

# MANAGING SOCIAL ANXIETY

## FOLLOWING

### TRAUMATIC BRAIN INJURY

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A Cognitive Behavioural Program

### SESSION OUTLINE

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- Session 1:** Introduction to a model of social anxiety and a summary of treatment components
- Session 2:** Addressing physical feelings/sensations
- Session 3:** Addressing negative thoughts: Part I
- Session 4:** Addressing negative thoughts: Part II
- Session 5:** Addressing negative thoughts: Part III
- Session 6:** Addressing negative thoughts: Part IV
- Session 7:** Addressing 'safety' behaviours
- Session 8:** Addressing non-assertive communication
- Session 9:** Putting it all together and planning for the future

### OVERVIEW OF THE PROGRAM

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#### Overview

This nine-session cognitive behavioural therapy (CBT) program is aimed at improving social anxiety following acquired brain injury (ABI). The program is designed to be used by clinical

psychologists. It incorporates the same procedures and theoretical principles underlying CBT programs designed for use and proven to be effective with non-ABI populations. However, it has been adapted so as to minimise the impact of neuropsychological deficits characteristic of this group, including difficulties with regard to attention and concentration, memory and learning, and executive functioning. To this end it contains: frequent repetition of information, visual aids, cue cards, session summaries, audio tapes, role plays, simplified cognitive techniques (i.e., self-instructional strategies), and in-session planning for the completion of homework tasks.

In this program, all participants are introduced to a basic model of social anxiety, and are instructed in strategies for dealing with the cognitive, affective, and behavioural components of social anxiety. However, people with brain injury differ in terms of their cognitive abilities, and for this reason program delivery will need to be tailored to individual participant needs, and is best delivered on an individual basis. Experience using the manual has revealed that although all participants are largely able to manage relaxation (session 2), graded exposure (session 7) and assertive skills training (session 8), some are likely to experience difficulty with the abstract concepts involved in cognitive therapy, and more specifically, cognitive restructuring. Should your client present with significantly impaired memory and executive function, you may choose to use the manual more selectively. Such participants are likely to benefit from continued practice in self-instructional techniques (session 3 & 4), as opposed to moving onto sessions involving cognitive challenging (sessions 5 & 6). Following is an overview of the sessions.