

CBT Approaches to Social Anxiety

Part 2:

Integrating the Models

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THERAPIST MANUALS & TRAINING FOR SOCIAL ANXIETY TREATMENT

- *Cognitive Therapy for Social Anxiety Disorder: OXCADAT* (Oxford Centre for Anxiety Disorders and Trauma). Many training videos, questionnaires and worksheets by David M. Clark, oxcadatresources.com/social-anxiety-disorder/. (You must register with them online, but it is all free.) Article on how to use this model for online sessions: <http://cambridge.org/core/journals/the-cognitive-behaviour-therapist/article/treating-social-anxiety-disorder-remotely-with-cognitive-therapy/802A3184852147532BD4EF2228AE5DAE>.
- *Managing Social Anxiety: A Cognitive-Behavioral Approach - Therapist Guide*, by Debra Hope, Richard Heimberg and Cynthia Turk. There is also a client workbook. (Focuses on group CBT for social anxiety, but it is very applicable to individual CBT.)
- *Cognitive Behavioral Therapy for Social Anxiety Disorder*, by Stefan Hofmann and Michael Otto. (Focuses on group CBT for social anxiety, but it is very applicable to individual CBT.) They have some videos illustrating some strategies: bostonanxiety.org/treatmenttools.html.
- *Imagery-Enhanced CBT for Social Anxiety Disorder*, by Peter McEvoy, Lisa Saulsman and Ronald Rapee. (Written for both individual and group CBT.)
- *CBT for Social Anxiety*, trainings on CD & DVD by Christine Padesky, store.padesky.com. (Mainly focused on the Assertive Defense of the Self strategy.)
- *Trial-Based Cognitive Therapy: A Manual for Clinicians*, by Irismar Reis de Oliveira, creative ways to change core beliefs and motivate clients to do exposures; not specific to social anxiety.
- **INTEGRATING ALL CBT APPROACHES:** *Cognitive-Behavioral Therapies for Social Anxiety: An Integrative Strategy*, by Larry Cohen. Training video, worksheets and other handouts: nationalsocialanxietycenter.com/professional-workshops/cognitive-behavioral-therapies-for-social-anxiety-disorder-an-integrative-strategy/.

RESOURCES FOR SOCIALLY ANXIOUS CONSUMERS

- The National Social Anxiety Center: blog, articles, self-help videos, referrals, nationalsocialanxietycenter.com.
- Attention training videos: (start with #6-8, then 1-5), youtube.com/playlist?list=PLjGQ1qp_IGNW8OdES0K5plTPvz4pVPp0d.
- *The Shyness & Social Anxiety Workbook*, by Martin Antony and Richard Swinson.
- *Overcoming Social Anxiety and Shyness*, by Gillian Butler.
- *Managing Social Anxiety: A Cognitive-Behavioral Approach - Workbook*, by D. Hope, R Heimberg and C. Turk.
- *The Mindfulness and Acceptance Workbook for Social Anxiety and Shyness*, by J. Fleming, N. Kocovski, Z. Segal.
- *The Shyness & Social Anxiety Workbook for Teens*, by Jennifer Shannon.
- *Stopping the Noise in Your Head: The New Way to Overcome Anxiety & Worry*, by Reid Wilson. His Anxiety Challenger app is a useful tool to encourage and track doing exposures/experiments.
- Social Anxiety Support: online discussions and information, referrals, support group, socialanxiety.com.
- International Paruresis Association & The Shy Bladder Center: online discussions and information, intensive treatment weekends, referrals, paruresis.org.
- Social Anxiety Institute: online discussion and information, recorded treatment program for individuals and self-help groups, referrals, support group on Skype, socialanxietyinstitute.org.
- Andrew Kukes Foundation for Social Anxiety: online information, referrals, videos, akfsa.org.
- Social anxiety support and activity groups: search meetup.com, groups.google.com and group.io.
- CBT Thought Diary app: a good cognitive restructuring app.
- Dialup app: sets up anonymous audio conversations with strangers.
- Rejection Therapy Game: dozens of ideas for paradoxical experiments, rejectiontherapy.com/game.
- Dear Evan Hanson, Broadway musical, movie and soundtrack about a high schooler with social anxiety.

All three waves in the ocean: An integrative CBT strategy

- Integrates the best (most effective) elements of each CBT model, depending on the client.
- Must see both sides of the many internal CBT debates; not all or nothing, but work toward *synthesis*.
- Messy, not pure.
- Requires more reliance on case conceptualization and trial-and-error; *moderately* less reliance on protocols.
- More pragmatic and flexible (whatever works); informed and guided by theory, but not dogmatically adherent.
- Moderately harder to train clinicians.
- More effective?

The two major elements of social anxiety disorder: ANXIETY & SHAME

Core FEAR of social anxiety: **JUDGMENT** (embarrassment, criticism, rejection, scrutiny); this leads to **ANXIETY**.

- The positive role of *healthy* social anxiety: necessary for relationships and society to function well; evolutionary theory of social anxiety.
- Social anxiety *disorder* when functioning / goals are impaired.

Core BELIEF of social anxiety: fundamental personal **DEFICIENCY** due to **PERFECTIONISM**; this leads to **SHAME**.

- Social anxiety is usually more than a phobia (due to beliefs of deficiency and consequent shame), and is usually generalized.

Diversity factors in social anxiety

- Racial factors.
- LGBT factors.
- Gender factors.
- Cultural and language factors.
- Physical appearance factors.
- Personality factors.
- Disability factors.
- Autism spectrum disorder.

Judgment happens. It's not all in their heads!! A therapy goal is to depersonalize judgment: to see it as a reflection not of personal deficiency (a shame belief), but of the other person's bias or taste.

DEBATE: external mindfulness v. meditation

- The difference between mindfulness and meditation.
- The limitation of *internal* mindfulness (meditation) for the socially anxious: reinforces self-focus and internal distraction.
- The advantages of *external* mindfulness for the socially anxious: reinforces curiosity in conversation / persons /activities, and fosters free association.
- Research: mindfulness meditation alone is less effective in reducing social anxiety than is placebo.

Synthesis:

First and major emphasis on *external* mindfulness through curiosity training and attention training; later auxiliary use of meditation for practicing thought defusion.

DEBATE: thought relationship vs. content

Change one's *relationship* with anxious thoughts by accepting them and defusing from them, while focusing instead on the activity.

[A la ACT: Acceptance and Commitment Therapy; exposure therapy; Reid Wilson.]

VS.

Change one's *belief in the content* of anxious thoughts and underlying beliefs.

[A la Richard Heimberg; David M. Clark; Stefan Hofmann; Michelle Craske.]

Synthesis:

- Cognitive restructuring before and/or after triggers.
- External mindful focus and thought defusion during triggers, with brief oral cognitive restructuring as needed.

DEBATE: timing & manner of doing cognitive restructuring

Do cognitive restructuring *before* an experiment to make it easier to do the experiment and to decrease avoidance. Afterwards, examine the evidence from the experiment to further the change of thinking. [A la Richard Heimberg.]

vs.

Do cognitive restructuring *after* an experiment by examining the evidence garnered from the experiment. This approach increases learning through experience and surprise when feeling anxious. [A la David M. Clark; Stefan Hofmann; Michelle Craske.]

Synthesis:

- At first do cognitive restructuring before and after experiments to increase likelihood of the client doing the experiment and thereby learning from it.
- Whenever the client is willing, skip CR before the experiment and continue doing it afterwards.

DEBATE:

target verbal thoughts or images

Worksheets are typically designed for verbal thoughts, which are easier to challenge with evidence and debate.

[A la traditional cognitive-behavioral therapy.]

VS.

Imagery is more emotionally laden than verbal thoughts, and changing imagery is therefore more effective in reducing anxiety.

[A la Peter McEvoy: *Imagery-Enhanced CBT.*]

Synthesis: try both and use whatever the client finds most effective.

DEBATE: habituation vs. learning

EXPOSURES are designed to achieve anxiety **HABITUATION**.

[A la traditional exposure therapy.]

VS.

EXPERIMENTS are designed to bring about **LEARNING** (disconfirming hot thoughts and underlying beliefs).

[A la Richard Heimberg, Stefan Hofmann,
David M. Clark, Trial-Based Cognitive Therapy, Michelle Craske, Reid Wilson, Peter McEvoy.]

Synthesis:

Experiments are designed with the immediate goal of bringing about learning; longer-term goals are anxiety habituation, increasing self-confidence, overcoming shame, and helping clients achieve their therapy goals.

DEBATE: accepting v. decreasing anxiety

Work toward *accepting* anxiety and focusing on pursuing valued activities.

[A la ACT: Acceptance and Commitment Therapy.]

VS.

Work toward *reducing* anxiety while pursuing valued activities.

[A la exposure therapy and traditional cognitive-behavioral therapy.]

Synthesis:

In the short term, accept anxiety and focus on pursuing valued activities. Work toward longer-term goals of reducing both anxiety and shame, and increasing self-confidence and self-esteem.

DEBATE: acceptance vs. defiance

Accept and defuse from anxious feelings and thoughts while focusing mindfully on pursuing valued activities (experiments).

[A la ACT: Acceptance and Commitment Therapy.]

VS.

Seek out anxiety and do battle with it, defy it.

[A la Reid Wilson.]

Synthesis:

First emphasize acceptance and defusion. Soon thereafter, introduce and emphasize seeking out anxiety (*“I want to challenge myself and improve my life!”*) and, depending on client’s receptivity, defying it (*“I refuse to obey you anymore!”*; *“I refuse to let you hold my life back anymore!”*). Try *Anxiety Challenger* app or Experiment Challenge Log.

DEBATE: use of fear hierarchies

Use fear hierarchies (graduated exposure) to increase follow-through, decrease avoidance and achieve habituation.

[A la traditional exposure therapy, Richard Heimberg, Stefan Hofmann, Trial-Based Cognitive Therapy.]

VS.

Randomly choose experiments related to client's therapy goals to test a client's hot thoughts, predictions and underlying beliefs; this approach increases the element of surprise so as to increase learning.

[A la David M. Clark, Michelle Craske, Reid Wilson.]

Synthesis:

Choose experiments to test client's anxiety thoughts and to achieve client's goals. Use a loose hierarchy as needed to increase follow-through and decrease avoidance. ("If that's too scary to do now, what do you feel ready to do instead in order to test this hot thought / underlying belief?")

DEBATE: what types of experiments?

Straightforward experiments: working on personal goals while testing hot thoughts and beliefs. [A la Richard Heimberg.]

vs.

Paradoxical experiments (shame-attacking / social mishap / decatastrophizing): seeking out the feared outcome to test out threat likelihood, severity and coping.

[A la Albert Ellis, David Burns, Stefan Hofmann, David M. Clark, Christine Padesky, Reid Wilson.]

Synthesis:

Start with straightforward experiments. Introduce paradoxical experiments after the client has started to make progress. Initially do paradoxical experiments yourself with client observing. Then have client do them in session and as homework. Try combining paradoxical and straightforward experiments (eg. saying something stupid within a straightforward conversation with a stranger). Avoid “hit and run” experiments (a paradoxical one followed by quick escape). Avoid just having fun with acting silly. It needs to trigger anxiety to generate learning.

DEBATE:

in-session vs. homework experiments

In-session experiments: they are less scary for clients to do and they start the learning process; they prepare and motivate clients to do experiments on their own as homework.

- Experiments with therapist, other staff, group members; follow-up feedback from these persons.
- Video-recording of in-session experiments to test hot thoughts and predictions about how client appears / performs; use of Video Evidence Worksheet.

[A la Stefan Hofmann, David M. Clark.]

- Virtual reality experiments.
- Experiments in imagery: practicing self-confidence in the experiment.

[A la Peter McEvoy: *Imagery-Enhanced CBT.*]

- Field trip (in vivo) experiments with therapist out of office.

Homework experiments: more frequent practice and learning; they build self-confidence and decrease anxiety faster; they further achievement of client's therapy goals.

DEBATE:

social skill deficit or safety-seeking behaviors

Some maintain that social skill deficits cause social anxiety. They therefore believe it is necessary to extensively train socially anxious persons in social skills in order to help them overcome their social anxiety.

[A la SET: Social Effectiveness Therapy.]

vs.

Socially anxious people often have the core belief that they are socially inept / deficient. In fact, research demonstrates that their social skills are usually in the normal range. However, their reliance on avoidance and other safety-seeking behaviors inhibits their use of social skills that they do utilize when they are not anxious.

Synthesis:

Conceptualize problems as the result of safety-seeking behaviors so we do not reinforce core belief of being socially inept / deficient. Be very cautious when clients want to study and practice social skills so that it does not become a new SSB and reinforces their belief in deficiency. Identify any actual skill deficit, stress that it is the result of avoidance and not deficiency, and practice it in experiments both in session and as homework. Exception: persons on autism spectrum need intensive social skills training.

DEBATE:

eliminate or reduce safety-seeking behaviors

Some limited use of safety-seeking behaviors is perfectly normal for anyone, so it is not necessary to eliminate them all in socially anxious clients. It is better to reduce SSBs gradually so as not to foster avoidance or intense anxiety.

vs.

Safety-seeking behaviors inhibit learning and hurt how the client comes across. Therefore it is necessary to eliminate all SSBs.

Synthesis:

Eliminate (or at least greatly reduce) all SSBs that the client is willing to drop / reduce in order to decrease avoidance and start the learning process. This includes alcohol and PRN medications. When discussing what was learned in an experiment, identify SSBs that may have inhibited learning or hurt how the client comes across. Target these for elimination in the next experiments.

DEBATE: assertive defense of self as core CBT strategy for social anxiety?

Cognitive restructuring and behavioral experiments cannot prove that socially anxious feared predictions won't come true, however unlikely. So it is important to increase the confidence of socially anxious persons that they can cope well if their fears do materialize.

[A la Christine Padesky.]

$$\text{anxiety intensity} = \frac{(\text{threat likelihood X threat severity}) + \text{physiology}}{\text{coping}}$$

VS.

[continued on next slide]

DEBATE: assertive defense of self

(cont.)

Because social anxiety fears are often invisible (others' negative judgments), we typically don't have the opportunity to assert ourselves. Padesky addresses this concern by suggesting that the client *imagine* that the fear comes true in a visible way (eg. a stranger says something harshly critical) so that the client can practice assertion in role plays and imagery. However, clients often dismiss this as unhelpful, saying:

- They don't believe anyone would actually *say* that; they are more upset that someone would *think* it, and perhaps tell others behind their backs.
- They would not be so upset if someone actually did *say* it (rather than just think it) because it would mean that that person is very rude / mean.
- Even when a fear does come true in a visible way, we often don't have the opportunity to assert ourselves due to circumstances (eg. the critical stranger quickly leaves).

Synthesis:

Practice assertive defense of self, and include *proactive assertions* as role plays and experiments when we fear that someone is thinking badly of us but is not saying so. Combine with cognitive restructuring to challenge belief in the severity and personalized meaning of the fear come true.

DEBATE: whether to target core beliefs

SAD is a phobia: an exaggerated and debilitating fear. Underlying core beliefs are not the problem and do not need to be targeted. Exposure therapy is the core of the treatment.

[Stefan Hofmann, ACT, Michelle Craske, Christine Padesky, Reid Wilson.]

VS.

The large majority of persons with SAD experience much shame as well as anxiety, often causing depression. Social anxiety is more than a phobia, as it is based on negative beliefs about self, and perfectionistic beliefs about others' expectations. Core belief change work is therefore necessary. Exposure therapy alone is less effective.

[A la Richard Heimberg, David M. Clark, Trial-Based Cognitive Therapy, Peter McEvoy]

Synthesis:

Start with experiments incorporating external mindfulness, cognitive restructuring (targeting hot thoughts) and assertiveness. Identify underlying beliefs ASAP, and begin work to target these after client starts making good progress. A minority of clients are satisfied with their progress prior to doing any core belief work, and that is OK for them.

DEBATE:

group vs. individual CBT for social anxiety

CBT for social anxiety groups provide the opportunity to confront social anxiety in the group itself during: ordinary group discussion; in-group experiments and role plays; homework experiments with other group members; and group field trips. Groups provide mutual support and encouragement, as well as perceived peer pressure to do the homework. Groups are less expensive than individual CBT.

vs.

Groups quickly become a safe, comfortable, no-judgment zone, which leads to fewer opportunities to confront social anxiety in the group itself, and also experience less perceived peer pressure to do the homework. Group members receive much less individualized attention than individual clients, so there is less ability to design the interventions through collaborative case conceptualization, or to help members who are highly avoidant or have other acute problems.

Synthesis:

Decide on group and/or individual CBT collaboratively with the client based on their individual needs. (See *Group or Individual CBT for Social Anxiety: Which is Right for Me?*.)