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## THINK.... IDENTIFY THIS DISORDER

- Worrying about lots of different events coming up
- Planning ahead to feel better about the future
- Sleep disturbance
- Fast speech

"what if I mess up my presentation"  
 "what if this prevents me getting a job in the future"

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## THINK.... IDENTIFY THIS DISORDER

- Refusing to go into a small group task at work
- Wearing hair in front of face to hide
- Hyperventilating if required to do public speaking
- Drinking alcohol to "get through" family wedding

"I will blush"  
 "I will make a fool of myself"

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## THINK.... IDENTIFY THIS DISORDER

- Slower than usual / stilted speech
- Staring into lap for the whole assessment
- Limited facial expression in response to cues - e.g. smiling
- Trailing off mid sentence

"People think I am boring"

"People don't want to be friends with me"

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## THINK.... IS SOCIAL ANXIETY DIFFICULT TO IDENTIFY?

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## THINK.... HAVE YOU COME ACROSS SOCIAL ANXIETY PRESENTATIONS IN YOUR LOW INTENSITY PRACTICE?

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**THINK .... DID IT LOOK LIKE 1, 2, OR 3 OF THE PRESENTATIONS ABOVE?**

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## MISDIAGNOSIS

- Co-morbidity?
- Depression “with”....
- Can’t we just treat the Depression we see?
- Why is it so important to identify social anxiety?

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## SOCIAL ANXIETY – WHAT WE LEARN AS LOW INTENSITY PRACTITIONERS

### DSM 5 Diagnostic Criteria

- Persistent fear of one or more social situations in which the individual is exposed to possible scrutiny by others. Individual fears he/she will show anxiety symptoms or otherwise act in a way that will be negatively evaluated (e.g., be humiliated, embarrassed, or rejected) or will offend others. (Note: in children fear must be present in peer relationships.)
- The social situation(s) almost always provoke fear or anxiety. (Note: in children, the fear or anxiety may be expressed by crying, tantrums, freezing, clinging, shrinking, or failure to speak in social situations.)
- Feared situations are avoided or endured with intense distress.
- Fear is out of proportion to actual threat and social-cultural context

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## SOCIAL ANXIETY STATS

- Most common anxiety disorder (Kessler et al 05: lifetime prevalence 12%. Wittchen et al 99: 4%+ in adolescents)
- Typically childhood onset (median 11-13 yrs) and often lifelong in the absence of treatment (Bruce et al 05: natural recovery rate 37% over 12 years)
- Increased risk of suicide, alcohol & drug abuse, depression, other anxiety disorders.
- Marked under-achievement (education, work & social)

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### EXAMPLE COGNITIONS

- I will be unable to speak
- I am going to shake uncontrollably
- I am unlikeable
- I will be frozen with fear
- I am not as good as others
- People will laugh at me
- People will see I am nervous
- I will look stupid
- I will go red

### EXAMPLE BEHAVIOURS

- Talk less
- Avoid Eye contact
- Position yourself so as not to be noticed
- Choose clothes/make up to hide sweat/blushing
- Try to control shaking
- Avoid pauses in speech
- Make an effort to control behaviour/come across well

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## THEREFORE...

- I WILL behave in a certain way
- This will lead to rejection/loss of worth/ failure

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## BUT WHAT IS ACTUALLY HAPPENING?

- Why is it difficult to spot sometimes?
- Why is it easy to misdiagnose?

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## THERE ARE LOTS OF RULES TO FOLLOW IF YOU ARE SOCIALLY ANXIOUS....

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## POINT AT THINGS, AND CALL THEM SOMETHING THEY ARE NOT....

- Banana
- Apple
- Pear

How was this?  
Easy / medium / difficult

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## POINT AT THINGS, AND CALL THEM SOMETHING THEY ARE NOT....

- And the categories must not be connected (e.g. not all fruits/foods)

How was this?  
Easy / medium / difficult

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## POINT AT THINGS, AND CALL THEM SOMETHING THEY ARE NOT....

- The categories must not be connected (e.g. not all fruits/foods)
- And you must use words with 2 syllables

How was this?  
Easy / medium / difficult

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## POINT AT THINGS, AND CALL THEM SOMETHING THEY ARE NOT....

- The categories must not be connected (e.g. not all fruits/foods)
- You must use words with 2 syllables
- And you must not speak too loud or quiet

How was this?  
Easy / medium / difficult

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## MAINTENANCE OF SOCIAL ANXIETY

- Internal focus of attention
  - Using this internal information to predict how you appear to others
  - Using safety behaviours
- (Clark & Wells 1995)

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### Excessively high standards for social performance

"My speech must be perfectly fluent"

"I must appear intelligent and witty"

### Conditional Beliefs

"If I disagree with someone, they will think I'm stupid"

"If I appear anxious, people will think badly of me"

"If others want to know me, they will let me know"

### Unconditional Beliefs about the Self

"I am uninteresting, different, weird"

"I'm unlikeable"

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## ANTICIPATING AND POST-EVENT PROCESSING

- Worrying ahead of an event
- Ruminating after an event
- Feelings focussed – selective acceptance of other evidence

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## GRADED EXPOSURE PROBABLY DOESN'T HELP!

- Exposure is about focusing on feelings, identifying how they feel, getting used to them, monitoring the feelings so they reduce over time.
- SUDS and rating anxiety encourages more self focus
- Low intensity not advised

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## THOUGHT CHALLENGING PROBABLY DOESN'T HELP!

- Thought challenging focuses on identifying evidence to challenge a thought
- Internal self-focus of attention blinkers the ability to identify evidence, and encourages "selective retrieval" of information
- Low intensity not advised

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## HIGH INTENSITY INTERVENTIONS

CBT at high intensity level works because there is more time in session, and a larger number of sessions to focus on the following:

- Identify rules and beliefs
- Social anxiety CBT interventions attempt to get the client doing things they don't normally do, and focus on SOMEONE/SOMETHING ELSE (Attention Training)
- Explore negative social cognitions with experiments
- Identifying key safety behaviours, using experiments
- Use videos and experiments to explore negative self image/impression
- Work on pre and post event processing

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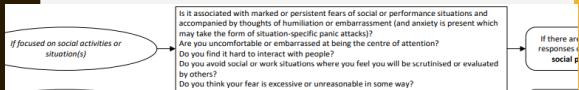
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## **IMPORTANCE OF SCREENING PROMPTS**

"In the case of PTSD and social anxiety disorder, it is recommended that high-intensity treatment is the first intervention because there is not a strong evidence base for low-intensity treatment."



National Collaborating Centre for Mental Health (2020). *The IAPT Manual (Version 4)*. London: NHS England.

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### **VIDEO – FIRST 3 MINS**

- <https://www.youtube.com/watch?v=jf6U0wX4fLs>

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## **SAFETY BEHAVIOURS**

Although they are intended to prevent feared catastrophes, they can actually make things worse in the following ways:

- Heighten self-focus
  - Cause feared symptoms (e.g. sweating, handshaking, mental blanks)
  - Make you appear withdrawn and unfriendly
  - Draw attention to feared behaviours (e.g. blushing, sweating) and oneself (speaking quietly)

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## DEVELOPMENT OF SOCIAL ANXIETY DISORDER



- Social rejection
- Few/No friendships
- Low self-esteem
- Inferiority
- Underachievement
- Social isolation

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## WHAT IF SOMEONE IS JUST A BIT NERVOUS?

- Discuss different situations – continued assessment

- Mini SPIN

### 3.3 Mini Social Phobia Inventory Scale (Mini-SPIN)

The Mini-SPIN contains three items about avoidance and fear of embarrassment that are rated based on the past week. The items are rated using a 5-point scale: 0 = not at all, 1 = a little bit, 2 = somewhat, 3 = very much, 4 = extremely. The cut-off score for a positive screening response is ≥6. The items are as follows:

1. Fear of embarrassment causes me to avoid doing things or speaking to people.
2. I avoid activities in which I am the centre of attention.
3. Being embarrassed or looking stupid are among my worst fears.

**Reference:** Connor KM, Kobak KA, Charchik LE, Katesnick D, Davidson JR. Mini-SPIN: a brief screening assessment for generalized social anxiety disorder. *Depression and Anxiety*. 2001;14:137-140.

National Collaborating Centre for Mental Health (2020). *The Improving Access to Psychological Therapies Manual Appendices and helpful resource*. London: NHS England.

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## SPIN (SOCIAL PHOBIA INVENTORY)

- Cut off 19 and above
- 17 questions

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## SPIN AS A MEASURE

	Not at all	A little bit	Somewhat	Very much	Extremely
1. I am afraid of people in authority	<input type="checkbox"/>				
2. I am bothered by blushing in front of people	<input type="checkbox"/>				
3. Parties and social events scare me	<input type="checkbox"/>				
4. I avoid talking to people I don't know	<input type="checkbox"/>				
5. Being criticized scares me a lot	<input type="checkbox"/>				
6. Fear of embarrassment causes me to avoid doing things or speaking to people	<input type="checkbox"/>				
7. Sweating in front of people causes me distress	<input type="checkbox"/>				
8. I avoid going to parties	<input type="checkbox"/>				

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## OTHER QUESTIONS WHICH MAY HELP

Explore safety behaviours in more detail – e.g. talk more quietly

Identify negative thoughts – e.g. predictions

Identify Processing of Self as Social Object:

- When you are afraid (feared event) will happen, what happens to your attention? Do you become more self-conscious?
- Do you have difficulty following what other people are doing/saying? Are you less aware of others?
- As you focus your attention on yourself, what do you notice? Do you have an image of how you think you appear? How do you feel you appear?
- Do you have an impression of how you feel you are coming across?
- If you hadn't done (safety behaviour), how would you look to others?
- When you try to conceal your symptoms, what's your impression of how you look to others?

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## QUESTIONS?

- Thank you!

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## REFERENCES

- Clark, D.M., & Wells, A. (1995). A cognitive model of social phobia. In G. Heimberg, M. R. M.R. Liebowitz, D. Hope, & F. Scheier (Eds.), *Social phobia: Diagnosis, assessment, and treatment* (pp. 69-93). New York: The Guilford Press.
- Connor, K.M., Davidson, J.R.T., Churchill, L.E., Sherwood, A., Foa, E.B., & Weisler, R.H. (2000). Psychometric properties of the Social Phobia Inventory (SPIN): a new self-rating scale. *British Journal of Psychiatry*, 176:379-386.
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