



COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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TASK CONCENTRATION TRAINING (TCT)

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Definition: TCT helps people who are too self-focussed to concentrate instead on the task in hand and other outside situations.

Elements: The therapist helps the client to:

1. Realise, via a rationale, discussion, keeping a diary, and short exercises, how excessive self-focus impairs feelings, thinking, and behavior, and that she can redirect attention more appropriately elsewhere. Example of an exercise: the client speaks briefly about her birthplace, first time attending mainly to her own anxiety and appearance, and a second time focussing on what she wants to say and how the public (therapist) hears that.
2. Become aware, by noting on a form after each exercise and in a diary, the % of time she focuses in problem situations on herself, on the task, and on the environment (total must be 100%), and in such situations, learn to concentrate more on the task and the environment than on herself.
3. Practise focussing on a present task and on the environment in a non-threatening situation e.g. *`walk in a forest and attend closely to what you see, hear, smell and feel, and finally to the whole experience`*; *`watch the news on television while focussing all your attention on the content, and afterwards write down everything you recall.*
4. Practise focussing on a present task and on the environment in increasingly threatening situations e.g. when conversing first on the phone and later face to face, listen attentively to what the other person is saying, and then summarize that on the spot to the other person..

Related procedures: Other attention-training procedures (e.g. in sport psychology), cognitive restructuring, exposure, mindfulness, role play.

Application: Individually or in groups for adults and children with social fears of blushing, trembling, sweating and body distortions, and other problems maintained by excessive self- attention.

1st use? Ribordy SC, Tracy RJ, Bernotas TD (1981)

References:

1. Ribordy SC, Tracy RJ, Bernotas TD (1981) The effects of an attentional training procedure on the performance of high- and low test-anxious children. *Cognitive therapy and Research*, 5, 19-28.
2. Bögels SM, Mulkens S, De Jong PJ (1997) Task-concentration training and fear of blushing. *Clinical Psychology and Psychotherapy*, 4, 251-258.
3. Mulkens S, Bögels SM, De Jong J, Louwers J (2001) Fear of blushing: Effects of task concentration training versus exposure in vivo on fear and physiology. *Journal of Anxiety Disorders*, 15, 413-432.
4. Bögels SM (2006) Task Concentration training versus Applied Relaxation for social phobic patients with fear of blushing, trembling and sweating. *Behaviour Research and Therapy*, 44, 1199-1210.

Case illustration (Bögels, Mulkens, De Jong 1997)

Ann had feared blushing for decades since adolescence, when she'd been called "tomato". Before marriage she stopped working in a shop because she blushed when friends visited there. When her children reached school age, entering more social situations made her blushing fear more problematic. It stopped her taking a job.

Ann had eight 50-minute sessions of task concentration training (TCT). In session 1 she said "When I blush I feel everybody looks at me, totally blocked, pre-occupied by my blushing, forget what I was saying, don't hear what people say". She was asked to keep daily diaries noting for each feared situation where and with whom she was and what was happening, her feelings and their intensity, what she attended to, and division of her attention (% self, % task, % environment), and blushing intensity. Session 2 involved listening exercises: in each the therapist told Ann one of several 3-minute stories about a holiday, first while sitting back to back with Ann (no eye contact), next while facing Ann, then with Ann being asked to focus on her blushing; finally the therapist told Ann about someone who blushed embarrassingly. Ann's task was to: a) remember each story; b) immediately after its end i) tell it back to the therapist and ii) rate attention to herself, her task and her environment and % of the story remembered. Ratings enabled her to see how self-focussing impeded listening. At session 2's end Ann was asked to do short homework tasks focussing on a) her environment in non-social situations and b) conversations in non-threatening situations (see Element 3. above), and to keep a daily diary of TCT homework tasks done throughout training. In session 3 she said "I listen better, recall more details like names and colours". In session 4 she created a hierarchy of threatening situations for TCT practice e.g. walk past people waiting at a bus stop. In sessions 5-7 she did even more frightening practice (e.g. converse about an intimate topic, speak in a group) in roleplays with the therapist (plus other staff to form a group as needed), and live during sessions and as homework. At least half of session time was spent doing TCT exercises and the rest was spent reviewing past and planning new homework.

By session 8 she was less fearful, much more open, no longer blocked when blushing, disclosed her blushing problem to others, joked about it, and joined a course. She discovered not everyone looked at her nor did they act very differently if she blushed but continued her ongoing task. Blushing frequency and negative beliefs about them had reduced markedly and fear fell slightly. Thereafter she continued using her TCT skills.