Social Anxiety – It's Clinical Dimensions, Practical Implications, and Treatment

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Presentation at Cairnmillar Institute of Victoria
Melbourne Australia

Session 1 ~Introduction and Overview

MY PEDIGREE

Skinnerian by way of his students:

Skinner > Nate Azrin > Roger Ulrich (UG & first M.A. Advisor)

Skinner > Evalyn Segal (MA Thesis)

Skinner > Jack Michael (MA Thesis)

[Skinner Indiana University] > Fred Kanfer (second M.A. & Ph.D. Advisor)

MY INTELLECTUAL COMMITMENTS AND INTERESTS

Extension > Standing on the shoulders of those before me in the field of Psychology as a natural science

Understanding or Explanation of the Foundation Principles and their utility in application **and** in accumulation of Knowledge

Discovery of Nuanced and New Relationships within and that surround those Principles that advance application and understanding (description, prediction, control & explanation)

MY BIASES TOWARD NATURAL SCIENCE

Natural Science has been unquestionably demonstrative in its contribution to verifiable knowledge

It has has advanced the human condition in virtually every area where contact has been made, as well as our understanding of the world.

The adoption of alternative perspectives in Psychology have yet to prove of comparable value (or have failed)

Presentation Outline

1. Case Illustrations
2. Definitions, Diagnostics, and Differentials
3. “Causes”, Consequences, and Casualties
4. Psychological Treatments and their efficacy [limited in scope]
5. Recovery, Recurrence, Remission, Retreat
6. Beyond Treatments: Detecting the Causal patterns & the post treatment durability of outcomes

Perspective taking in clinical science: A bit of philosophy in the Western Tradition of Hellenistic Perspectives and their influence

EPICUREANS

A Superior Life is one that

Satisfies Pleasure-based Ethic

Satisfies Appetites

Eschews Discomfort

Gratifies at the Sensate Level

STOICS

A Superior Life is one that

Achieves Liberation from Suffering in the Long run

Accepts Discomfort and Adaptive Stress as part of life (as it is)

Focuses Attention on Those things that are within my sphere of control

CYNICISM (SKEPTICS)

A Superior Life is one that balances Any assertion of truth with an oppositional view of its limitations or alternative consideration

Rejection of Reality that is independent of Human Construction and is therefore Challengeable, and Virtue is found in doing so.

You may know individuals who fit easily within this Hellenistic Classification? Why is this important?

It can be argued that we find comfort in and seek philosophical home in both science (or way of knowing about the world) and practice approaches that embrace and confirm our biases.

As you know, confirmation bias as a phenomenon exists in both scientific research and clinical practice with consequences in the quality of both, including the types of questions we ask, and the type of “evidence” we accept or question.

Case Illustrations – Impact of SAD on Life

- Kukes Family Experience – Suicide
  - Andy's Story
  - Youtube link https://akfsa.org/andys-story/
- David – Underemployment and potential marital impact of SAD
- Highly trained Engineer – Unemployment due to SAD
- Chelsea – Substance Abuse - Karen – Negative Professional Impact on Public Appearances
- High School Dropouts in high percentages suffer from SAD

Definitions, Diagnostics, Differentials

- Operational definition best captured in how we measure Social Anxiety
- Liebowitz Social Anxiety Scale – LSAS
- Its website for online administration/scoring can be found at https://nationalsocialanxietycenter.com/liebowitz-sa-scale/

Diagnostics

- **Social anxiety disorder**
- People with SAD are fearful of being negatively judged by others. They become anxious in personally relevant situations that may involve possible or actual scrutiny by other people, interaction with other people or performance before other people.
- The person's underlying fear is of acting in a way that is seen as socially awkward or inappropriate, to the extent (in their mind) that other people might think badly of them or be offended.
- The manner in which individuals with SAD fear that social inappropriateness followed by negative evaluation may happen is highly variable however.

Diagnostics ~ continued

- Fear of negative evaluation leading to anxiety in social situations. Avoidance or use of safety-seeking behaviours is typical in feared situations
- Typical symptoms include showing anxiety (especially visible signs of anxiety such as blushing, frozen stare, sweating, shaking, or appearing absent minded or not fully present) when under scrutiny or in the performance of some task (such as public speaking, but also eating, drinking, signing a document or using the telephone). Typically, people with SAD also fear making conversation with others, because they worry about saying something foolish or having nothing to say.

Prevalence

- Within Australia and New Zealand, it has been estimated that 8.4% of the population would meet criteria for SAD at some time in their life and that 4.2–6.8% of the population would meet criteria for SAD at some time over a 12-month period
- SAD might be severe in 30–40% of these people, moderately severe in 35–50% and mild in about 20–30%
- Australian and New Zealand data indicate that women are affected at about 1.2–1.5 times the rate of men. SAD is over-represented in separated, divorced and never-married people, and there is also an association with un(der)employment.
- The estimated median age at onset is 13 years of age.

Evidence-Based Practice Levels

- **Clinical observation** (including individual case studies) and basic psychological science are valuable sources of innovations and hypotheses (the context of scientific discovery).
- **Qualitative research** can be used to describe the subjective, lived experiences of people, including participants in psychotherapy.
- **Systematic case studies** are useful when aggregated (as in the form of practice research network) for comparing individual patients with others with similar characteristics.
- **Single-case experimental designs** are particularly useful for establishing causal relationships in the context of an individual.

Evidence-Based Practice ~ continued

- **Public health and ethnographic research** are useful for tracking the availability, utilization, and acceptance of mental health treatments as well as suggesting ways of altering these treatments to maximize their utility in a given social context.
- **Process–outcome studies** are especially valuable for identifying mechanisms of change. This is an area that needs much more work.
- **Studies of interventions** as these are delivered in naturalistic settings (effectiveness research) are well suited for assessing the ecological validity of treatments.
- **RCTs** [randomised controlled trials] and their logical equivalents (efficacy research) are the standard for drawing causal inferences about the effects of interventions (context of scientific verification).

Differential Diagnoses

- An epidemiological survey of youth in the United States found that 46.7% of respondents self-identified as shy, whereas a lifetime diagnosis of SAD was assigned in 8.6%.
- Avoidant, Narcissistic Personality Disorders should be differentiated.
- Asperger Features - overlap is mainly found in areas of social interaction and social skills, whereas restricted and repetitive behaviors and atypical social cognition may be unique to ASD
- Agoraphobia in that the overlap in feared situations, especially crowded situations in which escape would be difficult such as shops, public transport, cinemas and restaurants. Differences are:
  - negative evaluation in SAD is chief concern, and
  - fear of coming to mental or physical harm in agoraphobia. A fear of embarrassment may be a factor in agoraphobia but is not the chief concern.

Common Comorbidities Include

- Most often SAD precedes these comorbid conditions, which may be secondary to and directly related to the SAD condition
- Depression
- Suicide
- Substance Abuse
- Alcohol Abuse
- Other Anxiety Disorders
  - Generalized Anxiety
  - Panic Disorder

Treatment of Social Anxiety Disorder

- A systematic review and meta-analysis found that the combination of CBT plus medication for SAD was superior to medication alone, and the combination of CBT plus medication for SAD was superior to CBT alone in severe cases. A review found that the combination of CBT plus medication for SAD was superior to CBT alone in the short term but equivalent in the long term. Although medication requires continued use, and carries side-effects that mitigate continuation.
- However, along the continuum of Evidence-Based Practice Several Additional Interventions have empirical support

Among Evidence-Based Practices are Included

- Cognitive Therapy – Individual and Group
- Behavior Therapy – Individual and Group
- Morita Therapy – Individual in Group Context
- Acceptance & Commitment Therapy - Individual
- Psychodynamic Psychotherapy – Individual
- Clinical Hypnosis that follows an Exposure Paradigm
- Online Therapy (Children) - BRAVE. Sue Spence & Team
    - Link. https://www.brave-online.com/meet-the-brave-team/

Process-Based Interventions rather than branding & Detecting Functional/Causal Patternsn

This is in contrast to the proverbial “Cookie Cutter” Approach to Intervention

“In many fields, human understanding is still in the pre-Galilean, pre-Keplerian phase. We haven’t found the patterns. So how can we find deeper theories that would give insight into those patterns? Biology and psychology and economics are not Newtonian yet, because they aren’t even Galilean and Keplerian. We have a long way to go.”

Strogatz in Power of Infinity

Borkovec & Castonguay on the Meaning of Empirically Supported Therapies

Theoretical/Methodological/Review Article

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The Future of Intervention Science: Process-Based Therapy

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[2]Department of Psychology, University of Nevada, Reno

Abstract

Clinical science seems to have reached a tipping point. It appears that a new paradigm is beginning to emerge that is questioning the validity and utility of the medical illness model, which assumes that latent disease entities are targeted with specific therapy protocols. A new generation of evidence-based care has begun to move toward process-based therapies to target core mediators and moderators based on testable theories. This could represent a paradigm shift in clinical science with far-reaching implications. Clinical science might see a decline of named therapies defined by set technologies, a decline of broad schools, a rise of testable models, a rise of mediation and moderation studies, the emergence of new forms of diagnosis based on functional analysis, a move from nomothetic to idiographic approaches, and a move toward processes that specify modifiable elements. These changes could integrate or bridge different treatment orientations, settings, and even cultures.

Keywords

clinical trials, cognitive therapy, CBT, evidence-based treatments, psychotherapy

Journal of Anxiety Disorders 67 (2019) 102118

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Processes in cognitive behavior therapy for social anxiety disorder: Predicting subsequent symptom change

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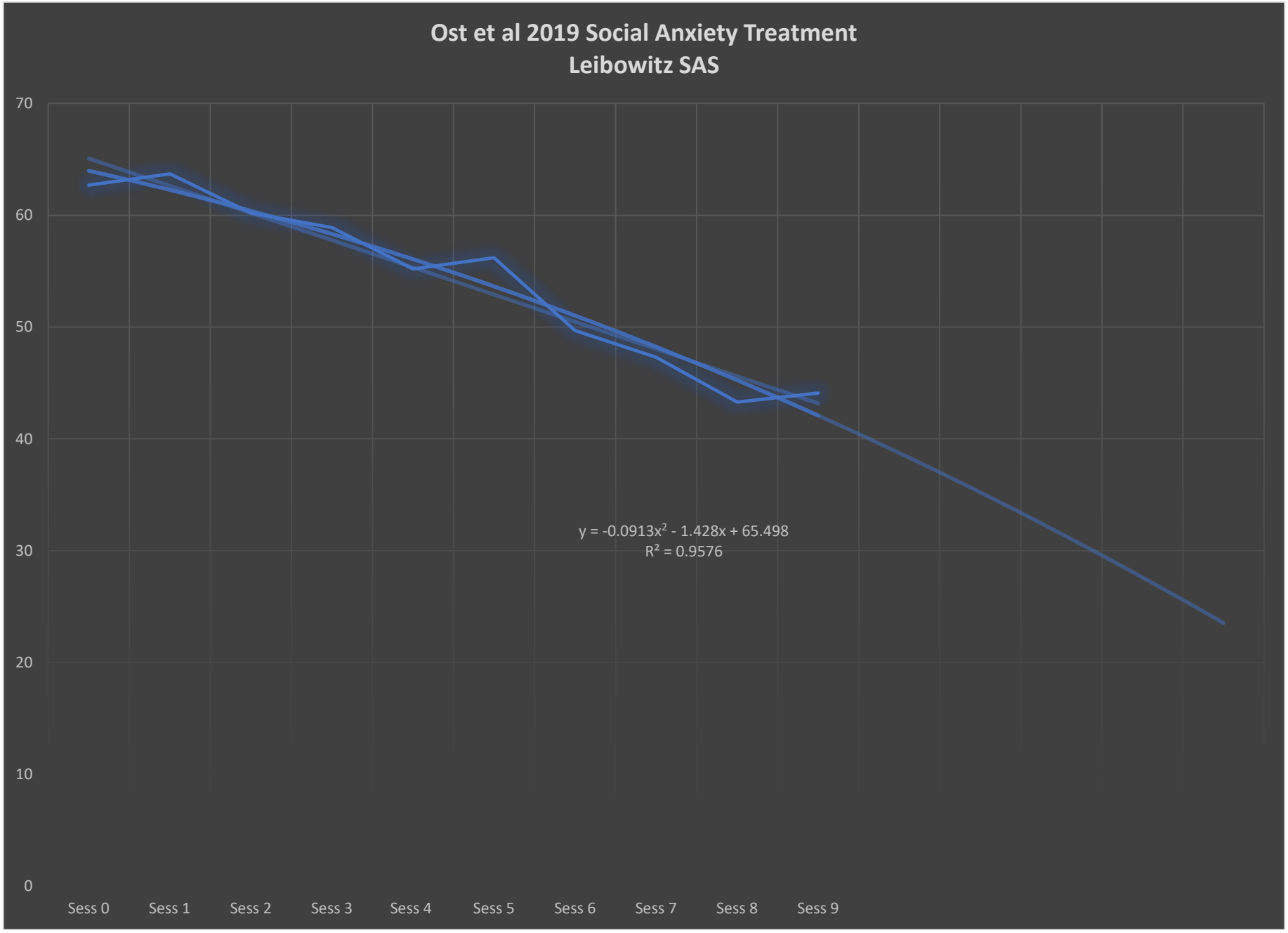
ABSTRACT

Although cognitive behavior therapy (CBT) is an effective treatment for social anxiety disorder, little is known about the processes during treatment that bring about change. The aim of this study was to investigate whether the proposed processes of change according to the cognitive model of social anxiety disorder predicted subsequent symptom reduction in CBT delivered as therapist-guided bibliotherapy. We analyzed data from patients with social anxiety disorder ($N = 61$) who participated in an effectiveness trial of CBT in primary care. Seven putative processes and outcome (i.e., social anxiety) were assessed on a weekly basis throughout treatment. We used linear mixed models to analyze within-person relations between processes and outcome. The results showed a unidirectional effect of reduced avoidance on subsequent decrease in social anxiety. Further, we found support for reciprocal influences between four of the proposed processes (i.e., estimated probability and cost of adverse outcome, self-focused attention, and safety behaviors) and social anxiety. The remaining two processes, (i.e., anticipatory and post-event processing) did not predict subsequent social anxiety, but were predicted by prior symptom reduction. The findings support that several of the change processes according to the cognitive model of social anxiety disorder are involved in symptom improvement.

Processes & Predictors in Social Anxiety Treatment 2019

Reduction in Avoidance best Unidirectional Predictor of Sym Reduction in Tx



Spates, et al Process Studies in Social Anxiety
Ost et al Process Study
ACT Process Study

- Waller, Seim, Spates
- Sheerin, Spates, et al.
- Rubin, Spates, et al. Analog Study
- Sage, Spates – Treatment Preference Study re Social Anxiety Tx

Table 1. Change in scores on measures of anxiety.

	Prolonged			Dosed		
	Pre	Post	% Change	Pre	Post	% Change
PRCA-24						
Group	21	19	-8%	24	18	-24%
Meeting	21	22	6%	24	22	-10%
Dyad	20	19	-3%	22	18	-15%
Public	24	23	-4%	28	18	-37%
Total	85	83	-2%	97	76	-22%
STAI-State	48	39	-19%	44	30	-31%
BAT (sec)	312	372	19%	304	433	43%

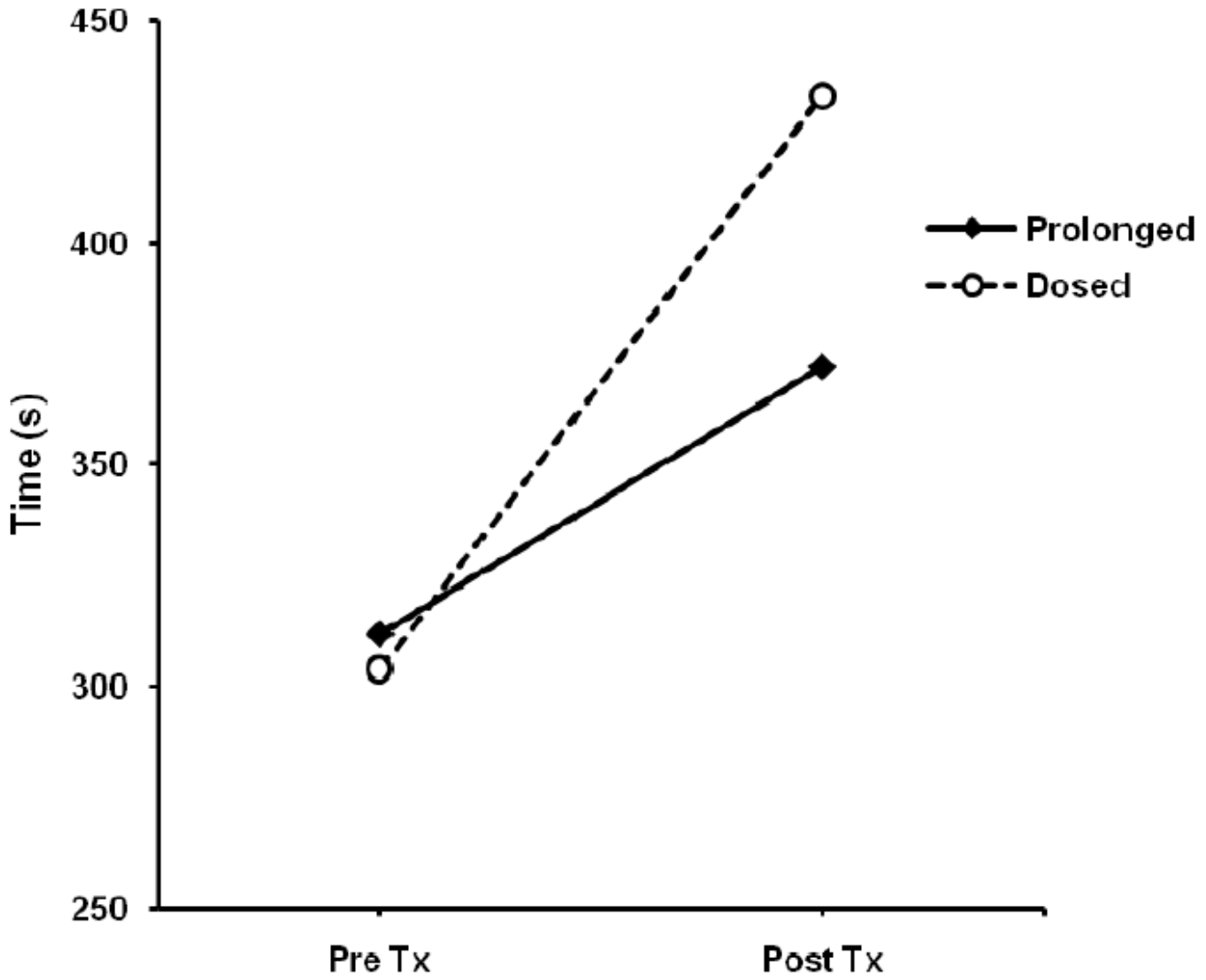


Figure 1. Changes in speech durations during the Behavioral Avoidance Test (BAT).

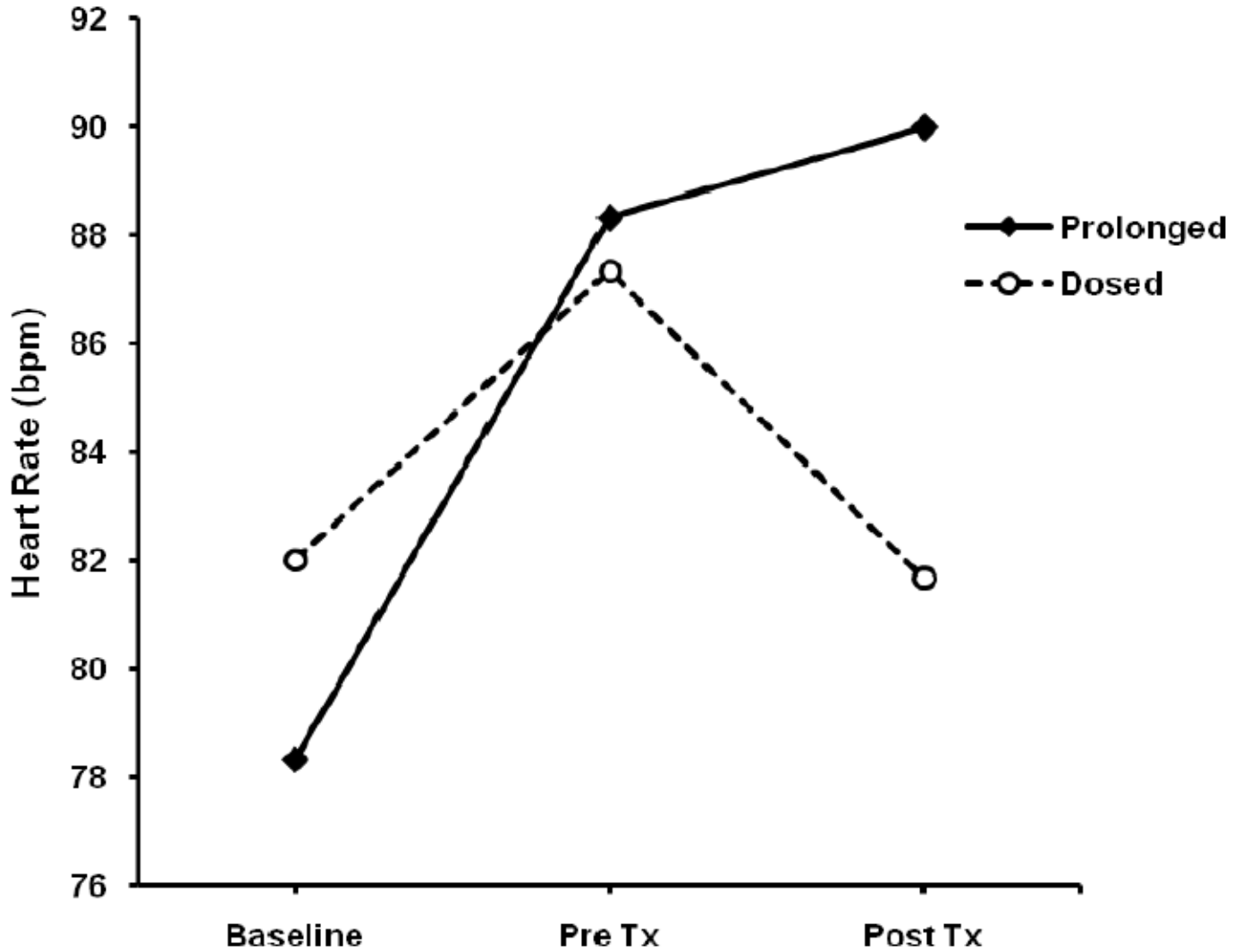
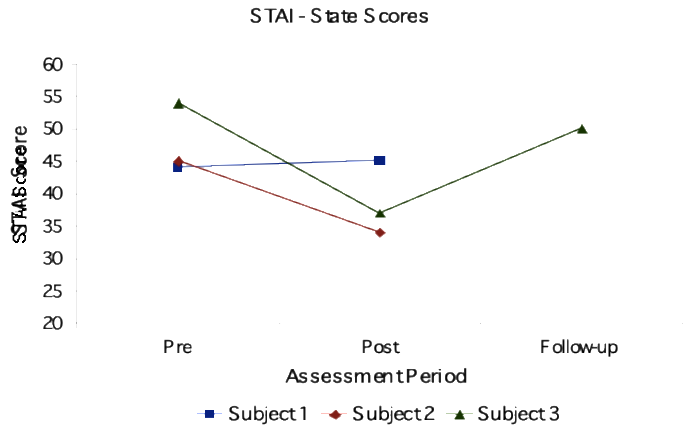
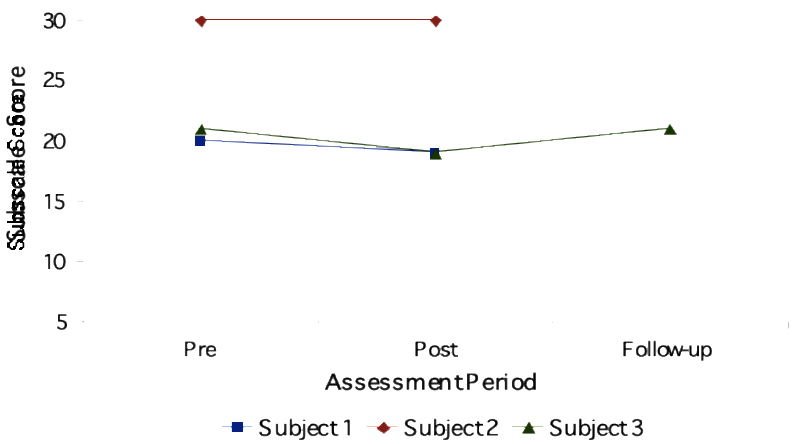


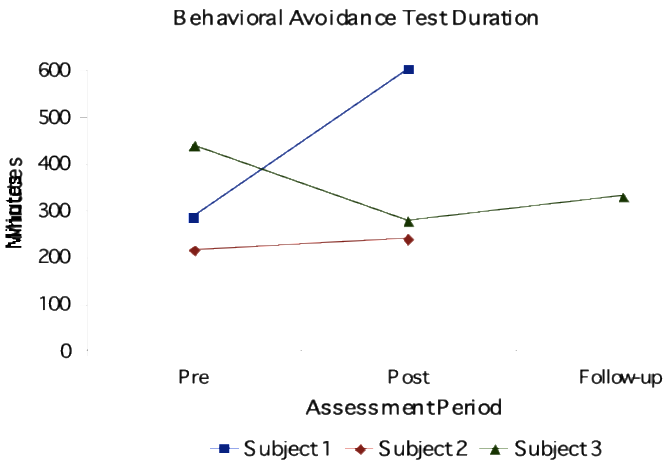
Figure 2. Average heart rates of participants.

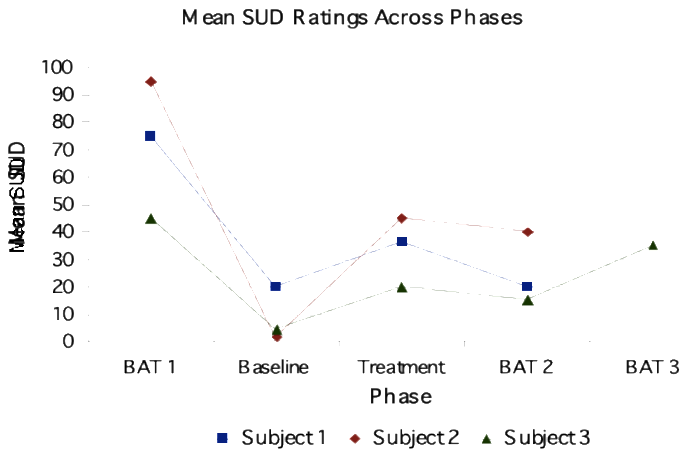
Bird's Eye View of Outcomes -

Continuous Exposure



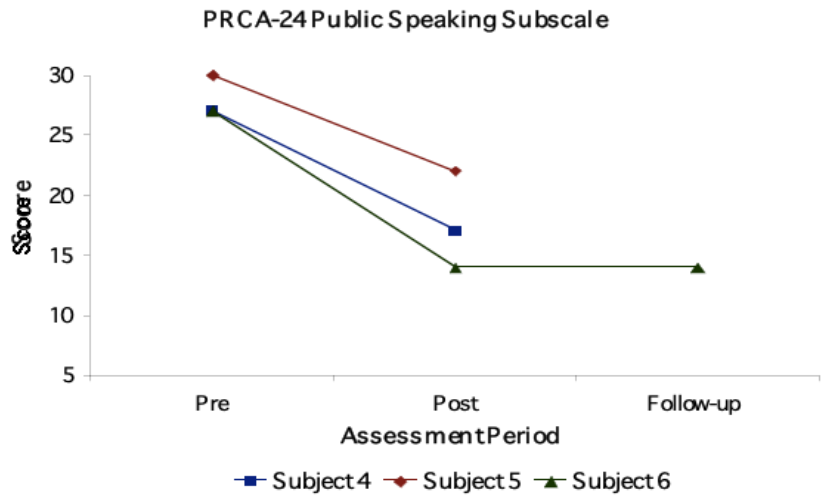


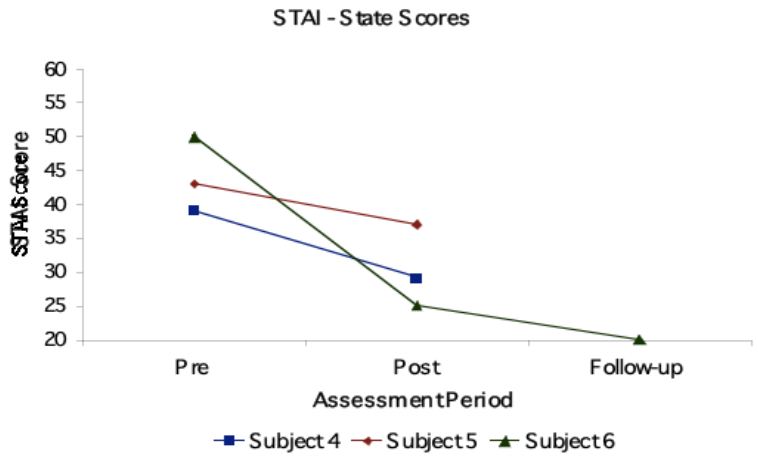


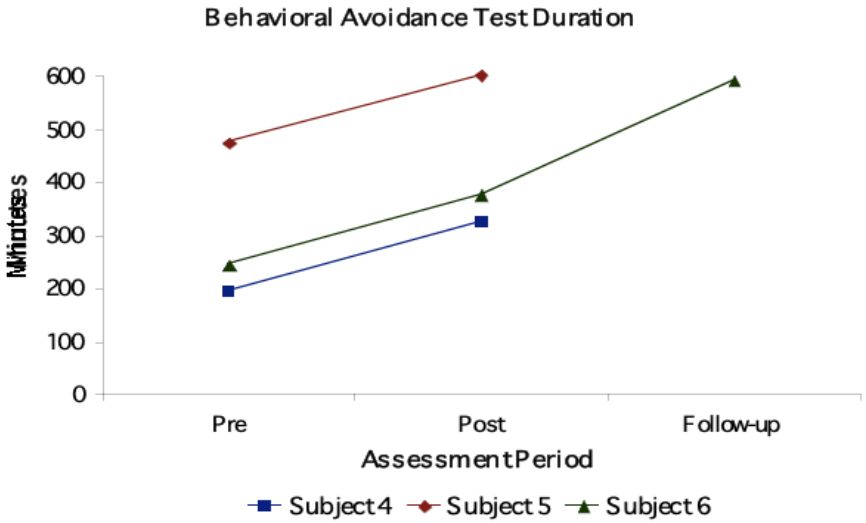


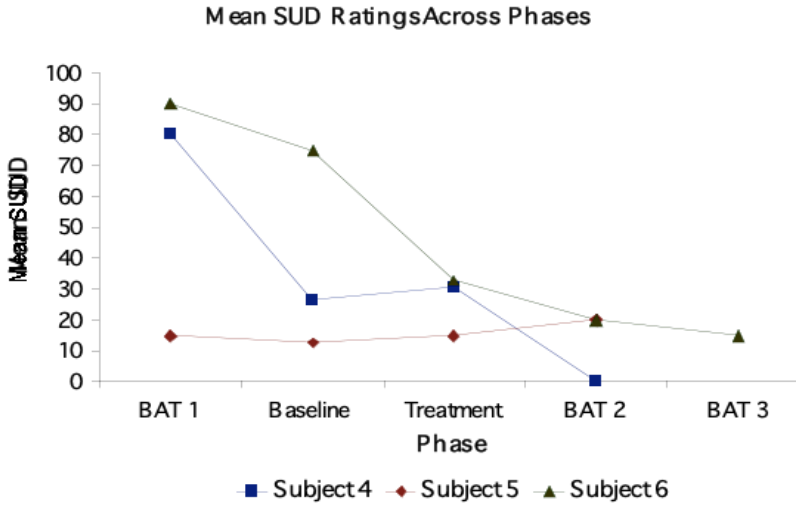
Bird's Eye View of Outcomes -

Dosed Exposure









Conclusions Waller & Spates

-)
-)

Today we think of the empirical data we collect as footprints in the sand, a clue to the process that made it. That process—modeled by a function—is what we are interested in, not the traces it left behind.

Calculus – The Study of Change and Motion, from a behavioral science perspective – emphasis on change, is what has brought us

Linear Mixed Modeling, Growth Curve Analyses, and Modeling of Behavior Change Processes; not just before and after observations.

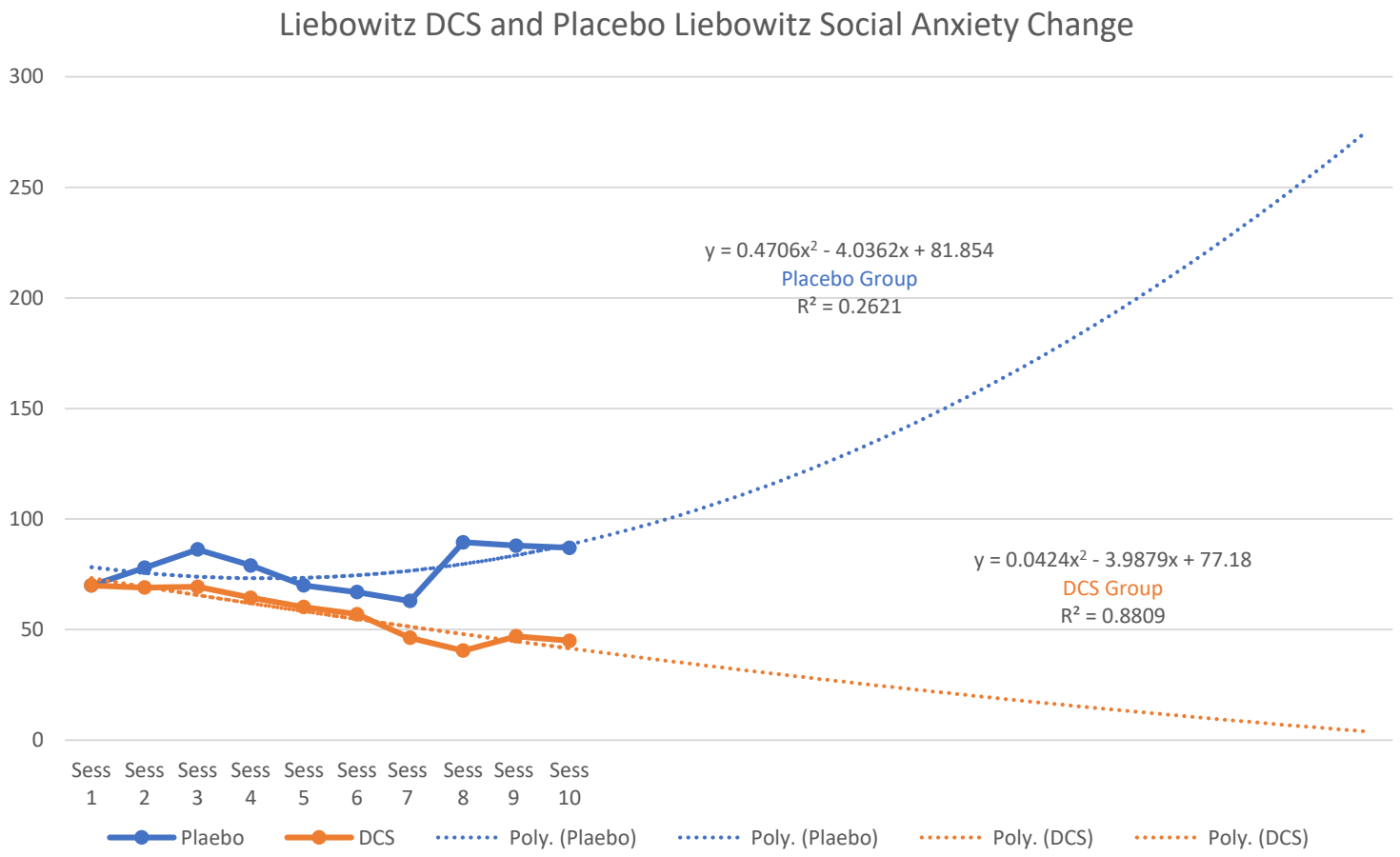
The Process Approach is about carefully examining the "function" for

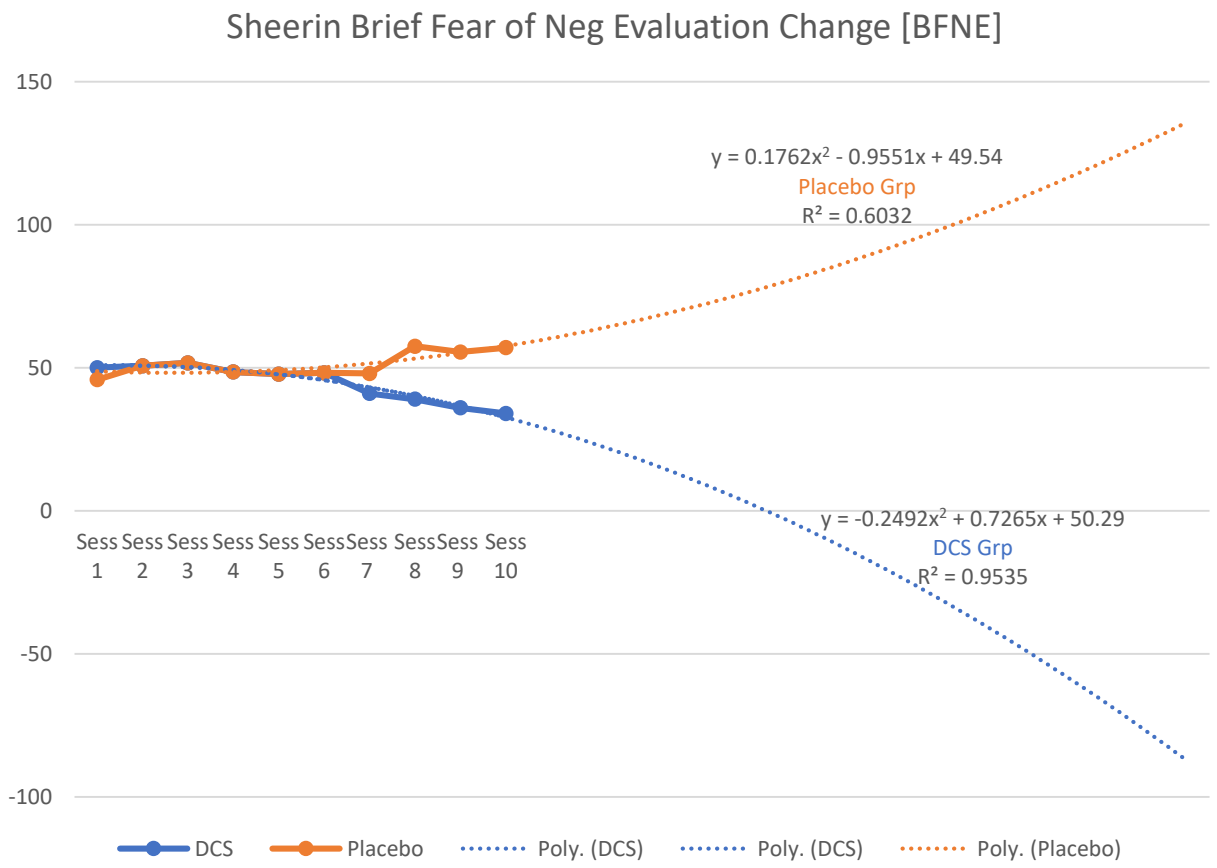
Clues to the underlying processes of disorder and treatment.

An Illustration from our own datasets on Social Anxiety Treatment

Sheerin Spates et al 2018

Group CBT Treatment of Social Anxiety: Evaluating the Role of D-Cycloserine Agonist on Treatment Enhancement in a Double Blind Randomized Control Trial


Liebowitz DCS and Placebo Liebowitz Social Anxiety Change
300
250
200
150
100
50
0
y = 0.4706x² - 4.0362x + 81.854
Placebo Group
R² = 0.2621
y = 0.0424x² - 3.9879x + 77.18
DCS Group
R² = 0.8809
Sess 1
Sess 2
Sess 3
Sess 4
Sess 5
Sess 6
Sess 7
Sess 8
Sess 9
Sess 10
Plaebo
DCS
Poly. (Plaebo)
Poly. (Plaebo)
Poly. (DCS)
Poly. (DCS)


Sheerin Brief Fear of Neg Evaluation Change [BFNE]
150
100
50
0
-50
-100
Sess 1
Sess 2
Sess 3
Sess 4
Sess 5
Sess 6
Sess 7
Sess 8
Sess 9
Sess 10
y = 0.1762x² - 0.9551x + 49.54
Placebo Grp
R² = 0.6032
y = -0.2492x² + 0.7265x + 50.29
DCS Grp
R² = 0.9535
DCS
Placebo
Poly. (DCS)
Poly. (DCS)
Poly. (Placebo)

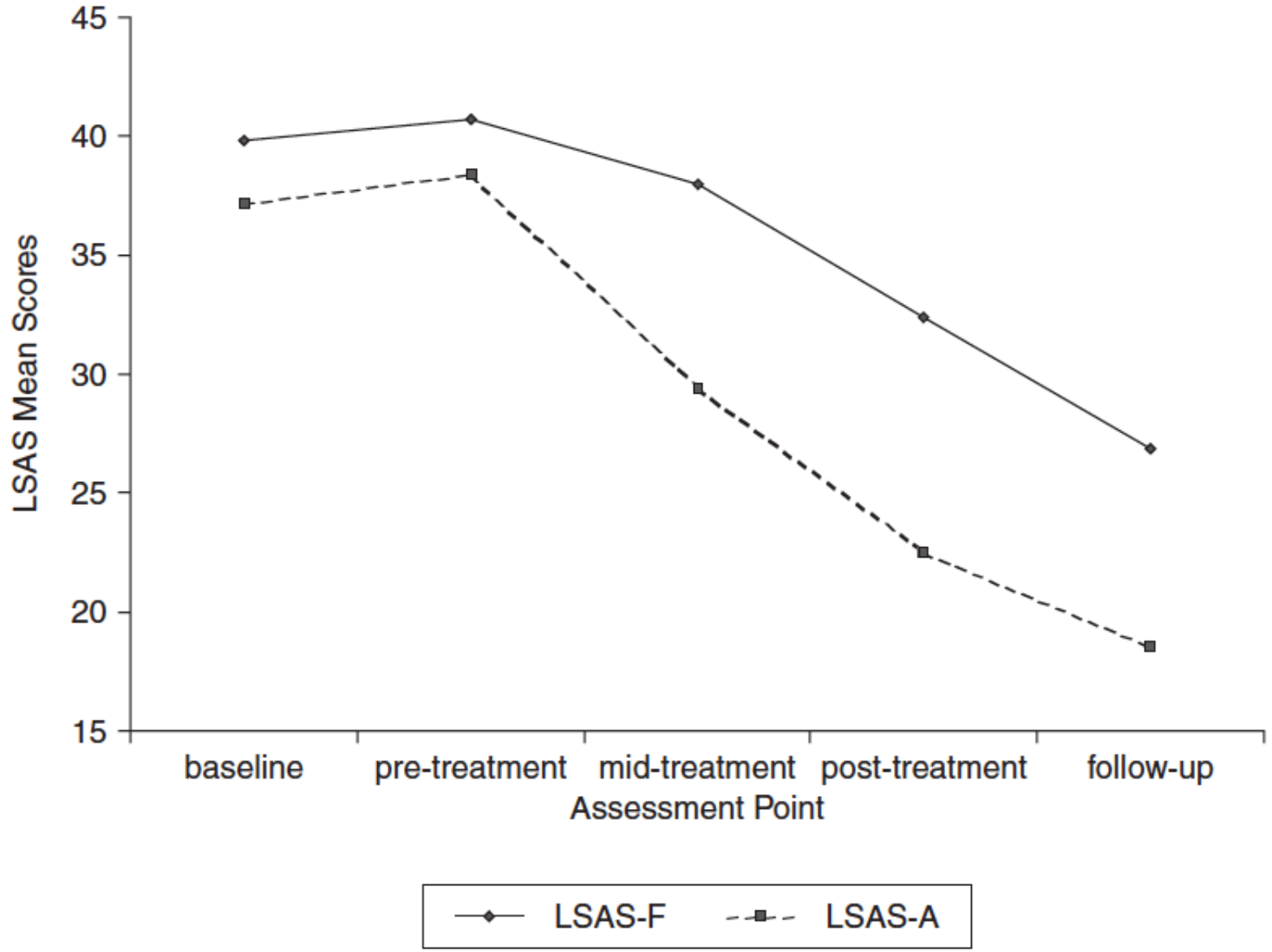
Acceptance & Commitment Therapy for Social Anxiety

Herbert et al 2019

[10 Sessions included explicitly included exposure therapy]

ACT Treatment for Social Anxiety - Pilot

Figure 2
Baseline, Pre-, Mid-, and Posttreatment Mean Scores on the Liebowitz Social Anxiety Scale (LSAS) Fear and Avoidance Subscales



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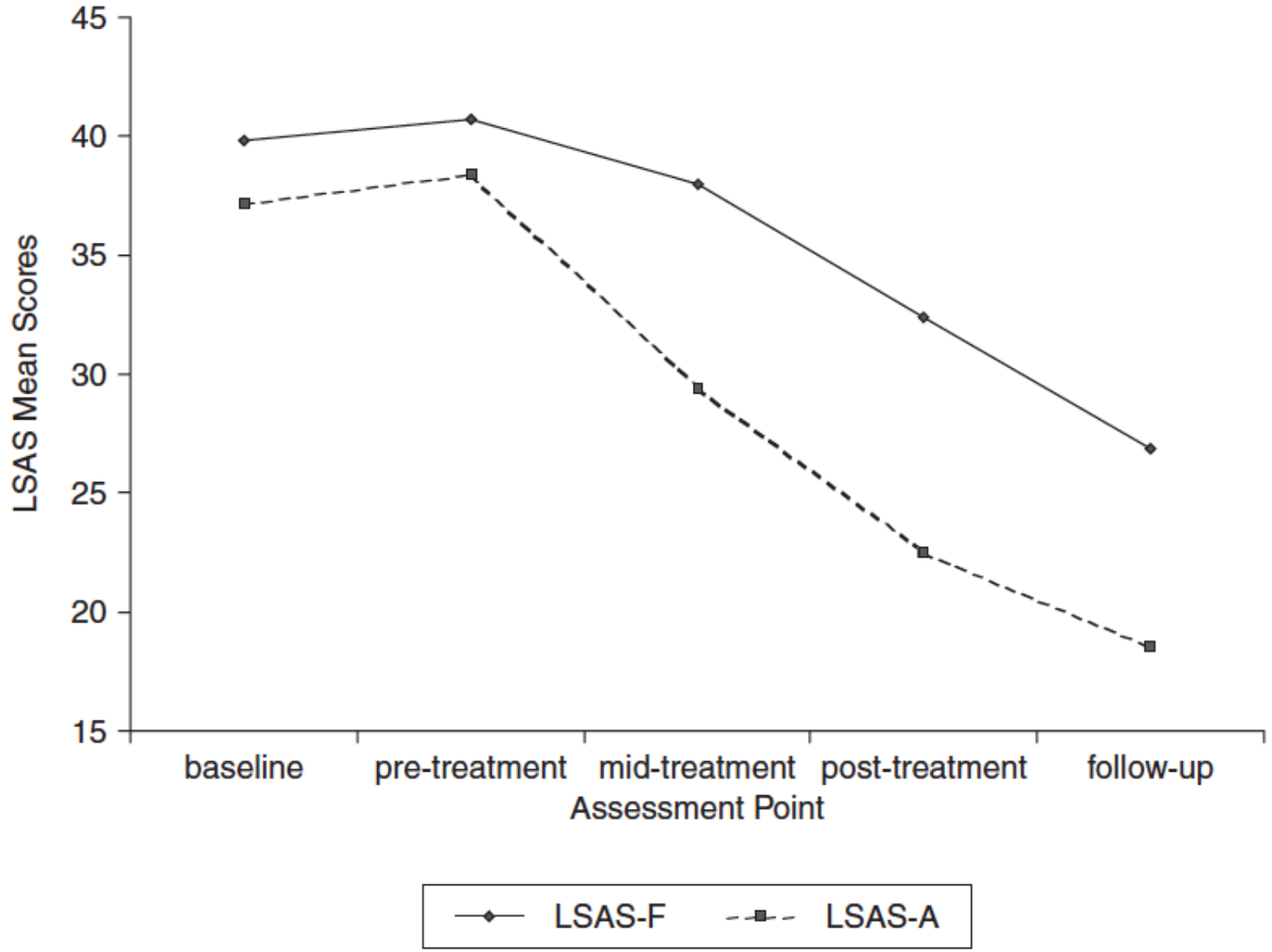
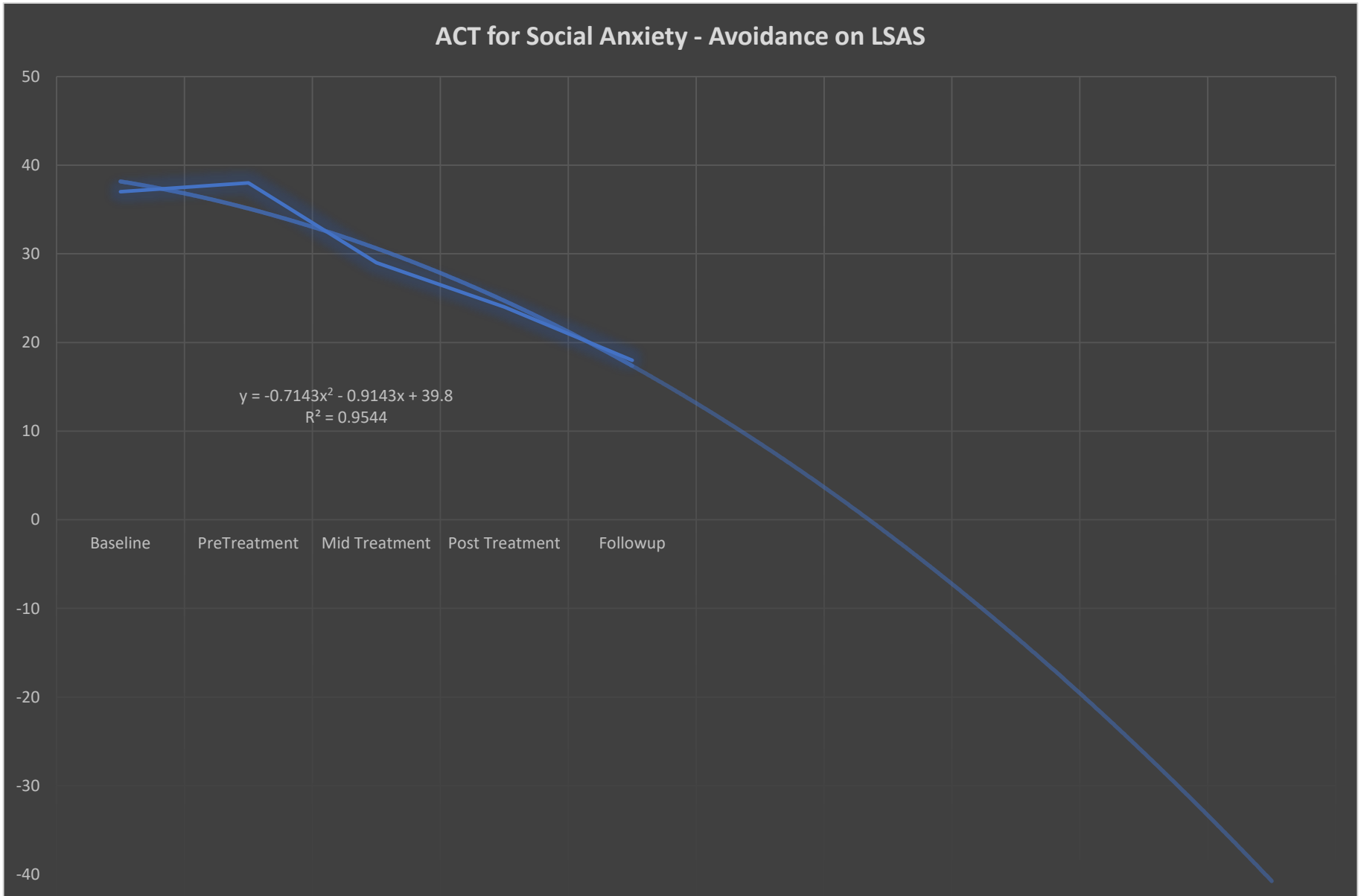
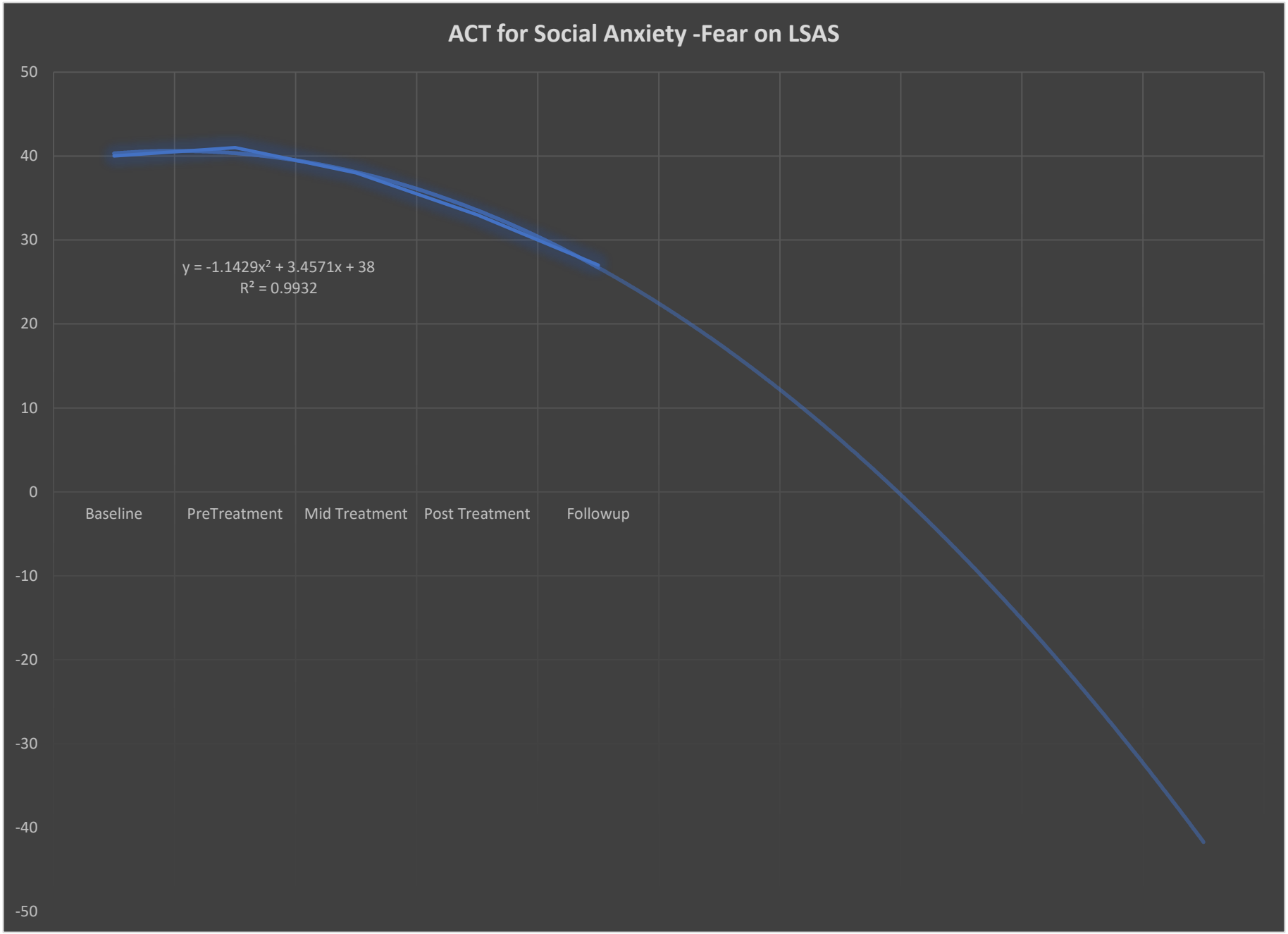


ACT for Social Anxiety LSAS Avoidance Subscale



ACT for Soc Anx
LSAS – Fear
Herbert 2019



DEPRESSION AND ANXIETY 31:363–373 (2014)

Research Article

PSYCHODYNAMIC PSYCHOTHERAPY VERSUS COGNITIVE BEHAVIOR THERAPY FOR SOCIAL ANXIETY DISORDER: AN EFFICACY AND PARTIAL EFFECTIVENESS TRIAL

Susan M. Bögels, Ph.D.,[1]* Paul Wijts, Mh.D.,[2] Frans J. Oort, Ph.D.,[1] and Steph J. M. Sallaerts, Mh.D.[3]

Objectives: *Comparing the overall and differential effects of psychodynamic psychotherapy (PDT) versus cognitive behavior therapy (CBT) for social anxiety disorder (SAD).* **Design:** *Patients with a primary SAD (N = 47) were randomly assigned to PDT (N = 22) or CBT (N = 27). Both PDT and CBT consisted of up to 36 sessions (average PDT 31.4 and CBT 19.8 sessions). Assessments took place at waitlist: pretest, after 12 and 24 weeks for those who received longer treatment: posttest, 3-month and 1-year follow-up.* **Methods:** *Changes in the main outcome measure self-reported social anxiety composite, as well as in other psychopathology, social skills, negative social beliefs, public self-consciousness, defense mechanisms, personal goals, independent rater's judgments of SAD and general improvement, and approach behavior during an objective test, were analyzed using multilevel analysis.* **Results:** *No improvement occurred during waitlist. Treatments were highly efficacious, with large within-subject effect sizes for social anxiety, but no differences between PDT and CBT on general and treatment-specific measures occurred. Remission rates were over 50% and similar for PDT and CBT. Personality disorders did not influence the effects of PDT or CBT.* **Conclusions:** *PDT and CBT are both effective approaches for SAD. Further research is needed on the cost-effectiveness of PDT versus CBT, on different lengths PDT, and on patient preferences and their relationship to outcome of PDT versus CBT. Depression and Anxiety 31:363–373, 2014.*

Causes of Social Anxiety Disorder: Or How to Create and Socially Anxious Emerging Adult

1. Behaviorally Inhibited Temperament
2. Overprotective Parenting Style that Supports Avoidance of Social/Interpersonal Contact, i.e. especially during and after the 'stranger anxiety' milestone of development
3. Non-authoritative parenting in general, i.e. Authoritarian, Permissive or Non-engaged styles.
4. Parent Anxiety Disorder, especially Social Anxiety Disorder, Panic Disorder, Generalize Anx Dis
5. 'Adverse Childhood Events' exposure – Abuse, Bullying, Negative Peer Influences
6. No resolution of these experiences by therapeutic intervention appropriate to the case.

Early and Middle Childhood Development

More than any other developmental periods, early and middle childhood sets the stage for:

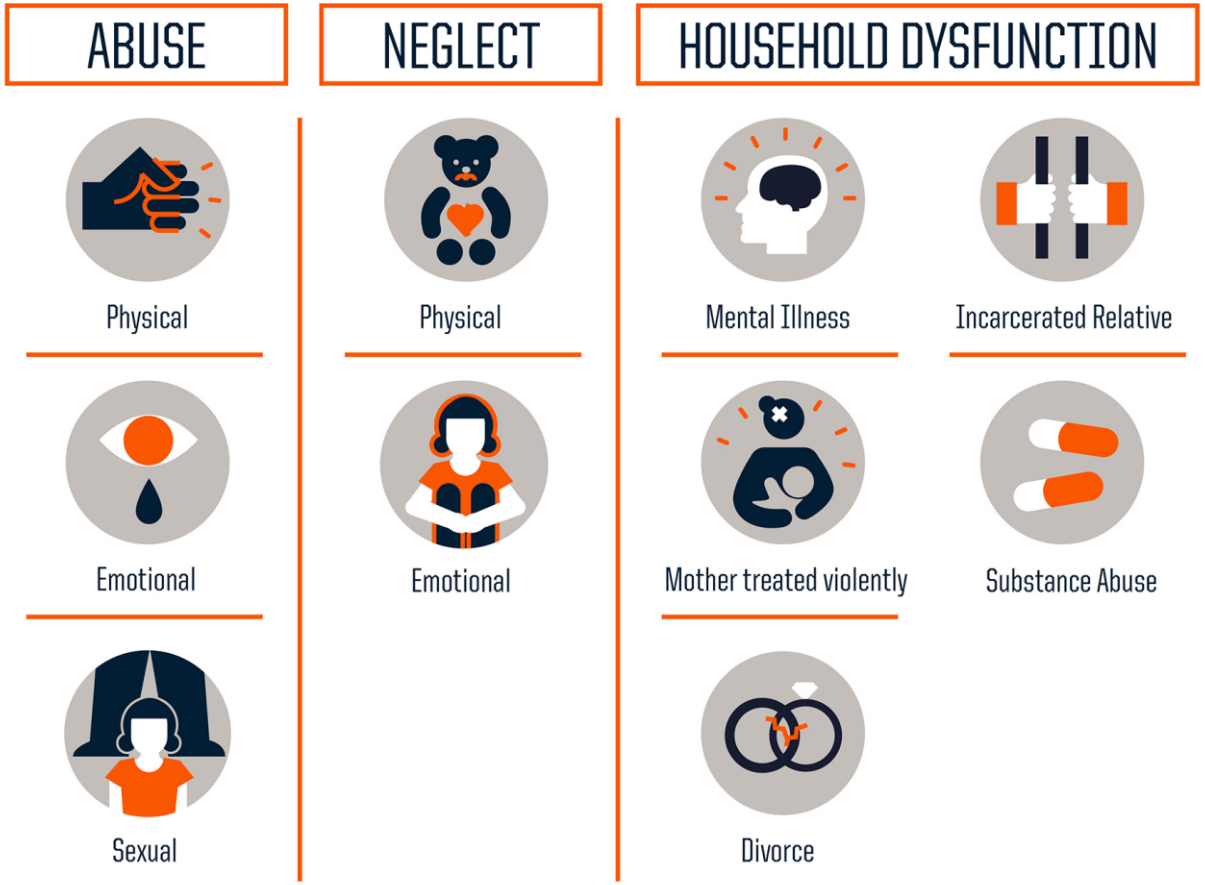
- School success
- Health knowledge, awareness, and literacy
- Self-discipline – including self-management of emotions, behavior, schedules of activity.
- The ability to make good decisions about risky, and dangerous situations
- Eating habits for health
- Conflict negotiation and healthy relationships with family and friends

Role of Child Temperament: Behavioral Inhibition

Ten Common Traumatic Adverse Childhood Experiences – “ACEs”

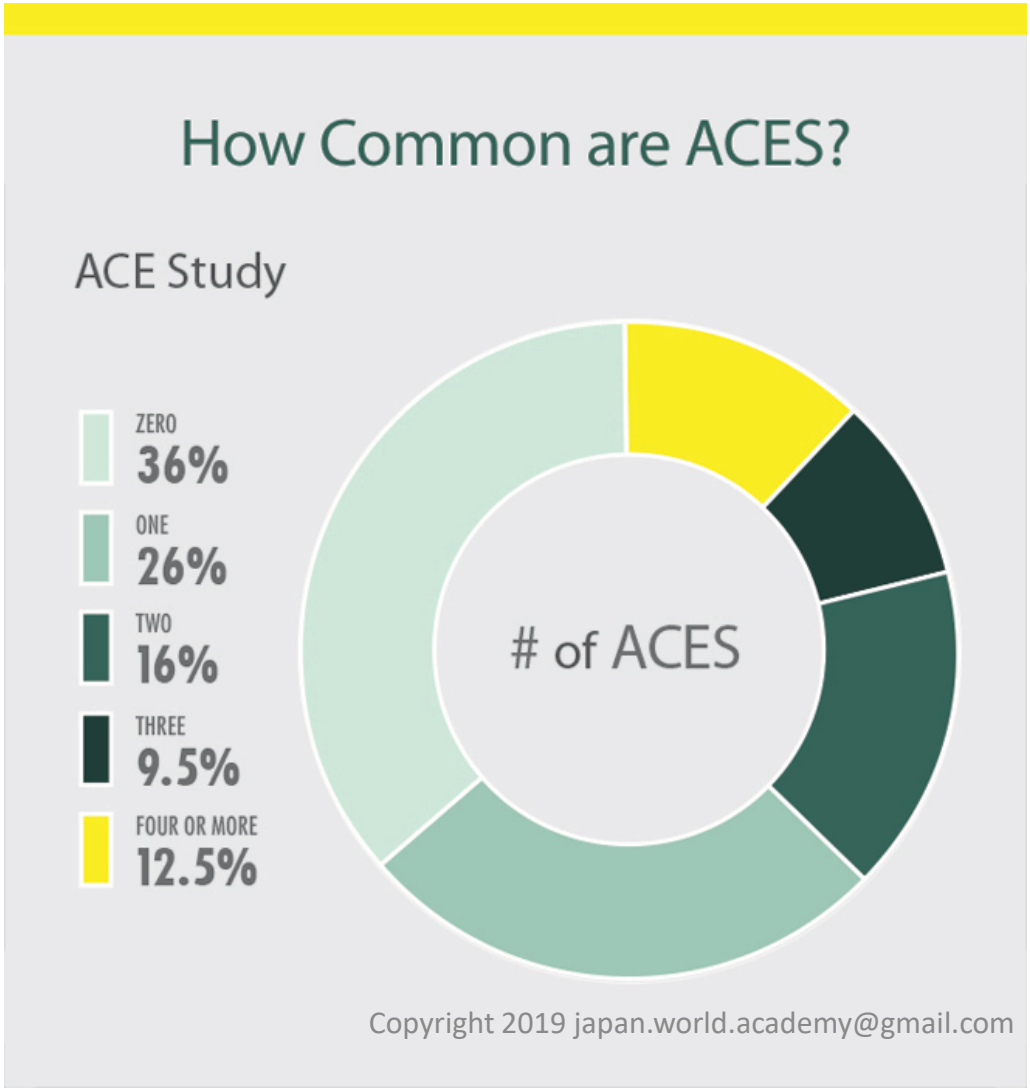
- Physical abuse – aggression and attack of the child for no reasonable purpose
- Sexual abuse – Inappropriate sexual aggression and misuse of the child
- Emotional abuse – verbal and psychological abuse and attack
- Physical neglect – not having basics of life met; food, shelter, clothing
- Emotional neglect – not having emotional needs for safety and care met
- Exposure to domestic violence – seeing violence or experiencing it.
- Household substance abuse – including drugs, alcohol, other substances
- Household mental illness and the chaos and disorder it can bring

Three types of Adverse Childhood Experiences



From CDC 1998-Adverse Childhood Experiences Study

Percentage of Children who Experience Traumatic Childhood Adverse Experiences



From CDC 1998-Adverse Childhood Experiences Study

Additional Traumas and Their Impact

Traumas also include

- Witnessing life-threatening events that happened to loved ones. This occurs far too often in family violence between parents or siblings or neighbors. Overly harsh punishment at school or home when observed or experienced by your child.
- Whatever the source, when a trauma occurs in a child's life, it affects a developmental progression that is underway at that time. Counselors and Professionals should therefore understand stages of development.
- Traumas that occur at one stage of development has implications for how later developmental stages are successfully accomplished. Learning, memory, emotions, and behavior are all potentially impacted. This can lead to negative alterations in a developing personality of the child.

Journal of Affective Disorders 126 (2010) 103–112

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Research report

The specificity of childhood adversities and negative life events across the life span to anxiety and depressive disorders

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Depression
Trauma
Life events
Neuroticism
Emotional neglect

ABSTRACT

Background: Although several studies have shown that life adversities play an important role in the etiology and maintenance of both depressive and anxiety disorders, little is known about the relative specificity of several types of life adversities to different forms of depressive and anxiety disorder and the concurrent role of neuroticism. Few studies have investigated whether clustering of life adversities or comorbidity of psychiatric disorders critically influence these relationships.

Methods: Using data from the Netherlands Study of Depression and Anxiety (NESDA), we analyzed the association of childhood adversities and negative life experiences across the lifespan with lifetime DSM-IV-based diagnoses of depression or anxiety among 2288 participants with at least one affective disorder.

Results: Controlling for comorbidity and clustering of adversities the association of childhood adversity with affective disorders was greater than that of negative life events across the life span with affective disorders. Among childhood adversities, emotional neglect was specifically associated with depressive disorder, dysthymia, and social phobia. Persons with a history of emotional neglect and sexual abuse were more likely to develop more than one lifetime affective disorder. Neuroticism and current affective disorder did not affect the adversity–disorder relationships found.

How Parenting Style Might Influence Success of Child Navigating Common Stresses

- Permissive Parenting – leads to argumentative, demanding, angry, and strong emotionally coercive behavior in children. The child controls the parent.
- Authoritarian Parenting – leads to poor self-concept, shyness, depression, anxious, and aggressive behavior in children
- Uninvolved Parenting – risks leaving parenting and supervision to negative influences that come to control the child's social and emotional development, including gangs and other undesirable effects.
- Authoritative Parenting – leads to healthy, thoughtful, cooperative children who learn successful in school, and who have good peer relationships.

What parents can do regarding these fears

In the case of situations like fear of failure, or of school, it is important to gradually guide the child by reassuring them that failure occurs in life, and the task is to find out how to do better next time. Then guide them to do whatever is necessary to face the situation anew, with support at first and then alone, after they've had a successful experience. The sooner they can face the situation with your direct involvement, the better. Don't hoover over the child long after they can handle the situation. Your continued, but unnecessary involvement actually prolongs the child's fear.

Also, don't accept or believe that a child's statement of dislike or fear is permanent. Most child experiences are temporary. Don't repeat a child's statement of dislike to others, while the child is listening or you may unnecessarily stabilize the fear by teaching the child that he or she "is afraid".

~ Thank You
The End ~

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