July 15, 2010 and unfortunately we do not give any extensions. Keep up the good work! Only 140 days left...

Cheers  
Fjola & Ross

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**Congratulations for finishing Part IV of CBTpsych.com** Inbox | X uni | X

☆ [f.helgadottir@usyd.edu.au](mailto:f.helgadottir@usyd.edu.au) to fjola show details 11:14 (27 minutes ago) Reply

Congratulations Viola for finishing part 4 of the CBTpsych.com

You have now done a lot of exposure tasks in part IV and we hope that now you see that the predictions that people normally make, are in general catastrophic and are given way too much importance. We encourage you to continue to do these experiments, and if you still feel anxious after entering these situations 'without' the safety behaviours, we encourage you to repeat them until you are not anxious anymore.

Remember the design for your own behavioural experiments:

Choose a social situation you would normally avoid or want to avoid. Try to figure out the causal thought driving the anxiety and the avoidance. Remember to drop safety behaviours in the situation

Write down at least 3 specific predictions of what is going to happen, and the % likelihood that each one of the predictions will come true.

Then go and perform the experiment

Come back and write down what exactly happened while you tried out the experiment, in particular did your predictions come true? Would you predict the same things or different things if you were to perform the experiment again?

Finally what did you learn from doing the experiment, did you find evidence for or against the causal thought? Has this experiment changed the way you think about the causal thought?

You are now more than half way through the program; you only have 3 parts to go. The last three parts are relatively shorter than the first four so it is realistic for you to have it all done by Thursday, July 15, 2010. So just keep login onto the program, two or three times a week and you'll be able to finish in time! Keep up the good work

To get back into the program use this link here: <http://www5.fhs.usyd.edu.au/fjola> and use your username and password

Cheers  
Fjola and Ross

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**Congratulations for finishing Part V of CBTpsych.com** Inbox | X uni | X

☆ [f.helgadottir@usyd.edu.au](mailto:f.helgadottir@usyd.edu.au) to fjola show details 11:14 (29 minutes ago) Reply

Congratulations Viola for finishing part 5 of the CBTpsych.com

Congratulations, you have finished the advanced cognitive challenging bit of the program, nice work, you are nearly there. Only two components to go. Your finish due date is Thursday, July 15, 2010. Just keep login onto the program, two or three times a week and you'll be able to finish in time! Keep up the good work

To get back into the program use this link here: <http://www5.fhs.usyd.edu.au/fjola> and use your username and password

Cheers  
Fjola and Ross

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## Attentional training email

### The mp3 file for your attention exercises Inbox | X uni | X

☆ [f.helgadottir@usyd.edu.au](mailto:f.helgadottir@usyd.edu.au) to fjola show details 11:14 (30 minutes ago) Reply

Hi Viola

You can download the mp3 file so you can do your ATT training wherever you want.

We recommend that you do this daily so that you will be better at controlling your attention. Download by pressing this link <http://www5.fhs.usyd.edu.au/fjola/attention.html>

Cheers  
Fjola and Ross

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## Assessment scoring emails

### FW: Users pre-psychometric data Inbox | X uni | X

☆ [f.helgadottir@usyd.edu.au](mailto:f.helgadottir@usyd.edu.au) to me show details 11:27 (18 minutes ago) Reply

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From: [f.helgadottir@usyd.edu.au](mailto:f.helgadottir@usyd.edu.au)  
Sent: Thursday, February 25, 2010 12:09:02 AM  
To: [f.helgadottir@usyd.edu.au](mailto:f.helgadottir@usyd.edu.au)  
Cc: [f.helgadottir@usyd.edu.au](mailto:f.helgadottir@usyd.edu.au)  
Subject: Users pre-psychometric data

User name= Viola.

DASS\_total= 126

Depression = 42

Anxiety = 42

Stress = 42

FNE = 19

UTBAS = 330

AVOID = 220

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**FW: Users post-psychometric data** [Inbox](#) | [X](#) [uni](#) | [X](#)

☆ [f.helgadottir@usyd.edu.au](mailto:f.helgadottir@usyd.edu.au) to me [show details](#) 11:36 (10 minutes ago) [Reply](#)

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From: [f.helgadottir@usyd.edu.au](mailto:f.helgadottir@usyd.edu.au)  
Sent: Thursday, February 25, 2010 12:17:49 AM  
To: [f.helgadottir@usyd.edu.au](mailto:f.helgadottir@usyd.edu.au)  
Subject: Users post-psychometric data

User name= Viola.  
DASS\_total= 0  
Depression = 0  
Anxiety = 0  
Stress = 0  
FNE = 11  
UTBAS = 66  
AVOID = 0

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# Voiceovers transcribed

**F: Fjola**

**R: Ross**

## Part I: Thinking Exercises

### *Good morning:*

**F:** Welcome to the social anxiety treatment program. My name is Fjola and I am a clinical psychologist and a PhD candidate and I have been developing this program for the last two years.

**R:** And I am Associate Profession Ross Menzies. I am a clinical psychologist, like Fjola and I'm the head of the Anxiety Disorders Clinic at the University of Sydney, and a Research Associate at the Australian Stuttering Research Centre and I've been working with Fjola on the program across that two year period.

**F:** We'll be walking with you throughout the program so you'll be hearing from us on every page like this. But before we can start, you'll have to fill out a couple more questionnaires.

If you want to hear the sound again, simply hit the refresh.

*Ok, lets begin your treatment:*

**R:** This page presents you with some of the evidence that we have that anxiety plays an important role in stuttering. Ah, all we want you to do with this page is read the information, understand the information, think about the information that's being presented to you.

Some of the information will be obvious to you and you will have noticed how anxiety plays a role in your stuttering in many different situations. For example, some of the information we present on this page is about the fact that stuttering varies considerably depending on the situation you're in. You may have noticed that if you're speaking to particular people, people in authority or people that you don't know so well, your stutter may worsen. Or with people ah that you're presenting ah, some information to, a presentation at at work for example. You may of also noticed that if you're talking to a partner or a pet, that your stutter is almost non-existent. So anxiety is playing a role in stuttering in everyday speaking situations and that's what this page is really about, trying to show you how important anxiety is before moving on to learning how to master your anxiety.

**F:** I want to draw your attention to the two boxes you can see on this page. In the top right corner, there is a log out box so if you want to have a break and come back later you hit that box to log out and to get back to where you were at, you simply go and find the link we provided you with initially and by logging in there, the program will put you in the right spot when you come back.

The other box is in the bottom left corner for you to hit if you are feeling overwhelmingly sad by doing this program. Then, we highly recommend that you find a psychologist in your area and see him or her in person.

### *What causes us to feel anxious:*

**R:** In some ways, this is one of the most important pages in the program because it's absolutely critical that you come to understand that it's not the situations you're in that are making you anxious but the way in which you think about them. Most of us make the mistake at times, of blaming the situation we're in for the way in which we feel. This page begins to unpack that idea and show that idea to be false.

We've got a simple situation in the page; three individuals are waiting for the same bus. But just as the bus is due to pick them up, ah they see it pass by without stopping.

The three individuals Ben, Nick and Sally however, all react very differently in this scene. Ben feels anxious, Nick feels angry and Sally seems content or happy. It's fairly obvious if the three of them are reacting differently, it can't be the missed bus itself that causes emotion. If it were the bus passing that caused the emotion, they should all be feeling the same thing. But they're not, they're feeling different emotions.

As you look down the page, you will come to understand why. They're feeling different things because they're thinking different things. Ben is having anxious thoughts 'I'm going to

be late for work, I might get the sack' and so on. Nick on the other hand, is focussing on how sick he is of the bus company, how incompetent the driver must be and he feels angry. Sally on the other hand, thinks it's a great opportunity to go and get some coffee.

So the three individuals appraise the situation differently. They think about the situation differently and because of that they feel different things. Now this is great news for all of us because you can learn to challenge and change your thinking. We can't control all the things that happen to us in life but you can learn to control your thinking, to change your thinking, to make your thinking more adaptive or helpful. And that's of course at the heart of this entire social phobia treatment program; it's to help you master your thinking

### **'Thinking' exercise 1:**

**R:** Now that you've had that first example, showing you that thinking is involved in causing your emotions, we want you to practise a little exercise ah to keep you focussed on this idea. In this first exercise, you have to think about the situation you're given, and then construct sentences or thoughts that would cause different emotions.

In this first situation, Alex is walking down the street and he sees a dog running toward him, the dog has some blood on its right leg. The dog isn't on a lead and the owner doesn't seem to be near by.

What we want you to do in this ah situation is to write some sentences that would cause different emotions. In other words, if we tell you that Alex is anxious, what do you think he must have been thinking? What thoughts would cause him to be anxious?

How about if we tell you that Alex wasn't anxious at all, he were angry. Alex became very angry in this scene. What thoughts do you think he might have been having if he was angry and you'll write those in the box, the second box.

And then sad, what if Alex ah was experiencing sadness in the situation, what thoughts might of he been having that ah could of caused sadness.

And finally, what if ah he were in fact happy. What if he seemed content and perhaps happy or excited in the scene. Have a go at writing some sentences that would of caused this emotion.

Now it's important that you take your time with this task because after constructing these sentences, you're going to see our answers to the questions and we want you to see how close you are. Did you construct similar sentences to us? Are yours different? Do they still seem to correct to you one you review our answers? So take your time and have a go at this task.



***Blank:***

**F:** On the next page, you will see our sample answers to Alex's thoughts. But we want to remind you that you're only supposed to write the thoughts so when you are looking at your own answers, take a look and see if what you were writing were actually thoughts, not emotions or behaviours, just thoughts.

***'Thinking' exercise 1:***

**R:** Ok so, here are your answers on the left hand side of this page, and our answers on the right hand side of this page to the first thinking exercise. Now it really is very important that you move through this page quite slowly and look very closely at the answers that we've given you, along with your own answers for comparison. This is not an easy skill, to write sentences that would cause these emotions. It's very easy to write negative sentences. But to write sentences that would cause anxiety as opposed to anger, or anger as opposed to sadness is quite a skill and it can take a little bit of time to master this skill. So look very closely at the subtly in the answers on the right hand side of the page, and how they cause the different emotions and see how well you think you did. When you look at our thoughts that would cause anxiety for example, the first right box on this page, you'll see that they're about threat. Basically, we feel anxious when we're perceiving a possible threat. Anxiety is driven by threat or danger perception. The threat might be physical threat, it might be a social threat, we might fear that we'll be embarrassed, that would cause anxiety. In this situation, the threats we came up with were that the dog might attack Alex or might bite Alex for example. That there person mightn't know what to do. Ah the dog ah might get infected and so on. These are all threats that Alex might of perceived and they would lead him to be anxious.

You'll see in the second right box, when we talk about anger the word 'should' is written in many of the sentences. In general, anger is caused by 'should' or 'shouldn't' appraisals. What do we mean by that, well, if I hear sentences in my head with the word 'should' or 'shouldn't' or 'mustn't', I'm going to experience anger. He shouldn't be late, she should of answered my email, Mike should of returned my call. Those should statements tend to be associated with anger, and ah you'll see we have you should statements to cause anger ah in ah Alex.

Sadness is sometimes a little more obvious, a little, it's a little easier sometimes to write sentences that would cause sadness. They tend to involve a sense of helplessness or hopelessness, that a situation is globally bad, ah globally negative, that there's nothing to be done in the situation. 'The world is full of lonely people and lonely animals', we've had Alex think here. He's hurt and alone, nobody cares. See how global the sentences are. Nobody one cares, the world is full of lonely animals. Very broad negative sentences tend to cause sadness.

And then for Alex to be happy, we've come up with ah Alex just liking dogs, happy to see a cute little dog coming towards him. In other words he is just responding very positively to the stimulus.

See how your answers matched ours. Did they have the same ah accuracy in terms of causing emotion or were your sentences too broad. Were they just negative but not really specific to

the different emotions? You do need to get good at this so have a good read of our sentences and compare them to yours.

**F:** Also, it might be a good idea to print out this page or save it in a folder somewhere in your computer so that you can review this exercise when you're not logged onto this program. This will help you to get accurate the skill of learning to think about your thoughts that create the different emotions.

*'Thinking' exercise 2:*

**R:** Ok you've completed the first thinking exercise and I hope you've taken your time with that. Now we're going to repeat the idea here with a second situation involving a young woman buying a CD who ah we also ah want you to draft sentences for ah that would cause anxiety, anger, sadness or happiness. Same task as the one you've already completed just a different situation, because we really want you to master creating sentences that cause different emotions. It's going to be so important later in the program and so important for your mastery over negative emotion. If you can do this task well, you can really discriminate the types of thoughts that cause different emotions, you're half way there to mastering those negative emotions. If you can understand the sorts of thoughts that cause them the challenging part is all that's left. Whereas if you can't do this fist task, it's going to be difficult for you, if you can't identify the sorts of thoughts that are associated with different emotions. So take your time, there's a few of these examples ahead of you yet. Ah, we we really ah want really want to spend some some time and effort on this.

### *'Thinking' exercise 2:*

**R:** Ok so it's time to compare your answers to ours again. Have a look at our answers and you'll see the same sorts of patterns that we talked about with the earlier example.

The thoughts that cause anxiety involve threats, in this case, social threats. What if the sales person thinks I'm stupid? Did everyone in the shop notice that I stuttered? What if they think I shouldn't be buying this music? You can see the chain in the anxiety box, is having thoughts of the evaluations of others. She fears the evaluations of others. And in social situations where you experience anxiety, fear of the evaluations of others is often at the heart, of the anxiety, that's the threat that the socially anxious person is usually perceiving. The negative evaluations of others. We'll come back to that idea later.

Again with anger, we've got a 'shouldn't' in there, 'I shouldn't stutter', ah 'I'm the customer here, I shouldn't be waiting'. Those sorts of thoughts would cause anger. I wonder if yours are like our sentences there. Remember to compare you answers and see whether you think yours would also have caused these specific emotions.

Then sadness, as I indicated before, it tends to come from a broad global negative evaluation of the situation or you as a person. 'I'm hopeless', thinks Jane. I can't do anything right. See how broad it is, how black the thought is, how negative the thought is. That very broad, negative appraisal or thought will lead to sadness.

And here Jane is showing herself to be a half glass full thinker. She's just happy that she only stuttered a few times, she's got her favourite CD and the situation went well. She's appraising the situation completely differently to all the other boxes.

So have a read of our sentences and have a think about yours. How are you going at getting these specific thoughts that cause the different emotions? Ah how are you going at that task, getting the specific thoughts that cause specific negative emotions? That's what we want you to master at this point.

**F:** We'd like to remind you that it is a good idea to print out this page or save it in a folder on your computer to help you master the skill of recognizing causal thoughts.

### *What is a 'causal' thought?:*

**R:** On this page we introduce the notion of causal thoughts. A causal thought is an attitude or a belief that would cause an emotion. It might be a positive emotion, it might be a negative emotion. But simply a sentence, a thought or an attitude that would cause an emotional reaction. You've already written several causal thoughts on the previous pages. In this situation, Karen and Ben are walking to a park to go for a picnic and they have different thoughts about this walk.

We want you to have a go at picking what the emotions might be that flow out of their causal thoughts. They're having causal thoughts, what are the emotions that you might think that they would experience. So pick the emotion, choose a feeling for each of them, then press to see how they actually felt.

***Blank:***

**R:** This is an interesting page. We're trying on this page to give you a deeper feeling for the sorts of causal thoughts that are associated with social anxiety in the first part of the page. And then we're showing you some common causal thoughts and other consequences that might come from them not just anxiety but anger and resentment and hatred and poor self-esteem and so on.

The first part of the page in some ways I guess is most important and most relevant for you because we're trying to show you the type of causal thoughts that are associated with social anxiety. Leading researchers around the world have identified these three different ah types of thought or attitude that seem to be associated with social anxiety. Firstly, setting excessively high standards for social performance. We know that ah perfectionist thinking is very important in social anxiety. If you believe that you have to be perfectly fluent in every social situation. If you think, without perfect fluency, there's going to be some social disaster, you're setting yourself up for anxiety. You're making it extremely difficult to ever meet that excessively high standard.

And if you have what we call conditional beliefs about consequences in social settings, you're also likely to get anxious often. That's the second category here. Conditional beliefs like 'if I disagree with someone, they'll think I'm stupid, they'll reject me'. Those sorts of conditional beliefs are associated with anxiety.

If you have very broad negative beliefs about the self, I'm unlikable, I'm stupid, I'm different, I'm odd, you're likely to be very sad but you're also setting the scene for anxiety because in various social situations, those broad negative beliefs will bias you in what you see in the situation, what information you pick up from others. If you go into a situation believing that your unlikable or boring or stupid, it's going to bias what you see in the situation.

So these are the the sorts of causal thoughts that drive social anxiety. And at the bottom of the page, have a read of common causal thoughts and the emotional consequences that follow them. Some of them may apply to you, some may not. Take your time with this task.

***Blank:***

**R:** This is another page that you'll need to dedicate quite a bit of time to. It is not a simple page, in fact it's one of the more complex pages in the program. We're presenting you with a checklist of cognitive errors or if you like, ten different categories of errors that people make in their thinking. And ah, it's quite hard to get your head around these, what separates out the ten different types of cognitive errors. So take your time ah reading these error types, so you can understand the difference between all or nothing thinking for example and overgeneralization. I think the ah definitions we've give you here are reasonably clear but it's very very difficult to get used to using these ah different labels of errors to understand when you're using emotional reasoning, and when your using mind reading, and when you're a mental filter and so on. It's worth you doing it, it's worth you working on this because if you can see the sort or errors you making, it's easier to dismiss the thoughts. If you can, while you're thinking, realise that ah, you're in fact mind reading for example, your assuming

people are reacting negatively to you but you don't have any evidence, it makes it easier to dismiss, the thought, if you realise that you're for example number seven, using emotional reasoning. You know, I feel anxious so there must be a threat here, that sort of thought would be emotional reasoning. Now if you realise you are doing that, it's easier to dismiss that negative of thinking. So have a look at the ten different error times, and then lower on the page you get a chance to see if you have understood those ah because we have negative thoughts down the second half of the page, and you have to pick which cognitive error the person is making and then you can press to see the correct cognitive error. Take your time with task but don't worry too much about making errors. Ah clinical psychologists make errors when they do this sort of task. It's quite a subtle task to get these ten errors dead accurate. Do worry too much about errors in the second half of the page, do your best with the task and then move on.

### *'Thinking' exercise 3*

**R:** Well you're very familiar with this ah exercise, you've already done two of these already. It's essentially back to those thinking exercises where you write anxious thoughts, angry thoughts, sad thoughts and happy thoughts, for one of our central characters, in this case Ben, in a situation that he finds himself in. You can use all the information from the earlier parts of the program to help you construct these negative causal thoughts but just make sure, that you remember at the heart of this task, is being able to write thoughts that would purely cause anxiety or sadness, anger and so on, thoughts that would cause that pure emotion, rather than just broad negative thoughts. We're wanting you to get good at this as you can see. Take your time and then compare your answers with our answers on the page that follows.



### *'Thinking' exercise 3:*

**R:** Ok so it's time to compare your answers to our answers. How do you think you went this time on this third thinking exercise? Do you feel that you're getting better at writing very specific thoughts to cause the very specific emotions? Remember that with anxiety as you'll see with our answers, it's about threat perception. Ah we had Ben have all sorts of threats here, ah a threat to his reputation, ah maybe there had been an accident and so on. The critical thing if he is feeling anxious, he's perceiving a threat of some sort. Then we've got lots of should's causing anger in the next box. Some very broad negatives about the self and future to cause sadness. Ben's clearly feeling very helpless and hopeless, I'll never get the girl I want, I'll always be alone, very broad negative predictions, very dark predictions about his future, causing sadness there. And ah, I hope you had as much fun as we did creating happy sentences for Ben, a completely different perspective here on the situation.

### *'Thinking' exercise 4:*

**R:** Ok it's the fourth of our thinking exercises with Zoe. Zoe has suffered from a mild stutter for years and she's out doing some shopping and needs some jelly. Same tasks as the last three of these thinking exercises. You need to write some thought to cause the specific emotions for Zoe, sadness, happiness, anger and anxiety. Have a go at that and compare them to our answers.

### *'Thinking' exercise 4:*

**R:** And now it's time to compare your answers to ours. This was a very interesting situation because ah Zoe hadn't begun to speak at all, and yet you're still able in these situations as you would undoubtedly know, you're still able to perceive threat even before speaking has

begun. That's what Zoe does in ah this situation in feeling anxious. She imagines that perhaps the shop keep heard ah her speak earlier or that because he's laughing, he is the sort of person who will make fun of a stutter. But we've got threat perception essentially in the anxiety box. In the anger box, the old 'shoulds' and 'shouldn'ts', he shouldn't be laughing. Ah in the sad box, very broad negatives again, very broad, dark predictions of the future, I'll never fix my stutter, people are always going to laugh at me. And then in the happy box, she's just content that ah the person she is about to speak to appears to be in a good mood. You see a very different way of appraising the situations in the happy box. And that is what we are going to be looking for in you, a new way of appraising situations.

### *Well Done:*

**R:** Well congratulations, if you've reached this page, you've completed the first component of your social anxiety treatment program and that is to come to understand the power of thinking. If you've got this far and you've taken your time, you should thoroughly understand that it's your thinking that is causing your emotions. That's really what we've been trying to do so far in the program, to get you to realise that it is your thinking that drives your feelings, it's your thinking that drives your behaviour. When you leave a social situation, when you avoid it or escape it, or you avoid speaking, it's not because of the situation, it's because of the way you're thinking in the situation or about the situation. So that's been the critical thing for you to come to understand so far. Most people understand that idea at times, but seem to forget it in everyday life. We hope that by doing all of the exercises you've done so far, you've come to be a true believer of that central notion, thinking causes my feelings, thinking causes my behaviours, it's not the situation itself. And as I've said to you a few times so far, if it's not the situation and it is my thinking, I should be able to change, because I can't

control all of the situations you'll find yourself in but you can learn to challenge and change your thinking. And that's what we're about to embark on in the second part of the program, how to go about challenging your thinking, turning your thinking around.

## **Part II: Challenging Thinking**

### *You are now in Part II: Challenge your thinking!:*

**R:** Ok you're about to enter the thought challenging component of the program where we're going to give you skills in undermining or attacking negative causal thoughts. The way we're going to do this is to get you familiar with eight probe questions that you can use to test out a negative causal thought. You'll use these eight questions to evaluate a negative causal thought, to see if you have evidence for it, to see how useful the thought is to you, how valid the thought is, how bad are the consequences in the situation really and so on. So these eight probe questions become very important in you learning to undermine negative thinking.

We've given you an example here of a common causal thought experienced by adults who stutter: 'Other people will think I am stupid if I stutter'. And I want to go through the questions with you ah so that you become very familiar with how to use them.

The first two questions, what evidence do you have for the thought, what evidence do you have against the thought, form the evidence test. We're wanting you to become an evidence based thinker. When you actually do have evidence for a negative thought, it might be reasonable to experience some anxiety. But most of the time of-course, you simply won't

have evidence for your negative thoughts. Humans jump to negative conclusions on a daily basis without evidence. The first two questions are about testing out the evidence. And you can see our sample answers here to this particular causal thought. Be careful when you are using the evidence questions, to make sure that you're really understanding the word 'evidence'. Think about a court room. Do you have evidence for a negative thought that would stand up in court? For example, lets imagine that you've rang and left a phone message for a friend to ask them out. A day has past and they haven't called you back, and you're thinking, well, she clearly doesn't want to go out with me. It might feel right, that negative thought, but you don't really have evidence for that do you? Not evidence that would stand up in court. All you have at the moment is an unanswered phone message. The reasons could be so many. Perhaps she's got has no credit on the phone. Perhaps she hasn't had time to get back to you. Perhaps something tragic has occurred in her life. I could go on and on and on with the myriad of possibilities that could explain the unanswered call. Perhaps the phone is lost. You don't have evidence for your negative proposition so the first two questions are about evidence.

The third question, what would you tell a friend to help them if they had the thought. When you're answering that, what we want you to imagine it isn't your situation at all, it's someone else's situation and you're advising them. Over two decades in clinical practice I've learned that anxious individuals are often extremely good at giving advice to others. They know how others should be thinking in these situations. So you might find it very easy to write helpful sentences for other people but you're not so good perhaps at thinking them yourself. Question three is designed to help you with that, by getting you to externalize the problem and generate answers for others.

Question four asks you to think of your calmest, most rational and supportive friend or family member and then to think about how they would react to the situation. Now what are we trying to do here at question four? Well if thinking causes emotion, as we've taught you in part one, then you should be able to benefit by looking at the thinking of very calm, relaxed people. If you have a very chilled out friend, a very calm, easy, stable, relaxed friend, then by definition, they must be thinking in a very relaxed manner. If you've remembered everything that you learned in part one, if their emotion is calm, they must be thinking in a rational, calm, relaxed manner. So the idea of question four is to elect somebody in your life who you regard as very calm, very rational, very supportive, and to think 'what would that person think in this situation, what's different about their thinking that tends to produce that calmness in them and can I get me some of that thinking. Can I buy some of that thinking? I want some of their thinking'. And that's the idea four, to yolk your mind of the thinking of this calm friend or ally.

Question five, are you worrying about an outcome that you can't control and is there any point. You know in my view, it's probably the biggest single failing in human thinking, to worry about things beyond our control and we do it all the time. We worry about things that we can't do anything about, we worry about interest rates, we worry about err the future employment possibilities for our children, we worry about exam results when we've already sat the exam. We can't change these things really, we can't control these things, and yet we worry about them. It's a complete waste of your mental life to be worrying about things you can't control and question five is getting at that. In this particular example, the person is worrying about how someone else will think about them if they stutter. Logically, that is

completely beyond your control. The private thoughts of somebody else that you meet one afternoon ah while chatting to friends, the private thoughts of that person belong to them, and worrying about those thoughts will is going to not help you in the slightest, it's worrying about something you can't control and there's no point to those thoughts. You may as well be worrying about the weather. It makes no sense to be worrying about that does it? Well it makes no sense to be worrying about the appraisals, thoughts attitudes of others. You'll meet some sensible people in life, most people will respond well to you whether you stutter or you don't. You might meet some ignorant people, who don't understand stuttering. You might even meet the odd person who laughs. But you can't control these behaviours of others so you've got to learn to let them go.

Question six is the utility question, and in some ways it's the most important question to master in learning how to challenge negative thoughts. How useful is the thought for you, that's what six is really about. What does the thought do for you, how does it make you feel, does it help you in some way or is it just distressing? If a thought is doing nothing for you that's helpful, if a thought doesn't move you forward in some way, it's time to chuck it. Your mental life should be filled with thoughts that move you forward, that help you, that lead to positive, helpful emotions. Obviously a thought like 'other people will think I am stupid if I stutter' is not going to help you in any way, it's going to be distressing, it's not going to lead you to feel positive in any way. It will probably lead to avoidance and wanting to escape situations and remember you don't have any evidence for the thought.

Another way of looking at utility is question seven, what would I gain if I didn't think the thought, how would my life be different if I didn't have this thought. It's a really good test of

just how unhelpful a thought has been, to think ‘how much better would your life be without the thought?’ Question seven in a sense is meant to motivate you to change.

And then finally question eight, well, even if the thought was true, how bad is it? It’s an interesting question because we tend to catastrophise a lot with our thinking, we tend not to ask this question often enough. Even if it were true, that someone I would meet a month from now, on a Friday night, thinks I am stupid when I stutter, lets imagine it for a minute, that that scene actually happens, that someone I meet this year, ah, when I’m stuttering, thinks I must be stupid, how bad is that really? Why does that have to matter? When I leave that situation, I still have both of my arms and both of my legs and the sun comes up the next morning and my weetbix tastes the same. Nothing really changes because one Friday night, somebody thought I was stupid. We want you to think hard about whether you’re catastrophising . Are they really as bad as you think?

Have a read of our answers and get use to the questions because you’re going to be using these questions a lot throughout the program.

*Now that you've seen a worked example, its time to try answering the questions yourself. Your five highest scoring negative thoughts have been selected for you to challenge. Lets begin!!:*

**R:** You may of wondered early on about the questionnaires we got you to fill out and why they were so important, well, you’ll start to see why now. There was a questionnaire in which you had to tell us how frequently you experienced certain thoughts. We’ve taken your five

highest scoring negative thoughts to begin some thought challenging with you. So you're using the eight questions that I've just introduced you to. You've seen sample answers on the previous page and you've heard me speak about the purpose of the eight questions. Now we want you to have a go at using the questions and generating your own answers to your own negative thoughts. So these are negative thoughts you've told us you experience regularly, lets have a go at challenging them.

***Now compare your answers to the questions to our example answers!***

**R:** Now on this page, you should be looking at your answers on the left hand side with our sample answers on the right hand side. And like the thinking exercises in part one, we're wanting you to compare your answers with ours, to see whether your responses seem reasonable, given the questions. Now of course, our sample answers can't take into account your life and your history. You know about your past experiences and we don't. But we've give sample answers that we think would apply to most people completing this program. I want you to look particularly at ah the evidence questions. If you put down evidence at question one, if you really thought you had evidence for your negative thought, ask yourself, would my evidence really stand up in court? Is it really proving the negative thought or have I really just written the reason that I have the negative thought? There's a big difference between the reason you have a negative thought and evidence for the negative thought. Is your answer to question one really evidence for the negative thought. Have a think about that one. Ah then what evidence you had against the thought and so on. Look at all of our answers, remember particularly question 5, are you worrying about something beyond your control here? Remember the pointlessness of thinking about the reactions of others. Other people own their reactions, if you could just let go of the reactions of the others, so much of



your problem with social anxiety would go. And question 6, remember I've said to you that in many ways, I see it as the most important question in attacking negative thoughts. How helpful is the thought, how helpful is the causal thought, if it's not helpful and it leads to negative emotion, and negative behaviours, to stress, avoidance, escaping situations, not asking people out, not catching up with old friends. If that's what a thought does for you, it is time to chuck it.

***1 Down, and 4 to go. Keep at it!***

**R:** Ok you're onto your second thought challenging exercise. You should be doing this probably on a separate day from the first thought challenging exercise. It, these really do take a lot of time and I wouldn't be rushing through them. We're wanting you to get really skilled at attacking negative thoughts so remember that you can log out at any point and come back to the program to complete these. You have five of them to do, you've completed one. Think carefully about your answers to questions. Work hard at very specific, creating very specific answers to the eight questions that you think are a fair evaluation of the negative thought.

***Now compare your answers to the questions to our example answers!***

**R:** Here we are again comparing your answer with our answers. See how you went at this time at answering the questions. We're particularly interested remember in the evidence question, whether you were able to just stick to evidence not emotional reasoning, just evidence, do you really have evidence for the thought? Remember how important it is to discriminate between your reasons for thinking something and evidence for that thought. It will be very very rare that you will have evidence for the negative thoughts that you are

thinking. Remember at question three what you would say to someone else. Imagine that it's someone else's situation. How did you go at doing that in this case? Look closely at our answers to five and six, the two important tests of thinking. The control test, we're you worrying about something beyond your control and the utility test, is the thought helpful? How are you're answers going in compared to ours at those questions at this point. Have a good read of our answer and then move onto the next sentence.

***2 Down, and 3 to go. You are half way there!***

**R:** Well you're nearly half way there, you've done two of these thought challenging exercises. You've got three to go. Remember to take your time with these, don't rush though them, work though the questions systematically. Hopefully by now as you do your third thought challenging exercise, you're starting to really understand the purpose of the eight questions. Each question has a subtly different purpose and hopefully you're starting to understand what it is we're trying to get you to see with each of the eight questions. Take your time and then compare your answers to our sample answers.

***Now compare your answers to the questions to our example answers!***

**R:** Here we are again at the page in which you compare your answers to our answers for a thought challenging exercise. As I've said to you before, we can't of course know your entire history in creating sample answers. You may believe you have evidence for your neg thou that we don't know of. But do make sure that it truly passes the evidence test. Is your evidence something that would stand up in court? Is it really evidence in other words or is it just your reason for thinking the thought. Have a look at ah our answers to each of the eight questions then compare your then move onto another exercise.

### *3 Done - getting close.*

**R:** You've now completed three of the thought challenging exercises and you're up to your fourth causal thought. By now I would hope that you're getting a really strong purpose for the eight questions, the individual purposes of the eight questions. You might be already ah developing a preference for different questions. Don't be concerned about that, that's a useful thing. Many individuals in thought challenging, ah find that they use particular questions more often or better than other questions. Some people stick with the evidence test in everyday life, they become evidence based thinkers and they start to say well, without evidence for a negative thought I am not going to worry, I refuse to give in to thoughts that I have no evidence for.

Other people find the control test more useful or more comforting. Ah they start to learn to let go of things that they can't control. For some people the utility test question six is where their writing becomes strongest. They start to realise that thoughts should have utility, otherwise why am I ruminating on them, if all they bring me is despair and negativity, why am I ruminating on those thoughts?

Some people are at their very best when they think about externalising the problem and imagining they are advising someone else, that's question three of course.

So you may be forming preferences as you do this task and you might be thinking about the future and imagining which of these questions, these eight probe questions, you are going to use more frequently in everyday life. I think that is perfectly fine, in fact I'd encourage you ah to think that way. Start to feel at home with some of the questions, start to focus more of your energies in some areas of this particular thought challenging exercise.

*Now compare your answers to the questions to our example answers!*

**R:** You're now looking at the very familiar page of comparing your answers to our answers I think you know what to do by now with this task. Don't skip over it quickly though, do look at our answers closely. Every time you read our sample answers, you're getting to see what two clinical psychologists think about these thoughts. You're getting to read what Fjola and I came up with when we were attacking these negative thoughts, and that should be useful for you. So take your time, even if you're feeling ah in control of this task now, even if you feel a lot of mastery over this task and you feel you know how to write these answers, it is still worth taking you time to look closely at our sample answers.

*4 Done! Only one to go!!*

**R:** This your fifth and final thought challenging exercise in this section of the program and ah, you're probably feeling very capable of doing this now. I hope you're also starting to understand which questions are most useful in which situation. It's worth testing that out when you look at this page, for instance, lets imagine you were running late for an appointment and you're stuck in traffic and you had no mobile phone to ring to let people know. Which question do you think would be most helpful in that situation? I think it would be question five, because if I am getting worried I am clearly worrying about something beyond my control. I am in the traffic, I may as well enjoy the music, I will get here when I get there. Worrying won't move the car faster and it won't move the traffic. So that's just a little example of how you will get better and better and automatically jumping to the right questions when you're having particular negative thoughts in particular situations. The more you use these questions, the more that process becomes automatic. You start to automatically

jump to an appropriate question to help you restructure the negative thought. So have a go at the eight questions for your final thought restructuring exercise.

*Now compare your answers to the questions to our example answers!*

**R:** This is the last comparison page in the second section of the program where you get to compare your answers with the answers of Fjola and I in ah developing the program. So it's your last chance to see how we tend to respond to these negative thoughts so it's worth taking your time and looking at those before moving onto the third section of the program.

### **Part III: Creating your model**

*A model of Ben's social anxiety:*

**R:** On this page, you're looking at a model of Ben's social anxiety. Over the pages that follow, we're going to flesh this model out in more detail. On this page, we just want you to get a sense of how complex this really is. At the top of the model is the social situation itself. In this case Ben has to attend this meeting with his work mates. The social situation activates causal thoughts, you know a lot about causal thoughts by now and we've told you on the previous page what many of Ben's causal thoughts are. He fears being embarrassed, he fears the perceptions of others. And so the box that follows the causal thoughts, Ben's perceives a social danger or risk. He thinks he's entering a situation in which negative evaluation of him is likely. That leads to three things that you can see below that perceived social danger box. He'll experience some anxiety symptoms, physical symptoms, perhaps like sweating. Or er, his stutter may worsen, there may be some tremor in the hands. He'll engage in safely

behaviours and you'll learn more about these in the pages ahead, but essentially he'll start to engage in things to minimise the chance of negative evaluation. And unfortunately, Ben is also likely to focus on the self. He's likely to engage in what we call self focused processing, monitoring his social performance, rather than paying attention to what is actually going on in the social situation. This also leads to a variety of problems. So have a look at this model then proceed to the next page where you'll get more details on Ben's social anxiety.

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**R:** Here is the model of Ben's social anxiety in more detail. At the top of the model the social situation itself, the meeting with his team at work. And below that, the causal thoughts that we've identified that Ben experiences. He has thoughts about being embarrassed, about the high likelihood of stuttering and about the perceptions that others will have of him, they'll think he's incompetent or nervous, or at least this is what Ben believes.

And so Ben is perceiving a social danger, he believes that it is very likely that he'll be perceived negatively by these individuals, that's at the heart of the social danger.

That perception of social danger, leads to three things. Some physiological symptoms of anxiety, in his case, some trembling, h-h-hot flush, some sweating and some safety behaviours. Ben is going to do some things to try to reduce the chance of the social danger, the negative evaluation. You'll learn more about safety behaviours as we go through this third section of the program. But here, some of the safety behaviours identified, are Ben keeping his answers short or avoiding certain words, trying to control himself before going into the scene, taking deep breaths and so on.

And the third thing that comes out of the perception of social danger is this self focussed processing. Ben unfortunately has much of his attention taken up with images of himself stuttering and looking embarrassed. In other words, while Ben ah we would hope would be paying attention to the meeting itself and what people are saying, and simply responding, he's caught up with images of his social performance and monitoring his social performance.

Lets move on now, to learn about more about the role of some of these features, firstly on the next page, with avoidance and safety behaviours.

### *Avoidance and Safety Behaviours:*

**R:** This page is one of the more important pages in this third part of your social anxiety treatment because it introduces you in some detail to avoidance and safety behaviours. And you really do need to understand these two concepts to understand why anxiety remains, despite of years of speaking situations, years of having to confront ah others with your stutter.

There's a lot of information on this page and I suggest your take your time in moving through this information, read it several times. I'm going to give you a sense in this voice over of what we're trying to get at on this page, but then read the information closely so that you thoroughly understand these concepts.

Essentially what we're saying is that when people get anxious, they tend to do one of two things, they either try to get out of the circumstance that they think will drive the anxiety or they engage in behaviours to reduce the likelihood of negative things occurring.

Avoidance is as the word suggests, doing your best to get out of situations in which you think social scrutiny or negative evaluation might occur. So avoidance includes, ah avoiding

meetings, not turning up to parties, ah and so on, simply getting out of the situations if you can.

A safely behaviour is slightly different. A safety behaviour is a behaviour that you engage in to decrease the risk that something threatening will happen in the situation. So you might for example as we detail in this page, carry some refresher towels so that you can wipe away any sweat before entering a situation. Or you might ah nod a lot or shake your head a lot or keep your answers short. You might rehearse answers before entering a scene, that would be an example of a safety behaviour.

You can see of course see that safety behaviour and avoidance are related ideas in a sense avoidance behaviours or preventative behaviours are forms of avoidance. You're avoiding completely confronting the situation. Now you might wonder what's the problem with avoidance and safely behaviours and if I was summing up the core problem I would say it as simply as this. Avoidance and safety are problematic because they are so successful at reducing anxiety. Now I know that sounds strange, how can it be a problem if it's successful? Well what it does is immediately give you relief but it never lets you see whether the avoidance or safety behaviour were truly necessary. If I avoid going to a work meeting or I avoid going to a party, from the moment that I write my apology email, I will get relief, very quickly I will feel relieved, my anxiety will go down. But I'm robbing myself of the opportunity of seeing that my fears are unreasonable. That my fears are not evidence based. And so I never unlearn my anxiety. I never get to see that my anxiety is excessive or not warranted. So avoidance and safety behaviours are very problematic, they stop you from getting past your anxiety. In addition of course, they restrict your lifestyle dramatically. They restrict you from going places and meeting people and talking to people and saying what you really want to say and they close doors because of that. They shut you out events, they shut you out of conversations. And these small moments where you don't contribute to a



conversation or you don't go to a meeting or you don't pick up the phone, those small moments, might have very large repercussions in your life. Who knows what the result of avoiding Friday afternoon drinks at work will have. Who knows what would of happened if you'd of asked that person you were attracted to one or two more questions at that party, rather than avoiding speaking. So avoidance and safely behaviours restrict your life dramatically and they stop you from learning that your anxiety was not necessary. They're very problematic ah concepts in social anxiety and we're going to have to learn how to attack avoidance and ahh safely behaviours.

At the bottom of this page, we introduce you to the notion of behavioural experiments, which are designed to test out the beliefs involved in your safety behaviour and avoidance. We'll get to that as the pages move on, but on this page, I want you really to focus on these core ideas that while avoidance and safety behaviours feel good, you get relief, they are going to dramatically restrict your life, they're going to change the outcomes in your life, they are going to rob your of a lot of possibilities and they're going to keep your anxiety alive because you'll never get to fully unlearn it, you'll never get to see if was not necessary.

### *Another example of safety behaviours:*

**R:** On this page we're trying to give you ah a worked (?) example of safety behaviours and how they stop you from getting rid of your anxiety. Read the example closely and have a think about ah the situation of our character Susan. Susan is a highly effective, highly competent worker who's just received a pay rise. Yet, Susan doesn't attribute the pay rise to her competence or her ability. Unfortunately because she's engaged in safely behaviours, she thinks that ah the only reason she's not being evaluated negatively is because she keeps her answers short. So every single time she goes into social situations, she keeps her answers

short, she says as little as she can and when these events go well, she attributes her success to this safety behaviour. The safety behaviour prevents her from learning that she's effective and competent and has a great deal of ability. And so even when she's given a pay rise in her position at the real estate agency, she doesn't see it as proof of her competence at all. She doesn't realise that the pay rise is just a result of just her hard work and talent. Unfortunately she attributes the positive things that are happening to her to her safety behaviours. She deludes herself that keeping her answers short is why people aren't evaluating her negatively, and so she won't drop her safety behaviours and because of this, the cycle continues and she never gets to test out the negative prediction that if she was just herself, if she were more real with her interactions with others, if she just answered as she saw fit, she would continue to be evaluated positively. She never gets to see this, the safety behaviours prevent that learning. So Susan's is a nice clear example of ah what we are trying to get here with the problem of safety behaviours.

### *Lets recap:*

**R:** This page continues to explore the example of Susan who fears the evaluations of others is in specific social situations. As you've seen on the previous page, before she goes into situations, she sometimes thinks to herself, that people will doubt her ability because she stutters. But often, the person is catastrophising the outcomes of that thought. It's not so much that surface level thought itself that's problem, but a chain of things that the individual thinks will follow that thought. On the page ah that you're looking at, at the moment, you'll see that change unfold in a conversation between Fjola, the clinical psychologist and Susan about this thought that she has, this causal thought that people will doubt her ability because she stutters.

Fjola talks to Susan about this thought and discovers that she believes if they doubt her ability, they'll lose respect for her and that in the end she could be fired at the real estate agency. So the deep fear is the loss of her job. On the surface, she heard this simple thought that her abilities might be doubted, but below that is a much deeper fear of the loss of employment and it's for that reason she engages in the safety behaviours in a desperate attempt to prevent this outcome. So often below your surface level thoughts are much deeper fears that you're trying to escape from.

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**R:** This page provides a summary of the negative effects of safety behaviours. Still following the example of Susan who fears as you've seen on previous pages that she might lose her job if she didn't engage in safety behaviours. Her safety behaviours include, avoiding eye contact, saying little, letting her partner, conversational partner do most of the talking and so on. Four points are highlighted here and I'll go over these briefly.

Firstly her safety behaviours result in what we call heightened self focus. Susan is so conscious of herself, that she's missing aspects of the social situation. She focuses on herself so much and how she's performing, that she'll miss words that are being said, half sentences get dropped out of her attention, she misses social cues, people smiling or laughing and she may misinterpret these things because she's missing some of the critical ingredients in the social situation. Secondly, as we've explained on previous pages the safety behaviours prevent her from disconfirming her catastrophic causal thoughts. Susan doesn't get to see that she won't get fired by just being real. She won't get fired if she simply engages in an ordinary way with these people. She doesn't need to avoid eye contact. She doesn't need to depend on nods and headshakes instead of answers, verbal answers. She doesn't need all of

her safety behaviours. She doesn't get to see this, she doesn't get to disconfirm her negative predictions. The safety behaviours prevent that unlearning. Thirdly she draws attention to herself by the presence of the safety behaviours. In the end, the avoidance of eye contact or the letting other people speak or the keeping her answer short, might lead others to perceive her as aloof or distant, not engaging with them. It's one of ironies of social anxiety that the safety behaviours that a person engages in to reduce the likelihood of negative evaluation, might actually increase the likelihood of negative evaluation. The fourth point, contamination of the social situation, sums up all that goes on because of safety behaviours. The scene that she's in is contaminated. It's contaminated in the sense that the safety behaviours prevent her from truly engaging in the scene, getting all the information out of the scene, hearing all the answers in the scene, paying attention to what's going on in the scene. She's getting snippets of information and she's not performing at her social best because of the safety behaviours. So as you can see, safety behaviours are really critical in maintaining anxiety and stopping Susan from moving forward. It's obvious to you I'm sure by now that safety behaviours in the end need to be dropped.

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**R:** This page explores the concepts of negative causal thoughts, self focused processing and safety behaviours in more detail. And what we've done here is provide you with a few more examples of the negative causal thoughts that people have that are socially anxious and what the safety behaviours might be that the person uses to reduce the chance that the negative effects will actually occur. So these are a series of examples for you to look at, that show how safety behaviours are linked to negative causal thoughts. And also show you the sorts of negative self image or self processing that the individual might engage in. Have a read of

these examples and you'll have a better feel I hope by the end of this page, of how these concepts are linked.

*Over the coming pages we are going to help you to build your own individualized model of social anxiety. Lets begin with safety behaviours.*

**R:** Over the coming pages in part three of this program, we're going to help you build your own individualized model of social anxiety so that you can see how social anxiety is operating in you. We're going to start with safety behaviours because you've learned so much about them in this section. What we want you to do here is have a look at the example of Ben, ah firstly on the left hand side of the page, Ben's model of anxiety was discussed earlier and you'll see the safety behaviours highlighted in red. I want you have a look at Ben's example to remind yourself of how safety behaviours operate. We want you to pick which safely behaviours from the list on the right, you use when you get anxious in speaking situations? What are you doing in an attempt to reduce bad outcomes to eliminate social threat? Which of the safety behaviours on that right hand list do you engage in? Read them, read them carefully, it's going to be an important part of this treatment program for you to identify what it is you're doing, because later we're going to challenge these safety behaviours in some behavioural experiments. So it's it's worth putting some time into thinking which of these you engage in and tick as many as are appropriate to you.

*Physiological anxiety symptoms:*

**R:** Now we want you to indicate which physiological symptoms of anxiety you experience in social situations. Again, Ben's example is on the left hand side of the page, his physiological

symptoms of anxiety are highlighted in red. On the right hand side of the page we want you to tick the symptoms that you experience when you get anxious.

### *Self-focussed Imagery:*

**R:** The next part of building your individualised social anxiety model is to think about the self focussed imagery that might be in your mind when you're in the speaking situations. This can be quite tricky compared to the previous pages where you were simply telling us how you feel in these situations, what physical symptoms you have and what safety behaviours you engage in. Here you've got to try to focus on what flashes through consciousness when you're in these situations and what occupies your mind in these situations. We suggest a couple of ways of doing this, you might try entering a situation where you usually become self conscious and see if you can pick up on what's in your mind, what images are in your mind particularly in these situations. Or you might think back over previous occasions where you've felt anxious, what do you remember of those occasions? What images come to mind when you think of those occasions? How do you think you looked to others in those previous situations? Have a look at Ben's model again, the relevant section is highlighted in red and then look at the right hand side of the page, ticking any of the components that are present in your self focussed image. What do you see, what do you see in these situations? What images do you have in these situations?

### *These are the situations you avoid. Please select one:*

**R:** When you began working with this social anxiety treatment program, one of the first things you were required to do was to complete some surveys of your behaviour and your thoughts. On one of those you told us about the situations that you avoid and we've listed

some of situations for you here. So these are situations that you told us you commonly avoid because of your social anxiety. Now what we want you do here is to select one of those situations, one of the situations that you commonly avoid and then tell using your view, the most likely reason that you're avoiding the situation. So it's firstly pick a situation, and then tell us your thought that's behind that situation. What are you afraid might happen that is producing this avoidance. After you've done that, move onto the next page.

***Blank:***

**R:** Well congratulations, you have reached the last page of part three of your social anxiety treatment program. On this page, you're looking at an individualized social anxiety model that has been build up by your answers to the previous pages. So here is a situation that you've told us you avoid, here are the thoughts that might be driving that, along with the physical anxiety symptoms that you might experience in this scene and importantly, the safety behaviours that you might engage in, in these situations. There's also the self focussed attention, the self focussed imagery in the centre of the model. This model gives you a feel for what's going on in your social anxiety. How your social anxiety is being maintained. Why it is that you're not getting past the social anxiety. As you can see the safety behaviours prevent you from unlearning that the negative predictions that you make won't come true. The self focussed attention robs you of really being real in the situation, from picking up on all the positive social cues in the situation. The physiological anxiety and your focus on that does the same thing. It robs from really engaging in the social situation. In the next part of the program you are going to learn about behavioural experiments. So when you've had a good look at the model move on to part four, where you'll learn about challenging your negative

beliefs about social situations by dropping safety behaviours and finally engaging in real way in everyday speaking situations.

## **Part IV: Behavioural Experiments**

***Congratulations!! You have now made it to Part IV of your individualised social anxiety in stuttering program. You are about half way through the treatment package. Well done!!***

**R:** Welcome to part four of the social anxiety treatment program. This is a particularly important component of the treatment package, because it introduces you to behavioural experiments. In previous sections of the program, you've learned that social anxiety is driven by negative thoughts and maintained by safety behaviours and avoidance. Behavioural experiments are designed to test out your negative thoughts in situations where we will ask you to drop your avoidance and your safety behaviours. Behavioural experiments are a way to test out your thoughts or your predictions about situations and they're fairly straightforward really to understand. You make a prediction about what will happen in a particular social situation. You enter the social situation and engage in a real way and you discover whether your prediction comes true or not. The example on this page involves Shawn, a young man with a moderate stutter. For years he avoided going to banks because he felt that he would be unable to convey his request and the bank tellers would treat him in a condescending manner and so Shawn was encouraged to engage in a behavioural experiment to test out his prediction. He entered the bank on his own, he approached a bank teller, he asked to make a deposit and then left the bank. And what he discovered without any avoidance behaviours or safety behaviours, he discovered that while there was some mild



stuttering, the bank teller was in fact was very friendly, he got across the message he wanted and successfully made his deposit. So his predictions about what would occur in the scene were disconfirmed by testing out the predictions, by dropping safety behaviours, by dropping avoidance and confronting the feared situations, he gets information that suggests that his thinking has been flawed, that his fear has been unnecessary. That's the whole point of behavioural experiments.

### *Preparing for your Behavioural Experiment:*

**R:** Now before we plan your first behavioural experiment, we need to explore the concept of perfectionism. Perfectionism is something that can very much get in the road of you benefiting from this treatment program. If your goal is perfect fluency, we're going to have a problem in planning experiments. In the experiments that will be planned in the pages ahead of us, we're going to ask you to drop safety behaviours, to drop avoidance and be willing to test out the predictions you have about how badly these situations might go. And if you're only going to be happy if you're perfectly fluent in these experiments, you're likely to be disappointed. I mean how many of us are completely fluent, in everything we say? On this page, we raise the example of standing in a McDonald's cue. If you've ever actually stood there and listened to people ordering, you'll hear lots of pauses, lots of um, lots of repeating as people interrupt their speech as they try to plan their order. They just don't care about the delays and the hesitations as they look across the screen. If your goal is perfect communication, perfect fluency, no stutters in any situation, you're setting the bar too high and all this perfectionism will do is lead you to avoid situations or escape them or feel constantly negative about how you're performing. So you need to think about ah

perfectionism. Do you have perfectionist tendencies? Are you willing to drop them, because it is going to be important if you're going to move forward.

*Why it REALLY doesn't matter what other people think of you:*

**R:** Before we plan your first behavioural experiment we also want you to reflect on the power you've been giving other people in the past by caring so much about what they think of you. If somebody disapproves of something you say, or disapproves of the way you dress, or the music you listen to or the books you read, do you really have to care? Do we really have to care so much about the opinions of others? When you care about the opinions that others hold of you, you're giving them tremendous power over your emotional life. You're saying in a sense that you can only be happy if they're happy with you, you can only feel good if they feel good about you. Giving somebody that much power over your sense of self worth doesn't make any sense if you really think about it. And anyway, why is it so terrible if someone disapproves of you in some way? Does it really have to matter? If during a behavioural experiment you do stutter and even if you believe you have clear evidence that somebody was negative towards you because of the stutter, do you actually have to care? I mean what cost is there really because somebody disapproves of you? The sun still comes up tomorrow, you still have all of your limbs, nothing actually changes. In the vast majority of social situations, even if somebody actually does disapprove of you, nothing actually changes. There is no real social cost, just an imagined one. So we want you on this page, to read the information we've provided, particularly the quote at the bottom from 'Approval Addiction', ah, in David Burns' excellent book, 'Feeling Good', to read all of this information and to think about the price that you've been paying by caring so much about the opinions of others. You can learn to let that go. You can learn to let the caring go. It's so

freeing if you can learn to let the caring go and worry about your own opinion of yourself, not the opinions that others hold.

*It's time to plan a Behavioural Experiment. These experiments are a critical part of learning to overcome anxiety. Think carefully about the activity that you choose from the list of situations below. You are going to have to confront the feared situation that you select!*

**R:** Ok it's time to plan a behavioural experiment. These experiments are a really central part of learning to overcome anxiety so take your time with this. The first thing you have to do is to pick an activity, there's a list of activities that you've told us you avoid so pick one of those from the list below and then the ah thoughts that you think might be associated with that activity, what causal thoughts you might experience when you're engaging in that activity. When you've completed that, move onto the next page.

**Blank:**

**R:** Ok we're getting closer now to constructing this first behavioural experiment. This situation you've elected to challenge is listed on this page.

The task that we have planned for you

You have to drop the safety behaviours, they're listed for you there on the pages as well.

If you don't drop the safety behaviours that you've learned in previous sections, you won't benefit from the behavioural experiment. You won't unlearn the negative predictions

You have to see that you can confront the

And really test out what occurs. At the bottom of the page there are some predictions that you might make about the task. These are negative predictions that you might sometimes think

What are the things your fear might happen if you engage in the task without safety behaviours? What are the things that you fear might happen? Complete this activity and move onto the next page.

### *Page 46*

**R:** This page presents a summary of the task ahead of you. A situation is listed at the top, the task that you have to undertake is below that, and you're reminded to drop your safety behaviours while you complete the task. Remember that the safety behaviours, even if they help fluency, will stop you from learning not to care, they'll stop you from learning that the bad outcomes you expect are too catastrophic and unlikely to occur. So it's important to drop those safety behavioural if you're really going to run a fair behavioural experiment. Choose the three most likely outcomes that you fear from the list at the bottom of the page and then move on.

**R:** Well done, you've now completed that behavioural experiment and it's time to try another situation. The more experiments you do, the more you will see that you've been over expecting negative outcome and that your safety behaviours aren't needed. Before we engage in the experiment we do want you to re-read the pages on perfectionism and on approval addiction again, because we think these really are sending important messages to you about how not to care so much about the opinions of others.

## Part V Further challenging your thinking:

**R:** On this page you write a short essay or a series of dot points about why it doesn't matter what people think about you. The purpose of this task is to get you to brainstorm as many reasons as you can up with to attack the fear of the evaluations of others. We want you think about what this fear, does in your life.

In the sample answer of Ben's, you'll see he's thought about the consequences of caring too much about what people think of him. He argues that he constantly needs reassurance to feel successful. He places himself on an emotional rollercoaster. He points out that if he can handle minor criticisms, he'll be able to move on and learn from mistakes. And he recognises that he'll stop feeling resentful of others and simply develop some ah stronger assertiveness if he can care a little less of what people think of him. These are some of Ben's reasons for letting go of what people think of him.

We want you to come up with your own list to help you stay strong in letting go of the evaluations of others. This task is very much about motivating you to push forward with your CBT. Motivating you to live a more effective, happier, and less anxious life.

### *Should Statements.*

**R:** This is an interesting page, a review of what we call should statements. All of us move through life with a series of beliefs about how the world should operate and we call these should statements. When the internalized rules that you have for living are broken by yourself or by others, when these should statements are broken, humans tend to get angry. This page reviews that concept. It looks at some examples ah to do with stuttering in which individuals get angry. It starts with Shawn in a shop in which a young shop assistant has been snappy with him, and it explores how Shawn is likely to react because of should statements, in this case, she shouldn't of been so rude. We're arguing in this particular piece of the program that if you continue to live with internalised shoulds, you're going to feel very angry much of the time. You might feel in the right, you might feel your should statements are reasonable, but will they really help you? Is it the best way to live, with a strong internalized set of rules, constantly looking at whether the world meets your should statements. We're arguing here that all that does is produce a high level of bitterness and anger and upset in life. Later on the page we explore the origin of should statements, we point out that after all, they're quite arbitrary. One person's rules are not the same as their neighbours. So why invest so much in your belief in these minor points of living. I shouldn't stutter when I speak, I should be able to be fluent. People should listen to me when I speak. People should let me get my point out and so on. These sentences sound reasonable but they end up causing a lot of pain to us. If you can drop your insistence on your should statements, again we believe that you'll lead a more emotionally balanced life.

### *The Tyranny of Shoulds*

**R:** We're going to begin a short exercise on should statements now that you understand more about them. On this page we've listed a fairly large set of common should statements that people tend to believe. All we want you to do here is pick three should statements, that you think might exist in your mind. That is pick three beliefs that you think are internal shoulds for you.

### *What do my shoulds do for me?*

**R:** One of the core lessons on the previous page was that the should statements of your mind are arbitrary. That is while our beliefs feel like they're correct, they are simply a product of our life moments, our mentors, our early learning experiences and so on. Thoughts including should statements are not right, just because we hear them in our head. Now if you accept this, it makes sense to analyse the benefits and costs of the beliefs you hold and we want you to do that with should statements. There's an example on this page of a cost benefit analysis of living with a perfectionist should statement about stuttering, a classic thought, I should be fluent at all times. We give you an example of the advantages and disadvantages of that should statement. Clearly, if you think that you should be fluent at all times, you're going to be distressed a lot. You're going to feel guilty and blame your self and feel like a failure and be upset when you not fluent, because of this internalized should that you hold in your mind. We make the point that if you hold this belief, 'I should be fluent at all times', you're setting yourself up to never achieve your goal. That is, because at some points, due to fatigue, and many other factors, there'll be some dysfluency, you're going to be disappointed, you're setting yourself up for disappointment. So you can see from cost benefit analysis, the thought that I should be fluent at all times, can be a harmful one that can lead to a lot of distress. We

want you to think about this cost benefit analysis, rather than simply believing these shoulds that arise in your own consciousness.

### *List the advantages and disadvantages of thinking this thought*

**R:** Now that you've seen the sample cost benefit analysis, we want you to complete this task for your own should statements. The three should statements that you selected a couple of pages back are in front of you now, and we want you to write about the advantages and disadvantages of these should statements. Remember beliefs thoughts and attitudes in consciousness are not right, just because you hear them. It's sensible to analyse what the benefits are and what the cost are to you and your life of living with these beliefs and attitudes. That's the purpose of this task. Take your time and think hard, particularly about the disadvantages of thinking the way you do.

### *Answers*

**R:** On this page we have sample answers on advantages and disadvantages for you for the should statements that you just worked on. On the left hand side of the page you can see your own advantages and disadvantages that you wrote to your should statements and on the right hand side you'll see our sample answers for this task.

Have a good read of what we came up with and see if that helps you in strengthening your own attack on these should statements. Remember the point of this is to show you the real cost of continuing to hold firm in these attitudes.



## Part VI Attentional training and imagery rescripting

### *Welcome to Part Six*

**R:** This is an important part of the program and we want you to look at this page very carefully. This page introduces you to the problems of self consciousness. When we're in social situation, speaking situation, the task should be objectively quite straight forward. All we need to do is, listen to what's being said by our conversational partners and respond. If you become self-conscious or anxious about the social situation, you tend to get self-focussed in your attention, you tend to think about the wrong things, rather than simply listening to the conversation and responding in a natural manner, we tend to start to focus on ourselves, how we're sounding or appearing, wondering what others are thinking of us and so on. That's what this page is all about. Trying to get you to understand that this self-focussed attention robs you of the attentional space you need to simply listen to a conversation, focus on your speech technique if you're using prolonged or slowed speech and simply engage in the conversation. Your attention is being dragged away to the wrong things. To these ideas about how I look or sound, how I am coming across to others. Your mind is working overtime on all these different ideas. It's no wonder that when we are anxious we often miss the content of conversations. We say here that the answer to the problem lies in the learning to control where you attention is. And this section is about giving you that control. Have a close read of this page, before moving onto the exercises to master the control of your attention.

### *Gaining control of your attention will help you*

**R:** This page reviews the advantages of learning to control your attention. We go over the reasons why we're wanting you to work on this skill. For example, if you could control your

attention, that is where you place your mind, you'll be able to stop ruminating when things go wrong. We know that anxious individuals often replay in their mind, for hours, days or even longer, social situations that haven't gone well. They replay the scene, replay what they said or didn't say and imagine different responses, wishing they could have the moment again. This of course doesn't help at all, it's simply distressing. If you could control your attention you could place it back in the present moment, that's where it's needed. You see humans have limited attentional grip, if you're placing much of your mind in these past moments or on how you think you are coming across to other people you're robbing yourself of really living in the moment. You can free up attentional resources for what really matters in speaking situations, that is simply listening to your conversational partners and looking at their non-verbal behaviours and simply responding. So learning to control your attention will help you in speaking situations but it will also help free up your attention for other situations whether you're reading a book or watching television or eating a meal. Why have you attention diverted to past negative moments and so on?

Have a have a good read of this page, it summarises the important points in what you'll get in learning to control your attention.

### *Attentional Training*

R: You've reached the attentional training component of the treatment program. All you need to do on this page is to ah download the exercise and begin practising. Attentional training is an extremely important part of mastering anxiety, as you've seen on the previous pages. So do put a lot of effort into mastering this skill.

### Attention Training MP3:

**F:** So before you start, please press pause, and get a pen and paper. Once you've got a pen and paper write down the following:

Um S1 equals Fjola's voice, S2 equals the air-conditioning in Fjola's room, S3 equals the tapping in Fjola's room, and S4 equals the music in Fjola's room. Then find four things in your own environment that make sounds. So for example you can open your window and see if there's any sounds outside that you can use in this experiment. If you can, you can write S5 equals outside sound. Then you can put on the radio put some music on and write then down, S6 equals the radio in your room. S7 you can perhaps find a loud clock or something similar that makes sounds. S8 you can tap on you're table where you're sitting. So whatever four sounds you can find in your environment or create, you can use for this experiment. So whatever sound you find in your environment I will refer to them by their numbers. Therefore it is important that you write them down in front of you so that you know what sound matches what number. So lets start with my sounds, my sounds is S1 equals my voice, S2 is the air-conditioning in my room, S3 is the tapping in my room and S4 is my music. Now have a go and find your four different sounds in your environment and give them the numbers from S5 to S8. I'm going to ask you to focus your gaze on the paper you have in front of you. I would like you to keep your eyes open throughout the procedure. I will begin by asking you to focus on different sounds in my environment and then other sounds in your environment. After this first stage, I will ask you to focus quickly on different sound and shift your attention rapidly between them as I instruct you. The final stage consists of widening your attention and trying to attend to several sounds at the same time.

To begin, focus on the sound of my voice. Pay close attention to that sound. For now, no other sound matters. Try to give all your attention to the sound of my voice. Ignore all of the other sounds around you. Focus only on the sound of my voice, no other sound matters for

the time being. Just keep focusing on the sound of my voice. Now focus on the sound of the air-conditioning in my room. Focus all of your attention on that sound. The other sounds do not matter. Focus on that sound only, paying close attention to it and not allowing yourself to be distracted. This is the most important sound and no other sound matters. Give all your attention to that sound. If your attention strays, just re-focus on the sound of the air-conditioning. Focus only on the sound of the air-conditioning. Give all your attention to the sound. Continue to monitor that sound closely, pay full attention to that sound. Try not to be distracted. Now focus on the tapping sound, this sounds as I make as I tap on the table. Focus only on the tapping sound. No other sound matters. Closely monitor the tapping sounds. If your attention begins to stray or is captured by any other sounds, re-focus all of your attention on this sound, on this one sound. Focus on the tapping sound and monitor this sound closely. Filter out all of the competing sounds because they are not significant. Continue to monitor the tapping sound. Focus all of your attention on that sound. Try not to be distracted. Now focus on the sound on the music in my room. Focus all your attention on that sound. The other sounds do not matter. Focus on that sound, paying close attention to it and not allowing yourself to be distracted. This is the most important sound and no other sound matters. Give all your attention to that sound. If your attention strays, refocus your attention on that, on the sound of the music. Focus only on the sound of the music. Giving all of your attention to that sound. Continue to monitor that sound closely. Pay full attention to that sound. Try not to be distracted. Now focus on the sound you chose for S5. Here is it, it is important that you have written it in front of you what you what sounds you've chosen for S5, S6 S7 and S8. I will be referring to your sound for, with these numbers. Okay, now focus on the sound on S5 in your room, focus all of your attention on that sound. The other sounds do not matter. Focus on that sound, paying close attention to it and not allowing yourself to be distracted. This is the most important sound and no other sound matters. Give all of your attention to that sound. If your

attention strays, refocus on the sound of S5. Focus only on the sound of S5. Give all of your attention to that sound. Continue to monitor that sound closely. Pay full attention to that sound. Try not to be distracted. Now focus on the sound of S6. Focus all of your attention on that sound. The other sounds do not matter. Focus on that sound, paying close attention to it and not allowing yourself to be distracted. This is the most important sound and no other sound matter. Give all of your attention to that sound. If your attention strays, refocus on the sound of S6. Focus only on the sound of S6. Give all your attention to that sound. Continue to monitor that sound closely. Pay full attention to that sound. Try not to be distracted. Now focus on the sound of S7. Focus all of your attention on that sound. The other sounds do not matter. Focus on that sound, paying close attention to it and not allowing yourself to be distracted. This is the most important sound and no other sounds matter. Give all of your attention to that sound. If your attention strays, refocus on the sound of S7. Focus only on the sound of S7. Give all your attention to that sound. Continue to monitor that sound closely. Pay full attention to that sound. Try not to be distracted. Now focus on the sound you chose for S8. Focus all of your attention on that sound. The other sounds do not matter. Focus on that sound, paying close attention to it and not allowing yourself to be distracted. This is the most important sound and no other sound matter. Give all of your attention to that sound. If your attention strays, refocus it on the sound of S8. Focus on the sound of S8. Give all your attention to that sound. Continue to monitor that sound closely. Pay full attention to that sound. Try not to be distracted. Now that you've identified and focussed on different sounds, I would like you to rapidly shift your attention between the sound as I call them out. First, focus on the tapping sound, no other sound matters. Give all of your attention to that sound. Now focus on the sound of my music, pay attention to that sound. Now switch your attention and focus on the sound of your sound of S8 in your environment. Focus only on that sound and no other sound matters. Now switch your attention to the tapping sound. Refocus on the

sound of my music. And now go back to the tapping sound. Now focus on the sound in your environment for S5. Refocus back on the sound of my music. Now I'll call out the different eight sounds and when I call them out I want you to put all your attention to that sound. The sound of the air conditioning. The sound of the tapping. The sound of S6. The sound of S8. The sound of S6. The sound of S7. The sound of S5. The sound of S8. The sound of my music. The sound of my air conditioning. The sound of S6. The sound of S7. And then back to the sound of my voice. Finally expand your attention. Make it as broad and deep as possible and try to absorb all of the sounds simultaneously. Try to focus on and be aware of all the sounds of in my environment and in your environment at the same time. Covertly count the number of sounds that you can hear at the same time. Try to hear all of the sounds simultaneously. Count the number of sounds you can hear at the same time. This concludes the exercise. Write now down how many sounds you were aware of at the same time.

### *Situational Attentional Refocusing*

**R:** On this page we introduce you to situational attentional refocusing. This skill builds on the attentional training exercise that you should have been practising over recent days and weeks. You really won't be able to use situational attentional refocusing until you've gained some mastery of the attentional training in the previous exercise. Once you are getting better at controlling where your attention rests at any given point, you can attempt this exercise. Situational attentional refocusing builds on your ability to place your attention where you wish. There is considerable research as we point out on this page, to suggest that anxious individuals place too much of their attention on negative aspects of social settings. I'm sure you've experienced this. Where attention seems caught by one negative person or one negative aspect of the environment, one person who you think is being critical of you. You

don't seem to be able to focus on anything else. Well we want you with your new attentional skills to enter social spaces in an unbiased way, moving your attention, through the positive aspects of the situation. There's a very nice example here ah of Ben and how he used S.A.R in a recent visit to the pub. Read closely Bens description. Here Ben avoiding the Glebe pub for some months, after an encounter with a particular bar maid. And what you'll see in the example is how he was able with his new attentional skills, he was able to re-enter the pub and place his attention on the other important aspects of the environment: the menu, the T.V screen, the wine list, the football match and so on. He was able to place his attention on these other positive aspects of the environment and not get caught up by ah the previous focus of his attention. The page ends by you selecting three situations that you've told us about avoiding in the past and then practising your S.A.R skills. Ah so do that, read closely, select your three tasks in order to practise S.A.R and then you'll have to record your experiences on the following page.

***Tell us what happened when you used the SAR technique in this situation:***

On this page you simply record your attempted practice of the situational attentional refocussing task. It's very important to go through the process of recording these experiences rather than simply flicking to the next section. We want you to monitor how you use the skills we're teaching you in the program, where you found them useful and where you didn't. This is a learning process and you might want to go back again and again until you feel you're really are using situational attentional refocusing cleverly. So record your experiences here and do some more S.A.R and then perhaps move on to the next part of the program.

### *Your mental imaging*

This page introduces you to what we call the observer memory bias. It's an important aspect of social anxiety that we want you to know about, so read the information on the page very carefully. Research has consistently shown that people with social anxiety lay down distorted images into their memory. Now this is very important because anxious individuals are basing a lot of their fear on going into social situations on their past memories on how they performed. And what's been discovered in very important research from some leading British experts in social anxiety is that the memories that socially anxious individuals have, include images of what they actually looked like in the events in which they were anxious. That is in the anxious individuals mind, they remember seeing themselves performing in the social event, as if they had been an observed to the event. Now this research is truly stunning because obviously these negative memories must be false, no one sees themselves when they speak. On this page we've given you an example of this observer memory bias through two photographs. The first photograph is an image of what Ben sees when he remembers a difficult social encounter two years ago. Ben was talking to three young women when he started to stutter, started to block quite badly in his memory and there was quite a bit of facial grimacing in his memory. But what's intriguing is that when we ask Ben to close his eyes and bring up images of that encounter, he sees this first photograph, that is, he sees himself grimacing and the three young women looking at him. Now this image that he has burnt into his brain is taken from an external observer perspective, he actually in his memory sees himself and the three women, which of course he could not do in the actual event. The memory must be a false one. He didn't see himself in the social encounter at all. What he actually saw was something closer to the second photograph, he saw three women in front of him while he was talking, a far more pleasant image but this is not what he's laid down to memory. He's recorded this event through a camera angle, an outside camera angle, looking



at himself and the other participants and his memory is biasing him because it's creating fear of future encounters. What he's remembering is false, he has a biased impression of this event. If only he realised that, if only, he realised that his distress was being magnified by that false image, it would be so much easier to enter situations like this again.

We want you to think about whether you display this observer bias and ah you can do that by remembering back on past encounters, You could close your eyes and think back to past social encounters in which you've been very anxious, how have you put them into your memory? Do you display this external camera bias in your memory? It's important to recognise if you're doing this because it's creating false impressions of the past and driving fear of the future. So have a look at this information very carefully and try to take on what this means about your memory and why you shouldn't be anxious about entering these situations in the future.

### *More on mental imaging:*

These images, that we've talked about on previous pages, do a lot of damage to your sense of self or your sense of identity. It's very important not to underestimate the harm of these images. These images, and remember they're faulty images, bias what you expect to occur in each situation you enter. The images lead you to expect more negative social encounters. So we need to work hard to rid ourselves of these faulty memories, biased images and so on. You might ask 'well what can we do about them? Even if I accept that they're faulty, they keep popping into the head'. Well in recent years, researchers around the world have demonstrated that humans have the capacity to re-script or change faulty images, by imaging different endings and visualising different endings to these scenes from the past we can actually change the memory trace in the brain. Given the damage that these images can do,

these images particularly form the observer bias, we think this is an important procedure for you to attempt. In the exercise that's coming up, we are going to get you to attempt to re-script a negative image from your past, a negative memory that keeps popping into the mind and colouring the way you anticipate future events. When you're ready, just press on the download below to engage in this re-scripting exercise.

### **Rescript MP3**

We want you to close your eyes and bring into your mind the memory of this critical past encounter that arises so often for you in consciousness. We want you to sit now and see that image and bring that memory into your mind. We want you to see the image and go over the memory, absorb yourself in the memory in which you might of stuttered or blocked, look at the people that are present in your memory. Explore the memory in some detail. But now we want you to work on a new version of the ending of this scene. As you keep playing the image and memory we want you to change the script. Now you're seeing yourself perform very well socially. You're speaking fluently, you're not blocking, stuttering. The people are nodding and smiling, in fact the social situation is going very well. We want you to continue to work on this image, this memory. Re-script it as if you're a screen play writer. You're changing the script, you're changing your memory of this event. How would you like the event to have unfolded? That's the way we now want you to now play the image. Work with the image in your mind. Adjust the image in your mind. Lay down a new version of this event. A re-scripted version of this event, in which you are performing fluently and with ease and confidence. The task you've just done of re-scripting that image, can be repeated several times. We want you to experiment with altering this image, particularly if it's one that keeps coming back into your mind, disturbing you, if it's a memory or image that disturbs you from

your past, that drives a lot of anxiety in the present when you enter social situations. We want you to work on re-scripting the image, changing in your memory the way that event went. You might be surprised just how powerful this task can be. Humans do have the power to change the images that they've laid down in memory. And this can be very important because as we've pointed out on the previous page, the images are false and biased in any event. That being the case, why would we allow damaging images to remain? So play around with this idea and this task, use it for as many images as you think, you wish to re-script, that have been dominating consciousness in social situations, interfering with your performance in these situations. Try this on the images you wish, then continue.

### *Postevent rumination*

This page explores the problems of postevent rumination. I think the text on the page is fairly clear so I'll summarise this quite briefly. Research has shown that people with social anxiety, tend to go over events in their mind when they leave them. Replaying the event again and again, particularly emphasising things that they wish they hadn't said and in your case perhaps moments of stuttering. Now as you've learnt in the previous few sections, the memories we have of events are biased and postevent rumination contributes to that bias. If you come out of social events and you replay again and again, negative aspects of your memory of those events, you're going to be re-scripting or altering those memories in a negative way. And we want you to really work hard, to stop this post event rumination. There's no point to it. You've learned earlier to let go of what other people think of you, you need to let go of events that are beyond your control. And that of course includes any social event that has already occurred. You can attempt a few things to stop this postevent rumination. One of the simple things you can do with your new attentional skills is every

time you find your mind going backwards in time to events that have just passed, try to bring your attention to some aspect of the present. Bring your attention to the music that's playing on the radio or the back to the newspaper you're reading or to thoughts about what you're going to do in the now, in the day you're in. So don't forget your powerful attention skills, if you've been doing your attentional training, don't don't forget to use that strength of mind you now have, to move your attention where you wish it to be, in the now. Even if you haven't done lots of practise of attentional training, you can still attempt to move your attention from these negative aspects of the past to the present moment. So practise that skill of moving your attention and ah, then proceed.

## **Part VII Relapse prevention**

This page is about relapse prevention. We're trying to make a couple of simple points on this page. In particular, we're letting you know that you're going to experience some lapses in dealing your anxiety, everybody does. Nobody recovers in a perfectly linear way, simply improving day after day after day. You will have difficult days. You will have moments where anxiety sweeps over you again. What we're trying to say on this page is don't let those minor lapses cause you to drop your bundle or give up on the gains that you've made. Don't let these small lapses become relapse.

### ***Relapse prevention***

As psychologists we believe it's helpful to recognise when you're vulnerable to having a lapse. And on this page we review some of those situations. When individuals are stressed because of major life events like losing a job, or fatigue, sleeping poorly, coming up to examinations and so on, we're likely to lapse on any of the gains made we've made on

programs, like this CBT program. So it's important to recognise these times in your life when you're approaching stressful situations, stressful periods of life, and expect that you may have some difficulties. It's important to re-double your efforts in those times to try to fight against the anxiety that might appear. Remember, don't drop your bundle on the gains you've made just because of a difficult period, a stressful week and so on.

*Some suggestions of ways you may protect yourself in times of stress are:*

On this page we have some simple suggestions for ways to protect yourself in times of stress. Just have a read of these and have think about your own your own stress and how to manage it. They're fairly obvious points about keeping control of the amount of work or study that you do so that it doesn't build stress, identify things that are causing stress, for example if you know that a lack of sleep makes things difficult for you, monitoring that you allow enough hours for rest and so on. The last dot point on this page is very important. While we want you to gain skill at managing stress, we are not suggesting to avoid situations that make you feel anxious. That, in the long run is never helpful. Avoidance just builds anxiety, it doesn't help defeat it.

*A final thought*

Well we're nearly finished this journey together that you may have been on for several weeks or months, completing this social anxiety treatment program. If you've reached this page, you've already done a lot of work in attacking your anxiety, learning various ways to shed your anxious thoughts and images, learning various ways to produce a more relaxed mode, quiescent of operating in the world.

I wanted to leave you with a few final thoughts before you finish the program. I think the single biggest error that I see people with anxiety making on a daily basis, is that they care too much about the wrong stuff. So much of the anxiety that I see in individuals is about the minutia of life, the small stuff of life. What does that person think of me, what did he think when I stuttered, what will they think of my email, why was he smiling, was he having a go at me and so on. Our mind gets occupied when we're anxious with all of these trivial sorts of thoughts and ideas. I've learned over 20 years of clinical work that the biggest problem of anxiety is not the pain that these thoughts cause, this rumination about the small stuff. It's the loss of the big moments that's the central problem. Every time your mind drifts onto these small aspects of the social array, the social space, every time you start wondering about the opinions of the others, the thoughts of others, what they really think about you, how did you come across in that meeting and so on, every time you do this, you're losing your moments in the sun, your losing part of your life. You might of been sitting down to watch a movie or read a book or to taste a nice meal and your minds starts to drift to the small issues of life that you have to do with anxiety. And not only do you feel the pain of anxiety but you loose the taste of the meal or your attention drifts off the movie or the book and you loose those experiences. I want you to think hard about this because to me, this is the big price that anxious individuals are paying. They're loosing these pleasant moments of life when you should be immersed in the movie you're watching, the books, the laughter of people, them music, the taste of the meal, the grand stuff of life, the experiences that we have along the way. We're all so fortunate to have all of these potential moments of sensory experience, taste, vision, sound and so on, we're all so fortunate to have the opportunity for grand sensory moments, and anxiety is robbing you of those moments and a is robbing you of these moments by dragging your attention to small issues, typically beyond your control and

usually negative issues that you may not even had evidence for. So I want you to think hard and and really steel yourself, not to give up anymore of your life to anxiety. I want you to really get determined that anxiety, negative thinking, negative images, are not going to ruin any more social moments, They are not going to take your attention away any longer from the grand sensory moments that you can have. Think about those ideas. Think about those ideas to help motivate you to keep attacking your anxiety.

When you continue at the bottom of this page, you'll move to the print outs page in which you can simply print out all of your worksheets and writing that you've engaged in across this treatment program, it's worth doing that. And from there you'll complete the questionnaires that you did at the start of the program on the pages that follow those questionnaires, come back up so that we can see how much you've changed across the program, how much you've improved. We really urge you to print out all the worksheets on the following page and to complete those questionnaires. We'll send you an analysis of how much you've reduced your scores if you complete those questionnaires, so if you go onto the following pages print out your handouts and complete the questionnaires again online, you'll get feedback from us on how much you've changed from when you started the program. I hoped you've enjoyed the program and I hope you got a lot out of it and will continue to dismantle the anxiety that's interfered with your life so far.

Thank you.

# Clinical Content for feedback

## General CBT exercises

### *Emotional education*

'Thinking' Exercise 1
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#### **Situation 1**

Alex was walking down the street one day when he saw a dog jogging towards him. The dog had blood on his right leg. The dog was not on a lead, and was not accompanied by an owner.

*Examples of thoughts that Alex could have thought that lead him to feel ANXIOUS*

1. The dog is going to attack me.
2. The dog looks sick - if he bites me I will die.
3. I don't know how to help the dog, his leg might get infected.
4. If I can't find the owner quickly the dog might die...

*Examples of thoughts that Alex could have thought that lead him to feel ANGRY:*

1. This dog *SHOULDN'T* be running around like this, its owner *SHOULD* take care of it.
2. How could someone let this happen!
3. Where the hell is the dog's owner?
4. There is a law about dogs being on leads, so this *SHOULDN'T* happen!



*Examples of thoughts that Alex could have thought that lead him to feel SAD:*

1. Poor little dog. Nobody cares.
2. Animals have a shocking life.
3. The world is full of lonely people and lonely animals
4. He's all by himself - hurt and alone. He's probably a very unhappy little dog. Its so sad that some dogs don't have any owners.

*Examples of thoughts that Alex could have thought that lead him to feel HAPPY:*

1. Look at this lovely dog jogging towards me.
2. I love dogs, they are so easy to please.
3. I am going to find its owners and tell them they have lost their dog, I love being helpful.  
Maybe I'll get a reward.
4. What a cute little dog!

'Thinking' Exercise 2
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## **Situation 2**

Jane is a 30 year old woman with a moderate stutter. She walked into a record shop one day intending to ask for the new Britney Spears CD. She approached the counter and waited a minute or two for the salesperson to assist her. She stuttered several times whilst asking for the CD, and the sales assistant asked her to repeat her request. She managed to buy the CD she had wanted, then left the shop.

*Examples of thoughts that Jane could have thought that lead her to feel ANXIOUS:*

1. The salesperson thinks I am stupid.
2. Everyone in the shop noticed my stuttering.
3. The salesperson thinks I am silly for buying Britney Spears, being a 30 year old.
4. Maybe there was someone I know in the shop who heard me asking for this. They must be thinking "Jane can't even ask for a CD without stuttering!"

*Examples of thoughts that Jane could have thought that lead her to feel ANGRY:*

1. I am the customer here, why am I waiting.
2. It was very mean of the salesperson to ask me to repeat what I said.
3. She has no right to treat me this way.
4. I *SHOULDNT* stutter!

*Examples of thoughts that Jane could have thought that lead her to feel SAD:*

1. I'm hopeless, I can't do anything right.
2. Why should I bother even trying things like ordering a CD. I will always fail to talk normally.
3. The salesperson thinks I am pathetic and that I am a loser.
4. Stuttering has ruined my life.

*Examples of thoughts that Jane could have thought that lead her to feel HAPPY:*

1. Nice work! I only stuttered a few times.
2. I only had to repeat once what I was asking for!
3. Now I have got my favourite CD, so I am going to listen to it all the time!!!
4. I have to ask more people for the things I want to practise my speaking. People are so understanding of my stuttering.

'Thinking' Exercise 3
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### **Situation 3**

Ben had invited Sarah to go to the movies with him. They had arranged to meet outside the movie theatre at 6:00 pm on Saturday night. Ben had arrived at 6:10, to find that Sarah was not there. He waited for 50 minutes, but Sarah did not arrive.

*Examples of thoughts that Ben could have thought that lead him to feel ANXIOUS:*

1. This is going to be bad for my reputation. I hope people don't find out I've been stood up.
2. People are watching me stand here on my own. They probably think I'm a loser.
3. Maybe she came and left before I arrived. I wonder if she's angry with me?
4. I hope she's OK. What if she's had an accident

*Examples of thoughts that Ben could have thought that lead him to feel ANGRY:*

1. She *SHOULDN'T* say that she is coming if she's not!
2. She is a terrible person - I hate her.

3. I *SHOULDN'T* be treated this way

4. I have spent all this money on her. I bought tickets and flowers and she doesn't SHOW UP, I should've spent it on myself!

*Examples of thoughts that Ben could have thought that lead him to feel SAD:*

1. I will never be to get the girl I want

2. The world is full of couples, but I will always be alone.

3. Why would I think that someone like Sarah would go out with someone like me. I'm unlovable.

4. I'm a loser

*Examples of thoughts that Ben could have thought that lead him to feel HAPPY:*

1. Fantastic! That means I'm free to ask Stephanie out.

2. Great! I really didn't want to go out with Sarah. I only asked her because she's Julie's friend and is in town for the week.

3. Thank God! I didn't want to watch this chick-flick anyway.

4. Now I'll be able to finish my assignment for tomorrow - I really needed the time. This has worked out well.

'Thinking' Exercise 4
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#### **Situation 4**

Zoe had suffered from a mild stutter for many years. She was doing her weekly grocery shop one evening, when she realised she needed to buy some jelly. She tried to find the correct aisle for the jelly, but could not locate it. She approached a supermarket employee, started smiling, and prepared herself to ask where the jelly was located. As she was walking up to the employee, he turned towards her and started laughing.

*Examples of thoughts that Zoe could have thought that lead her to feel ANXIOUS:*

1. He must have heard me talk earlier. That's why he's laughing at me
2. I probably won't be able to talk at all, now that he's laughing
3. He'll make fun of my stutter
4. He won't take me seriously. I think he'll walk away.

*Examples of thoughts that Zoe could have thought that lead her to feel ANGRY:*

1. He *SHOULDN'T* be laughing
2. He is the most rude, annoying and worthless human being that I've ever met
3. He has no right to laugh at me
4. I *HATE* my stutter. I *HATE* having problems whenever I have to talk.

*Examples of thoughts that Zoe could have thought that lead her to feel SAD:*

1. People are always going to laugh at me.
2. I can't even buy groceries from the local shops like normal people. I'm pathetic.

3. I'll never fix my stutter. I'm so disabled
4. I may as well stop trying to get my point across.

*Examples of thoughts that Zoe could have thought that lead her to feel HAPPY*

1. Looks like he's in a good mood!
2. I haven't even started talking and he's laughing, so at least I know he's not laughing at my stutter.
3. He must love working here. He looks like such a fun guy.
4. I love seeing people laugh.

### *Common cognitive errors*

*Thought:* "I ate all this dinner, I am such a pig!"

**All or nothing.** Well done! This is an example of 'all or nothing' thinking. Calling yourself a pig for eating the whole dinner is too 'black and white'. Lets try the next example!

**Overgeneralization.** No, that is not the correct cognitive error, try another option!

**Mental filter.** No, that is not the correct cognitive error, try another option!

**Discounting the positives.** No, that is not the correct cognitive error, try another option!

**Jumping to conclusions: Mind reading.** No, that is not the correct cognitive error, try another option!

**Jumping to conclusions: Fortune-telling.** No, that is not the correct cognitive error, try another option!

**Magnification or minimization.** Yes, well done! You have magnified the significance of one meal. Lets try the next example.

**Emotional reasoning.** No, that is not the correct cognitive error, try another option

**Should statements.** No, that is not the correct cognitive error, try another option!

**Labelling.** Well done! Yes this is labelling, that is very unhelpful to use about yourself and others. The consequences are sadness and anger from this labelling thought! Try the next example!

**Personalization and blame.** No, that is not the correct cognitive error, try another option!

<i>Thought:</i> "I only got this job because there were so few applicants."
---

**All or nothing.** No, that is not the correct cognitive error, try another option!

**Overgeneralization.** No, that is not the correct cognitive error, try another option!

**Mental filter.** Well done! This is an example of 'mental filter'. You are forgetting that you have to meet the criteria of the job in order to be successful in your application. Try the next example!";

**Discounting the positives.** Well done! Yes, this is 'discounting the positives', since it is always an achievement to get a new job. Getting the job is a positive event in my life! I could think of all the stuff I want to buy from the money I earn. Try the next example!

**Jumping to conclusions: Mind reading.** No, that is not the correct cognitive error, try another option!

**Jumping to conclusions: Fortune-telling.** No, that is not the correct cognitive error, try another option!

**Magnification or minimization.** No, that is not the correct cognitive error, try another option!

**Emotional reasoning.** No, that is not the correct cognitive error, try another option!

**Should statements.** No, that is not the correct cognitive error, try another option!

**Labelling.** No, that is not the correct cognitive error, try another option!";

**Personalization and blame.** No, that is not the correct cognitive error, try another option!

<p><i>Thought:</i> "Frank doesn't like me, I know it because I feel it when I try to talk to him."</p>
--

**All or nothing.** No, that is not the correct cognitive error, try another option!

**Overgeneralization.** No, that is not the correct cognitive error, try another option!

**Mental filter.** No, that is not the correct cognitive error, try another option!

**Discounting the positives.** No, that is not the correct cognitive error, try another option!

**Jumping to conclusions: Mind reading.** Yes, well done. You have no evidence that Frank doesn't like you. Lets try another example!

**Jumping to conclusions: Fortune-telling.** No, that is not the correct cognitive error, try another option!

**Magnification or minimization.** No, that is not the correct cognitive error, try another option!



**Emotional reasoning.** Yes, this is the one - Well done! You are making predictions based on how you feel, instead of exploring the evidence for your case! Lets try another example.

**Should statements.** No, that is not the correct cognitive error, try another option!

Labelling. No, that is not the correct cognitive error, try another option!"

**Personalization and blame.** No, that is not the correct cognitive error, try another option!

<i>Thought:</i> "All people who work for Coles are rude.."
--

**All or nothing.** Yes, well done! This is 'all or nothing' thinking. Clearly, all staff at Coles are not rude. Your assessment is too 'black and white'. Let's try another example.

**Overgeneralization.** Yes, well done! This is 'overgeneralization'. Even if you have had several bad encounters with staff at Coles, you could not generalise these experiences to all staff. Lets try another example.

**Mental filter.** No, that is not the correct cognitive error, try another option!

**Discounting the positives.** No, that is not the correct cognitive error, try another option!

**Jumping to conclusions: Mind reading.** No, that is not the correct cognitive error, try another option!

**Jumping to conclusions: Fortune-telling.** No, that is not the correct cognitive error, try another option!

**Magnification or minimization.** No, that is not the correct cognitive error, try another option!

**Emotional reasoning.** No, that is not the correct cognitive error, try another option!

**Should statements.** No, that is not the correct cognitive error, try another option!

**Labelling.** No, that is not the correct cognitive error, try another option!";

**Personalization and blame.** No, that is not the correct cognitive error, try another option!

<p><i>Thought:</i> "These people think I am an idiot because I had such difficulty ordering my food."</p>
---

**All or nothing.** No, that is not the correct cognitive error, try another option!

**Overgeneralization.** No, that is not the correct cognitive error, try another option!

**Mental filter.** No, that is not the correct cognitive error, try another option!

**Discounting the positives.** No, that is not the correct cognitive error, try another option!";

**Jumping to conclusions: Mind reading.** Yes, you are right! I have no idea what these people think of me. Therefore, I am pretending to be able to read their minds!

**Jumping to conclusions: Fortune-telling.** No,that is not the correct cognitive error, try another option!

**Magnification or minimization.** No,that is not the correct cognitive error, try another option!

**Emotional reasoning.** No,that is not the correct cognitive error, try another option!

**Should statements.** No,that is not the correct cognitive error, try another option!

**Labelling.** No,that is not the correct cognitive error, try another option!"

**Personalization and blame.** No, that is not the correct cognitive error, try another option!

*Thought:* "If I miss out one day in the gym, my training plan is ruined."

**All or nothing.** That is correct! Well done! - This is a very black and white thinking pattern.

Of course the plan is not ruined, even if you miss more than one day. You can always go back into the gym and continue training!

**Overgeneralization.** No, that is not the correct cognitive error, try another option!

**Mental filter.** No, that is not the correct cognitive error, try another option!

**Discounting the positives.** No, that is not the correct cognitive error, try another option!

**Jumping to conclusions: Mind reading.** No, that is not the correct cognitive error, try another option!

**Jumping to conclusions: Fortune-telling.** No, that is not the correct cognitive error, try another option!

**Magnification or minimization.** No, that is not the correct cognitive error, try another option!

**Emotional reasoning.** No, that is not the correct cognitive error, try another option!

**Should statements.** No, that is not the correct cognitive error, try another option!

**Labelling.** No, that is not the correct cognitive error, try another option!";

**Personalization and blame.** No, that is not the correct cognitive error, try another option!

*Thought:* “These people only like me because I know Kristy. They wouldn't be so interested in me if I didn't know her.”

**All or nothing.** No, that is not the correct cognitive error, try another option!

**Overgeneralization.** No, that is not the correct cognitive error, try another option!

**Mental filter.** No, that is not the correct cognitive error. Try another option.

**Discounting the positives.** Yes, well done!. You are discounting your own positive qualities.

Why assume that that these people don't like you for who you are?

**Jumping to conclusions: Mind reading.** Yes, well done! You are assuming that you can tell why people like or dislike you. You cannot read minds.

**Jumping to conclusions: Fortune-telling.** No, that is not the correct cognitive error, try another option!

**Magnification or minimization.** No, that is not the correct cognitive error, try another option!

**Emotional reasoning.** No, that is not the correct cognitive error, try another option!

**Should statements.** No, that is not the correct cognitive error, try another option!

**Labelling.** No, that is not the correct cognitive error, try another option!

**Personalization and blame.** No, that is not the correct cognitive error, try another option!

*Thought:* “I am going to make a fool of myself at the party.”

**All or nothing.** No, that is not the correct cognitive error, try another option!

**Overgeneralization.** No, that is not the correct cognitive error, try another option!

**Mental filter.** No, that is not the correct cognitive error, try another option!

**Discounting the positives.** No, that is not the correct cognitive error, try another option!";

**Jumping to conclusions: Mind reading.** No, that is not the correct cognitive error, try another option!

**Jumping to conclusions: Fortune-telling.** Well done! Yes, this is fortune telling, since I have no way of knowing what will happen at this future event!

**Magnification or minimization.** No, that is not the correct cognitive error, try another option!

**Emotional reasoning.** No, that is not the correct cognitive error, try another option!

**Should statements.** No, that is not the correct cognitive error, try another option!

**Labelling.** No, that is not the correct cognitive error, try another option!";

**Personalization and blame.** No, that is not the correct cognitive error, try another option!

<p><i>Thought:</i> "If I just had been more supportive of my friend, she wouldn't have got into all this trouble."</p>
--

**All or nothing.** No, that is not the correct cognitive error, try another option!

**Overgeneralization.** No, that is not the correct cognitive error, try another option!

**Mental filter.** No, that is not the correct cognitive error, try another option!

**Discounting the positives.** No, that is not the correct cognitive error, try another option!";

**Jumping to conclusions: Mind reading.** No, that is not the correct cognitive error, try another option!

**Jumping to conclusions: Fortune-telling.** No, that is not the correct cognitive error, try another option!

**Magnification or minimization.** No, that is not the correct cognitive error, try another option!

**Emotional reasoning.** No, that is not the correct cognitive error, try another option!

**Should statements.** No, that is not the correct cognitive error, try another option!

**Labelling.** No, that is not the correct cognitive error, try another option!";

**Personalization and blame.** Yes, that is correct. You are feeling completely responsible for choices and events that are outside your control. You may have had something to do with your friend's difficulties, but it is very unlikely that all her problems are due to your lack of support.

<p><i>Thought:</i> "I have to look fantastic all of the time."</p>
--

**All or nothing.** No, that is not the correct cognitive error, try another option!

**Overgeneralization.** No, that is not the correct cognitive error, try another option!

**Mental filter.** No, that is not the correct cognitive error, try another option!

Discounting the positives. No, that is not the correct cognitive error, try another option!";

**Jumping to conclusions: Mind reading.** No, that is not the correct cognitive error, try another option!

**Jumping to conclusions: Fortune-telling.** No, that is not the correct cognitive error, try another option!

**Magnification or minimization.** No, that is not the correct cognitive error, try another option!

**Emotional reasoning.** No, that is not the correct cognitive error, try another option!

**Should statements.** Yes, That is correct. This type of cognitive error can cause lots of distress. Why 'should' you have to look fantastic all of the time?

**Labelling.** No, that is not the correct cognitive error, try another option!";

**Personalization and blame.** No, that is not the correct cognitive error, try another option!

## Data for individualized profile building

### Cognitions

1. People will doubt my ability because I stutter.

2. It's impossible to be really successful in life if you stutter.
3. I won't be able to keep a job if I stutter.
4. It's all my fault-I should be able to control my stutter.
5. I'm a weak person because I stutter.
6. No one will like me if I stutter.
7. I might stutter.
8. People focus on every word I say.
9. I am incompetent.
10. No one could love a stutterer.
11. I will stutter.
12. Everyone in the room will hear me stutter.
13. I'm stupid.
14. Other people will think I'm stupid if I stutter.
15. I'll never be successful because of my stutter.
16. I won't be able to answer their questions.
17. I'm hopeless.
18. I'm of no use in the workplace.
19. People will think I'm incompetent because I stutter.
20. I'll block completely and won't be able to talk.



21. Everyone will think I'm an idiot.
22. I can't speak to people in positions of authority.
23. People will think I'm strange.
24. People will think I can't speak English.
25. No one would want to have a relationship with a stutterer.
26. I can't think clearly because I stutter.
27. I can't speak to aggressive people.
28. People will think that I have no opinions.
29. People will think that I'm boring because I have nothing to say.
30. If I block, people will think I'm retarded.
31. I can't face these people.
32. People will wonder what's wrong with me if I stutter.
33. What will people think of me if they disagree with what I say?
34. Most people view stutterers as less capable.
35. I don't want to go - people won't like me.
36. My pauses are too long - people will think I'm weird.
37. People won't like me because I won't be able to talk.
38. I can't convince people of anything I say because I stutter.
39. People will think I'm retarded if I stutter.

40. I'll block - I know I will.
41. I'll make a fool of myself.
42. People get tired of waiting for me to get my words out.
43. People shouldn't have to wait so long for me to speak.
44. I always embarrass the people I'm speaking to.
45. People think I have something to hide because my stutter sounds suspicious.
46. People will think that I'm worthless
47. I'll embarrass myself.
48. I can't speak to people I find sexually attractive
49. No one will understand what I'm trying to say.
50. What's the point of even trying to speak? It never comes out right.
51. I won't be able to say exactly what I want to say.
52. Everyone will think I'm simple or dumb because I avoid using difficult words.
53. I slow up everyone's conversation.
54. Everyone hates it when I start to speak.
55. I can never speak on the phone.
56. I won't be able to ask for what I want.
57. The person on the other end of the phone will hang up on me.
58. People will laugh at me.

59. People will think I'm mute.

60. I'll never finish explaining my point - they'll misunderstand me.

61. The answering machine will turn off if I block ? I won't be able to leave any message.

62. They'll think I'm a prank caller if I block.

63. I won't be able to say "hello" when I pick up the phone

64. People who stutter are stupid.

65. People who stutter are incompetent.

66. People who stutter are boring.

### **Avoidance behaviour**

1. Talking to hearing impaired relative (Home and Family)

2. Meeting up with the In-laws (Home and Family)

3. Large family gatherings (Home and Family)

4. Meeting new partners of family members (Home and Family)

5. Meeting new friends of family members(Home and Family)

6. Introducing self (Friends and social)

7. Introducing friends (Friends and social)

8. Talking over noise (in bars, parties) (Friends and social)

9. Yelling at football match (Friends and social)

10. Talking to strangers at parties / dinners (Friends and social)
11. Joining new groups / activities (Friends and social)
12. Catching up with old friends (friends and social)
13. Ordering food (friends and social)
14. Ordering food and drink on behalf of friends (friends and social)
15. Making phone calls to clients / colleagues (work)
16. Receiving phone calls from clients / colleagues (work)
17. Phone calls in open-plan office where others can overhear (work)
18. Making calls in front of supervisor (work)
19. Working at enquiry counter (work)
20. Answering quick questions from colleagues (work)
21. Presenting material to group / meeting (work)
22. Chairing meetings (work)
23. Asking for pay-rise / leave etc from supervisor (work)
24. Introducing new staff members (work)
25. Lunchroom social situation (work)
26. Talking over public address systems (work)
27. Quick / informal chit-chats / exchanges throughout the day with colleagues (work)
28. Tutorial presentations (University)

29. Asking questions in tutorials (University)
30. Oral exams (University)
31. Practical placements (University)
32. Being called on to speak in class (University)
33. Running and participating in group projects (University)
34. Making phone calls (general public)
35. Receiving phone calls (general public)
36. McDonald's drive-through (general public)
37. Ordering food in restaurant (general public)
38. Ordering drinks in bar (general public)
39. Asking for products in shop e.g. Chemist (general public)
40. Making enquiries in shop e.g. new stereo system (general public)
41. Face-to-face with tradesmen (general public)
42. Phoning tradesmen (general public)
43. Bank enquiry counter (general public)
44. Market research phone calls (general public)
45. Asking for directions (general public)
46. Buying bus or train tickets (general public)
47. Asking about menu details (general public)

48. Querying a restaurant bill (general public)
49. Being asked directions (general public)
50. Returning faulty goods (general public)
51. Job interview (important speech)
52. Punch line in jokes (important speech)
53. When needing to be macho e.g. at gym! (important speech)
54. Asking for a date (important speech)
55. Speeches at weddings, funerals (important speech)

### Imagery

- |                                      |      |
|--------------------------------------|------|
| 1. Seeing myself stutter             | self |
| 2. Seeing myself block               | self |
| 3. Seeing myself with facial tension | self |
| 4. Seeing myself grimace             | self |
| 5. Seeing myself looking embarrassed | self |
| 6. Seeing myself blush               | self |
| 7. Seeing myself sweating            | self |
| 8. Seeing myself shaking             | self |
| 9. Seeing myself looking anxious     | self |

10. Seeing myself looking ridiculous	self
11. Seeing myself being humiliated	self
12. Seeing myself being forced to leave	self
13. Seeing people reject me	other
14. Seeing people turn away from me	other
15. Seeing people laugh at me	other
16. Seeing people criticise me	other
17. Seeing people disgusted by me	other
18. Seeing people embarrassed by me	other
20. Seeing people uncomfortable in my presence	other
19. Seeing people leave the situation because of me	other

### **Physiological symptoms**

1. Sweating
2. Hot flushes
3. Trembling
4. Blushing
5. Headache
6. Shortness of breath

7. Nausea
9. Heart palpitations
10. Shaking
11. Babbling
12. Quivering voice
13. Crying

### **Safety behaviours**

1. Try not to draw attention to yourself
2. Say 'relax relax' to yourself when you feel anxious
3. If you feel like you are having a bad day, skip unnecessary talking
4. Try to speak slowly when you get anxious
5. Rehearse sentences mentally before saying them
6. If you are feeling anxious try to avoid difficult words
7. If you are feeling anxious try to avoid difficult syllables
8. Keep your answers short
9. Point to avoid having to say things out loud
10. Allow others to order for you
11. Encourage listeners to speak more. e.g. by asking lots of questions
12. Get something else to avoid having to say it



13. Avoid topics that make you anxious
14. Try to control yourself beforehand
15. Try to take deep breaths
16. Just say little
17. Rehearse answers in your head
18. Try to avoid eye contact
19. Let your partner do the talking
20. Pretend to be interested in something
21. Rehearse answering the phone out loud
22. Rehearse answering phone in your head before picking up
23. Rehearse opening line of telephone call before making call
24. Practise your speech technique at the beginning of each day
25. Practise speech technique immediately before an important speaking situation
26. Practise speech technique with unknowing listeners e.g. check-out chick at Coles, market researchers, etc
27. Reduce your speech rate or speech naturalness when you begin to stutter
28. Choose safe or easy people to talk to during day for practice
29. Choose safe or easy people to talk to immediately before an important speaking situation
30. Choose safe or easy people to talk to in socially threatening situations

31. Over-practise difficult words

32. Evaluate your stuttering severity in specific situations across the day

33. Use regrouping technique when you lose control of technique and start to stutter (e.g. sip of water when giving oral presentation) then continue with task

34. Tell people that you stutter before you start to talk

## Data for cognitive restructuring

1. People will doubt my ability because I stutter.
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### **1. What evidence do you have for the thought?**

Although this often feels true, I simply have no evidence for the thought. I have never had anyone actually question my ability because of my stutter.

### **2. What evidence do you have against the thought?**

I have been asked to take on many tasks at work. I have received promotions in my current job. I have successfully been given previous jobs after stuttering in the job interviews. I know that many people are very successful, despite stuttering

### **3. What would you tell a friend (to help them) if they had the thought?**

Who cares anyway? Don't let people get at you. Why worry about the opinions of others

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

Well, you know you are good at what you do. Try to ignore the ignorant opinions of others. And anyway, what makes you think that people doubt you? I have never heard anyone question your ability

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

The opinions of others are definitely beyond my control. The private thoughts of others belong to them. I may as well worry about the weather! There just isn't any point to worrying about things that I really can't control.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

The thought makes me sad and anxious and very very angry. I get frustrated with the ignorance of others and then get agitated and upset. The thought doesn't help me in any way. If anything, the thought just makes me believe that there is no point even trying

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would be more optimistic about my future. I would be less anxious when I am in work meetings. I would be happier and less stressed.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

The worst thing that can happen is that occasionally an ignorant person will think I'm less capable than I am. In the end, however, my abilities will shine through. I know that many people who stutter are very successful.

2. It's impossible to be really successful in life if you stutter.
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**1. What evidence do you have for the thought?**

Although this feels true, I have no evidence for the thought

**2. What evidence do you have against the thought?**

There have been lots of very successful people who stutter. These include Aesop (writer of famous fables), Aristotle (famed thinker), Lewis Carroll (writer of Alice in Wonderland), Winston Churchill (English PM during WWII), Claudius (Roman Emperor), Nat King Cole (Singer), Richard Condon (Novelist - Prizzies Honour, Manchurian Candidate), Charles Darwin (Theory of Evolution), King George VI (King of England), Henry James (Novelist), Thomas Jefferson (US President), Lenin (Russian Communist Leader), Louis II (King of France), Isaac Newton (Scientist-Law of Gravity), Alan Turing (founder of Computer Science), Virgil (Roman poet), George Washington (US president), Rowan Atkinson ('Mr Bean'), Jake Eberts (Film Producer-Gandhi, Dances with Wolves), Noel Gallagher (Guitarist

- Oasis), Ben Johnson (Athlete), Harvey Keitel (Actor), Sam Neil (Actor),and Carly Simon (Singer).

**3. What would you tell a friend (to help them) if they had the thought?**

Don't be silly! Lots of people who stutter are successful. This thought is so self-defeating. You need to beat it

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

That's rubbish. If you keep thinking thoughts like this, it will just eat away your confidence. Why would you believe such a thought?

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

My success is largely within my control. I want to be successful. I've got one life to live, and I'm going to go for it!

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

The thought makes me feel sad and helpless. So I guess it is only distressing, since when I am sad and helpless I often end up doing nothing about my situation. The thought stops me from helping myself.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

If I didn't believe the thought, I would see no limit to my possible achievements. I would be more optimistic. I wouldn't feel robbed of a fair life. I wouldn't be so bitter and angry. I'd just get on with trying

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

Even if it was true, I could still be blissfully happy. Why do I pin so much of my worth onto external achievements? I need to learn to be happy with whatever I achieve in life. Life is so short - there just isn't any value in continually thinking about what I could have been if I was more fluent or taller or thinner or smarter. It's all such a waste of time.

3. I won't be able to keep a job if I stutter.
--

**1. What evidence do you have for the thought?**

I have no evidence for this thought. Its just an irrational fear that I have.

**2. What evidence do you have against the thought?**

I know that most of my friends at Speakeasy have kept jobs. I was able to keep my job at the cafe for three years. No-one seemed to care about my stutter.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell her that stuttering is only a small part of who she is. I would point out all of her fabulous characteristics that would make an employer want her.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

How do people usually keep jobs? First, they do the work and don't slack off. Second, they try to get along with their co-workers. They stay loyal to their manager. They put in a good effort into their work throughout the day. None of these things have anything to do with stuttering

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

My best effort is all I can do. I cannot control whether a manager likes me, or whether the company I work for is successful. I cannot control this outcome - I can only control the effort I put into work. There is no point ruminating about the outcome.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

The thought is positively poisonous!! It makes me sad and feel that everything is hopeless. It is depressing. It stops me from even trying to get work. It makes me believe that I have lost before I have even started.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would have more self-belief. I would be less stressed in thinking about work. I would be confident about my future

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

The worst thing would be having to move several times between jobs. If I struggled to keep a job for a long time, I would have to start again in several companies. This would be bad, but not catastrophic. And, of course, I actually don't have any evidence that this will happen. After all, its just an imagining of my mind.

4. It's all my fault-I should be able to control my stutter.

**1. What evidence do you have for the thought?**

My father once said this to me. He believed that I should be able to control my stutter. But his opinion is not evidence for the thought. He is not an expert in stuttering. If was just his opinion

**2. What evidence do you have against the thought?**

My speech therapists have explained that stuttering is a speech-motor problem. That is, it is to do with a fault in the way in which my brain controls the fine motor behaviours involved in speaking. How could this be my fault? My stutter has been there since I was 3 years of age. My speech therapists have explained that genetics are involved in stuttering. Again, how could this be my fault? The thought is ridiculous

**3. What would you tell a friend (to help them) if they had the thought?**



You have worked very hard to improve your speech. You should be proud of the work that you have done. You should not be feeling guilty about stuttering

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

Don't be ridiculous. You have done everything that every therapist has asked you to. Your stutter is not your fault.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I can control some aspects of stuttering. I have been told to practice my speech technique. I attend Speakeasy to get extra practice. I can get regular sleep so that I am not too fatigued. My stutter is usually worse when I'm tired. But I cannot control the production of every word I ever say. I am going to stutter sometimes, and I simply can't control that. I shouldn't be aiming for perfect control of stuttering. My speech therapists have made it clear that is a silly goal.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

The thought makes me feel guilty. It makes me feel like a failure. It makes me feel that I have let everyone down. What a damaging thought!!! This silly bunch of words, for which I have no evidence, has caused me so much pain. Its time to let go of this ridiculous thought.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would be happy with myself. I would get rid of this awful guilt. I wouldn't feel like a failure. I wouldn't feel like a disappointment to people around me. If I could let go of this thought, I would be so much happier with myself

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

Even if the thought was true, it would be no different to saying "I should be able to lose 3kgs" or "I should be able to control my temper better" or "I should be able to play the piano with more expression". So what? Let's imagine that there was truth in the thought. Let's imagine that with constant work I could better control my fluency. So what? Does that mean that I should feel bad about the efforts that I have put in? Of course not! Stuttering is not the be all and end all of my existence. I am more than a man who stutters. I am a father, a son, a brother, a lover. I am so much more than a stutterer

5. I'm a weak person because I stutter
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**1. What evidence do you have for the thought?**

Someone at school once said this to me. He believed that I should be able to control my stutter. But his opinion is not evidence for the thought. He is not an expert in stuttering. It was just his opinion

## **2. What evidence do you have against the thought?**

My speech therapists have explained that stuttering is a speech-motor problem. That is, it is to do with a fault in the way in which my brain controls the fine motor behaviours involved in speaking. How could this be my fault? I'm not weak because I stutter. The thought is ridiculous. Stuttering is a problem that a lots of people have and they are certainly not all weak people. Lots of them are incredibly strong and successful. These include Lewis Carroll (writer of Alice in Wonderland), Winston Churchill (English PM during WWII), Claudius (Roman Emperor), Charles Darwin (Theory of Evolution), King George VI (King of England), Thomas Jefferson (US President), Lenin (Russian Communist Leader), Louis II (King of France), Isaac Newton (Scientist-Law of Gravity), Alan Turing (founder of Computer Science), Virgil (Roman poet), George Washington (US president). I don't think anyone would call these people weak

## **3. What would you tell a friend (to help them) if they had the thought?**

I would tell him that this is a ridiculous thought. He has worked hard to improve his speech. I would assure him that he is has shown strength in facing this problem. Anyone who would call him weak is ignorant and not worth listening too

## **4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

Don't be ridiculous. You have done everything that every therapist has asked you to. Your stutter is not a sign of weakness. You are a strong person who has worked to attack your speech problem

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I can control the opinion that I hold of myself. I can get rid of this ridiculous thought. I have no evidence that I'm a weak person.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

The thought is VERY distressing to me and it makes me feel miserable. As far as I know there is NOTHING helpful about this thought? It lowers my self-esteem and makes me feel inferior to others. It makes me feel that no-one could want to be around me. No-one could really love me. The thought is just so damaging. And I don't have any evidence for the thought

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would stop ruminating about my stuttering. I would be happier and more confident. I wouldn't feel second-rate. I would start to focus on the things that are great about me. This thought is so distracting from the achievements and positive things in my life.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

I'm not weak, so I don't really have to think about this question so much. I have no evidence that stuttering is a sign of weakness. The thought is just silly. But what if I do sometimes

show some weakness? So what? Who cares? After all, I am human. All of us have moments of feeling less strong. This is normal. I don't need to give it so much significance

6. No one will like me if I stutter.

**1. What evidence do you have for the thought?**

I have no evidence for this thought. It's just an irrational fear that I have.

**2. What evidence do you have against the thought?**

I have lots of evidence against this thought. Lots of people love me. My best friends, my cousins, my siblings, and my parents. I have had lovers and partners who have also loved me. The thought is silly.

**3. What would you tell a friend (to help them) if they had the thought?**

Just look around you. You have so many people who care and show their love for you in so many ways. You have always had friends. Why would you think this thought?

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

If someone doesn't like you because you stutter, why bother with them? Would you really want to be close to someone who is that shallow?

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Worrying about the private thoughts of others is pointless. I cannot control what others think about me. Some people will warm to me, and others will not. Ruminating about the feelings of others is a waste of my mental life

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

The thought makes me feel that my life will be lonely and that I will always feel isolated. It separates me from other people - it keeps me distant from people because I fear rejection. In the end, if I don't beat this thought, it could become a self-fulfilling prophecy!! It doesn't help me in any way.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would be much more relaxed around people and therefore it would be much more likely that I would fit in. I would feel more confident in starting friendships. I would not shy away from people so much. I would pursue relationships without fear. I wouldn't be scared whenever I entered a new social situation.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

The thought is ridiculous so I don't need to really think about it. But if the people around me didn't seem to like me because I stuttered I guess I would just search for less shallow friends! There are lots of lovely, kind, caring people in the world.

7. I might stutter

**1. What evidence do you have for the thought?**

It is difficult to have actual evidence for the way I will speak in a future conversation. I might be surprisingly fluent. I often am. However, I have stuttered in many situations in the past, so I think I might stutter when I go into similar situations in the future. Although I think this, I need to remember that I have NO actual evidence of how I will speak on any given future day.

**2. What evidence do you have against the thought?**

As I'm thinking about a future conversation, I can't really have evidence against this thought. I may stutter and I may not

**3. What would you tell a friend (to help them) if they had the thought?**

So what? You have stuttered before, and you will almost certainly stutter again. Yes, you might stutter when you talk in your meeting later today, but who really cares? Why do you give your stutter so much significance?

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would just tell me that stuttering isn't as big a deal to other people as it is to me - so therefore, worrying about stuttering in a situation is pointless.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I am worrying about an outcome beyond my control. I can't MAKE my speech motor system perfect by worrying about it. A lot of factors influence whether I am fluent in any given conversation. For example, if I am tired my speech tends to be poorer. So I am unlikely to ever gain total control over my speech. Thinking about whether I will stutter on any given day is a bit like thinking about the weather - there really isn't much point!

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

The thought occupies my mind when I should be doing other things. The thought makes me apprehensive and feel anxious. Because I then get anxious, I become MORE likely to stutter. So the thought itself increases my chance of stuttering. What a useless thought!! It also stops me hearing things accurately in conversations. I become so absorbed by whether or not I'm going to stutter I often miss what others are saying. It really doesn't help me in any way.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

If I could let go of this thought I would live more 'in the moment'. I would have more time to just focus on what I'm doing, what people are saying, and what I want to say. I wouldn't be so distracted. I wouldn't be so anxious. I wouldn't get distressed for a day or two before going out. My quality of life would go up. There are lots of gains that would come from dropping this thought



**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

There really isn't a 'worst outcome' here. All that would happen is that I would stutter, and I have done that thousands of times before. No-one cuts off my legs if I stutter tonight. There is no fine to pay if I stutter. There really isn't any terrible outcome here.

7. People focus on every word I say.
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**1. What evidence do you have for the thought?**

I have no evidence for this thought. It just feels this way

**2. What evidence do you have against the thought?**

I can't know what people are really focussing on. Are they listening to the content of my sentences? Are they thinking that they like my glasses? Are they trying to listen for stutters? Are they thinking that my teeth need straightening? I simply can't have evidence for or against this thought.

**3. What would you tell a friend (to help them) if they had the thought?**

Who cares? Why do you care what someone is focusing on? You can't control it, so why bother? Surely it's better to focus on what you want to say, rather than guessing what others are thinking about.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

I hope they are!! I hope that people do focus on you when you speak. You should be happy if everyone focuses on you - it means they're listening! Its not a bad thing if people turn and look at you when you speak. Don't give their interest the wrong meaning

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Of course I am worrying about something that I can't control. No-one can know what others are thinking when they are speaking. And no-one can control the private thoughts of others. The whole idea of thinking about this is pointless. I waste so much time thinking about this sort of rubbish.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

The thought interferes with where my attention should be. I should be focusing on the content of conversations. I should be thinking about the points that others are making, and what I'd like to say. Instead, I spend my time imagining that others are completely focused on me - as if I'm all that people think about. It's so silly. It doesn't help me in any way. It stops me from

engaging with people, and makes me cautious to speak. It makes me anxious when I do speak, and I think it worsens my stutter. What an unproductive way to think!

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

Every social situation would be so much better. I would be relaxed and simply enjoying the flow of conversation. I might actually look forward to catching up with people.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

There really isn't a 'worst outcome' here. It would just mean that people are focused on me as I speak. Big deal!

9. I am incompetent.
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**1. What evidence do you have for the thought?**

I have no evidence for this thought. The thought is ridiculous

**2. What evidence do you have against the thought?**

I have so much evidence against this thought. I do so many things very well. I am good at my job. I got through my school years and gained a solid education. I have lived away from home, managed a household, and supported myself. I learned to drive, use a computer, have travelled, and can cook basic meals. I am a highly competent person who shows mastery over the world every day. I should be proud of who I am.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him that the thought is outrageous. I would tell him that he has lost sight of his many achievements. I would point out the many things that he can do.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would laugh. He would point out the little things that I do well. He would remind me of the times he has looked to me for advice.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I am who I am. I am no better or no worse - I have strengths and I have weaknesses. I am not incompetent, but how 'outstanding' or 'talented' or 'competent' I am is not really worth a lot of thought. What's the point of this thinking?

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It is very distressing to think that I am incompetent and it makes me feel sad. I feel ashamed and guilty and useless and hopeless. I have no confidence about my future. The thought makes me feel that inevitably things will go badly for me. The thought is not helpful in any way. It does not motivate me - on the contrary, it just distresses me.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would be so much happier. I would be confident about the future. I wouldn't feel embarrassed any more. I wouldn't feel ashamed. And all I need to do is to get rid of this ridiculous thought. Thoughts can be so damaging. Why I have believed these silly thoughts for so long?

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

If it were true that I was less competent than others I guess it would effect my future achievements. I guess it would mean that I would struggle with some tasks or some situations. But even if it were true, would it be disastrous? I have met several people that I would call 'incompetent' in the workplace. Strangely, they seem quite happy and content with life. Being incompetent in some areas of life doesn't have to be that bad at all - one could argue that its part of being human! So why am I worrying about this in the first place? And let's not forget, I don't actually have any evidence that I am less competent than others

10. No one could love a stutterer.
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**1. What evidence do you have for the thought?**

I actually have no evidence for this thought. Its just a terrible fear in my mind

**2. What evidence do you have against the thought?**

I have lots of evidence against this thought. Lots of people love me. My best friends, my cousins, my siblings, and my parents. I have had lovers and partners who have also loved me. The thought is silly.

**3. What would you tell a friend (to help them) if they had the thought?**

Just look around you. You have so many people who care and show their love for you in so many ways. You have always had friends. And you have had several girlfriends. Why would you think this thought?

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would tell me that all of us doubt that we are lovable when we are single or a relationship has broken up. He would tell me that its normal, but silly, to doubt that people will love us again. He would also point out that I have felt love from others in the past, and will inevitably feel it again.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I cannot control whether someone loves me. Love lives in the hearts and minds of others. I know that many people have loved me in the past, and love me at present. I hope that this continues. But to think about who could feel love for me, and who couldn't is really a waste of my mental life. It would be better to think about the things I can control. I can control how I treat others. I can control the places I go and situations that I enter. I can control whether I ask people out. These things are worth thinking about.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It is VERY distressing to believe that no-one could ever love me. It leaves me feeling deep despair. It makes me withdraw from people. It biases me when I meet people, because I never see the positive side of any social interaction. I never really believe that people are warming

to me, or could really want to be with me. It lowers my motivation for seeking love in my life, because I foolishly think it's pointless.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would be not so afraid to go out there and look for someone to be intimate with. That would be a HUGE gain, since it is very sad to think of the future without love. I would be confident in approaching people. I would plan more ways to meet people. I would probably find what I am seeking. I am beginning to understand that so many of the outcomes of life are the simple result of my thoughts.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

The thought is ridiculous. It would be like saying that nobody can love short people, or people with hearing problems. If it were true, I guess I'd have to focus on fulfilling my life in other ways. Single doesn't have to mean sad! But anyway, the thought is silly and I should get on with getting my needs met. If I could just focus on my many strengths, and understand that I am so much more than a stutterer, I could confidently put myself out there.

11. I will stutter.
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**1. What evidence do you have for the thought?**

It is difficult to have actual evidence for the way I will speak in a future conversation. I might be surprisingly fluent. I often am. However, I have stuttered in many situations in the past, so I think I might stutter when I go into similar situations in the future. Although I think this, I

need to remember that I have NO actual evidence of how I will speak on any given future day.

**2. What evidence do you have against the thought?**

As I'm thinking about a future conversation, I can't really have evidence against this thought. I may stutter and I may not.

**3. What would you tell a friend (to help them) if they had the thought?**

So what? You have stuttered before, and you will almost certainly stutter again. Yes, you might stutter when you talk in your meeting later today, but who really cares? Why do you give your stutter so much significance?

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would just tell me that stuttering isn't as big a deal to other people as it is to me - so therefore, worrying about stuttering in a situation is pointless.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I am worrying about an outcome beyond my control. I can't MAKE my speech motor system perfect by worrying about it. A lot of factors influence whether I am fluent in any given conversation. For example, if I am tired my speech tends to be poorer. So I am unlikely to



ever gain total control over my speech. Thinking about whether I will stutter on any given day is a bit like thinking about the weather - there really isn't much point!

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

The thought occupies my mind when I should be doing other things. The thought makes me apprehensive and feel anxious. Because I then get anxious, I become MORE likely to stutter. So the thought itself increases my chance of stuttering. What a useless thought!! It also stops me hearing things accurately in conversations. I become so absorbed by whether or not I'm going to stutter I often miss what others are saying. It just really doesn't help me in any way.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

If I could let go of this thought I would live more 'in the moment'. I would have more time to just focus on what I'm doing, what people are saying, and what I want to say. I wouldn't be so distracted. I wouldn't be so anxious. I wouldn't get distressed for a day or two before going out. My quality of life would go up. There are lots of gains that would come from dropping this thought.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

There really isn't a 'worst outcome' here. All that would happen is that I would stutter, and I have done that thousands of times before. No-one cuts off my legs if I stutter tonight. There is no fine to pay if I stutter. There really isn't any terrible outcome here.

12. Everyone in the room will hear me stutter.

**1. What evidence do you have for the thought?**

How could I have evidence for this thought? How can I know where everyone's attention is?  
How can I know what they are listening to?

**2. What evidence do you have against the thought?**

I don't think it would be possible for everyone to hear me stutter. For a start, many conversations are happening at once. Is it really possible that everyone is only listening to each conversation with one ear, while listening for my stutter with the other? And sometimes I have this thought in social gatherings with 20 or 30 people. The room is a buzz of noise. My voice just isn't loud enough for everyone to hear!

**3. What would you tell a friend (to help them) if they had the thought?**

Look around you and you'll see that everyone is caught up with their own conversations. Everyone is busy with their own thoughts and feelings. They aren't all there simply to listen to you.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would ask me why I even care. He would argue that maybe someone in the room is going to hear me stutter, but he would ask me why am I so worried about that? Is anyone really going to judge me for stuttering? Probably not, since most people are more interested in what people are saying than how they are saying it.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I certainly can't control how many people notice when I stutter. I guess I could refuse to speak, or drop the volume of my voice. But what would be the point? That would just isolate me more! I need to accept that if I speak normally I will stutter sometimes and some people will notice. I really can't control that.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me anxious in every social gathering. It makes me rehearse the things I want to say. It makes me desperately avoid certain sounds and words in an attempt to reduce my stutter. It makes me avoid things in many ways, and it stops me from simply enjoying social events. It causes me to fear going places where I might meet others, and it can ruin two or three days before any party or night out. And, worst of all, the anxiety that the thought causes probably worsens my stutter anyway. The thought is not helpful in any way

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would be able to enjoy planning to go out. I would be able to enjoy random social encounters. I wouldn't fear the attention of others because I wouldn't think it was all about my stutter. I would get my stutter into a better perspective. I would understand that I am not at the centre of everyone's thoughts

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

What if it were true? What if everyone did notice my stutter? What would that really change?? Nothing I guess - nothing bad appears to be happening if people are noticing my stutter. No-one is teasing me or bullying me or avoiding me. If I'm honest with myself, people seem generally nice when I engage with them. So would it really matter if the thought was true? Not really. It certainly wouldn't be worth worrying about. And anyway, as I've seen, it is almost certainly a faulty thought.

13. I'm stupid.

**1. What evidence do you have for the thought?**

I have no evidence for this thought. Like everyone, I make mistakes. And, when I'm anxious, I sometimes say things that sound foolish. But that doesn't make me stupid.

**2. What evidence do you have against the thought?**

I have so much evidence against this thought. I am good at my job. I got through my school years and gained a solid education. I have successfully lived away from home, managed a household, and supported myself. I am an effective person who manages the world well. I am not stupid.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him to look at all his achievements in life. His school results and work performance and so on. It would be easy to show him that he wasn't stupid.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

We all have this thought sometimes. But having the thought doesn't make it right. I just ignore the silly thoughts that pop into my mind, and you need to do the same thing. You aren't stupid. Stuttering has nothing to do with your intelligence.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I'm worried about my intelligence. I guess, when I think about it, there is no point to worrying about this since it is largely out of my control. I mean, I am who I am. I'm no smarter and no dumber. Why not just accept myself for who I am.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me feel ashamed and embarrassed. It makes me scared to speak. I keep expecting to say something stupid. And, because I'm anxious, I sometimes do. So the thought becomes a self-fulfilling prophecy. The thought makes me anxious, which makes me mess up socially, which makes me feel stupid. I have to stop this vicious cycle.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would be more confident to do lots of things. I wouldn't let the thought 'I'm stupid' stop me anymore. I might go and experiment with life a little. My life would be so much easier if I beat this thought. No more shame and embarrassment. No more fear to express my opinions.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

Well, I know I'm not stupid so I don't have to think too much about this question. The very fact that I'm doing this computer treatment program shows I'm not stupid. Completing this program requires me to operate a computer, read and write and carry out complex tasks. If I was stupid, I simply wouldn't be able to do all this. But who cares about all this anyway? Whatever my level of intelligence, I should be happy. My contentment in life should not depend on whether I feel smart. It doesn't matter how bright I am - I have to learn that happiness and contentment is possible regardless of how talented or successful a person is.

14. Other people will think I'm stupid if I stutter.
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**1. What evidence do you have for the thought?**

I have no evidence for this thought. I often feel like the thought is true, but I simply don't have any evidence that its true. This is an example of 'emotional reasoning'. Nobody has ever told me that I am stupid because I stutter. Nobody has ever told me that others are thinking this. And anyway, how could I have evidence for this thought - its predicting the thinking of people in situations that haven't even happened yet. It's a good example of 'mind-reading'

## **2. What evidence do you have against the thought?**

To begin with, lots of people who stutter have achieved great things. For example, consider all these people. Clearly, people didn't think they were stupid. And I know that people close to me don't think I'm stupid. I have had great performance reviews at work/school.

## **3. What would you tell a friend (to help them) if they had the thought?**

1. I would tell him that it simply isn't true.
2. I would point out that if someone did think you're stupid because you stutter, s/he is the one who is stupid.
3. Why do you care what people think in the first place? What's the point? Why worry about what other people are thinking and doing - just get on with your own life.

## **4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

Who cares what they think. They don't have any power over how bright you are. If you stutter, you stutter - nothing worse than that. You really don't need to care if someone thinks you're stupid, because deep down you know you're not.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I can't change what people think of me. Worrying about what people think of me is not going to change their opinions. So no, there isn't any point to this type of worry. People will think whatever they want, just as I do about others.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

Well, it gives me a stomach ache and I feel like I have to throw up. It makes me anxious whenever I think it. It keeps me out of social situations - it makes me avoid new people and new places. It robs me of opportunities in life. I cannot see any helpful thing about this thought. It is wholly destructive, and has the potential to significantly damage my life.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

Well, I wouldn't feel sick in my stomach anymore. My life would be more relaxed, since I wouldn't be worrying all the time about my interaction with other people! What a relief that would be. And the world would open up to me. I would put myself forward at work, and when I meet people. I wouldn't be afraid to ask people out. I'd start to get the things I want from life.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**



The worst scenario is that on rare occasions somebody would think I was stupid because I stutter. But I guess that isn't all that traumatic when I really think about it. My friends and family know very well that I am not stupid. I know that I am not stupid. So it's probably not as bad as I thought, and this is the worst case scenario!

15. I'll never be successful because of my stutter.

### **1. What evidence do you have for the thought?**

Although this feels true, I have no evidence for the thought

### **2. What evidence do you have against the thought?**

There have been lots of very successful people who stutter. These include Aesop (writer of famous fables), Aristotle (famed thinker), Lewis Carroll (writer of Alice in Wonderland), Winston Churchill (English PM during WWII), Claudius (Roman Emperor), Nat King Cole (Singer), Richard Condon (Novelist - Prizzi's Honour, Manchurian Candidate), Charles Darwin (Theory of Evolution), King George VI (King of England), Henry James (Novelist), Thomas Jefferson (US President), Lenin (Russian Communist Leader), Louis II (King of France), Isaac Newton (Scientist-Law of Gravity), Alan Turing (founder of Computer Science), Virgil (Roman poet), George Washington (US president), Rowan Atkinson ('Mr Bean'), Jake Eberts (Film Producer-Gandhi, Dances with Wolves), Noel Gallagher (Guitarist - Oasis), Ben Johnson (Athlete), Harvey Keitel (Actor), Sam Neil (Actor), and Carly Simon (Singer).

### **3. What would you tell a friend (to help them) if they had the thought?**

Don't be silly! Lots of people who stutter are successful. This thought is so self-defeating.

You need to beat it

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

That's rubbish. If you keep thinking thoughts like this, it will just eat away your confidence.

Why would you believe such a thought?

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

My success is largely within my control. I want to be successful. I've got one life to live, and I'm going to go for it!

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

The thought makes me feel sad and helpless. So I guess it is only distressing, since when I am sad and helpless I often end up doing nothing about my situation. The thought stops me from helping myself.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

If I didn't believe the thought, I would see no limit to my possible achievements. I would be more optimistic. I wouldn't feel robbed of a fair life. I wouldn't be so bitter and angry. I'd just get on with trying.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

Even if it was true, I could still be blissfully happy. Why do I pin so much of my worth onto external achievements? I need to learn to be happy with whatever I achieve in life. Life is so short - there just isn't any value in continually thinking about what I could have been if I was more fluent or taller or thinner or smarter. It's all such a waste of time.

16. I won't be able to answer their questions.
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**1. What evidence do you have for the thought?**

Although I often have this thought, I have no evidence for it. I have never failed to get an answer out. I may have stuttered, sometimes badly, but I have always got an answer out.

**2. What evidence do you have against the thought?**

I have hundreds of examples of this fear not coming true. That is, I have hundreds of examples of worrying about this - yet it has always proved to be wrong.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him that making predictions like that is not helpful, and that he should try to think more positively. I would ask him why he worries so much about not being able to answer their questions. I would point out that it is not the end of the world if he can't answer them.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

That's rubbish. If you keep thinking thoughts like this, it will just eat away your confidence. Why would you believe such a thought? It's so unhelpful.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

can't control if I can answer their questions. I guess if I could control this, I wouldn't be worrying in the first place. So what is the point of worrying about it??

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

The thought makes me feel humiliated and ashamed. It makes me feel incompetent and stupid. It leads me to avoid meetings and social gatherings whenever I can. So I guess it doesn't do anything for me - it just upsets me.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would definitely be better at going to meetings like this because I wouldn't get all worked up before them. If I didn't listen to the thought I would perform so much better in situations where I am being asked a lots of questions. I would have confidence and might actually enjoy giving my opinions.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

If I can't answer their questions, so what? It's unfortunate, but seeing it as something HORRIBLE or DISASTROUS is clearly an overreaction. It's not the end of the world. It happens to politicians and other famous people all the time.

17. I'm hopeless

**1. What evidence do you have for the thought?**

Obviously I have no evidence for this thought. Its such an overstatement. I have achieved many things and do many things well. I am not hopeless just because I stutter. Its a ridiculous thought.

**2. What evidence do you have against the thought?**

Where should I start? I have lots of evidence against this thought. I have achieved lots of things in life. I have finished school. I have gotten a job, and bought a car. I have travelled. I have a great set of friends. I clearly couldn't have done all this if the thought were true.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell them that they were being ridiculous. Nobody can be a completely hopeless human being. We all do some things well and some things not so well. We all have strengths and weaknesses. I would tell them that the way they have faced their stutter is an example of strength, not a weakness!

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would laugh. He would point out the little things that I do well. He would remind me of the times he has looked to me for support and advice.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I suppose I am, since I obviously try my best to do things well. So worrying that I am hopeless has no point I guess, because I can never really do better than my best!!! I am who I am.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It is VERY distressing to think that I am hopeless. I feel sad and miserable and it does nothing for me. I feel embarrassed and ashamed. I feel like I don't deserve the friends I have and the job I have. Believing that I'm hopeless is damaging me. It is simply isn't true.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would feel much stronger and happier if I would let go of this annoying thought. My life would be much easier, because I would be so much happier with myself. I would accept myself with the mistakes I do, instead of ruminating about them endlessly...

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

If I was hopeless it would have to be in one area, because nobody is completely hopeless at all times in all things. If I was hopeless in one area of my life, I guess it wouldn't be all that bad. I guess I would learn to compensate in other areas of life.

18. I'm of no use in the workplace.
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**1. What evidence do you have for the thought?**

I often feel useless at work, however feeling that way does not mean that I am useless. My boss has never said that I'm useless, and nor has any of my workmates.

**2. What evidence do you have against the thought?**

My colleagues often ask for my advice when they are stuck on things. I was hired in the first place and I have not been fired. All these things are evidence against the thought that I am of no use in the workplace.

**3. What would you tell a friend (to help them) if they had the thought?**

I would point out all the things she does at work that are useful to the customers of the company as well as for her boss and co-workers. I would point out what a great support she is to her co-workers. I would point out her strengths in her job.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would tell me that I am simply catastrophising my work performance because of a couple of minor problems. He would tell me that I am overreacting to a minor incident last week when I missed a very important phone call. Sometimes I pick one negative event and dwell on it and leave out ALL the other positive things that I actually do at work.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I suppose I am, since I obviously try my best to do things well. So worrying that I am hopeless has no point I guess, because I can never really do better than my best!!! I am who I am.



**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It kills my motivation to do well at work, since I feel that what I do doesn't make any difference. It becomes a self-fulfilling prophecy. I think I'm useless so I stop trying hard. It is not helpful in any way. It is very very distressing and makes me feel very sad

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would keep on being motivated to do my best at work, and keep going even though I make minor errors. I would enjoy my work so much more if I didn't have this thought in the back of my mind all the time

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

Even if the thought were true, I would simply have to change jobs or professions. Many people do that every day. It wouldn't be a disaster. And I don't have any reason to believe the thought anyway.

19. People will think I'm incompetent because I stutter.
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**1. What evidence do you have for the thought?**

Although this often feels true, I simply have no evidence for the thought. I have never had anyone actually question my ability because of my stutter.

## **2. What evidence do you have against the thought?**

I have been asked to take on many tasks at work. I have received promotions in my current job. I have successfully been given previous jobs after stuttering in the job interviews. I know that many people are very successful, despite stuttering.

## **3. What would you tell a friend (to help them) if they had the thought?**

Who cares anyway? Don't let people get at you. Why worry about the opinions of others. It's your opinion that matters.

## **4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

Well, you know you are good at what you do. Try to ignore the ignorant opinions of others. And anyway, what makes you believe that people think you're incompetent? I have never heard anyone question your competence.

## **5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

The opinions of others are definitely beyond my control. The private thoughts of others belong to them. I may as well worry about the weather! There just isn't any point to worrying about things that I really can't control.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

The thought makes me sad and anxious and very very angry. I get frustrated with the ignorance of others and then get agitated and upset. The thought doesn't help me in any way. If anything, the thought just makes me believe that there is no point even trying.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would be more optimistic about my future. I would be less anxious when I am in work meetings. I would be happier and less stressed.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

The worst thing that can happen is that occasionally an ignorant person will think I'm less capable than I am. In the end, however, my abilities will shine through. I know that many people who stutter are very successful.

20. I'll block completely and won't be able to talk.
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**1. What evidence do you have for the thought?**

I don't have any evidence for this. I have no idea if I will block or not or if I will be able to say what I want talk in the situation. However, making negative predictions and becoming anxious as a result is not helpful at all.

**2. What evidence do you have against the thought?**

Well, I usually am able to talk. I've never blocked so badly that I couldn't get anything out at all. I might have kept my talking brief when I'm having a bad day, but I've always been able to say some things.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell her that thinking this way is making matters worse. That is, predicting blocking and not being able to talk increases her anxiety.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would say that the thought just isn't true. He would point out that I have had this thought numerous times before, and things never turn out like the thought. Most of the time I am fine, and even when I block I can still get words out between blocks. He would point out that I'm being too negative.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I can't control if I block or won't be able to talk. I don't have complete control of my speech. I do my best, and there is no point in worrying about whether or not I block in a given meeting or social event.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

The thought makes me feel extremely anxious and miserable. It makes me fear speaking. It haunts me. There is nothing helpful about thinking this.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

Well, I wouldn't worry before big nights out and work functions and meetings. I wouldn't worry when I'm catching up with friends that I haven't seen in a long time. I would just be happier. My blocking wouldn't be a big deal - it wouldn't dominate my mind all the time.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

It's not that bad really when I think about it. Even if it did happen one day, I guess I'd just be quieter in that situation on that occasion.

21. Everyone will think I'm an idiot.

**1. What evidence do you have for the thought?**

I have no evidence for the thought. I know of no event in the past where everyone has thought I'm an idiot. This is just a negative imagining.

**2. What evidence do you have against the thought?**

I have been out hundreds of times in lots of different social situations. I have not had this happen even once. In fact, I don't think I've ever seen a single person at any gathering or meeting, lunch or dinner, where EVERYONE thought they were an idiot. This really just doesn't happen.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him not to care about others so much. Even if a couple of people saw him as an idiot, I would tell him not to care! Because we don't need everyone's approval to be happy.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would tell me to stop caring about ridiculous possibilities. He always tells me that I think up the worst situations and that they never come true. He would tell me that "I'm writing stories in my mind again". He would laugh at the idea that people would think I'm an idiot.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I can't control the opinions of others. Worrying about the private thoughts of others is a waste of time.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me feel paranoid and anxious. It makes me focus on how others are responding to me too much. It stops me enjoying social events. It's not helpful in any way.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

Oh, I would be so much more relaxed in social situations. I would enjoy planning to go out. I would perform better socially, because I would be at ease and natural. I could just be myself, without constantly trying to influence the way others see me.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

Oh well, I guess I would have a bad night. I guess it wouldn't be fun. But the night would end, and I would go home, and the sun would come up the next day and life would continue. I guess it isn't a catastrophe, even if it actually happened.

22. I can't speak to people in positions of authority.

### **1. What evidence do you have for the thought?**

I have some evidence that on some occasions in meetings I have stayed silent if the boss is present.

### **2. What evidence do you have against the thought?**

Most of the time I do speak to the boss, and to other managers at work. Often I don't like doing this. Often I feel anxious when I do this. But usually I do speak to them, and I do get my words out.

### **3. What would you tell a friend (to help them) if they had the thought?**

I would tell him not to focus on the rare occasions when he can't do this. I would tell him to focus on the hundreds of positive conversations that he has had with people in authority. I would tell him to stop imagining the worst all the time. I would tell him that he is just setting himself up for failure.

### **4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would acknowledge my feelings. He would accept that I find this difficult. However, he would point out that most people do get stressed when they speak to people in authority, since they are in AUTHORITY. But thinking about not being able to talk just gets me more worried about the situation.



**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I can't do better than my best. I can simply try to have the conversations and see how they go. I might stutter and I might block. But if I persevere I always get my words out.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

The thought makes me more stressed and anxious when I have to speak to a person in authority, so it is ONLY distressing. It is not helpful in any way. It stops me focusing on what the other person in the conversation is actually saying. That leads me to worry that I have missed something critical in the conversation, which makes me worry even more about what the person thinks of me. It is damaging in so many ways.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would be relaxed and be able to be more assertive with people in authority. I would be less anxious and more free. I would enjoy my working day so much more. I would be happier, and not long for the weekend all week.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

Worst case scenario - I am in an office of an authority figure and I couldn't speak. I doubt they would get angry or all worked up over that. I would try a little longer to speak, and I know I always get some words out. The person in authority could get a little irritated, but that isn't such a big deal. I'm not going to lose my job because I got stuck one day while speaking.

23. People will think I'm strange.
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**1. What evidence do you have for the thought?**

I have no evidence for the thought. I know of no event in the past where everyone has thought I'm strange. This is just a negative imagining.

**2. What evidence do you have against the thought?**

I have been out hundreds of times in lots of different social situations. I have not had this happen even once.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him not to care about others so much. Even if a couple of people saw him as strange, I would tell him not to care! Because we don't need everyone's approval to be happy. I would tell him to 'lighten up' on caring so much. Life's too short.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would tell me to stop caring about ridiculous possibilities. He always tells me that I think up the worst situations and that they never come true. He would tell me that "I'm writing stories in my mind again". He would laugh at the idea that people would think I'm strange.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I can't control the opinions of others. Worrying about the private thoughts of others is a waste of time.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me feel paranoid and anxious. It makes me focus on how others are responding to me too much. It stops me enjoying social events. It's not helpful in any way. It really is ruining my social life. It even effects the way I behave at work.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

Oh, I would be so much more relaxed in social situations. I would enjoy planning to go out. I would perform better socially, because I would be at ease and natural. I could just be myself,

without constantly trying to influence the way others see me. I would feel soooo free!! It would be wonderful.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

Oh well, I guess I would have a bad day. I guess it wouldn't be fun. But the day would end, and I would go home, and the sun would come up the next day and life would continue. I guess it isn't a catastrophe, even if it actually happened. All things pass. I treat these things like they are such a disaster.

24. People will think I can't speak English
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**1. What evidence do you have for the thought?**

I was asked whether I could speak English once. It happened in the pub about seven years ago. I was introduced to some friends of friends and one of them thought I was speaking a different language.

**2. What evidence do you have against the thought?**

I have had thousands and thousands of conversations in which everyone has understood my English. The weight of evidence is strongly against this negative thought.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell her that the thought is silly. Just because one person asked her that seven years ago does not mean it will happen again tonight. I would tell her that she is putting too much emphasis on one conversation in her life that didn't go well. I would tell her to focus on the thousands of conversations in which this hasn't happened.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

I think he would be a little irritated because he has heard me voice this concern before. He would just tell me that I'm crazy! He would reassure me that I sound fine and to stop thinking of myself as simply a stutterer. He would point out that I am so much more than that.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Yes I am, since I cannot change what other people think about my speech. The thought is such a waste of time. It is a useless thought.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

I get very worried sometimes about this and I get very distressed. There is nothing helpful about this thought since I know I speak very good English. When I am thinking too much about people thinking I can't speak English, I often have much more difficulty in speaking. It just worsens the situation. It also stops me from speaking when I don't know the other person

well. This is stopping me from making new friends. This thought really is doing me a lot of damage.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I wouldn't be so worried at all about speaking. I would experiment much more in social situations. I would get to know new people. I might even ask a stranger out on a date. It could radically change my life. In fact, when I think about it, getting over this thought could change the whole course and direction of my life. Who knows what one extra sentence or conversation can lead too. A little more bravery in social situations could change so much.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

Oh well, if somebody thought I don't speak English that's not so bad. I mean, it did happen once and nothing came of that. There really is no consequence at all, because I just point out that they are wrong and they get a bit embarrassed. Its their mistake after all. Why am I worrying about this?

25. No one would want to have a relationship with a stutterer.
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**1. What evidence do you have for the thought?**

I actually have no evidence for this thought. Its just a terrible fear in my mind.

## **2. What evidence do you have against the thought?**

I have lots of evidence against this thought. I have had lovers and partners who have loved me. The thought is silly. I know other people who stutter have relationships and marry.

## **3. What would you tell a friend (to help them) if they had the thought?**

Just look around you. You have so many people who care and show their love for you in so many ways. You have always had friends. And you have had several girlfriends. Why would you think this thought?

## **4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would tell me that all of us doubt that we are lovable when we are single or a relationship has broken up. He would tell me that its normal, but silly, to doubt that people will love us again. He would also point out that I have felt love from others in the past, and will inevitably feel it again.

## **5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I cannot control whether someone loves me. Love lives in the hearts and minds of others. I know that many people have loved me in the past, and love me at present. I hope that this continues. But to think about who could feel love for me, and who couldn't is really a waste of my mental life. It would be better to think about the things I can control. I can control how

I treat others. I can control the places I go and situations that I enter. I can control whether I ask people out. These things are worth thinking about. This is how I will get the relationship I want.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It is VERY distressing to believe that no-one could ever want a relationship with me. It leaves me feeling deep despair. It makes me withdraw from people. It biases me when I meet people, because I never see the positive side of any social interaction. I never really believe that people are warming to me, or could really want to be with me. It lowers my motivation for seeking love in my life, because I foolishly think it's pointless.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would be not so afraid to go out there and look for someone to be intimate with. That would be a HUGE gain, since it is very sad to think of the future without a relationship. I would be confident in approaching people. I would plan more ways to meet people. I would probably find what I am seeking. I am beginning to understand that so many of the outcomes of life are the simple result of my thoughts. This particular thought is holding me back so much.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**



The thought is ridiculous. It would be like saying that nobody could want a relationship with short people, or people with hearing problems. If it were true, I guess I'd have to focus on fulfilling my life in other ways. Single doesn't have to mean sad! But anyway, the thought is silly and I should get on with getting my needs met. If I could just focus on my many strengths, and understand that I am so much more than a stutterer, I could confidently put myself out there.

26. I can't think clearly because I stutter.

### **1. What evidence do you have for the thought?**

Last time I was trying to ask a question in class and I started to stutter it made it impossible for me to think clearly. This has happened before. I feel I have some evidence for this thought.

### **2. What evidence do you have against the thought?**

Well, I often can come up with good questions in class. Three times last week the teacher said to me, "excellent question", when I raised my hand to speak. My friends at TAFE say that they are too shy to ask questions in class and they don't even stutter. So maybe it isn't because I stutter that once I couldn't think clearly. Maybe it's because I got anxious.

### **3. What would you tell a friend (to help them) if they had the thought?**

I would point out ALL the times he thinks VERY clearly. I would tell him not to focus on the odd situation where he has felt rattled. Most people have moments where they can't respond to a simple question, but they don't worry about it afterwards.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would say, "Just because you've messed up on a few occasions doesn't mean you can't think clearly. And it doesn't mean it's because you stutter either. We all have blank moments in conversations. Who cares?"

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

No-one can control their mind so perfectly that they never miss things or stuff something up, or misunderstand some part of a conversation. I can't control moments when I don't think clearly. They just happen from time to time. They are unpredictable. So why worry about them? It would be like worry about the weather?

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me feel hopeless and irritated, and it gets me all worked up over things that happen. It makes me doubt myself. It lowers my self-esteem - my feelings of self-worth. It eats away at me - it makes me feel like no-one would ever want to employ me. It makes me feel inadequate and pathetic. This is clearly a very dangerous thought that has the potential to do me lots of harm.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would be much more likely to actually think clearly if I wasn't so worried about not being able to think clearly!!! I wouldn't be so self-conscious about everything I say. I would keep on doing my own business and I would be much happier that way. I wouldn't feel so inadequate. I would like myself more.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

So what if once in a while I can't think clearly. That is a common event for people. I am human, and I have human frailties. The worst case scenario is not to be able to think clearly from time to time, and making the odd mistake. That really isn't that bad.

27. I can't speak to aggressive people.

**1. What evidence do you have for the thought?**

When I got yelled at for no good reason by this angry bus driver, I couldn't answer him back. However, I was in shock because this happened so quickly, so maybe this was partly the reason.

**2. What evidence do you have against the thought?**

Well, lots of people have been aggressive with me in the past and when my mother is being aggressive towards me I can certainly answer her back.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell her that it is very normal to get shocked when people are aggressive. Most people have difficulty dealing with aggressive people. I would tell her it's OK to be a bit thrown in these situations.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

She would laugh, because she has seen me rip into my mother when she has been verbally aggressive to me. She would say that it depends on the situation. She would tell me that it's normal to find it difficult to speak to an aggressive boss because they hold all the power in the relationship. She would tell me that I'm being too negative in saying that I can't speak to these people. I usually do speak - I just find it hard

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

No, I can learn to be more assertive. I can control whether I try to speak to these individuals. Of course, I can't 100% control whether I stutter or block in these situations. This might still occur. But I can certainly control whether I speak in the situation.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It does nothing for me. It just makes me angry - and it makes me beat myself. I constantly hear myself saying you SHOULD be able to speak back to aggressive people. But should I?

Most people have some trouble with this. I am human after all. I have to stop being so critical of myself. The more I listen to my mind the more I realise that I have become a very negative person over recent years. I am going to change this.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would just be more relaxed if someone snaps at me. I wouldn't be worried about keeping everyone happy around me by being unassertive, and then afterwards getting upset with myself for never thinking about my own needs in relationships with others. I would recognise that the problem is theirs, not mine. It is the aggressive person who has the difficulty, not me. I would feel better about myself.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

If I regularly failed to talk to aggressive people, so what? People have no right to be verbally aggressive in the workplace, so they would need to change. And in my personal life, I guess I could choose to surround myself with supportive, kind people. If I couldn't talk to aggressive people, I guess this is what I'd do. But that isn't a bad thing at all. In fact, it's probably a sensible life plan!

28. People will think that I have no opinions.
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**1. What evidence do you have for the thought?**

I have no evidence for this thought. I often feel like this when I leave a dinner party and I haven't said much, but I don't have any evidence that other people are thinking this.

## **2. What evidence do you have against the thought?**

Lots of people have asked my views on things over my life. They must think that I have something interesting to say, otherwise why would they ask? Lots of my friends clearly like meeting up with me, one-on-one. I don't think they would do this if they thought I was boring, or had no opinion on anything. I have lots of good friends who do seem to like me. In sum, I have lots of evidence against this thought.

## **3. What would you tell a friend (to help them) if they had the thought?**

I would tell him that people think that he is a kind, caring, quiet person. They see him as a humble man and this is a good thing. Would he rather be seen as an arrogant 'love-me-do' who seeks to dominate every conversation? I would tell him that we all like him and like his company - that's why we ask him out.

## **4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

"Why do you worry soooooo much about what others think of you"!!! "Its soooooo irrelevant! You are great guy, and you should know that about yourself. Stop guessing about the thoughts of others – it's a waste of your time"!

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Yes, definitely! I cannot change people's thoughts about me. They control what they think! So worrying about this doesn't change anything. It really is a waste of my life. When I think of all the hours I have lost thinking about thoughts like this. So much time that I can't get back. I don't want to lose any more time concerned with the thoughts and opinions of others. It's time to live according to my own positive thoughts and opinions and aspirations.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me feel anxious all the time. I feel like I have to speak all the time. It makes me so tense when I'm in a conversation in a group. It makes me try to look for moments when I can say something. It makes me NEED to speak even when I really don't have anything to say. It's so useless. It ruins so many social occasions for me. Its time to chuck this thought.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would just be able to perform more naturally with any group of people, since I wouldn't feel this constant pressure that MY OWN THOUGHT is creating. Yes, MY thought is putting this pressure on me. And I don't even have evidence for the thought!!

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

The worst case scenario is that someone thinks I don't have any opinions. So what? Why should I care anyway? Is it going to change much? If someone doesn't think that I'm terribly bright or interesting, do I have to care? Of course not.

29. People will think that I'm boring because I have nothing to say.
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### **1. What evidence do you have for the thought?**

I have no evidence for this thought. I often feel like this when I leave a dinner party and I haven't said much, but I don't have any evidence that other people are thinking this.

### **2. What evidence do you have against the thought?**

Lots of people have asked my views on things over my life. They must think that I have something interesting to say, otherwise why would they ask? Lots of my friends clearly like meeting up with me, one-on-one. I don't think they would do this if they thought I was boring, or had no opinion on anything. I have lots of good friends who do seem to like me. In sum, I have lots of evidence against this thought.

### **3. What would you tell a friend (to help them) if they had the thought?**

I would tell him that people think that he is a kind, caring, quiet person. They don't see him as boring. They see him as a humble man and this is a good thing. Would he rather be seen as an arrogant 'love-me-do' who seeks to dominate every conversation? I would tell him that we all



like him and like his company - that's why we ask him out. Would we ask him out if he was boring?

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

"Why do you worry soooooo much about what others think of you"!!! "Its soooooo irrelevant - you are great guy, and you should know that about yourself. Stop guessing about the thoughts of others – it's a waste of your time"!

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Yes, definitely! I cannot change people's thoughts about me. They control what they think! So worrying about this doesn't change anything. It really is a waste of my life. When I think of all the hours I have lost thinking about thoughts like this. So much time that I can't get back. I don't want to lose any more time concerned with the thoughts and opinions of others.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me feel anxious all the time. I feel like I have to speak all the time, so others won't think I'm boring. It makes me so tense when I'm in a conversation in a group. It makes me try to look for moments when I can say something. It ruins so many social occasions for me.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would just be able to perform more naturally with any group of people, since I wouldn't feel this constant pressure that MY OWN THOUGHT is creating. Yes, MY thought is putting this pressure on me. And I don't even have evidence for the thought!! I know I'm not boring, and I have no evidence that others think I am.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

The worst case scenario is that someone thinks I'm boring. So what? Why should I care anyway? Is it going to change much? If someone doesn't think that I'm terribly bright or interesting, do I have to care? Of course not. I think some people are boring and I'm sure my opinion isn't ruining their life.

30. If I block, people will think I'm retarded.
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**1. What evidence do you have for the thought?**

I have no evidence for the thought. I know of no event in the past where anyone has thought I'm retarded. No-one has ever said anything like this to me. This is just a negative imagining.

**2. What evidence do you have against the thought?**

I have been out hundreds of times in lots of different social situations. I have not had anyone comment like this.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him not to care about others so much. Even if a couple of people DID believe he was retarded, it would just mean they are ignorant. I would tell him not too care! We don't need everyone's approval to be happy. I would tell him to 'lighten up' on caring so much. Life's too short.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would tell me to stop caring about ridiculous possibilities. He always tells me that I think up the worst situations and that they never come true. He would tell me that "I'm writing stories in my mind again". He would laugh at the idea that people would think I'm retarded.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I can't control the opinions of others. Worrying about the private thoughts of others is a waste of time. I need to stop caring about others soooooo much!

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me feel paranoid and anxious. It makes me focus on how others are responding to me too much. It stops me enjoying social events. It's not helpful in any way. It really is ruining my social life.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

Oh, I would be so much more relaxed in social situations. I would enjoy planning to go out. I would perform better socially, because I would be at ease and natural. I could just be myself, without constantly trying to influence the way others see me. I would feel soooo free!! It would be wonderful. It's worth working to overcome these negative thoughts - they really are so harmful.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

I guess the worst scenario is that I block very very badly one day in front of an ignorant person who knows nothing about stuttering and is also rude. The worst that would happen is that the rude person might ask me "Are you retarded"? It would be a stupid question and THEY should feel embarrassed - not me. This is the worst scenario. It wouldn't be nice, but it's not a disaster. The scene would end. All things pass.

31. I can't face these people.
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**1. What evidence do you have for the thought?**

Well, I have failed to turn up to two social events when these people are present. I guess that could be evidence that I can't face these people. Then again, it's probably just evidence that I

don't want to face these people. Obviously I can physically drive my car to the restaurant and enter it - I just don't want to do it.

**2. What evidence do you have against the thought?**

I have faced these people on many occasions. I haven't always enjoyed these occasions, but I have done it many times. I guess this is strong evidence against the thought. Interestingly, some of the nights that I have faced these people have turned out to be fun.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell her that it's only her that suffers in the end. Each time she avoids a social situation she cuts options out of her life. Each time she avoids she misses out on meeting new people. Some of these people could have played important roles in her life.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would tell me that I perform very well in these situations and that if I just gave up caring about others opinions I'd have lots of fun. He'd tell me to face my fears. He would point out that, in the end, it's the only way to move forward.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I can completely control whether I go to this event. It's up to me. I have done it before, and liked it some times. I can do it again. Who knows who I'll meet.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

The thought only makes me anxious and I start to ruminate. It is not helpful since I feel very sad and I don't feel like doing anything about the situation when I think this way. I should actually get out there and face these people. The thought is shutting down my life.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would be able to go everywhere I wanted. I would not have to hide from anyone or anything. That would give me lots of freedom and happiness. My life would be so much less restricted. I would open lots of doors in life - lots of new possibilities. It's all there for the taking. I just have to grab it.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

If I couldn't face these people that would mean that I would have to limit my activities a bit. Also, I would be anxious about seeing these people everywhere. But I can change it by just going and confronting the situation. Then it's all over. Like ripping off a band-aid. So even if the causal thought were true, there is a very clear way out of the situation.

32. People will wonder what's wrong with me if I stutter.

**1. What evidence do you have for the thought?**

I have no evidence for the thought. I know of no event in the past where people have been left wondering what's wrong with me. No-one has ever told me that people were gossiping about me after leaving a social situation. This is just a negative imagining.

**2. What evidence do you have against the thought?**

I have been out hundreds of times in lots of different social situations. This does not appear to have happened, even once.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him not to care about others so much. Even if a couple of people wondered, I would tell him not to care! Because we don't need people's approval to be happy. I would tell him to 'lighten up' on caring so much. Just get on with things.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would tell me to stop caring about ridiculous possibilities. He always tells me that I think up the worst situations and that they never come true. He would tell me that "I'm writing stories in my mind again". He would laugh at the idea that people are left wondering about me. He would also reassure me that no-one has ever questioned him about me in this way.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I can't control the opinions of others. Worrying about the private thoughts of others is a waste of time. Who knows what people think of any of us? These thoughts are the private property of others.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me feel paranoid and anxious. It makes me focus on how others are responding to me too much. It stops me enjoying social events. It's not helpful in any way. It really is ruining my social life. It even effects the way I behave at work.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

Oh, I would be so much more relaxed in social situations. I would enjoy planning to go out. I would perform better socially, because I would be at ease and natural. I could just be myself,



without constantly trying to influence the way others see me. I would feel soooo free!! It would be wonderful.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

There really isn't a 'worst outcome' here. If somebody is privately wondering what's wrong with me, so what? If they are just wondering, I can't see how it has to effect me. So I guess it isn't a catastrophe, even if it actually happened.

33. What will people think of me if they disagree with what I say?
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**1. What evidence do you have for the thought?**

Well, I can't have evidence for this thought. How could I have evidence about the private thoughts of others? I simply don't know what people are thinking.

**2. What evidence do you have against the thought?**

Like the question before, I can't have any evidence against this thought. The thought just questions what people are thinking about me if they disagree with something I say. I guess they could be thinking many things. I guess I'll never know.

**3. What would you tell a friend (to help them) if they had the thought?**

I would ask him why he's thinking about this. I would ask him why it bothers him. I would point out that people disagree with people in conversations every day. It's normal. Why is he making an issue of this everyday happening?

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

I don't think my most supportive friend would even understand my concern. I don't think he'd get it. I think he'd just look at me strangely and say "I don't know what people would think - not much I guess". In other words, I think the whole topic would be new to him. It's just not something that he would ever even consider.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I can't control the opinions of others. Worrying about the private thoughts of others is a waste of time. Who knows what people think of any of us? These thoughts are the private property of others.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me sooooo agreeable. I become frightened to ever express a contrary opinion about anything. Some times I think I have something important to say, but simply don't go there for

fear that someone will view it badly. The thought stops me from being real. It doesn't allow me to be myself.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would be true to my own views on all things. I would express my feelings without fear. I would contribute more to conversations. I wouldn't be a 'yes man'. I would feel better about myself. I would feel more competent.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

Nothing bad would happen. I would express my view ... somebody would disagree with me....I would respond.....they would respond.....and the conversation would move on to something else. If someone was thinking something negative about me, so what?

34. Most people view stutterers as less capable.
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**1. What evidence do you have for the thought?**

Although this often feels true, I simply have no evidence for the thought. I have never had anyone say this or imply this.

**2. What evidence do you have against the thought?**

I stutter, and people don't seem to be treating me as less capable. I have been asked to take on many tasks at work. I have received promotions in my current job. I have successfully been given previous jobs after stuttering in the job interviews.

**3. What would you tell a friend (to help them) if they had the thought?**

Who cares anyway? Don't let people get at you. Why worry about the opinions of others?

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

Well, you know you are good at what you do. Try to ignore the ignorant opinions of others. And anyway, what makes you think that people doubt stutterers? I have never heard anyone question your ability. Where do you come up with these thoughts?

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

The opinions of others are definitely beyond my control. The private thoughts of others belong to them. I may as well worry about the weather! There just isn't any point to worrying about things that I really can't control.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

The thought makes me sad and anxious and very very angry. I get frustrated with the ignorance of others and then get agitated and upset. The thought doesn't help me in any way. If anything, the thought just makes me believe that there is no point even trying.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would be more optimistic about my future. I would be less anxious when I am in work meetings. I would be happier and less stressed. I would have a better opinion of my fellow-man. I am judging them as ignorant and stupid, and I don't even really know what they think of stuttering! I'm not really being very fair.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

The worst thing that can happen is that some ignorant people will think I'm less capable than I am. In the end, however, my abilities will shine through. I know that many people who stutter are very successful

35. I don't want to go - people won't like me.

**1. What evidence do you have for the thought?**

I have no evidence for this thought. It's just an irrational fear that I have.

**2. What evidence do you have against the thought?**

When I have met new people in the past they have generally warmed to me. I have made lots of friends by going into social situations where I haven't known everyone.

**3. What would you tell a friend (to help them) if they had the thought?**

Just look around you. You have so many people who care and show their love for you in so many ways. You have always had friends. Why would you think this thought? Why would you think that people won't like you?

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

If someone doesn't like you because you stutter, why bother with them? Would you really want to be close to someone who is that shallow?

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Worrying about the private thoughts of others is pointless. I cannot control what others think about me. Some people will warm to me, and others will not. Ruminating about the feelings of others is a waste of my mental life.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

The thought makes me feel that my life will be lonely and that I will always feel isolated. It separates me from other people - it keeps me distant from people because I fear rejection. In the end, if I don't beat this thought, it could become a self-fulfilling prophecy!! It doesn't help me in any way. I have lots of evidence that people generally like me.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would be much more relaxed around people and therefore it would be much more likely that I would fit in. I would feel more confident in starting friendships. I would not shy away from people so much. I would pursue relationships without fear. I wouldn't be scared whenever I entered a new social situation.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

The thought is ridiculous so I don't need to really think about it. But if the people around me didn't seem to like me because I stuttered I guess I would just search for less shallow friends! There are lots of lovely, kind, and caring people in the world.

36. My pauses are too long - people will think I'm weird.

**1. What evidence do you have for the thought?**

I have no evidence for the thought. I know of no event in the past where people have thought I'm weird. This is just a negative imagining. It's a story that I tell myself, but that doesn't make it true.

**2. What evidence do you have against the thought?**

I have been out hundreds of times in lots of different social situations. I have no evidence that this has happened even once.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him not to care about others so much. Even if a couple of people saw him as weird, I would tell him not to care! Because we don't need people's approval to be happy - I would tell him to 'lighten up'. If an ignorant person doesn't understand stuttering, you don't have to care.



**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would tell me to stop caring about ridiculous possibilities. He tells me that I think up the worst outcomes and dwell on them. He tells me that they never come true. He would tell me that "I'm writing stories in my mind again".

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I can't control the opinions of others. Worrying about the private thoughts of others is a waste of time. I need to stop doing this.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me feel paranoid and anxious. It makes me focus on how others are responding to me too much. It stops me enjoying social events. It's not helpful in any way. It really is ruining my social life. It effects the way I behave at work. It even effects where I shop (because I only like going to places where I know the staff). This thought really is restricting me.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

Oh, I would be so much more relaxed in social situations. I wouldn't catastrophise every time I have a long block. I would enjoy planning to go out. I would perform better socially, because I would be at ease and natural. I could just be myself, without constantly trying to influence the way others see me. I would feel free!

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

Not too much to worry about here really. So what if a couple of people thought I was weird because of long blocks? Of course, I'd rather it didn't happen. But it really isn't that bad when I think about it.

37. People won't like me because I won't be able to talk.
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**1. What evidence do you have for the thought?**

I have no evidence for this thought. It's just an irrational fear that I have. I always write these negative stories in my head about how things will turn out - and they almost never come true!

**2. What evidence do you have against the thought?**

When I have met new people in the past they have generally warmed to me. I have made lots of friends by going into social situations where I haven't known everyone. Even when my speech has been difficult and my stutter has been bad, people seem to like me.

**3. What would you tell a friend (to help them) if they had the thought?**

Just look around you. You have friends everywhere. People like you because you're a nice person. No-one cares about the stutter - except you!! YOU are the one that is making the big deal about it.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

If someone doesn't like you because you stutter, why bother with them? Would you really want to be close to someone who is that shallow? Life's too short to bother with these types of people.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Worrying about the private thoughts of others is pointless. I cannot control what others think about me. Some people will warm to me, and others will not. Ruminating about the feelings of others is a waste of my mental life.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

The thought makes me feel that my life will be lonely and that I will always feel isolated. It separates me from other people - it keeps me distant from people because I fear rejection. In the end, if I don't beat this thought, it could become a self-fulfilling prophecy!! It doesn't help me in any way. I have lots of evidence that people generally like me.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would want to go out more! I would be more relaxed around people and therefore it would be much more likely that I would fit in. I would not shy away from people so much. I would pursue relationships without fear. I wouldn't be scared whenever I entered a new social situation.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

The thought is ridiculous so I don't need to really think about it. But if the people around me didn't seem to like me because I stuttered I guess I would just search for less shallow friends! There are lots of lovely, kind, caring people in the world.

38. I can't convince people of anything I say because I stutter.
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**1. What evidence do you have for the thought?**

Last week when I was trying to convince my bank to give me a loan for a new car, they said no. I am convinced that it was because I stutter. However, I have no evidence that this was the reason.

**2. What evidence do you have against the thought?**

I previously convinced another bank to give me a loan for my house. And, if I'm honest with myself, I have convinced many people of many other things in the past. Also how could stutters ever be successful, if stuttering stopped you from convincing people of things. Successful, convincing stutters include: Aristotle (famed thinker), Winston Churchill (English PM during WWII), Claudius (Roman Emperor), King George VI (King of England), Henry James (Novelist), Thomas Jefferson (US President), Lenin (Russian Communist Leader), Louis II (King of France), Isaac Newton (Scientist-Law of Gravity), Alan Turing (founder of Computer Science), George Washington (US president).

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him that lots of people don't get loans from their bank. I would assure him that banks don't make loan judgements on the basis of speech function!! Also, I would remind him of all the successful stutters that have convinced the rest of the world about LOTS of things!

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

She would tell me that I was imagining things. She would tell me of the many things I have convinced her about over the years. She would tell me not to take the bank rejection so hard. She would tell me not to attribute everything in life to my stutter.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I can only do my best to convince people of the things that are important to me. Better than my best isn't possible. Worrying about the outcomes of my attempts to convince people is silly - I can't control the outcomes.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me feel both sad and anxious. There is nothing helpful about these feelings. They only increase the distress prior to any important meeting or activity where I have to speak.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

The gains would be enormous. I wouldn't take trivial things like rejection from the bank as a sign of weakness. Rather, I would rationally think about what happened and realise I need a better credit history to be able to get a loan for this car!! So these sorts of events wouldn't get me all worked up. And I would deal with them sensibly, rather than blaming everything on stuttering.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

The thought is ridiculous so I don't need to really think about it. Obviously, stuttering doesn't stop people from convincing others. But let's imagine for a moment that one day it did. I

guess this would be the worst case scenario. One day I failed to convince someone of my point of view because I stuttered. So what! If that's the worst thing that happens to me in life, I've been blessed!!

39. People will think I'm retarded if I stutter.
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**1. What evidence do you have for the thought?**

I have no evidence for the thought. I know of no event in the past where anyone has thought I'm retarded. No-one has ever said anything like this to me. This is just a negative imagining.

**2. What evidence do you have against the thought?**

I have been out hundreds of times in lots of different social situations. I have not had anyone comment like this.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him not to care about others so much. Even if a couple of people DID believe he was retarded, it would just mean they are ignorant. I would tell him not too care! We don't need everyone's approval to be happy. I would tell him to 'lighten up' on caring so much. Life's too short.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would tell me to stop caring about ridiculous possibilities. He always tells me that I think up the worst situations and that they never come true. He would tell me that "I'm writing stories in my mind again". He would laugh at the idea that people would think I'm retarded.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I can't control the opinions of others. Worrying about the private thoughts of others is a waste of time. I need to stop caring about others soooooo much!

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me feel paranoid and anxious. It makes me focus on how others are responding to me too much. It stops me enjoying social events. It's not helpful in any way. It really is ruining my social life.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

Oh, I would be so much more relaxed in social situations. I would enjoy planning to go out. I would perform better socially, because I would be at ease and natural. I could just be myself, without constantly trying to influence the way others see me. I would feel soooo free!! It would be wonderful. It's worth working to overcome these negative thoughts - they really are so harmful.



**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

I guess the worst scenario is that I stutter very very badly one day in front of an ignorant person who knows nothing about stuttering and is also rude. The worst that would happen is that the rude person might ask me "Are you retarded"? It would be a stupid question and THEY should feel embarrassed - not me. This is the worst scenario. It wouldn't be nice, but it's not a disaster. The scene would end. All things pass.

40. I'll block - I know I will.
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**1. What evidence do you have for the thought?**

It is difficult to have actual evidence for the way I will speak in a future conversation. I might be surprisingly fluent. I often am. However, I have blocked in many situations in the past, so I think I might block when I go into similar situations in the future. Although I think this, I need to remember that I have NO actual evidence of how I will speak on any given future day.

**2. What evidence do you have against the thought?**

As I'm thinking about a future conversation, I can't really have evidence against this thought. I may block and I may not.

**3. What would you tell a friend (to help them) if they had the thought?**

So what? You have blocked before, and you will almost certainly block again. Yes, you might block when you talk in your meeting later today, but who really cares? Why do you give your stutter so much significance? No-one else cares about it like you do. You think it's on everyone's mind, but it isn't.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would just tell me that stuttering isn't as big a deal to other people as it is to me - so therefore, worrying about stuttering in a situation is pointless. He would tell me to let it go.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I am worrying about an outcome beyond my control. I can't MAKE my speech motor system perfect by worrying about it. A lot of factors influence whether I am fluent in any given conversation. For example, if I am tired my speech tends to be poorer. So I am unlikely to ever gain total control over my speech. Thinking about whether I will block on any given day is a bit like thinking about the weather - there really isn't much point!

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

The thought occupies my mind when I should be doing other things. The thought makes me apprehensive and feel anxious. Because I then get anxious, I become MORE likely to block.

So the thought itself increases my chance of blocking. What a useless thought!! It also stops me hearing things accurately in conversations. I become so absorbed by whether or not I'm going to block I often miss what others are saying. It really doesn't help me in any way.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

If I could let go of this thought I would live more 'in the moment'. I would have more time to just focus on what I'm doing, what people are saying, and what I want to say. I wouldn't be so distracted. I wouldn't be so anxious. I wouldn't get distressed for a day or two before going out. My quality of life would go up. There are lots of gains that would come from dropping this thought.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

There really isn't a 'worst outcome' here. All that would happen is that I would block, and I have done that thousands of times before. No-one cuts off my legs if I block tonight. There is no fine to pay if I block. There really isn't any terrible outcome here.

41. I'll make a fool of myself.
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**1. What evidence do you have for the thought?**

How could I have evidence for this thought? How could I know how a future social encounter is going to go? I often feel like I'm going to make a fool of myself, but I don't have evidence for this thought.

**2. What evidence do you have against the thought?**

I've been in thousands of social situations in the past. In some of them I have felt embarrassment. But I don't think I have ever really 'made a fool' of myself. This thought is too negative. I have a lifetime of evidence against it.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him not to make predictions like this beforehand, since he has no idea what will actually happen. But I would also tell him how much fun he is. I would reassure him that we all like him. Nobody thinks he's a fool.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would just tell me that stuttering isn't as big a deal to other people as it is to me - so therefore, worrying about stuttering in a situation is pointless. He would tell me to let it go. He would tell me that I never make a fool of myself. He would tell me that I'm being ridiculous.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I can't control how others respond to me. I can't control what others say to me. I can't control whether someone laughs at me. No one can. I'm worrying about social encounters when I can't control all of the people involved. The thought is pointless. It's just a distressing waste of time.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me anxious and avoidant. It stops me from going to lots of places. It stops me from meeting new people, it stops me from joining new clubs or interest groups. It stops me from going to continuing education at the university at night. It is ruining my life. It is just a dumb thought that has never been true and its causing me so much harm. Its time to let go of this thought.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

If I wasn't so concerned about making a fool of myself, I would be much more confident in social situations. I would be more relaxed, and I would have a more fulfilling life.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

The worst thing that could happen is that on one or two occasions in the future an ignorant person or people laugh at me when I stutter. But that is hardly a disaster. If I'm willing to confront this small risk I can get my life back on track. I can start to engage with the world

again. I can go out there and get my needs met. I can grab life and make the most of it. It has to be worth dropping this irrational fear.

42. People get tired of waiting for me to get my words out.
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**1. What evidence do you have for the thought?**

I don't have any evidence that people will get tired of me when I am trying to say things. I just think they do. Sometimes they look away from me. Sometimes they look at the floor. Sometimes they try to finish my sentences for me. When these things happen, I ASSUME that they are tired of waiting for me. But I don't really know the motivation behind their actions. They could be trying to help.

**2. What evidence do you have against the thought?**

Well, my friends have told me that they REALLY don't mind that I sometimes take longer to say things. That is one piece of evidence against my thought.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell her not to worry about it and keep trying to do her best. After all, that is all that she can do. I would tell her that I never feel irritated or annoyed if someone is taking time to say something.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would ask me why I care about this. He would tell me that I am very critical of myself. He would point out that I am much more critical of myself than other people are. He would point out that I can only do my best.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Sort of, since I can't change if people get tired of me talking or not. So worrying about it is pointless.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It just makes me feel anxious and I just feel like staying at home and not going anywhere. That is very distressing and not helpful in any way.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would go to cocktail parties at work and network with colleagues. I would do all the things I have wanted to do, but have put off because I get this thought in my mind. There would be a whole new life for me if I didn't believe this silly thought.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

I guess the worst outcome is that on some occasions someone gets tired of me when they are waiting for me to get my words out. It's not really the end of the world. After all, I wouldn't choose such impatient people as my friends anyway.

43. People shouldn't have to wait so long for me to speak.
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**1. What evidence do you have for the thought?**

I have no evidence for this thought. Its just an opinion. Why shouldn't people have to wait?

**2. What evidence do you have against the thought?**

Why shouldn't they have to wait for me to speak? Maybe they would very much like to hear what I have to say. Everybody has to wait while others are speaking. It's how humans communicate.

**3. What would you tell a friend (to help them) if they had the thought?**

I would point out that waiting while others talk is a normal part of communication. I would point out that we all learn to do this when we are children, and that its just good manners.



**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would just tell me that stuttering isn't as big a deal to other people as it is to me - so therefore, worrying about stuttering in a situation is pointless. He would tell me to let it go. He would tell me that I really don't take that long to speak. He would tell me that I'm being silly.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Yes, I am worrying about the reactions of others and how long it takes me to get some words out. In the end, I guess it will take as long as it takes! There's not much point in thinking about it.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me angry and guilty since I constantly ruminate about how they SHOULDN'T have to put up with this. It's not helpful at all. It just occupies my mind and makes me feel bad.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would just relax when I am speaking to people, whether or not I am taking my time to speak. My life would be less restricted if I could just get past this thought. I wouldn't worry

so much about blocking. I would be able to think more about what the other person is saying. I would become a better conversational partner, because I'd be listening more.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

The thought is silly, so there really isn't a worst outcome here. I guess the odd person would get frustrated when I block badly. I guess nothing much would change.

44. I always embarrass the people I'm speaking to.

**1. What evidence do you have for the thought?**

I have no evidence for the thought. This is just a negative imagining. 'Always' is a very strong word.

**2. What evidence do you have against the thought?**

I have been out hundreds of times in lots of different social situations. I have never had anyone tell me that they were embarrassed. I have never had anyone tell me that someone else had said they were embarrassed.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him not to care about others so much. Even if a couple of people were embarrassed, I would tell him not to care! We don't need everyone's approval to be happy.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would tell me to stop caring about ridiculous possibilities. He always tells me that I think up the worst situations and that they never come true. He would tell me that "I'm writing stories in my mind again". He would laugh at the idea that I constantly embarrass people.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I can't control the opinions of others. Worrying about the private thoughts of others is a waste of time.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me feel paranoid and anxious. It makes me focus on how others are responding to me too much. It stops me enjoying social events. It's not helpful in any way.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

Oh, I would be so much more relaxed in social situations. I would enjoy planning to go out. I would perform better socially, because I would be at ease and natural. I could just be myself, without constantly trying to influence the way others see me.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

Oh well, I guess I would have the odd bad night. I guess it wouldn't be fun. But the night would end, and I would go home, and the sun would come up the next day and life would continue. I guess it isn't a catastrophe, even if it actually happened.

45. People think I have something to hide because my stutter sounds suspicious.

**1. What evidence do you have for the thought?**

How do I know that? Have I ever asked anyone if they think I have something to hide? I have no evidence for this thought at all.

**2. What evidence do you have against the thought?**

I have lots of evidence against this thought. For a start, people appear to trust me. My aunt keeps asking me to take care of her children. She wouldn't do that if she thought I had something to hide, would she? And what about everyone else who stutters? Am I really suggesting that the whole world perceives them all with suspicion? I have never thought that about other people who stutter.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him that he's being silly. I think I would laugh. After all, he's not some master spy, or secret agent! What could he possibly be hiding behind his stutter? I would say that the thought is ridiculous.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would tell me to stop caring about ridiculous possibilities. He always tells me that I think up the worst situations and that they never come true. He would tell me that "I'm writing stories in my mind again". He would laugh at the idea that people would think I'm hiding something. He would tell me that I should become an author, and he would smile.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Yes, because in the unlikely event that people would be suspicious because I was stuttering, there would be nothing for me to do about it. I mean, I am worrying about the private thoughts and feelings of others. There is no point to this.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me very anxious in social situations. I miss out on things because I don't want people to think I have something to hide. So it is very distressing to think this thought and there is nothing helpful about it.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

It would be fantastic if I didn't believe this thought. I would be more confident in social situations. I would stop ruminating about this before and after I go to soccer with my friends and other social events.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

Ok, let's say people think I have something to hide. Let's imagine that, to some people, my stuttering sounds suspicious. I guess these people might be a little guarded around me. I guess these people mightn't open up to me. That's about as bad as it gets I guess. There really aren't terrible consequences of this thought, and it's silly anyway.

46. People will think that I'm worthless
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**1. What evidence do you have for the thought?**

Although this often feels true, I simply have no evidence for the thought. I have never had anyone actually question my worth because of my stutter.

**2. What evidence do you have against the thought?**

Many people seem to like me. People call me and ask to catch up with me. I have been asked to take on many tasks at work. I have received promotions in my current job. I have successfully been given previous jobs after stuttering in the job interviews.

**3. What would you tell a friend (to help them) if they had the thought?**

Who cares anyway? Don't let people get at you. Why worry about the opinions of others. Its your opinion that matters.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

Well, you know you are not worthless. Try to ignore the ignorant opinions of others. And anyway, what makes you believe that people think you're worthless? I have never heard anyone question your worth or value in any way.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

The opinions of others are definitely beyond my control. The private thoughts of others belong to them. I may as well worry about the weather! There just isn't any point to worrying about things that I really can't control.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

The thought makes me sad and anxious and very very angry. I get frustrated with the ignorance of others and then get agitated and upset. The thought doesn't help me in any way. If anything, the thought just makes me believe that there is no point even trying.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would be more optimistic about my future. I would be less anxious when I am in work meetings. I would be happier and less stressed.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

The worst thing that can happen is that occasionally an ignorant person could think negatively of me. It's not that bad really.

47. I'll embarrass myself.
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**1. What evidence do you have for the thought?**

How could I have evidence for this thought? How could I know how a future social encounter is going to go? I often feel like I'm going to embarrass myself, but I don't have evidence for this thought.

**2. What evidence do you have against the thought?**

I've been in thousands of social situations in the past. In some of them I have felt anxious. But most of the time I don't feel embarrassed. I'm just anxious that something will go wrong.

**3. What would you tell a friend (to help them) if they had the thought?**



I would tell him not to make predictions like this beforehand, since he has no idea what will actually happen. But I would also tell him how much fun he is. I would reassure him that we all like him.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would just tell me that stuttering isn't as big a deal to other people as it is to me - so therefore, worrying about stuttering in a situation is pointless. He would tell me to let it go. He would tell me that I have nothing to be embarrassed about. He would tell me that I'm being ridiculous.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I can't control how others respond to me. I can't control what others say to me. I can't control whether someone laughs at me. No one can. I'm worrying about social encounters when I can't control all of the people involved. The thought is pointless. Its just a distressing waste of time.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me anxious and avoidant. It stops me from going to lots of places. It is stopping me from meeting new people. It stops me from joining new clubs or interest groups. It stops me

from going to continuing education at the university at night. It is ruining my life. It is just a dumb thought that has never been true and its causing me so much harm. Its time to let go of this thought.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

If I wasn't so concerned about embarrassing myself, I would be much more confident in social situations. I would be more relaxed, and I would have a more fulfilling life.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

The worst thing that could happen is that on one or two occasions in the future an ignorant person or people laugh at me when I stutter. But that is hardly a disaster. If I'm willing to confront this small risk I can get my life back on track. I can start to engage with the world again. I can go out there and get my needs met. I can grab life and make the most of it. It has to be worth dropping this irrational fear.

48. I can't speak to people I find sexually attractive
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**1. What evidence do you have for the thought?**

When I met Stephanie last week, I had trouble saying anything.

**2. What evidence do you have against the thought?**

Well, I have spoken to lots of attractive people in the past. Sometimes I feel extra anxious, but I still generally manage to speak.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell her that it is very normal to find this situation difficult. I would tell her it's OK to be a bit thrown in these situations.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

She would laugh, because she has seen me chatting up girls on some occasions. She would say that it depends on the situation. She would tell me that it's normal to find it difficult to speak in some situations. She would tell me that I'm being too negative in saying that I can't speak to these people. I usually do speak - I just find it hard.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

No, I can learn to be more assertive. I can control whether I try to speak to these individuals. Of course, I can't 100% control whether I stutter or block in these situations. This might still occur. But I can certainly control whether I speak in the situation.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It does nothing for me. It just makes me irritated - and it makes me beat up on myself. I constantly hear myself saying you SHOULD be able to speak to these people. I have to stop being so critical of myself. The more I listen to my mind the more I realise that I have become a very negative person over recent years. I am going to change this.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would just be more relaxed around beautiful people. I would be more confident. I would approach people I'm interested in. I would get my life back.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

I guess the worst that would happen is that I would miss some opportunities to engage with some people. I really don't want that to happen, so I'm not going to give in to this thought.

49. No one will understand what I'm trying to say.
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**1. What evidence do you have for the thought?**

I do have some evidence for this thought. I was asked whether I could speak English once. It happened in the pub about seven years ago. I was introduced to some friends of friends and one of them thought I was speaking a different language.

## **2. What evidence do you have against the thought?**

I have had thousands and thousands of conversations in which everyone has understood me. The weight of evidence is strongly against this negative thought.

## **3. What would you tell a friend (to help them) if they had the thought?**

I would tell her that the thought is silly. Just because one person asked her that seven years ago does not mean it will happen again tonight. I would tell her that she is putting too much emphasis on one conversation in her life that didn't go well. I would tell her to focus on the thousands of conversations in which this hasn't happened.

## **4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

I think he would be a little irritated because he has heard me voice this concern before. He would just tell me that I'm crazy! He would reassure me that I sound fine and to stop thinking of myself as simply a stutterer. He would point out that I am so much more than that.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Yes I am, since I cannot change what other people think about my speech. The thought is such a waste of time. It is a useless thought.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

I get very worried sometimes about this and I get very distressed. There is nothing helpful about this thought since I know I generally get my message across very well in the end. The negative thought just worsens the situation. It also stops me from speaking when I don't know the other person well. This is stopping me from making new friends. This thought really is doing me a lot of damage.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I wouldn't be so worried at all about speaking. I would experiment much more in social situations. I would get to know new people. I might even ask a stranger out on a date. It could radically change my life. In fact, when I think about it, getting over this thought could change the whole course and direction of my life. Who knows what one extra sentence or conversation can lead too. A little more bravery in social situations could change so much.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

Oh well, if somebody didn't understand me that's not so bad. I mean, it did happen once and nothing came of that. Why am I worrying about this?

50. What's the point of even trying to speak? It never comes out right.

**1. What evidence do you have for the thought?**

Sometimes I have changed the words I wanted to say to avoid stuttering. Sometimes this has made my ideas come out wrong.

**2. What evidence do you have against the thought?**

Most of the time my sentences are fine. Most of the time I say what I want to say. Most of the time, the meaning of my speech is clear. The weight of evidence is clearly against this thought.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him that the thought is outrageous. I would tell him that I can always understand what he's trying to say. I would ask him where he came up with this funny idea?

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would laugh and look confused. He would wonder where I get these strange ideas from. He would point out that we've been chatting for years and that I'm always clear in what I'm trying to say.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I'm worried about whether a future sentence in a future conversation sounds unclear. I'm worried about not saying something quite right in a future conversation. Well, I am human. This happens to us all sometimes. I can't stop this from happening. It's pointless to worry about this.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

This thought does nothing positive for me, it only makes me more and more miserable and it is definitely not helpful in any way. All I get from thinking this thought is that I get anxious and as a result self-conscious when I talk.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I wouldn't care so much in social situations. I'd be confident when I went to speak. I would be accepting that I'm human, and would accept that sometimes everyone stumbles in their



speech. I would be braver in my speech. I would engage more with everyday situations, instead of constantly avoiding.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

I guess I would make some mistakes in some conversations. That's really as bad as it gets.

51. I won't be able to say exactly what I want to say.
--

**1. What evidence do you have for the thought?**

Sometimes I have changed the words I wanted to say to avoid stuttering. Sometimes this has made my ideas come out wrong.

**2. What evidence do you have against the thought?**

Most of the time I say exactly what I want. It is actually quite rare that I have to change things around.

**3. What would you tell a friend (to help them) if they had the thought?**

I would ask him if he's being too negative. I would ask him how often this really happens. I would get him to realise that he is focusing on a few incidents and forgetting the rest of his conversations over many many years.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would laugh and look confused. He would wonder where I get these strange ideas from. He would point out that we've been chatting for years and that I'm always clear in what I'm trying to say.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I'm worried about whether a future sentence in a future conversation sounds unclear. I'm worried about not saying something quite right in a future conversation. Well, I am human. This happens to us all sometimes. I can't stop this from happening. It's pointless to worry about this.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

This thought does nothing positive for me, it only makes me more and more miserable and it is definitely not helpful in any way. All I get from thinking this thought is that I get anxious and as a result self-conscious when I talk.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I wouldn't care so much in social situations. I'd be confident when I went to speak. I would be accepting that I'm human, and would accept that sometimes everyone stumbles in their speech. I would be braver in my speech. I would engage more with everyday situations, instead of constantly avoiding.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

I guess I would make some mistakes in some conversations. That's really as bad as it gets.

52. Everyone will think I'm simple or dumb because I avoid using difficult words.
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**1. What evidence do you have for the thought?**

I have no evidence for the thought. I know of no event in the past where anyone has thought I'm simple or dumb. No-one has ever said anything like this to me. This is just a negative imagining.

**2. What evidence do you have against the thought?**

I have been out hundreds of times in lots of different social situations. I have not had anyone comment like this.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him not to care about others so much. Even if a couple of people DID believe he was simple, it would just mean they are ignorant. I would tell him not too care! We don't

need everyone's approval to be happy. I would tell him to 'lighten up' on caring so much. Life's too short.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would tell me to stop caring about ridiculous possibilities. He always tells me that I think up the worst situations and that they never come true. He would tell me that "I'm writing stories in my mind again". He would laugh at the idea that people would think I'm dumb.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I can't control the opinions of others. Worrying about the private thoughts of others is a waste of time. I need to stop caring about others so much!

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me feel paranoid and anxious. It makes me focus on how others are responding to me too much. It stops me enjoying social events. Its not helpful in any way. It really is ruining my social life.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

Oh, I would be so much more relaxed in social situations. I would enjoy planning to go out. I would perform better socially, because I would be at ease and natural. I could just be myself, without constantly trying to influence the way others see me. I would feel so free!! It would be wonderful. It's worth working to overcome these negative thoughts - they really are so harmful.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

I guess the worst scenario is that I stutter very badly one day in front of an ignorant person who knows nothing about stuttering and is also rude. The worst that would happen is that the rude person might ask me "Are you simple"? It would be a stupid question and THEY should feel embarrassed - not me. This is the worst scenario. It wouldn't be nice, but it's not a disaster. The scene would end. All things pass.

53. I slow up everyone's conversation.
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**1. What evidence do you have for the thought?**

When my stutter is bad, I definitely slow down the conversation. This has happened many times.

**2. What evidence do you have against the thought?**

On many occasions, when I am relatively fluent, there is no real change to the speed of everyone's conversation.

**3. What would you tell a friend (to help them) if they had the thought?**

I would point out that waiting while others talk is a normal part of communication. I would point out that we all learn to do this when we are children, and that its just good manners.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would just tell me that stuttering isn't as big a deal to other people as it is to me - so therefore, worrying about stuttering in a situation is pointless. He would tell me to let it go. He would tell me that I really don't take that long to speak. He would tell me that I'm being silly.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Yes, I am worrying about the reactions of others and how long it takes me to get some words out. In the end, I guess it will take as long as it takes! There's not much point in thinking about it.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me angry and guilty since I constantly ruminate about how they SHOULDN'T have to put up with this. It's not helpful at all. It just occupies my mind and makes me feel bad.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would just relax when I am speaking to people, whether or not I am taking my time to speak. My life would be less restricted if I could just get past this thought. I wouldn't worry so much about blocking. I would be able to think more about what the other person is saying. I would become a better conversational partner, because I'd be listening more.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

Even when it's true, it doesn't really matter. I'm sure that no-one else really cares. They probably don't even really remember it. It's me that is constantly focusing on this. There is no 'worst outcome' to this thought. It really isn't a big deal.

54. Everyone hates it when I start to speak.
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**1. What evidence do you have for the thought?**

I have no evidence for the thought. This is just a negative imagining. 'Everyone' is a very strong word.

**2. What evidence do you have against the thought?**

I have been out hundreds of times in lots of different social situations. I have never had anyone tell me that they hate me speaking. I have never had anyone tell me that someone else had said this to them.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him not to care about the opinions of others so much. Even if a couple of people were annoyed or frustrated, I would tell him not to care! We don't need everyone's approval to be content.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would tell me to stop caring about unlikely possibilities. He always tells me that I think up the worst situations and that they never come true. He would tell me that "I'm writing stories in my mind again". He would laugh at the idea that people hate it when I talk.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**



I can't control the opinions of others. Worrying about the private thoughts of others is a waste of time.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me feel paranoid and anxious. It makes me focus on how others are responding to me too much. It stops me enjoying social events. It's not helpful in any way.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

Oh, I would be so much more relaxed in social situations. I would enjoy planning to go out. I would perform better socially, because I would be at ease and natural. I could just be myself, without constantly trying to influence the way others see me.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

Oh well, I guess I would have the odd bad night. I guess it wouldn't be fun. But the night would end, and I would go home, and the sun would come up the next day and life would continue. I guess it isn't a catastrophe, even if it actually happened.

55. I can never speak on the phone.

**1. What evidence do you have for the thought?**

I have no evidence for that, I just feel very uncomfortable when I have to speak on the phone.

However, I have no evidence that I can never speak on the phone.

**2. What evidence do you have against the thought?**

I have probably made thousands of phone calls in my life. I have a lot of evidence against this thought. I might get anxious, but I do actually speak.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him not to worry about talking perfectly on the phone. I would tell him that people in general do not care how well people are speaking on the phone. I would tell him that it's common for there to be communication problems on the phone. I often have trouble understanding what people are saying when I am talking to people with strong accents on the phone. I just take it for granted that when I give information over the phone there might be some errors.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would think, "here we go again .... you are making another unhelpful generalization in your head ... they are so damaging". He would point out that I have been wrong so many times with this prediction. He would remind me of all the times we have talked on the phone.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Yes, since if I cannot control my speech 100%. There is no point to thinking about my next phone call. Its just a waste of my mental life.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

The thought does not do anything good for me, it only makes me more anxious about picking up the phone or making phone calls. It makes me feel like a failure.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

It would help me be more optimistic and in charge of my life. I would be call people wherever I wanted to. Also, it would make me lots less anxious when I have to answer the phone. If I challenge this thought repeatedly I might even eventually stop being anxious about the phone all together!

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

The worst case scenario is that sometimes I block on the phone. That would be unfortunate and would limit my communication to some extent. However, it's not a catastrophe! I can think of worse things that could happen to me!

56. I won't be able to ask for what I want.

**1. What evidence do you have for the thought?**

Sometimes I have changed the words I wanted to say to avoid stuttering. Sometimes this has made my ideas come out wrong. There have been a few occasions where I have asked for something different in a shop, to avoid a difficult word.

**2. What evidence do you have against the thought?**

Most of the time I say exactly what I want. It is actually quite rare that I have to change things around.

**3. What would you tell a friend (to help them) if they had the thought?**

I would ask him if he's being too negative. I would ask him how often this really happens. I would get him to realise that he is focusing on a few incidents and forgetting the rest of his conversations over many many years.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would laugh and look confused. He would wonder where I get these strange ideas from. He would point out that he's heard me ask for hundreds of things without any real trouble.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I'm worried about the outcome of a future conversation. I'm worried about not getting a request out clearly. Well, I can't stop this from happening. It's pointless to worry about this.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

This thought does nothing positive for me, it only makes me more and more miserable and it is definitely not helpful in any way. All I get from thinking this thought is that I get anxious and as a result self-conscious when I talk.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I wouldn't care so much in social situations. I'd be confident when I went to speak. I would be accepting that I'm human, and would accept that sometimes everyone stumbles in their speech. I would be braver in my speech. I would engage more with everyday situations, instead of constantly avoiding.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

I guess I would make some mistakes in some conversations. I would not get something that I wanted one day. That's really as bad as it gets.

57. The person on the other end of the phone will hang up on me.

**1. What evidence do you have for the thought?**

I don't know what will happen in the future, so I have no evidence that this will definitely happen. However, last week when I called the bank they hung up on me. It has happened several times in the past.

**2. What evidence do you have against the thought?**

Again, I have no evidence for what happens in the future. I shouldn't predict that they will hang up on me. However, I have made thousands of phone calls in my life without having people hanging up on me. The weight of evidence is strongly against my negative thought.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him that sometimes telephone staffs are grumpy or short when you call them. They are in a rush because of their job. So, even if it happens, he shouldn't take it personally. He doesn't have to see it as a big deal.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

Anyone who hangs up quickly if they can't hear what is said on the phone is just very impatient. Why should I care? Worrying about this doesn't make any sense, since I can't do anything about it.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Yes, because I'm worrying about the behaviour of another person. I can't control the reactions of others. There is no point worrying about it – it's just a waste of time.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me anxious about calling to do things. That is, I constantly worry if I don't perform on the phone; the other person will hang up on me. This is very unhelpful, since when I get anxious my performance is worse at speaking on the phone. The thought is not useful in any way.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I wouldn't be so anxious when I had to make a phone call. Because of this, there is more likelihood that the other person wouldn't hang up on me in the first place. Everyday life would be so much more relaxed if I could drop this thought.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

Worst case scenario is that the person will hang up on me. However, I can choose how I interpret that. I can say to myself, "oh well, this person is probably having a bad day or feels rushed", and simply choose not to care about it.

58. People will laugh at me.
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**1. What evidence do you have for the thought?**

Children used to laugh at me when I stuttered at school.

**2. What evidence do you have against the thought?**

In my adult life, it has been very very rare for people to laugh at me when I've stuttered. It has probably only happened two or three times. I have had thousands of conversations without this happening over recent years.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him to stop basing his predictions of the future on the things that happened at school. I would point out that the adult world is different. People don't treat him the way they did as a child.



**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would just tell me that stuttering isn't as big a deal to other people as it is to me - so therefore, worrying about stuttering in a situation is pointless. He would tell me to let it go. He would ask me how many times this has really happened. He would make me face the facts.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Definitely, because I am worrying about the behaviours of others. So worrying about this is pointless.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

The thought is very unhelpful, since I get worked up about an event that hasn't even happened. Therefore it is only distressing to think this way and it makes me feel anxious about interactions with people.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I wouldn't be anxious in social situations and I would have so much more freedom to do whatever I want. What a relief that would be. So I guess it is very beneficial for me to choose

not to care if people laugh at me. Furthermore, I would feel much more confident and happy if I could stop making predictions like this. All I need to do in order to let go of this thought is become an 'evidence-based' thinker. The evidence is that I am worrying about a very rare event.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

Ok, let's say people laugh at me one day. That would be uncomfortable, but I have laughed at other people before as well. It really isn't such a big deal when I think about it. No-one chops off my legs because someone laughed!! There is no permanent cost of someone laughing at me one night. I am making this too big a deal. I don't have to care about this really.

59. People will think I'm mute.
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**1. What evidence do you have for the thought?**

I have no evidence for the thought. I know of no event in the past where anyone has thought I'm mute. No-one has ever said anything like this to me. This is just a negative imagining.

**2. What evidence do you have against the thought?**

I have been out hundreds of times in lots of different social situations. I have not had anyone comment like this.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him not to care about others so much. Even if a couple of people DID believe I was mute, it would just mean they are ignorant. I would tell him not too care! We don't need everyone's approval to be happy. I would tell him to 'lighten up' on caring so much. Life's too short.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would tell me to stop caring about ridiculous possibilities. He always tells me that I think up the worst situations and that they never come true. He would tell me that "I'm writing stories in my mind again". He would laugh at the idea that people would think I'm mute.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I can't control the opinions of others. Worrying about the private thoughts of others is a waste of time. I need to stop caring about others so much!

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me feel paranoid and anxious. It makes me focus on how others are responding to me too much. It stops me enjoying social events. It's forces me to speak, even when I really don't have anything to say. Its not helpful in any way. It really is ruining my social life.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

Oh, I would be so much more relaxed in social situations. I would enjoy planning to go out. I would perform better socially, because I would be at ease and natural. I could just be myself, without constantly trying to influence the way others see me. I would feel soooo free!! It would be wonderful. Its worth working to overcome these negative thoughts - they really are so harmful.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

I guess the worst scenario is that I block very badly one day in front of an ignorant person who knows nothing about stuttering and is also rude. The worst that would happen is that the rude person might ask me "Are you mute"? It would be a stupid question and THEY should feel embarrassed - not me. This is the worst scenario. It wouldn't be nice, but its not a disaster. The scene would end. All things pass.

60. I'll never finish explaining my point - they'll misunderstand me.
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**1. What evidence do you have for the thought?**

Sometimes I have changed the words I wanted to say to avoid stuttering. Sometimes this has made my ideas come out wrong.

**2. What evidence do you have against the thought?**

Most of the time my sentences are fine. Most of the time I say what I want to say. Most of the time, the meaning of my speech is clear. The weight of evidence is clearly against this thought.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him that the thought is outrageous. I would tell him that I can always understand what he's trying to say. I would ask him where he came up with this funny idea?

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would laugh and look confused. He would wonder where I get these strange ideas from. He would point out that we've been chatting for years and that I'm always clear in what I'm trying to say.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I'm worried about whether a future sentence in a future conversation sounds unclear. I'm worried about not saying something quite right in a future conversation. Well, I am human. This happens to us all sometimes. I can't stop this from happening. It's pointless to worry about this.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

This thought does nothing positive for me, it only makes me more and more miserable and it is definitely not helpful in any way. All I get from thinking this thought is that I get anxious and as a result self-conscious when I talk.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I wouldn't care so much in social situations. I'd be confident when I went to speak. I would be accepting that I'm human, and would accept that sometimes everyone stumbles in their speech. I would be braver in my speech. I would engage more with everyday situations, instead of constantly avoiding.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

I guess I would make some mistakes in some conversations. I might block badly sometimes and not finish a point that I was making. That's really as bad as it gets.

61. The answering machine will turn off if I block ? I won't be able to leave any message.
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**1. What evidence do you have for the thought?**

I don't know what will happen in the future, so I have no evidence that this will definitely happen. However, last week when I called a friend their answering machine switched off. It has happened a couple of times in the past.

**2. What evidence do you have against the thought?**

Again, I have no evidence for what happens in the future. I shouldn't predict that the machine will hang up on me. However, I have left hundreds of messages in my life without machines hanging up on me. The weight of evidence is strongly against my negative thought.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him not to care. What is the cost if this happens anyway? You can always ring at another time. It shouldn't be such a big deal.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

Why should I care? Worrying about this doesn't make any sense, since I can't do anything about it. He would remind me that my anxiety only makes my speech worse anyway.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Yes, because I'm worrying about the behaviour of a telephone answering machine. I can't control it. There is no point worrying about it – it's just a waste of time.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me anxious about calling to do things. It occupies my mind. I live in fear of a stupid answering machine. It's ridiculous when I think about it! The thought is not useful in any way.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I wouldn't be so anxious when I had to make a phone call. Everyday life would be so much more relaxed if I could drop this thought.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

Worst case scenario is that some phones cut out on me. Big deal! There are so many worse things that could happen to me. I've got to stop making such an issue of such small happenings.

62. They'll think I'm a prank caller if I block.
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**1. What evidence do you have for the thought?**



I don't know what will happen in the future, so I have no evidence that this will definitely happen. However, last week when I called the bank they hung up on me. It has happened several times in the past.

## **2. What evidence do you have against the thought?**

Again, I have no evidence for what happens in the future. I shouldn't predict that they will hang up on me. However, I have made thousands of phone calls in my life in which I have blocked without having people hang up on me. The weight of evidence is strongly against my negative thought. Only one person has ever accused me of being a prank caller.

## **3. What would you tell a friend (to help them) if they had the thought?**

I would tell him that sometimes telephone staffs are grumpy or short when you call them. They are in a rush because of their job. So, even if it happens, he shouldn't take it personally. He doesn't have to see it as a big deal. If they think he was a prank caller, they simply made a mistake.

## **4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

Anyone who hangs up quickly if they can't hear what is said on the phone is just very impatient. Why should I care? Worrying about this doesn't make any sense, since I can't do anything about it.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Yes, because I'm worrying about the thoughts of another person. I can't control the reactions of others. There is no point worrying about it - its just a waste of time.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me anxious about calling to do things. That is, I constantly worry if I don't perform on the phone; the other person will abuse me or slam the phone down. This is very unhelpful, since when I get anxious my performance is worse at speaking on the phone. The thought is not useful in any way.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I wouldn't be so anxious when I had to make a phone call. Because of this, there is more likelihood that the other person would react well to me in the first place. Everyday life would be so much more relaxed if I could drop this thought.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

Worst case scenario is that the person yells something abusive on the phone. However, I can choose how I interpret that. I can say to myself, "oh well, this person is probably having a bad

day or feels rushed", and simply choose not to care about it. If they think I'm a prank caller they have made a mistake.

63. I won't be able to say "hello" when I pick up the phone

**1. What evidence do you have for the thought?**

I have failed to say "hello" several times when I have picked up the phone.

**2. What evidence do you have against the thought?**

I have successfully said "hello" on thousands of phone calls in my life. I have a lot of evidence against this thought. I might get anxious, but I usually get the word out.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him not to worry about talking perfectly on the phone. What does it matter if he fails to say "hello" one day? I would tell him that people in general do not care how well people are speaking on the phone. I would tell him that it's common for there to be communication problems on the phone.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would think, "here we go again .... you are making another unhelpful generalization in your head ... they are so damaging". He would point out that I have been wrong so many times with this prediction. He would remind me of all the times I have said "hello" when he has called.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Yes, since if I cannot control my speech 100%. There is no point to thinking about my next phone call. It's just a waste of my mental life.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

The thought does not do anything good for me; it only makes me more anxious about picking up the phone. It makes me feel like a failure.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

It would help me be more optimistic and in charge of my life. It would make me lots less anxious when I have to answer the phone. If I challenge this thought repeatedly I might even eventually stop being anxious about the phone all together!

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

The worst case scenario is that sometimes I block on the phone. That would be unfortunate and would limit my communication to some extent. However, it's not a catastrophe! I can think of worse things that could happen to me!

64. People who stutter are stupid.
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**1. What evidence do you have for the thought?**

I have no evidence for this thought. Like everyone, people who stutter make mistakes. And, when they're anxious, they sometimes say things that sound foolish. But that doesn't make them stupid.

**2. What evidence do you have against the thought?**

If the statement was true all the following people are stupid, since all of them stuttered: Aesop (writer of famous fables), Aristotle (famed thinker), Lewis Carroll (writer of Alice in Wonderland), Winston Churchill (English PM during WWII), Claudius (Roman Emperor), Richard Condon (Novelist - Prizzi's Honour, Manchurian Candidate), Charles Darwin (Theory of Evolution), King George VI (King of England), Henry James (Novelist), Thomas Jefferson (US President), Lenin (Russian Communist Leader), Louis II (King of France), Isaac Newton (Scientist-Law of Gravity), Alan Turing (founder of Computer Science), Virgil (Roman poet), George Washington (US president), Rowan Atkinson ('Mr Bean'), Jake Eberts

(Film Producer-Gandhi, Dances with Wolves). I think all these people have provided evidence against the thought that people who stutter are stupid.

**3. What would you tell a friend (to help them) if they had the thought?**

I would tell him to look at all his achievements in life. His school results and work performance and so on. It would be easy to show him that he wasn't stupid.

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

We all have this thought sometimes. But having the thought doesn't make it right. I just ignore the silly thoughts that pop into my mind, and you need to do the same thing. You aren't stupid. Stuttering has nothing to do with your intelligence.

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

I'm worried about my intelligence. I guess, when I think about it, there is no point to worrying about this since it is largely out of my control. I mean, I am who I am. I'm no smarter and no dumber. Why not just accept myself for who I am.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me feel ashamed and embarrassed. It makes me scared to speak. I keep expecting to say something stupid. And, because I'm anxious, I sometimes do. So the thought becomes a

self-fulfilling prophecy. The thought makes me anxious, which makes me mess up socially, which makes me feel stupid. I have to stop this vicious cycle.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would be more confident to do lots of things. I wouldn't let the thought 'I'm stupid' stop me anymore. I might go and experiment with life a little. My life would be so much easier if I beat this thought. No more shame and embarrassment. No more fear to express my opinions.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

Well, I know I'm not stupid so I don't have to think too much about this question. The very fact that I'm doing this computer treatment program shows I'm not stupid. Completing this program requires me to operate a computer, read and write and carry out complex tasks. If I was stupid, I simply wouldn't be able to do all this. But who cares about all this anyway? Whatever my level of intelligence, I should be happy. My contentment in life should not depend on whether I feel smart. It doesn't matter how bright I am - I have to learn that happiness and contentment is possible regardless of how talented or successful a person is.

65. People who stutter are incompetent.
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**1. What evidence do you have for the thought?**

I have no evidence for this thought. The thought is ridiculous.

## **2. What evidence do you have against the thought?**

I have so much evidence against this thought. I can defeat this thought by exploring my own life. I stutter, but I am highly competent at lots of things. In fact, I do many things very well. I am good at my job. I got through my school years and gained a solid education. I have lived away from home, managed a household, and supported myself. I learned to drive, use a computer, have travelled, and can cook basic meals. I am a highly competent person who shows mastery over the world every day. I should be proud of who I am.

## **3. What would you tell a friend (to help them) if they had the thought?**

I would tell him that the thought is outrageous. I would tell him that he has lost sight of his many achievements. I would point out the many things that he can do.

## **4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

He would laugh. He would point out the little things that I do well. He would remind me of the times he has looked to me for advice. He would remind me of the many famous people who have stuttered.

## **5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**



I am who I am. I am no better or no worse - I have strengths and I have weaknesses. I am not incompetent, but how 'outstanding' or 'talented' or 'competent' I am is not really worth a lot of thought. What's the point of this thinking?

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It is very distressing to think that I am incompetent because I stutter. It makes me feel sad. I feel ashamed and guilty and useless and hopeless. I have no confidence about my future. The thought makes me feel that inevitably things will go badly for me. The thought is not helpful in any way. It does not motivate me - on the contrary, it just distresses me.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would be so much happier. I would be confident about the future. I wouldn't feel embarrassed any more. I wouldn't feel ashamed. And all I need to do is to get rid of this ridiculous thought. Thoughts can be so damaging. Why I have believed these silly thoughts for so long?

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

If it were true that stutterers were less competent than others I guess it would effect my future achievements. I guess it would mean that I would struggle with some tasks or some situations. But even if it were true, would it be disastrous? I have met several people that I would call 'incompetent' in the workplace. Strangely, they seem quite happy and content with

life. Being incompetent in some areas of life doesn't have to be that bad at all - one could argue that its part of being human! So why am I worrying about this in the first place? And let's not forget, I don't actually have any evidence that I am less competent than others.

66. People who stutter are boring.

### **1. What evidence do you have for the thought?**

I have no evidence for this thought. I often feel like this when I leave a dinner party and I haven't said much, but I don't have any evidence that other people are thinking this.

### **2. What evidence do you have against the thought?**

Lots of people have asked my views on things over my life. They must think that I have something interesting to say, otherwise why would they ask? Lots of my friends clearly like meeting up with me, one-on-one. I don't think they would do this if they thought I was boring, or had no opinion on anything. I have lots of good friends who do seem to like me. In sum, I have lots of evidence against this thought.

### **3. What would you tell a friend (to help them) if they had the thought?**

I would tell him that people think that he is a kind, caring, quiet person. They don't see him as boring. They see him as a humble man and this is a good thing. Would he rather be seen as an arrogant 'love-me-do' who seeks to dominate every conversation? I would tell him that we all

like him and like his company - that's why we ask him out. Would we ask him out if he was boring?

**4. Think of your calmest, most rational and supportive friend or family member. How would he/she react to the causal thought? What would he/she say?**

"Why do you worry soooooo much about what others think of you"!!! "Its soooooo irrelevant - you are great guy, and you should know that about yourself. Stop guessing about the thoughts of others – it's a waste of your time"!

**5. Are you worrying about an outcome that you can't control? Is there any point to this type of worry?**

Yes, definitely! I cannot change people's thoughts about me. They control what they think! So worrying about this doesn't change anything. It really is a waste of my life. When I think of all the hours I have lost thinking about thoughts like this. So much time that I can't get back. I don't want to lose any more time concerned with the thoughts and opinions of others.

**6. What does the thought do for you? How does it make you feel? Is it helpful in any way, or is it just distressing?**

It makes me feel anxious all the time. I feel like I have to speak all the time, so others won't think I'm boring. It makes me so tense when I'm in a conversation in a group. It makes me try to look for moments when I can say something. It ruins so many social occasions for me.

**7. What good things would you gain if you gave up the thought? How would your life be different if you didn't believe the thought?**

I would just be able to perform more naturally with any group of people, since I wouldn't feel this constant pressure that MY OWN THOUGHT is creating. Yes, MY thought is putting this pressure on me. And I don't even have evidence for the thought!! I know I'm not boring, and I have no evidence that others think I am.

**8. If the causal thought was true, what is the worst outcome? Is it as bad as you think?**

The worst case scenario is that someone thinks I'm boring. So what? Why should I care anyway? Is it going to change much? If someone doesn't think that I'm terribly bright or interesting, do I have to care? Of course not. I think some people are boring and I'm sure my opinion isn't ruining their life.

## Data for behavioural experiments

### Unhelpful cognitions and the related tasks to use for behavioural experiments

*1. People will doubt my ability because I stutter.*

Enter an evaluation situation and try to stutter

*6. No one will like me if I stutter.*

Enter a social situation and try to stutter

*7. I might stutter.*

Enter a situation and try to stutter

*9. I am incompetent.*

Enter a challenging situation and don't worry about not accomplishing in it, rather observe what actually happens

*11. I will stutter.*

Enter a situation and try to stutter

*12. Everyone in the room will hear me stutter.*

Enter a situation and try to stutter

*13 I'm stupid.*

Enter a challenging situation

*14. Other people will think I'm stupid if I stutter.*

Enter a challenging situation and do try to stutter

*16. I won't be able to answer their questions.*

Go to a meeting and say you don't know an answer to a question. Observe what happens

*17. I'm hopeless.*

Enter a challenging situation

*18. I'm of no use in the workplace.*

Ask for feedback from a supervisor or boss

*19. People will think I'm incompetent because I stutter.*

Enter an evaluation situation and try to stutter

*20. I'll block completely and won't be able to talk.*

Enter a situation and block intentionally and observe what happens

*21. Everyone will think I'm an idiot.*

Enter a situation and behave like an idiot

*22. I can't speak to people in positions of authority.*

Ask your boss or supervisor about something hard, like leave or a pay rise or leaving early next week.

*23. People will think I'm strange.*

Enter a situation and behave oddly for a few minutes e.g. smile at odd moments. See what happens

*24. People will think I can't speak English.*

Enter a situation and try to speak unclearly or with a strong accent.

*26. I can't think clearly because I stutter.*

Enter a situation and think about something else while someone else is talking. Show yourself that it isn't a disaster if you have a moment where you don't think clearly

*31. I can't face these people.*

Enter a situation that you feel is very difficult. See whether you can face your fears.

*32. People will wonder what's wrong with me if I stutter.*

Enter a situation and behave oddly for a few minutes e.g. smile at odd moments. See what happens

*34. Most people view stutterers as less capable.*

Enter an evaluation situation and try to stutter

*35. I don't want to go - people won't like me.*

Enter a social situation and try to stutter

*36. My pauses are too long - people will think I'm weird.*

Enter a situation and behave oddly for a few minutes e.g. smile at odd moments. See what happens

*37. People won't like me because I won't be able to talk.*

Enter a social situation and try to stutter

*38. I can't convince people of anything I say because I stutter.*

Enter a situation and do stutter while convincing people of things.

*40. I'll block - I know I will.*

Enter a situation and try to block



*41. I'll make a fool of myself.*

Enter a situation and act the fool for a bit

*42. People get tired of waiting for me to get my words out*

Enter a situation and take your time to speak

*44. I always embarrass the people I'm speaking to.*

Enter a situation and behave like an idiot

*46. People will think that I'm worthless*

Enter an evaluation situation and try to stutter

*47. I'll embarrass myself.*

Enter a situation and act the fool for a bit

*48. I can't speak to people I find sexually attractive*

Enter a situation and speak to someone who you find sexually attractive

*49. No one will understand what I'm trying to say.*

Enter a situation and try to purposely speak unclearly.

*50. What's the point of even trying to speak? It never comes out right.*

Enter a situation and intentionally say things in ...

*51. I won't be able to say exactly what I want to say.*

Enter a situation and intentionally say things in the wrong way.

*55. I can never speak on the phone.*

Make a phone call and listen to what the other person is saying

*56. I won't be able to ask for what I want.*

Enter a situation and intentionally say things in the wrong way.

*57. The person on the other end of the phone will hang up on me.*

Make a phone call and purposefully stutter

*58. People will laugh at me.*

Enter a situation and do what you think is necessary for people to laugh at you

*60. I'll never finish explaining my point - they'll misunderstand me.*

Enter a situation and intentionally say things in the wrong way

*61. The answering machine will turn off if I block? I won't be able to leave any message.*

Make a phone call and purposefully stutter

*62. They'll think I'm a prank caller if I block.*

Make a phone call and purposefully stutter

*64. People who stutter are stupid.*

Enter a challenging situation

*65. People who stutter are incompetent.*

Enter a challenging situation and don't worry about not accomplishing in it, rather observe what actually happens

## Avoidance behaviours and the related tasks to use for behavioural experiments

### 1. Talking to hearing impaired relative (*Home and Family*)

Go and visit a hearing impaired relative.

### 2. Meeting up with the In-laws (*Home and Family*)

Ask your partner to arrange a visit to the in-laws or invite them to your house

### 3. Large family gatherings (*Home and Family*)

Arrange a family gathering at your house or at a restaurant

### 4. Meeting new partners of family members (*Home and Family*)

Arrange to meet new partners of family members. Host a dinner party or arrange to meet them at a restaurant

### 5. Meeting new friends of family members (*Home and Family*)

Arrange to meet new friends of family members. Have a dinner party or arrange to meet them at a restaurant

### 6. Introducing self (*Friends and social*)

Arrange a catch-up among your friends and introduce yourself to everyone there you haven't met before. Say your name, and find out the connection between those you meet and your existing friends e.g. I went to school with Mark

*7. Introducing friends (Friends and social)*

Arrange a catch-up among your friends and introduce everyone to each other. Say their name and how you know each of them.

*8. Talking over noise (in bars, parties) (Friends and social)*

Ask a friend or family member to meet you at a crowded bar, pub or party and have a conversation for at least 30 minutes, despite the noise.

*9. Yelling at football match (Friends and social)*

Get a ticket for an upcoming football match and cheer your team enthusiastically. Continue to do so even if you stutter.

*10. Talking to strangers at parties / dinners (Friends and social)*

Arrange or attend a party or dinner and speak to a minimum of 3 strangers for at least 5 minutes each.

*11. Joining new groups / activities (Friends and social)*

Sign up for something new that will involve other people e.g. learn a language, join a social club, take up a new team sport, or do some group cooking lessons.

*12. Catching up with old friends (friends and social)*

Choose someone from your phone diary that you haven't seen in at least a year. Arrange an outing with them.

*13. Ordering food (friends and social)*

Go to a restaurant or take-away food outlet and order your meal. Ask the waiter at least two questions about the meals, or what he/she recommends

*14. Ordering food and drink on behalf of friends (friends and social)*

Go to a restaurant, take-away food outlet, pub or bar and order the meals on behalf of a friend or friends.

*15. Making phone calls to clients / colleagues (work)*

Make a phone call to a client or colleague. Ask them for a favour, the status of some outstanding work, or offer your help with something.

*16. Receiving phone calls from clients / colleagues (work)*

Answer the phone when it rings in the workplace, even if people are around who might hear you stutter.

*17. Phone calls in open-plan office where others can overhear (work)*

Make a phone call where everyone else in the shared office space can overhear you.

*18. Making calls in front of supervisor (work)*

Plan and then make a phone call in front of your supervisor.

*19. Working at enquiry counter (work)*

Volunteer to work at the enquiry counter of your workplace, or for your sports club or other association.

*20. Answering quick questions from colleagues (work)*

Next time you get a question from a colleague, answer it without stopping to think first. Do not avoid words, or plan your answer. Answer with whatever comes into your mind.

*21. Presenting material to group / meeting (work)*

Ask your boss or supervisor if you can present your latest developments at work to your co-workers.

*22. Chairing meetings (work)*

Organize a meeting, or offer to chair an upcoming meeting or group at work

*23. Asking for pay-rise / leave etc from supervisor (work)*

Ask your boss/supervisor for something difficult, such as a pay-rise or additional leave

*24. Introducing new staff members (work)*

When a new staff member starts, introduce him or her to everyone else at work. Tell the new employee everyone's name and something about them.

*25. Lunchroom social situation (work)*

Sit with your co-workers at lunch and start a conversation with someone you don't know well.

*26. Talking over public address systems (work)*

Organize a bingo event at a local senior's centre, and volunteer to call out the numbers.



*27. Quick / informal chit-chats / exchanges throughout the day with colleagues (work)*

Initiate three informal conversations throughout your workday. Ask your colleagues what they have been up to lately, or raise something you have seen on the news or in the newspaper.

*28. Tutorial presentations (University)*

Choose units that have presentation components in their curriculum.

*29. Asking questions in tutorials (University)*

Make a point to ask at least one question per tutorial.

*30. Oral exams (University)*

Take a unit that you know involves an oral examination.

*31. Practical placements (University)*

Try to sign up for an additional practical placement in your course. If none are available and you want to do this exercise, volunteer for a local organisation (such as a soup kitchen or library)

*32. Being called on to speak in class (University)*

Next time a question is asked that you know the answer to, raise your hand and speak up!

*33. Running and participating in group projects (University)*

When involved in a group project, offer to organize the meetings. Setup a time and place and contact the group members (by phone rather than email) to make sure they are fine with the schedule. Chair the meeting when you get together.

*34. Making phone calls (general public)*

Call a travel agent and ask about trips to China. Ask how much it is going to cost with taxes, and if the agent recommends any particular hotel or side trips.

*35. Receiving phone calls (general public)*

Leave a message at a gym and ask them to call you back about membership deals.

*36. McDonald's drive-through (general public)*

Go to a McDonald's drive-through and ask for a complicated order. For example, ask for a hamburger with a different size of chips than that offered in the standard meal deal. Also ask for extra cheese on the burger. Finally, ask for a drink that doesn't appear to be on the menu

*37. Ordering food in restaurant (general public)*

Go to a restaurant or take-away shop and order your meal.

*38. Ordering drinks in bar (general public)*

Go to a bar and ask what beers they have on tap. Then, instead of any of the beers, order a drink that you have never had. Ask your friends if they would like anything from the bar while you are there.

*39. Asking for products in shop e.g. Chemist (general public)*

Go into a shop and ask about a product range. For example, "What body mousses do you have?". Discuss the advantages and disadvantages of at least two competing brands.

*40. Making enquiries in shop e.g. new stereo system (general public)*

Go into a shop and ask at least four questions about a product range.

*41. Face-to-face with tradesmen (general public)*

Go into a furniture removal shop and tell them you would like a quote for moving your household furniture. Ask about their rates to pack and unpack the items as well as transport.

*42. Phoning tradesmen (general public)*

Call several plumbers about a leaky pipe and do price comparisons.

*43. Bank enquiry counter (general public)*

Go to the bank and ask about the balance of your account. Ask if there has been any large transaction in the last week, and what the interest rates are on the various bank accounts/cash management accounts at present.

*44. Market research phone calls (general public)*

Don't avoid these calls. Remember to say that you are available to answer their questions. Try to keep them on the phone for as long as possible.

*45. Asking for directions (general public)*

Walk around your neighbourhood and ask at least five people for directions to a local shop.

*46. Buying bus or train tickets (general public)*

Explore the city one morning or afternoon using public transit. Make sure you always buy tickets from attendants (not the ticket machines), and ask which bus or train you need to take.

*47. Asking about menu details (general public)*

Ask about some specific details of the menu. For example, are there any animal products used in the sauces? Are peanut products in any of the dishes?

*48. Querying a restaurant bill (general public)*

Ask for the bill at a restaurant. When the bill arrives, ask the waiter to see a menu so you can double check one of the prices. If there has been an error, tell this to the waiter. Otherwise, thank them for their help.

*49. Being asked directions (general public)*

Try to be helpful, and give directions as thoroughly as you can. Try not to point too much. Rather, explain the directions with landmarks (e.g. turn left at the white house on the corner).

*50. Returning faulty goods (general public)*

If you have bought something you are unhappy with, return it to the store where you bought it and ask for a refund or exchange.

*51. Job interview (important speech)*

Apply for jobs and go to interviews. This is great practice. The more you go to, the more comfortable you will be, and the likely you are to get a job you are excited about.

*52. Punch line in jokes (important speech)*

Go to a comedy club and try to remember a few of the jokes. Tell the jokes to some friends or co-workers the next day.

*53. When needing to be macho e.g. at gym! (Important speech)*

Get a day pass to a local gym. While there ask at least three questions about weight-training to the personal trainers.

*54. Asking for a date (important speech)*

Ask someone you are interested in on a date. The more times you ask, the more likely you are to succeed. Maybe join an online dating service to meet some more people.

*55. Speeches at weddings, funerals (important speech)*

The next time you are going to a wedding or funeral for someone close to you, arrange to say a few words during the speeches.

## **Catastrophic predictions, and suggested sample answers**

*1. They are going to talk to me in a demeaning way*

Did they talk to you in a demeaning way?

*Sample answers*

- They actually spoke to me in a very normal voice
- They actually smiled

- There was nothing humiliating about the situation

*2. Nobody will smile at me*

Did anyone smile at you?

*Sample answers*

- Actually 4 people out of 5 smiled at me
- Someone lifted their eyebrows which is almost a smile
- Nobody frowned at me

*3. People are going to tell me to go away*

Did anyone tell you to go away?

*Sample answers*

- Nobody told me to go away
- Actually they asked me to come again
- Nobody even hinted that I should leave

*4. People will not help me out*

Did people help you out?

*Sample answers*

- They were extremely helpful

- Nobody rejected me
- I only had to ask once for assistance

*5. People will turn away when I speak*

Did people turn away when you were speaking?

*Sample answers*

- No, people faced me and looked at me
- Nobody seemed to care that I stuttered
- Nobody turned away when I stuttered

*6. People will laugh at my questions*

Did people laugh at your questions?

*Sample answers*

- Actually they appeared to take my questions very seriously
- Nobody laughed. Nobody commented on me taking a little time asking the question
- They actually smiled in a very friendly way when I asked my question

*7. They will not listen to me when I talk to them*

Did they listen when you talked to them?

*Sample answers*



- Of course they listened to me!
- I actually had a very deep and meaningful conversation
- They were very attentive

*8. There will be awkward pauses when I don't know what to say*

Were there awkward pauses?

*Sample answers*

- Well, there were some pauses. But I just realized that I don't have to care about the silences. Because of this, it didn't feel awkward
- I didn't have something to say all the time, so there were some pauses
- None of the pauses seemed to be difficult or cause a problem

*9. Nobody will initiate a conversation with me*

Did anyone initiate a conversation with you?

*Sample answers*

- Indeed, somebody initiated a conversation with me
- I don't know why I predicted this. I chatted to several people
- I initiated a conversation with a few people and it felt GREAT!

*10. People will walk away*

Did people walk away?

*Sample answers*

- Nobody walked away
- I even tried to stay as long as I could so that people could walk away, but they didn't!
- Even if they had walked away, why should I care? In the end, I HAD to walk away from the other people because I had to leave

*11. They will ask me "do you speak English"?*

Did they ask you if you speak English?

*Sample answers*

- Nobody asked me that question
- I can't understand why I would predict this. It has never happened
- Even if they had asked, why do I need to care?

*12. The other person will look at someone else and make fun of me*

Did the person look at someone else and make fun of you?

*Sample answers*

- Nobody tried to make fun of me
- The conversation went smoothly

- Adults don't behave like children in a school ground. I have never seen this happen in my adult life. It didn't happen today, so there is no reason to make this prediction in the future

*13. They are going to shake their heads*

Did they shake their heads?

*Sample answers*

- No, they did not shake their heads!
- Actually they just nodded, showing that they were listening to me
- Most people don't shake their heads to show their disapproval. It was a silly prediction. Why do I expect these things?

*14. They will not give me a chance to finish my sentences*

Did they give you a chance to finish your sentences?

*Sample answers*

- Well, I felt like they wouldn't, but they did
- I learned that if you keep talking people listen
- On some occasions people talked over the top of me. But they also did this to other people. I was not treated any differently

*15. I won't be able to explain myself*

Were you able to explain yourself?

*Sample answers*

- I had ample opportunity to explain my thoughts
- I did explain myself. It took a little while, but it went fine
- So long as I continued to speak, people seemed to pay attention to me

*16. I will forget what I am going to say*

Did you forget what you were going to say?

*Sample answers*

- No, I did not forget what I was going to say
- Who cares anyway? It didn't happen, but I realised that it wouldn't have mattered if it had happened
- Almost everyone forgets what they are about to say from time to time. It didn't happen, but why am I worried about it anyway?

*17. They will not talk to me*

Did they not talk to you?

*Sample answers*

- They most definitely talked to me
- I actually had a very enjoyable talk with them
- Everyone was nice to me. I don't know why I think these things

*18. People will laugh when they hear me stutter?*

Did people laugh when they heard you stutter?

*Sample answers*

- No one laughed. No one treated me badly in any way
- No one has laughed at me when I have stuttered in many years. And, as usual, no one laughed last night
- Most adults don't laugh when they hear someone stutter. I am basing my expectations on my childhood experiences.

*19. People will stop talking if I stutter*

Did people stop talking when you stuttered?

*Sample answers*

- Nobody stopped talking when I stuttered
- I did stutter on several occasions, but everyone continued to talk to me.
- People were nice to me even when I stuttered

*20. People will get irritated with me and scream at me*

Did people get irritated and screamed at you?

*Sample answers*

- Everyone was pleasant to me.
- Nobody screamed at me. Nobody appeared put off by my stuttering. No-one asked me to hurry up. No-one left the conversation.
- Neither part of the prediction actually happened, so maybe I should stop making this prediction about future social encounters

*21. People will walk away if I start to talk to them*

Did people walk away when you started talking to them?

*Sample answers*

- No!
- Nobody even tried to leave the scene. Nobody looked at their watch or tried to escape
- Everyone was pleasant. Nobody seems to care when I stutter.

## Data for additional cognitive restructuring

### Essay for cognitive restructuring

In this section, you will continue to gain skills in attacking negative, unhelpful thinking. Let's begin by writing a short essay on "Why it doesn't matter what people think about me". You can complete this exercise by using dot-points if you would rather.

**Here is Ben's response to this task.**

**Why it doesn't matter what people think about me.**

**My key points:**

- 1) If I constantly need reassurance that I am worthwhile or successful, I will be on an emotional roller-coaster all the time. In contrast, if I value my own opinions about my worth, I can have a stable emotional life.
  
- 2) If I can't handle minor criticisms well, I will never be able to learn from my mistakes. I want to be successful, so I need to learn not to overreact to negative evaluation.
  
- 3) If I care too much about the way other people evaluate me, they will be able to constantly take advantage of me. I will end up doing EVERYTHING I can to prevent them from disapproving of me.
  
- 4) If I don't care what other people think of me, I will be more assertive and I'll stop feeling so resentful all the time.

5) It is so much easier to be truly happy if you are not worrying about what other people think of you all the time.

6) If I don't care what other people think of me, I can be REAL. If I can listen to the beat of my own drum, rather than constantly trying to please others, I will be able to read what I want, go where I want, eat what I want, and be WHO I AM.

### Should statements addressed for cognitive restructuring

List the advantages and disadvantages of thinking this thought:

#### **1. I shouldn't stutter**

*Sample Answers*

##### ADVANTAGES

I will work hard to be fluent. I will be happy whenever I am fluent.

##### DISADVANTAGES

I DO stutter from time to time. Therefore, insisting that I shouldn't stutter will often make me feel anxious, frustrated and sad. I will end up feeling ashamed and guilty, as if I am letting myself down. Second, the anxiety that I create by insisting that I must remain fluent will increase the likelihood that I will stutter.

List the advantages and disadvantages of thinking this thought:



## **2. Everyone should treat me nicely**

*Sample Answers*

### **ADVANTAGES**

I will be happy when I am treated nicely.

### **DISADVANTAGES**

A major disadvantage of this 'should' is that it is simply unrealistic. Some people are rude and inconsiderate. If I think that people should treat me nicely, I will become infuriated every single time it doesn't happen. I will experience anger and frustration regularly. My happiness is at stake here. This 'should' is damaging.

List the advantages and disadvantages of thinking this thought:

## **3. My life should be easy**

*Sample Answers*

### **ADVANTAGES**

I will feel satisfied and happy if life is proving to be very straightforward.

### **DISADVANTAGES**

When day-to-day stuff isn't all that easy, I will get extremely upset. This means that I will probably feel upset 90% of the time, because I can constantly find things that could be better. By insisting that my life should be easy, I will almost never be satisfied. Of course, I would prefer that my life is easy, but I am not going to make it a 'should'. If I do, I will be upset too much of the time.

List the advantages and disadvantages of thinking this thought:

#### **4. Other people should be polite**

*Sample Answers*

##### **ADVANTAGES**

I will feel happy when people are polite to me.

##### **DISADVANTAGES**

I will be angry when anyone is short with me. I will regularly get distressed because of the way people deal with me. Worse still, I will be handing over my emotional life to other people. I will only be content if they treat me in the way I want.

List the advantages and disadvantages of thinking this thought:

#### **5. I should look great all the time**

*Sample Answers*

##### **ADVANTAGES**

I will try very hard to look good all the time. I will put in an effort and will often look very good.

##### **DISADVANTAGES**

Whenever I have to rush to get ready I will feel frustrated, anxious and annoyed. I will worry about the evaluations of others. I will spend lots of extra money to fight ageing or weight

gain. I will spend lots of money on clothes and gym memberships and other essentials in the fight to look great. This SHOULD sets me up to feel badly about myself. It is an unrealistic thought.

List the advantages and disadvantages of thinking this thought:

### **6. I should be doing and achieving more than I am**

*Sample Answers*

#### ADVANTAGES

I will try very hard to achieve set goals.

#### DISADVANTAGES

By thinking that I should be doing better all the time, I will be constantly dissatisfied. My self-esteem will be low and I will constantly feel like a failure. This thought might cause significant sadness.

List the advantages and disadvantages of thinking this thought:

### **7. I should always be positive, bright and cheerful**

*Sample Answers*

#### ADVANTAGES

I will try hard to present myself to the world in a positive way. Many people will like this.

## DISADVANTAGES

On many occasions I will be presenting a false impression of how I am feeling. I will not be real. I will constantly be wearing a false mask in my interactions with the world. And when my bad moods show through, I will feel like I have failed. I will often feel like I have let myself down.

List the advantages and disadvantages of thinking this thought:

### **8. I should be married, or in a committed relationship**

*Sample Answers*

#### ADVANTAGES

I will try to find a partner. I will be very happy with myself when I am in a committed relationship or married.

#### DISADVANTAGES

The disadvantages are HUGE. I am more likely to stay in a relationship where I am abused or very unhappy. And if I am not in a relationship I will look down on myself. I will feel inadequate whenever I am single. I might ignore other important aspects of life that could bring me contentment.

List the advantages and disadvantages of thinking this thought:

### **9. I should have grown up in a "perfect" family environment**

*Sample Answers*

#### ADVANTAGES

At times when I think that I have come from a "perfect" family I will feel very content

#### DISADVANTAGES

If I see any signs of my family being imperfect, I will feel unhappy. I might feel anger toward by parents for failing to provide me with the 'perfect' upbringing. Since there is no such thing as a 'perfect' family I will often be able to find flaws in my childhood experience. I will blame my childhood for my current difficulties, and I can't change the past.

List the advantages and disadvantages of thinking this thought:

#### **10. I should be a "perfect" parent**

##### *Sample Answers*

#### ADVANTAGES

I will feel very good when I think I am doing an excellent parenting job. I will work hard at parenting.

#### DISADVANTAGES

I will regularly feel guilt and shame. I may do a worse job as a parent because I have set up an impossible goal. I may become judgemental of other parents. I will lose focus on other important aspects of life. I may put unnecessary pressure on my children.

List the advantages and disadvantages of thinking this thought:

#### **11. I should be working**

*Sample Answers*

ADVANTAGES

I will try very hard to be find work

DISADVANTAGES

If I am unemployed I will feel guilt and shame. I will feel inadequate and hopeless. It would be better to simply look for work without this additional pressure.

List the advantages and disadvantages of thinking this thought:

**12. I should be making lots of money**

*Sample Answers*

ADVANTAGES

I will be very happy when I am making lost of money. I will look for high-paid jobs. I may end up in a better financial position.

DISADVANTAGES

Most people don't make 'lots of money'. So, I am setting myself up for feelings of inadequacy. Most research shows that increased income does not produce happiness. I may become stressed in a constant battle to generate more income. I may fail to really enjoy life.

List the advantages and disadvantages of thinking this thought:

**12. I should be witty, interesting and fun to be with**

*Sample Answers*

ADVANTAGES

When I feel like I'm the life of the party, I will feel good about myself

DISADVANTAGES

I will often feel like I have let myself down. I will often feel like I have to perform for others.

If I am feeling flat, I will be disappointed in myself. I will spend time going over my 'performances' in social encounters. Was I interesting tonight? Did they like me? In the end, I will not be 'real'.

List the advantages and disadvantages of thinking this thought:

**13. I should be as smart as the cleverest people I know**

*Sample Answers*

ADVANTAGES

I will try hard at any academic pursuit I take on.

DISADVANTAGES

Unless I happen to be VERY bright, I will be setting myself up for feelings of inadequacy. I will regularly feel inferior to some others that I meet. I will regularly be judging myself against the performances of others. I will feel bad about myself in the company of very smart people. My self-esteem may suffer.

List the advantages and disadvantages of thinking this thought:

**14. I should always say "yes" to requests from others**

*Sample Answers*

ADVANTAGES

I will get lots of opportunities in the workplace to take on extra tasks.

DISADVANTAGES

I will probably be taken advantage of in my personal and professional relationships. I will end up doing lots of things that I really would prefer to avoid. I will end up feeling overburdened. I will end up resentful of the demands of others.

List the advantages and disadvantages of thinking this thought:

**14. I should never be afraid or insecure**

*Sample Answers*

ADVANTAGES

I will feel happy when I'm feeling confident

DISADVANTAGES

Like all humans, I will inevitably feel insecure or afraid on some occasions. At those times, I will feel weak or inferior. I will feel inadequate as a person. My self-image will suffer because I have set up an impossible standard for myself.



List the advantages and disadvantages of thinking this thought:

**14. I should always look good in other people's eyes**

*Sample Answers*

**ADVANTAGES**

When I believe that others are happy with me, I will feel good.

**DISADVANTAGES**

I will experience a lot of anxiety because of the conflicting views of parents, partners, children and friends. It will not be possible to find behavioural solutions to problems that everyone around me will like. I will feel anxious when I perceive criticism from others. I will constantly try to please others, and will therefore rarely please myself. I will do few things that are just for me. I will give up my true self in order to listen to the beat of other people's drums.