Master Clinician Workshop:

CBT for Adults with Social Anxiety Disorder

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Disclosure

Richard G. Heimberg is the coauthor of:


This is the published version of the procedures presented in this workshop, and he receives royalties from the sales of this product.

Neither Jonah N. Cohen nor Carrie M. Potter has any information to disclose.
Outline of Today’s Workshop

I. Introduction to social anxiety disorder (SAD): Definition, prevalence, and impairment

II. Cognitive-behavioral model of SAD

III. Overview of our approach to CBT for SAD

IV. Demonstration of clients treated with CBT:
   a) Woman with concerns about how she will appear to other parents in a daycare setting
   b) Man with concerns about perfectionism in the context of a job interview
   c) Woman with a fear of blushing

V. Discussion and Q & A
DSM-5 Definition of Social Anxiety Disorder (Social Phobia)

Marked fear or anxiety about one or more social situations in which the person is exposed to possible scrutiny by others. Examples include social interactions, being observed, and performing in front of others.

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).

Diagnostic and Statistical Manual Of Mental Disorders, 5th Edition
American Psychiatric Association, 2013
Situations Often Feared by Persons with Social Anxiety Disorder

- Public Speaking
- Speaking in Meetings or Small Groups
- Dating Interactions & Parties
- Meeting Strangers
- Initiating & Maintaining Conversations
- Assertive Behavior
- Talking to People in Authority
- Observation by Others
Social Anxiety Disorder: Disability in Managed Care
(Katzelnick et al., 2001)

- 8.2% prevalence
- 10% lower probability of college graduation
- 10% lower wages
- 14% lower probability of professional, technical, or managerial position
- 39% more outpatient medical visits in past year
- 17% higher likelihood of suicide attempt in past year
Functional Impairment Associated with Social Anxiety Disorder in Primary Care
(Stein et al., 1999)

- Work days missed, past 30 days
- Diminished productivity, past 30 days

Work Days Lost

- Red: Social anxiety disorder
- White: Not mentally Ill
Depressive Disorders in the National Comorbidity Survey

(Kessler et al., 1994; Magee et al., 1996)
12-Month Prevalence of DSM-IV Social Anxiety Disorder in the National Comorbidity Survey Replication

(Kessler, Chiu, et al., 2005)

- $N = 9,282$, Ages 18+
- 12-Month Prevalence $6.8\%$
- Second Most Prevalent 12-Month Mental Disorder
  - Specific Phobia $8.7\%$
Lifetime Prevalence of DSM-IV Social Anxiety Disorder in the National Comorbidity Survey Replication

(Kessler, Berglund, et al., 2005)

- **Lifetime Prevalence**: 12.1%
- **Fourth Most Prevalent Lifetime Disorder**
  - Major Depressive Disorder: 16.6%
  - Alcohol Abuse: 13.2%
  - Specific Phobia: 12.5%
- **Clinically Significant Disorder**: ~ 4%?
PERCEIVED OR ANTICIPATED AUDIENCE

Mental Representation of the Self as Seen by the Audience

External Indicators of Evaluation

Perceived Internal Cues

Observation / Image of Self and Audience Behavior

Comparison of the Mental Representation of the Self as Seen by the Audience with Appraisal of the Audience’s Expected Standard

Judgment of Probability and Consequence of Evaluation from the Audience

Behavioral Symptoms of Anxiety

Physical Symptoms of Anxiety

Cognitive Symptoms of Anxiety

Post-Event Processing
CBT for Social Anxiety Disorder

1. Psychoeducational and assessment sessions
   - Three components of social anxiety – vicious cycle
   - Etiology of social anxiety
   - Building a fear and avoidance hierarchy

2. Cognitive restructuring training
   - Identification of automatic thoughts (ATs)
   - Identification of thinking errors in ATs
   - Challenge ATs & develop rational response

3. Homework – reading and self-monitoring

4. In-session and homework exposures

5. Advanced cognitive restructuring: Core beliefs

6. Relapse prevention and termination
In-Session Exposures in Cognitive-Behavioral Therapy for Social Anxiety

Before the Exposure Begins:

1. Review situation.
2. Identify automatic thoughts (ATs) / Rate belief in ATs.
3. Identify thinking errors in ATs and emotions experienced in response to ATs.
4. Develop challenges to ATs
   - Anxious-self / Coping-self dialogue
5. Develop rational response (RR) / Rate belief in RR.
6. Set achievable behavioral goal.
Julie

- 34 years old, married, mother of two boys
- Stay-at-home mom
  - Having trouble getting to know other parents
  - Afraid of “teaching” her kids to be socially anxious
- Wants a career in journalism
  - Afraid of interviewing people or pitching ideas to coworkers
Julie’s Automatic Thoughts
(and belief ratings)

- I won’t have anything to say. (100)
- He’ll think I’m stupid. (90)
- He’ll tell all the other parents I’m a loser. (85)
Thinking Errors in Julie’s Automatic Thoughts

- I won’t have anything to say.
  *Fortune telling; all or nothing thinking*

- He’ll think I’m stupid.
  *Mind reading, labeling*

- He’ll tell all the other parents I’m a loser.
  *Fortune telling, catastrophizing, labeling*
Identifying Key Points from the Anxious-Self/Coping-Self dialogue

- Even when I feel this way, I usually have something to say.

- I am not a mind reader. There is no way of me knowing what he thinks of me.

- Conversations involve two people – it’s his job to help it along, too!
Rational Response:
Conversation is a two-way street.

Belief Rating: 45

Achievable Behavioral Goal:
Ask three questions and say three things about myself
Comments about In-Session Exposures

- Some clients will be resistant to the first exposure.
- Some clients will think the exposure is too “artificial.”
- In cognitive restructuring before or after exposure, don’t argue with clients or try to convince them that their beliefs are wrong.
- Make sure that clients set an achievable behavioral goal, based on doing and not on feeling.
- Make sure that the rational response is succinct, but meaningful.
- First in-session exposure or two typically done with therapist as role-player.
- Outside persons assist thereafter.
In-Session Exposures in Cognitive-Behavioral Therapy for Social Anxiety

After the Exposure Concludes:

1. Review goal & determine goal attainment.
2. Review occurrence of ATs.
3. Review use of RR and cognitive skills.
4. Query occurrence of other automatic thoughts.
5. Examine SUDS ratings and their relationship to ATs and RRs.
6. Examine evidence in relation to ATs, RRs. Rerate beliefs.
7. Summarize lessons learned from the exposure experience.
8. Set homework assignment.
Julie’s Automatic Thoughts & Rational Response
(and new belief ratings)

➤ AT: I won’t have anything to say. (75)

➤ AT: He’ll think I’m stupid. (50)

➤ AT: He’ll tell all the other parents I’m a loser. (20)

➤ RR: Conversation is a two-way street. (65)
Some Further Comments about In-Session Exposures

- Post-processing is probably the most important part of the exposure.
  - Important to reduce clients’ tendency to disqualify the positive.

- Homework assignments should flow naturally from the in-session exposure.

- Spend time with the client to make a specific homework plan.

- Homework is only useful if it is reviewed.
  - Clients will not think it is important if you do not act like it is.
Steve

- 28 year-old man, socially anxious since move as a teenager.
- Difficulties at previous job led to his quitting
- Looking for work, but does not get offers.
- Worried about:
  - Receiving questions about what he has been doing since his last job
  - Asking a ‘stupid’ question
  - Not being able to answer a question
In-Session Exposures in Cognitive-Behavioral Therapy for Social Anxiety

Before the Exposure Begins:

1. Review situation.
2. Identify automatic thoughts (ATs) / Rate belief in ATs.
3. Identify thinking errors in ATs and emotions experienced in response to ATs.
4. Develop challenges to ATs
   - Anxious-self / Coping-self dialogue
5. Develop rational response (RR) / Rate belief in RR.
6. Set achievable behavioral goal.
Thinking Errors in Steve’s Automatic Thoughts

He’ll think I’m stupid. (Belief rating 100)

Mind Reading, Labeling, Fortune Telling

They’re not going to like me when they find out that I quit and have been away from work for two years. (Belief rating 90)

Fortune telling / Catastrophizing,

Labeling, All or Nothing Thinking
Anxious-Self/Coping-Self Dialogue

Automatic Thought: He’ll think I’m stupid.

Coping Self: Do I know for certain that he'll think I'm stupid?

Anxious Self: No, but he probably will.

Coping Self: I'm not a mind reader. There is no way of me knowing what he thinks of me.

Anxious Self: But he still may …

Coping Self: Of all people I have ever spoken with, have any of them ever told me they think I'm stupid?

Answer: No, thus it is very, very unlikely. Besides, if he did, he would not be very nice.
Automatic Thought: They're not going to like me when they find out that I quit and have been away from work for two years.

Coping Self: Is there any evidence that he won't like me?

Anxious Self: No, but even though he may not dislike me as a person, he'll still not give me the job.

Coping Self: Is there anything I can do to lower this possibility?

Answer: Yes, I can come up with good reasons for why I quit and what I have been doing for the last two years prior to the interview.
Therapist working with Steve to help him come up with explanations for his time off.
Rational Response:
I am prepared. It is very unlikely he'll think I'm stupid.

Belief Rating: 70

Achievable Behavioral Goals:
Ask one ‘stupid’ question
Give 2 reasons for unemployment
Coming up with questions to ask the role-player ...
In-Session Exposures in Cognitive-Behavioral Therapy for Social Anxiety

After the Exposure Concludes:

1. Review goal & determine goal attainment.
2. Review occurrence of ATs.
3. Review use of RR and cognitive skills.
4. Query occurrence of other automatic thoughts.
5. Examine SUDS ratings and their relationship to ATs and RRs.
6. Examine evidence in relation to ATs, RRs. Rerate beliefs.
7. Summarize lessons learned from the exposure experience.
8. Set homework assignment.
Steve’s Automatic Thoughts & Rational Response
(and new belief ratings)

- AT: He’ll think I’m stupid. (65)
- AT: They’re not going to like me when they find out that I quit and have been away from work for two years. (20)
- RR: I am prepared. It is very unlikely he'll think I'm stupid. (80)
Sarah

- 45 year-old woman
- Works in marketing
- Very anxious about her blushing… especially at work!
- Doesn’t pitch ideas during meetings because she doesn’t want her coworkers to see her blushing
- Worried she’ll get fired if she doesn’t start contributing more
Cognitive Restructuring Using the Pie Chart Exercise
Everybody at the meeting
Won't notice
Won't notice

Won't give much thought
Won't notice

Won't give much thought

Warm
Won't notice

Won't give much thought

Warm

Sick
Won't notice
Won't give much thought
Warm
Sick
Excited
Won't notice

Won't give much thought

Understandably nervous

Excited

Sick

Warm
Won't notice
Won't give much thought
Understandably nervous
Pathetic
Sick
Warm
Excited
Rational Response:

It’s more important to do well at work than it is to avoid blushing.

Achievable Behavioral Goal:

Share two ideas.
Discussion/Questions?

Thank you for your interest.

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