Social Anxiety Groups: Adapting the Research for your Clinical Practice

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(Sadly) nothing to disclose

Agenda

- Background

- Evolution and Format of our Groups

- Our Data

- Addressing Common Challenges

- Dissemination and Future Directions

Objectives

By the end of this session, you will be able to:

1. Describe current evidence-based interventions to treat social anxiety in a group setting.

2. Identify ways to adapt available research to various clinical settings, taking into account clinical and practical differences.

3. Apply strategies for addressing common challenges that arise in running social anxiety groups in a variety of settings.

Who is with us today?

Who is running groups?

Social anxiety groups? Challenges?

What are you hoping to learn?

Specific questions?

Our Practice: Depression & Anxiety Specialty Clinic of Chicago

- Specialize in treating depression and anxiety utilizing evidence-based practices
  Located in the Lakeview and Streeterville neighborhoods of Chicago
  Accept most private insurance, Medicare, and Tricare
- Sliding scale options available
  Train graduate students and newly licensed staff
  18 clinicians with a variety of licenses
  - PhD, PsyD, LCSW, LSW, LMFT, LCPC, LPC

Therapy Offered
  Children, adolescents and adults
  Individual, couples and family therapy
  Outpatient Intensive Programming (3-12 hours/week of DBT and CBT groups)
  Other groups:
  - DBT groups for teens and adults
  - Exposure Treatment Group
  - OCD Support Group

DASC CHICAGO

How did we get here?

- Established in 2005
- Launched full-scale training program in 2011
- Emphasize training of students AND staff in empirically-based therapies
- Utilize consultation meetings, weekly seminars and individual consultation/ supervision to ensure adherence to empirically-based principles
- 3 staff members are Certified Diplomates of the Academy of Cognitive Therapy
- Highly active in our community to establish reputation as experts in CBT and its dissemination
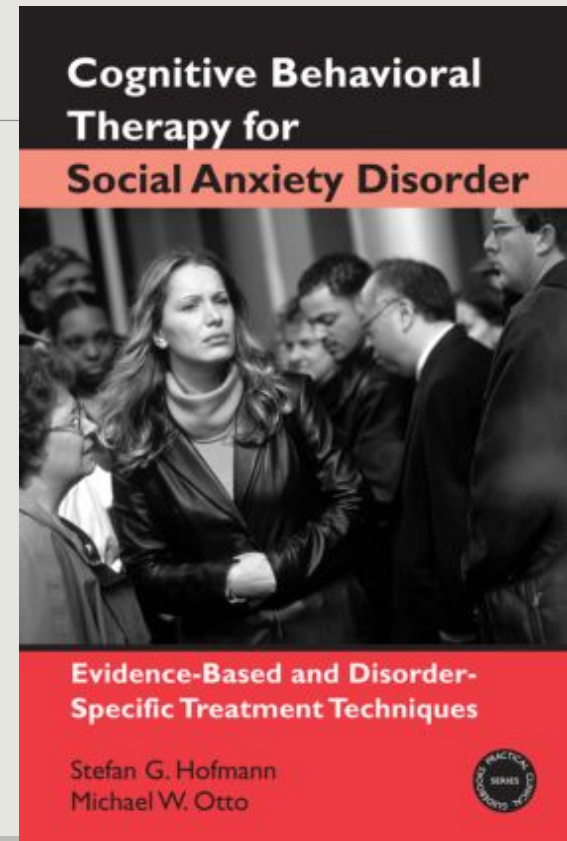- Now an NSAC member clinic

Evolution of the Group

- Has been through 4 iterations in the past two years
- Originally a mix of research-based approaches
  - CBT, exposure, mindfulness, ACT
- Shifted to Hofmann and Otto (2008) protocol
- Continue to incorporate other research-based tools (e.g. focus on values)
- Decisions about how to adjust the group between rounds based on:
  - - Research
  - - Feedback from group members
  - - Our own experience

Research Base

- Group protocol described in Hofmann and Otto (2008)
  - ◦ - Developed a model of the maintaining factors of social anxiety based on existing research
  - ◦ - The group targets these factors
- Hofmann (2004) has shown that
  - ◦ - Exposure treatment is even more effective when challenging cognitions on social cost
  - ◦ - Social cost appears to be a significant marker for change related to social anxiety
  - ◦ - The effects of public speaking exposures have been shown to generalize to other social situations

Cognitive Behavioral Therapy for Social Anxiety Disorder

Evidence-Based and Disorder-Specific Treatment Techniques

Stefan G. Hofmann
Michael W. Otto

Format

HOFMANN & OTTO (2008) DESIGN:

◦ 12-16 weeks
◦ 2.5 hour sessions
◦ 2 clinicians
◦ 4-6 clients

OUR CURRENT GROUP:

◦ 12 weeks
◦ 2 hour sessions
◦ 2 clinicians (or 1 clinician and 1 student)
◦ 6-9 clients

Content

HOFMANN & OTTO (2008) DESIGN:

- Primarily exposure-based
  ◦ Targeting components of the model of what maintains social anxiety
  ◦ Two main types:
    ◦ Public Speaking
    ◦ Social Mishaps

OUR CURRENT GROUP:

- Generally follow Hofmann and Otto's structure, focusing on two main types of exposures
  ◦ Have made adaptations for our setting
  ◦ Incorporate additional research-based activities/tools

Our Group

- Basic overview of the group

- How we have structured the group week to week

- Adaptations we have made

Screening and Orientation

Individual session with group leader
- Assessment*
- Orientation
- Commitment
- Home Practice

*Utilize Appendix I from Hofmann & Otto (2008) and BFNE-II

First Session

Focus on Participation, Connection, and Rationale
  ◦Introductions
  ◦*Home practice review*
  ◦Model of Social Anxiety and Learning Objectives*
  ◦Avoidance and safety behaviors
  ◦Understanding anxiety and exposures*
  ◦*Advice from former group members*

*Utilize handouts in Hofmann & Otto (2008) - Appendices A, B, C, and J
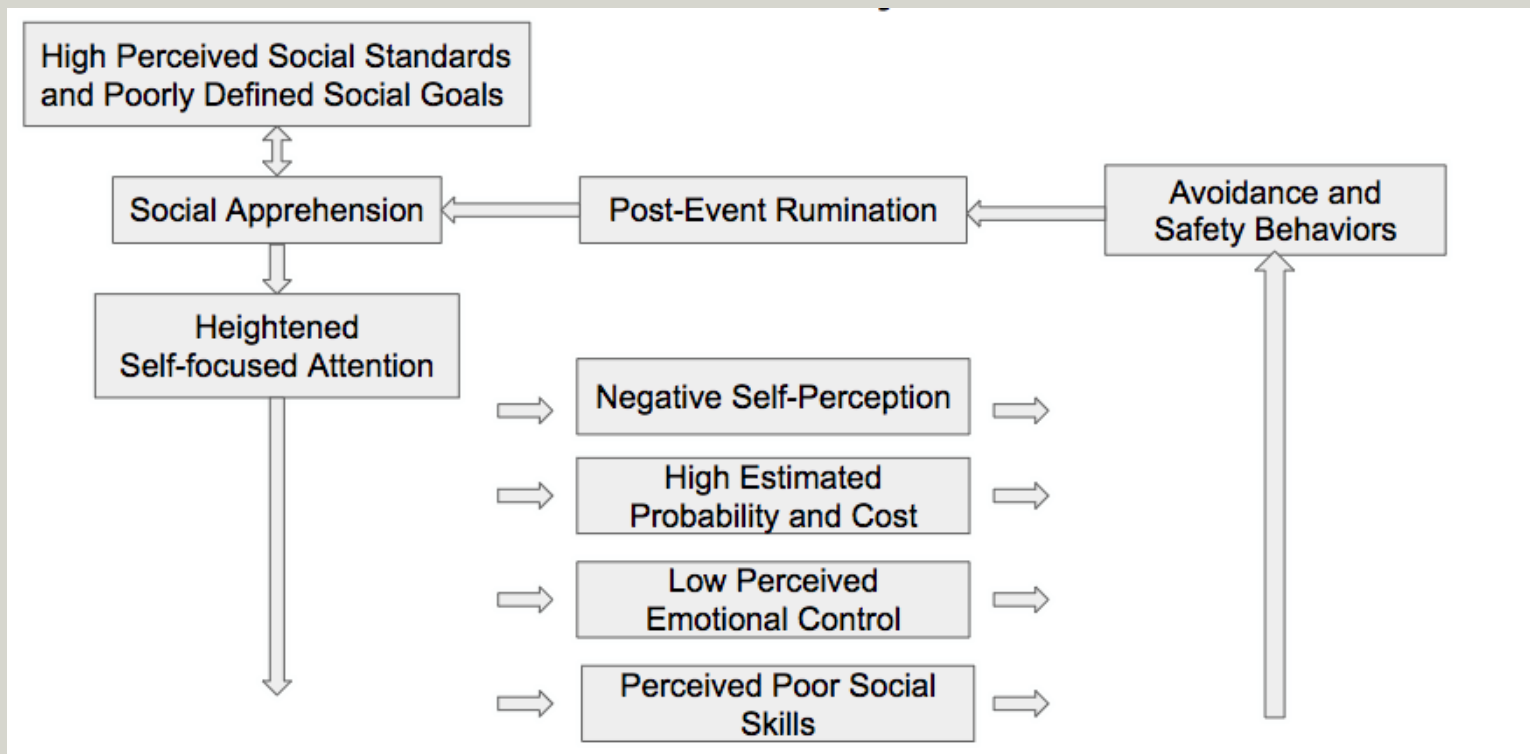
CBT Model of Social Anxiety Disorder

Hofmann & Otto, 2008

Video Taped Speeches

Description
◦ 2-3 minute speech while being videotaped
◦ Group watches video and provides feedback
◦ Testing predictions vs. outcomes

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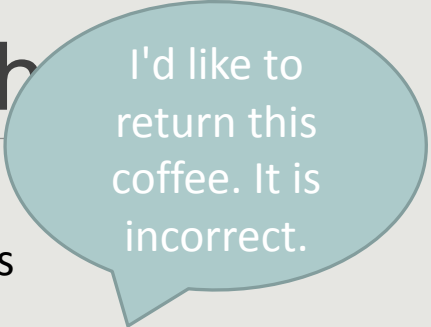
Rationale
- A structured way to practice the skills highlighted in the model
- Increased control over variables
- Tends to be highly anxiety provoking

Weekly Outline – Video Taped Speeches

1. Introductions & Overview

2. Video Taped Speech - Model

3. Video Taped Speech - Prepared speech

4. Video Taped Speech - Benign topic

5. Video Taped Speech - Controversial topic

6. Video Taped Speech - Sensitive/"bad"

Social Exposures & Social Mish

I'd like to return this coffee. It is incorrect.

Description
◦ Test out fears through social interaction and deliberate mistakes
◦ Utilize local businesses, phone calls, role play and group setting
◦ *Exposure Recording Form* helps to structure exposures

Rationale
◦ An effective strategy to target exaggerated probability and cost estimates
◦ Violating perceived social norms increases learning
◦ Frequent exposure to feared consequences reduces anxiety and avoidance

*Inspired by Larry Cohen's Experiment Worksheet (Short Version)
https://tinyurl.com/y9c733ps

Weekly Outline of Social Exposures

Sing Happy Birthday to your partner in a store (5 points)

Ask someone to hold your pizza

7.   Social Exposures

8.   Social Exposure/Mishap **Scavenger Hunt***

9.   Social Mishaps

10. Social Mishaps

11. Social Exposure/Mishap **Party**

12. Termination

*Goodman & Boller (2013)

Exposure Recording Form

Before Exposure			
Situation/Date	**Appropriate Social Goal** What is your goal for the situation? How would you know you achieved it?	**Predictions** What exactly do you fear will happen? How will you know it has happened? How likely is it to happen (0-10)? How bad would it be if it did happen (0-10)? How long would the consequences persist?	**Exposure** What will you do to test your predictions? How can you meet your goal? What safety behaviors should you be on the lookout for?

After Exposure			
Outcome What actually happened? Did you meet your goal? Did your predictions come true? If so, how bad was it for you (0-10)?	**Skills** What skills did you use to reach your goal and/or approach anxiety? (i.e. attentional focus shift, accepting anxiety, reframing thoughts, embracing exposure)	**Safety behaviors** Did you engage in any safety behaviors that you can try to reduce next time?	**What did you learn?**

Exposure Recording Form

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Incorporating other Evidence Based Practices

1. Introduction
2. Video
3. Video
4. Video + **Values Bullseye**/Hierarchies
5. Video
6. Video

1. Social Exposures + **Passengers on the Bus**
2. **Scavenger Hunt**
3. Mishaps
4. Mishaps
5. **Party**
6. Termination

Mindfulness incorporated throughout most group sessions
◦ Brief mindfulness at the beginning or end of session
◦ Mindfulness of difficult emotions

Home Practice

Hofmann & Otto (2008) protocol
- Mirror Speeches
- Audiotaped Speeches
- Documented Exposure Repetition
- Hierarchies

Adaptations
- Reasons for joining
- Weekly phone calls
  - Goodman & Boller (2013)
- Record of Social Situations & Exposure Recording Form
  - Adapted from Hofmann and Otto's (2008) *DRSS* and Larry Cohen, LCSW's *Experiment Worksheet* (personal communication, August 23, 2016)

Termination Activities

Focus on wrapping up, continued progress & congratulations

Reflecting on Progress
- Re-administer assessments & compare
- Review aspects of treatment
- Write letters of advice to incoming group members
- Affirmations & congratulations

Looking Ahead
- Relapse Prevention
- Options for continuing treatment
- Values: what do you want to be doing socially?

Results-Demographics

Rounds 3-8	N=45
Age	M 31.22 Range: 21-50
Race	
White	32 (71%)
Mixed race/other	7 (16%)
Black/African American	5 (11%)
Hispanic/Latino	1 (2%)
Gender	23 Women (51%)
Completers	29 (64%) Completers
	16 (36%) Non-completers
	3 (7%) Incomplete data

Results-BFNE-II Change-Completers
Rounds 3-8

Group	Pre-	Post-	Difference	
Mean	50.481	38.25	12.23**	
SD	7.289	10.031	t=8.2922	p<.0001**
SEM	1.429	1.967		
N	26	26		

Results-Approach to Social Situations

Item		Pre	Post	Diff
1	Perceived social standards	7.26	4.95	2.30
2	*Poor goal setting skills*	*7.60*	*5.57*	*2.03*
3	Self-focused attention	8.04	5.62	2.42
4	Self-perception	8.09	5.55	2.54
5	*Estimated social cost*	*6.87*	*4.76*	*2.11*
6	Probability estimation of social mishaps	7.11	4.85	2.26
7	**Low perceived emotional control**	**7.94**	**4.83**	**3.12**
8	Perception of social skills	7.31	4.80	2.51
9	Overt avoidance tendencies	7.16	4.43	2.73
10	**Post-event rumination**	**8.79**	**5.80**	**2.99**
11	**Avoidance**	**7.19**	**4.28**	**2.91**
12	Safety behaviors	7.26	4.80	2.46

Strategies for Common Challenges

Common Challenges

◦Selecting appropriate group members, Retention and attendance, Participation, Homework completion, Time management, Exposure resistance, Addressing safety behaviors, Assessing effectiveness, and Staying up to date on new research

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Common Strategies

◦Think-pair-share
◦Screening and Orientation
◦Phone calls
◦Framing everything in the context of the treatment model

Strategies for Selecting Appropriate Group Members

Screening and Orientation

◦Assessment: social anxiety and group readiness

◦Clear expectations: emphasizing challenge while instilling hope

Consult with client's individual therapist (if applicable)

Strategies for Retention and Attendance

Contact
- Screening and Orientation
  - Reduce barriers
  - Elicit commitment
  - Schedule close to start date
- Welcome email
- Weekly phone calls

Policies and Procedures
- Late cancellation
- Absence
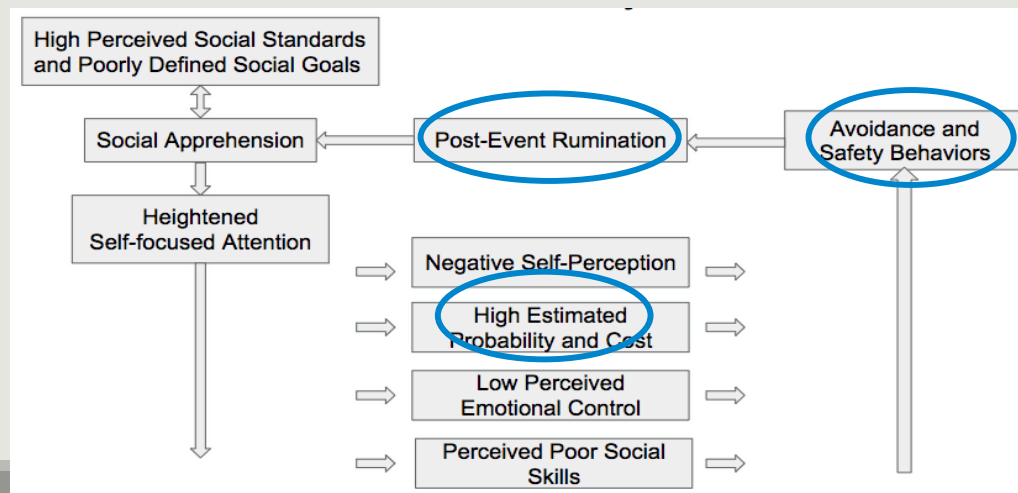- Identify absence/tardiness as a safety behavior

Instilling hope
- Advice from graduates
- Enthusiasm

Strategies for Participation

Screening and Orientation
  ◦Set expectations
  ◦Establish rapport
Structure sessions to encourage and require frequent participation

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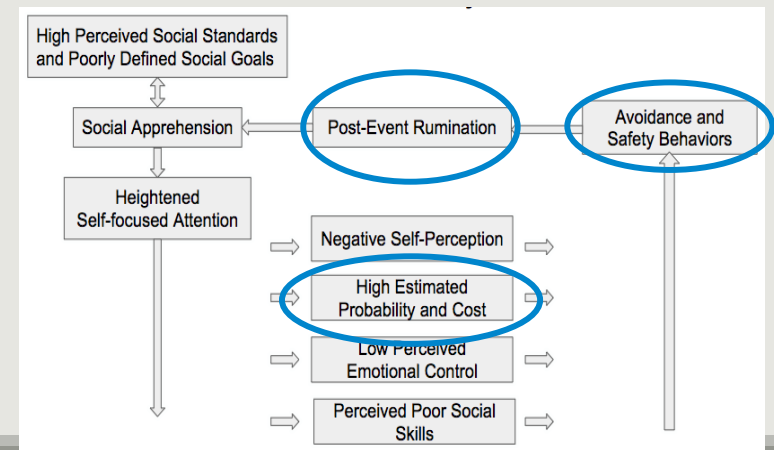
Therapist phone call check-in

Foster connection between participants
◦Think-pair-share
◦Highlight similarities in people's experiences
◦Participant to participant phone calls
◦First speech

Frame in the context of the treatment model

Self-disclosure

Strategies for Homework Completion

Screening and Orientation
◦ Set expectations
◦ Assign home practice for first group
Review home practice every session
Highlight effectiveness

"What was helpful about that?"

Strategies for Homework Completion

Screening and Orientation
- Set expectations
- Assign home practice for first group

Review home practice every session

Highlight effectiveness

Address non-compliance
- Elicit ideas for solutions from other group members

"What was helpful about that?"

"What got in the way?"

Strategies for Homework Completion
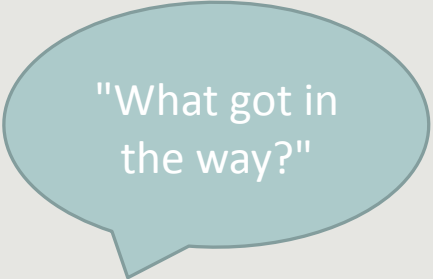
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Phone call check-in
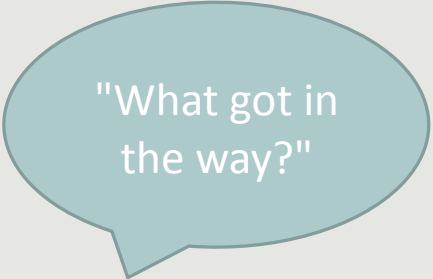- Set expectation that home practice is happening
- Reminder
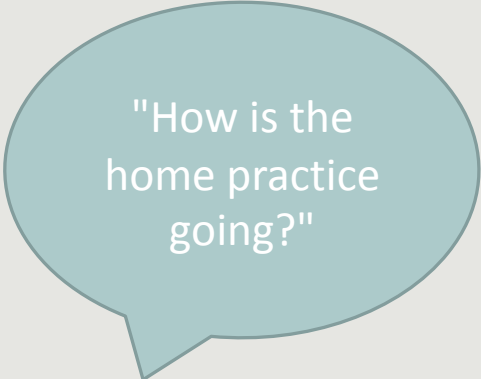- Opportunity to troubleshoot challenges

Frame in the context of the treatment model

"What was helpful about that?"

"What got in the way?"

"How is the home practice going?"

Strategies for Time Management

Videotaped Speeches
◦ Utilize a checklist
◦ Shorten the speech time
◦ Watch only an excerpt
◦ Split into two groups in different rooms

Strategies for Time Management

Videotaped Speeches
- Utilize a checklist
- Shorten the speech time
- Watch only an excerpt
- Split into two groups in different rooms

General
- Utilize a variety of strategies for reviewing home practice
- Eliminate pieces of discussion based on need
- Request limited information

Show of hands
Pairs
Small groups
Example on board
Focus on one aspect

"Name one prediction"

Strategies for Exposure Resistance

Frame in the context of the treatment model
- Rationale
- Avoidance fosters anxiety

Individualize exposures
- Adjust variables as needed

Link to values

Which value is this in alignment with?

How has avoidance affected you?

Strategies for Exposure Resistance

Frame in the context of the treatment model
- Rationale
- Avoidance fosters anxiety

Individualize exposures
- Adjust variables as needed

Link to values

Ease into social mishaps
- Start with social exposures
- Scavenger hunt

Utilize other group members
- Encouragement
- Problem-solving

Which value is this in alignment with?

How has avoidance affected you?

Strategies for Addressing Safety Behaviors

Frame in the context of the treatment model
 ◦Give examples, starting in the first session
Identify possible safety behaviors before and after exposure
 ◦Speeches
 ◦Exposure Recording Form
Encourage group members to identify possible safety behaviors in others
Script social mishaps

Did you notice any potential safety behaviors?

Strategies for Assessing Effectiveness

BFNE-II at Screening and Termination

Approach to Social Situations during First Session and Termination

Social Anxiety Session Change Index (SA-SCI)

Participant reflections during Termination
- Comparing pre- and post- assessments
- Advice to new participants

Formal and informal feedback

Strategies for Staying Up To Date on New Research

ADAA Social Anxiety SIG

National Social Anxiety Center (NSAC)
◦Research Summaries

Professional Conferences

Consultation
◦ADAA Social Anxiety SIG Online Peer Consultation
◦4th Tuesday of the month at 1pm Eastern

SIG Lunch!
All are welcome
Saturday, 12:00-1:30
Mezzanine Level, Wilson B

Strategies for Common Challenges

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Dissemination

- Essential for transitioning group leaders

- Create binders for staff with the intake, outline for each group and accompanying hand outs

- Our first staff transition consisted of three training sessions, each approximately two hours long.

◦ Intake and session by session review

◦ Role plays

◦ Common challenges during a group

◦ Technology

"Starting from Scratch"

- Needs for starting this group (or a similar one) from the ground up:

◦Foundational knowledge of CBT/ACT, CBT for social anxiety, social anxiety disorder

◦Develop preferred structure/format

◦ Access and understand foundational research for your format

◦Outline

◦Recruitment/marketing

◦Video camera, projector, group room

◦Neighborhood with businesses to visit

Future Directions

- Teen group
  - Will run the first group Summer 2018
  - 2x/week for 6 weeks
  - Mid-day
- "Advanced" group
  - For those who have completed the first round
  - More self-guided using exposure and mindfulness based strategies
  - Staffing difficulties

References and Resources

References

Goodman, E. & Boller, C. R. (2013, April). Setting Up and Running a Social Phobia Group: Pragmatics, Pleasures, and Pitfalls! Presented at the 33rd Annual Conference of the Anxiety and Depression Association of America, La Jolla, CA.

Hofmann, S. G. (2004). Cognitive mediation of treatment change in social phobia. *Journal of Consulting and Clinical Psychology, 72*(3), 392-399. doi: 10.1037/0022-006X.72.3.392 Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1475946/

Hofmann, S.G. & Otto, M.W. (2017). Cognitive behavioral therapy for social anxiety disorder: Evidence-based and disorder specific treatment techniques. 2nd ed. New York, NY: Routledge.

Hofmann, S. G. & Otto, M. W. (2008). *Cognitive-behavior therapy of social anxiety disorder: Evidence-based and disorder specific treatment techniques*. New York, NY: Routledge.

Resources

http://www.bostonanxiety.org/treatmenttools.html - Video clips of aspects of Hofmann and Otto's protocol

The National Social Anxiety Center (NSAC) - nationalsocialanxietycenter.com. Resources for the public, clinicians, blog, and research summaries.

Special thanks to....

- Rebecca Martin, LPC for data collection

- Current group leaders:
  ◦ - Rebecca Martin, LPC
  ◦ - Haniyyah Taufique, LPC
  ◦ - Zinal Patel, LCSW

Questions and Discussion