

## **NAVIGATING SOCIAL ANXIETY**

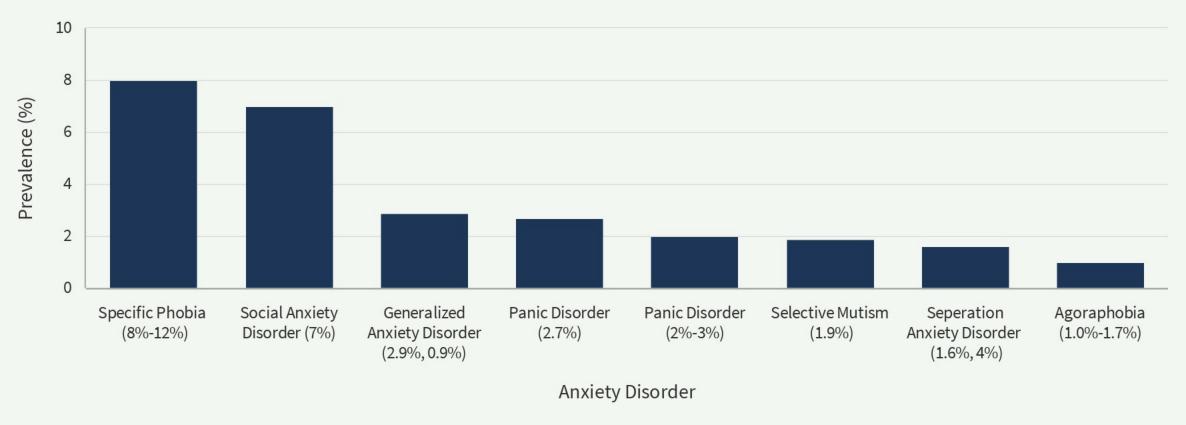
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#### **AGENDA**

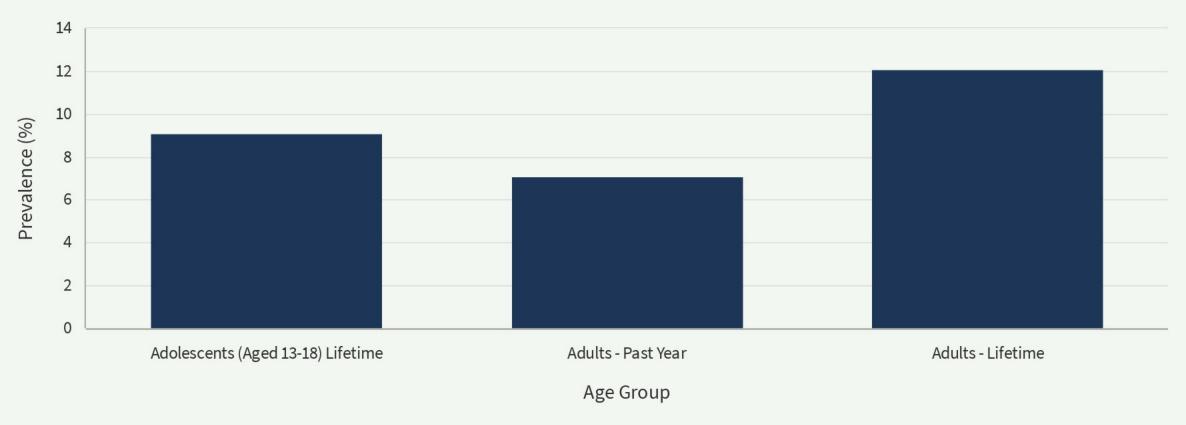
- 1 Review the prevalence of social anxiety
- Describe the clinical signs and symptoms of social anxiety and related disorders
- Identify commonly co-occurring difficulties and explore the relationship to Tourette Syndrome
- Demonstrate Cognitive Behavioral Therapy (CBT) interventions for reducing social anxiety
- 5 Q&A

#### 12-MONTH PREVALENCE OF ANXIETY DISORDERS

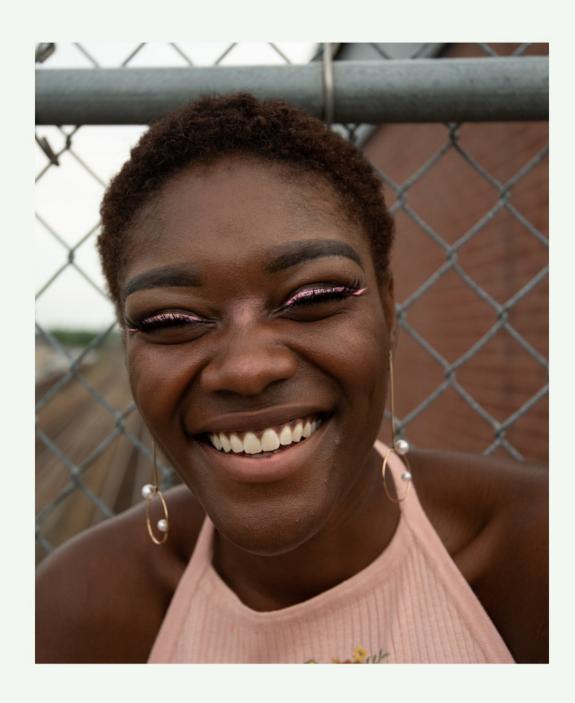


\*Data from DSM5'TR, American Psychiatric Association

### PREVALENCE OF SOCIAL ANXIETY DISORDER



\*Data from National Institute of Mental Health (NIMH)



### WHAT IS SOCIAL ANXIETY?

Social anxiety is a feeling of fear or discomfort in social situations.

Everyone can relate to the experience of social anxiety.

#### SIGNS AND SYMPTOMS OF SOCIAL ANXIETY

- Fear of appearing visibly nervous
- Fear of appearing foolish, incompetent, or otherwise being negatively judged by others
- Severe anticipatory anxiety regarding social or performance-related situations
- Avoidance of social interactions, eye contact, and other social contexts
- Use of substances, technology, or other means to escape social discomfort

#### IS IT "NORMAL" ANXIETY OR SOCIAL ANXIETY DISORDER?

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Feeling nervous before a difficult conversation

5

2 Experiencing anxiety before a presentation, meeting, or a first date

Declining to attend an award ceremony at which you will be honored due to fears about publicly accepting the award

Feeling uncomfortable at a party when you only know the hosts

Spending extra time getting ready for an event, as you want to look your "best"

Dreading a work conference, staying in one's hotel room, when possible, and leaving as soon as obligations are done

#### SOCIAL ANXIETY DISORDER (DSM5-TR)

- A. Marked fear or anxiety about one or more social situation in which the individual is exposed to possible scrutiny by others.
- B. The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated (i.e., will be humiliating or embarrassing, will lead to rejection, or offend others).
- C. The social situations almost always evoke fear or anxiety.
- D. The social situations are avoided or endured with intense fear or anxiety.
- E. The fear or anxiety is out of proportion to the actual threat posed by the social situation and to the sociocultural context.
- F. The fear, anxiety, or avoidance is persistent, lasting 6 months or more.
- G. It causes clinically significant distress or impairment.
- H. It cannot be attributed to the effects of a substance or medical condition; or (I.) other mental disorder; or, (J.) if another medical condition, it is unrelated or excessive. \*Specify: Performance Only

#### THE CYCLE OF SOCIAL ANXIETY



#### SITUATIONAL TRIGGERS

- Public speaking
- Eating in public
- Writing in the presence of others
- Going to parties, play dates, group activities, on dates
- Using public restrooms
- Speaking to authority figures or other individuals
- Performing in the presence of others
- What else?



#### **COMMON MALADAPTIVE THOUGHTS**

- Everyone will notice that I'm anxious.
- If I make a mistake, I'll look foolish or incompetent.
- People will think I'm weird.
- People won't actually like me or want to be my friend.
- If I talk to someone, I'm not going to know what to say to continue the conversation.
- I won't be able to handle feeling anxious or uncomfortable.
- What else?

#### **HEIGHTENED ANXIETY**

- Heart palpitations
- Sweating
- Shaking, trembling
- Nausea
- Headaches

- Blushing
- Tightness in chest
- Lightheadedness, dizziness
- Shortness of breath
- What else do YOU experience?



#### MALADAPTIVE COPING

- Avoiding social situations
- Using public restrooms
- Avoid asking for help
- Avoid eye contact
- Avoid participation
- Divert attention to electronic device or other focus
- Text or email rather than communicate face-to-face
- Rely on others to compensate / accommodate
- What else might one do to escape or avoid social discomfort?

#### CONSEQUENCES OF MALADAPTIVE COPING

- Immediate relief from cognitive, emotional, and physiological distress
- The absence of a corrective learning experience
- Unintentional reinforcement of cognitive distortions
- Ruminative and emotional sequelae
- Missed opportunities to develop social skills
- Missed opportunities to get needs met
- Missed opportunities to foster meaningful relationships
- What else might be a consequence of this behavior pattern?

#### CO-OCCURRING & COMPLICATING DISORDERS

- Selective Mutism
- Communication Disorder
- Autism Spectrum Disorder
- Other Anxiety Disorders
- Mood Disorders
- Obsessive Compulsive Disorder
- Tic Disorders and Tourette's Disorder
- Attention Deficit Hyperactivity Disorder

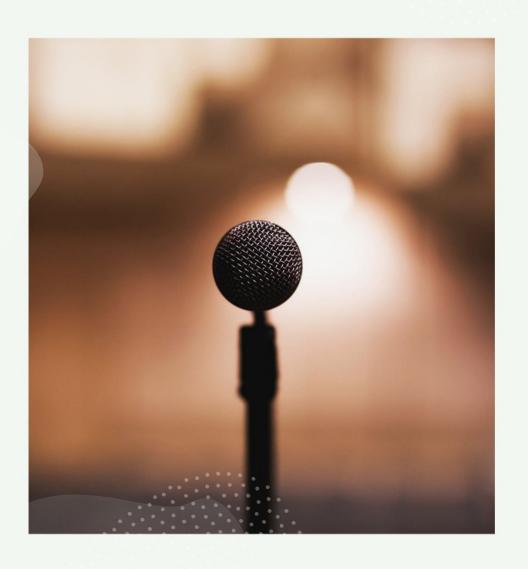
# WHAT ARE WAYS IN WHICH A CO-OCCURRING DIFFICULTY IMPACTS YOUR SOCIAL FUNCTIONING?



#### TREATMENT OF SOCIAL ANXIETY DISORDER

- Psychoeducation
- Attention Training
- Cognitive Restructuring
- Exposure Experiments
- Reducing or Eliminating Safety Behaviors & Accommodations

#### WHY IS CBT IS EFFECTIVE?



- Exposure experiments facilitate new learning in which
  - Feared outcomes are disconfirmed
  - Distress tolerance is built
- Inhibitory learning is facilitated with repetition

In other words, the more you do the things that cause you distress, the easier it becomes to do those things

#### **COGNITIVE RESTRUCTURING: EXAMPLE**

- Identify the unhelpful thought and challenge it
  - Is this thought realistic?
  - How might this thought be unrealistic, distorted, or unhelpful?
  - Is what you fear possible or probable?
  - How likely is it that your feared outcome will happen?
  - What is the worst that could happen?
  - In the event that things don't go well, could you survive that?
  - What is the best that could happen?
  - What might you have to experience in order to achieve that "best" outcome?
  - Would you be willing to experience that?
  - How might you speak to yourself compassionately when this thought arises?
  - How might you think about this thought differently, in a way that is more helpful, more accurate, or more reasonable?
  - If I am willing to see what happens, how can I test what may happen?

#### **EXPOSURE EXPERIMENTS: EXAMPLES**

#### • Exposure experiments:

- Hierarchical or variable
- Specific to the person's feared social situation
- Emphasize repetition and expectancy violation
- Involve multiple fear cures (cognitive, emotional, physiological)
- Involve affect labeling
- Accompanied by removal safety signals/behaviors/accommodations

#### Examples of experiments:

- Fear of not knowing what to say to a stranger:
   asking for directions, asking where to find an item
   in a store, ordering of a menu at a restaurant,
   making a phone call to ask store hours
- <u>Fear of appearing foolish:</u>
  telling a "dad joke" to others, playing a game of
  charades, singing karaoke, asking a barista at
  Starbucks if they sell tacos, going to a public place
  with messy hair or makeup

#### A WORD ABOUT SAFETY BEHAVIORS AND ACCOMMODATIONS

for those support persons in the life of an individual struggling with Social Anxiety Disorder

- Anxiety is provocative and can lure others into "helping"
  - This may include rituals of some kind, reassurance, advice, distraction, avoidance, etc.
  - Short-term benefit, but long-term cost
- It's understandable that others "take the bait" and accommodate
  - These behaviors are carried out to avoid distress/upset and maintain family functioning
- Eliminating these behaviors are essential to overcoming social anxiety disorder and optimizing daily functioning
- Effective support of a friend/family member best involves:
  - Empathy and confidence
  - "I know it's hard for you to ask your teacher for help, but I know you can do it and manage the anxiety you feel."



## NAVIGATING SOCIAL ANXIETY

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