

Chapter 5

PSYCHOEDUCATION

PART 1: BACKGROUND ON SOCIAL ANXIETY

Timeline: Typically one session

Reading: Chapter 1 in Client Workbook

Photocopies needed from Client Workbook:

Figure 2.3 Physical Symptoms of Social Anxiety that I Experience

Figure 2.5 Thoughts Related to an Anxiety-Provoking Situation

Figure 2.8 Monitoring the Three Components of Anxiety

Session Outline for Chapter 1 in Client Workbook

- I. Set agenda for session
 - A. Chapter 1 in Client Workbook
 1. Basic information about social anxiety
 2. Information about how this treatment program works
 - B. Any other matters that need to be handled for a given client
- II. Social anxiety (feeling nervous around other people) is a normal part of life; illustrate with case vignette of normal levels of social anxiety
 - A. Vignette from Client Workbook: Nicole is starting new job and must make a presentation to the manager's meeting
 1. Anticipatory anxiety symptoms: questioning whether she really wants promotion, "butterflies in stomach," feeling tense
 2. Anxiety increases as begins presentation: palpitations, sees faces looking at her, stumbles over words initially

3. Uses good coping statements
 - a) "I'm prepared."
 - b) "No one expects me to be perfect on the first day."
4. As presentation continues, anxiety decreases as she notices safety cues such as everyone listening attentively
5. Positive outcome after presentation
 - a) Nicole wonders why she was so anxious before presentation as it went well
 - b) Nicole feels more optimistic about the job after facing her fears

B. Nicole's experience is an example of social anxiety

1. Public speaking is a commonly feared situation
2. Nicole's symptoms are consistent with what people typically report
3. Normal social anxiety is experienced by people in unfamiliar or infrequently occurring situations
 - a) Speaking in front of a group
 - b) Meeting with a new boss or job interview
 - c) Going to a new class or job where you do not know anyone
 - d) Getting to know a potential dating partner

C. Typically social anxiety is unpleasant but not unmanageable and decreases quickly once the situation is faced

III. Clinically severe social anxiety is different than normal levels of social anxiety; illustrate with case vignette of social anxiety disorder

A. Vignette from Client Workbook: Cory is a 30-year-old man in his first romantic relationship who is meeting his prospective in-laws for the first time

1. Serious anticipatory anxiety

a) Started a week before the dinner and increased as time approached

b) Tension and worry about the dinner dominated his experience during the preceding week

c) Nausea

d) Worried about making a bad impression on her parents that would embarrass Jodi and cause relationship to end

e) Anxiety interferes with concentration while driving to restaurant

2. Anxiety very severe as he meets Jodi's parents and continues to be a problem throughout dinner

a) Severe palpitations

b) Sweaty palms

c) Believes father is evaluating him negatively because he looks anxious

d) Trouble concentrating on conversation

e) Escapes before coffee and dessert by making excuses

3. Later Jodi said that she thought the evening went well; her parents noticed Cory's anxiety but did not draw negative conclusions
- IV. Compare and contrast normal and clinically severe social anxiety as presented in the vignettes to illustrate that social anxiety exists on a continuum of severity
 - A. Differences in intensity of symptoms
 - B. Differences in duration of anticipatory anxiety
 - C. Differences in how much symptoms interfered with functioning
 - D. The important question is not whether someone experiences social anxiety or not (most of us do), but how much and how often we experience social anxiety
 - E. Social anxiety exists on a continuum of less severe to more severe
 1. Contrast with a broken arm, which is an all-or-nothing event
 2. Re-examine both scenarios by describing how the anxiety could have been more or less severe in each set of circumstances
 - V. Define social anxiety, social phobia, and social anxiety disorder
 - A. Social anxiety disorder vs. social phobia
 1. Social anxiety disorder is new name for what has traditionally been called social phobia
 2. In Client Workbook, use "social phobia" in Chapter 9 for specific social fears, such as one's hand shaking while writing in front of others

B. DSM-IV definition of social anxiety disorder

1. Core features: fear of being negatively evaluated by others, doing something humiliating or embarrassing in front of others, others seeing one's anxiety
2. Situations in which someone is concerned about what others think vary widely; common situations include:
 - a) Public speaking
 - b) Conversations with unfamiliar people
 - c) Dating
 - d) Being assertive
 - e) Eating or drinking in front of other people
 - f) Being the center of attention
 - g) Talking with supervisors or other authority figures
 - h) Urinating in a public bathroom (usually only men)
 - i) Intimate sexual situations
3. Regardless of the specific situation, persons with social anxiety disorder share a common fear that other people will think poorly of them
4. Other criteria
 - a) Realizing that the fear is excessive
 - b) Avoiding the situations that cause anxiety or enduring them despite high levels of anxiety

c) Social anxiety disorder must interfere with the person's life in important ways or there must be great distress at having the fears

C. Social anxiety disorder versus social anxiety

1. Social anxiety disorder is diagnostic label with specific DSM-IV criteria

2. Social anxiety refers to the distress a person might experience when interacting with or performing in front of other people

a) Social anxiety is normal experience that may not be a problem

b) More severe social anxiety or if it occurs in many situations might become (or be labeled as) social anxiety disorder

c) If social anxiety is a problem, even if one does not technically meet criteria for the disorder, this treatment is probably appropriate

VI. Help client consider how his/her concerns could be described as social anxiety, social anxiety disorder, and/or social phobia

A. Compare how client's experience relates to vignettes

B. Watch for any doubts that social anxiety describes what client is experiencing

1. Separate doubts about whether treatment can be successful from agreement with therapist on conceptualization of the presenting problem
2. Do not move on until some level of agreement that client is experiencing social anxiety

VII. Overview of This Treatment Program

- A. Continue education about social anxiety
- B. Learn to analyze anxiety and start monitoring anxiety on a daily basis
- C. Learn cognitive restructuring skills to help control anxiety
- D. Gradually begin to practice situations that are difficult, starting within session and with easier situations first
- E. Learn to apply cognitive restructuring skills to manage anxiety in feared situations
- F. Learn how to consolidate gains and prepare to finish treatment with the therapist

VIII. Evidence for effectiveness of the treatment program

- A. No guarantees but research suggests that CBT is helpful for most people with social anxiety disorder
- B. Research data
 1. Comparison of this treatment to educational-supportive group therapy
 - a) 12 weeks of group treatment

- b) 75% of clients in cognitive-behavioral treatment classified as “improvers,” indicating major improvement in symptoms and sub-clinical severity of social anxiety and avoidance
 - c) Greater percentage of “improvers” than in credible educational-supportive group treatment
 - d) Six month post-treatment follow-up – most judged to be improved
 - e) At 5-year follow-up, still doing well and better than educational-supportive group treatment
2. At least 10 other studies from around the world with hundreds of clients found CBT to be very helpful for social anxiety
 3. Overall, in Heimberg, Hope, and colleagues’ research, about 80% of the participants are classified as “improvers” or “responders” to treatment (similar percentages in group versus individual treatment)
 4. Comparison of cognitive-behavioral treatment to phenelzine (Nardil), a highly studied medication for social anxiety disorder
 - a) Phenelzine and CBT about equally effective but medication works faster
 - b) About 50% relapse when they go off phenelzine (similar to rates for more recently developed medications, such as the selective serotonin reuptake inhibitors, 30-60%)

c) Individuals in CBT do not tend to relapse when therapy ends

IX. How clients can get the most out of this program

A. Seriously invest in change

1. Personal change is hard work
2. Need to set aside time at least several times a week to work on social anxiety
3. Need to make an emotional investment by being willing to experience anxiety
4. Share slogan: *Invest Anxiety in a Calmer Future*
5. Need to make an emotional investment by being honest with self and therapist and thoughts and fears

B. Do the exercises carefully and practice procedures frequently

C. Persevere!

1. Keep working even if the benefits are not immediately apparent; small improvements lead to larger ones
2. Watch self-monitoring data to track improvement

D. Avoid “disqualifying the positive” as socially anxious individuals are often their own worst critics

E. Be willing to try new ways and give up old ways of dealing with social anxiety

1. Must be willing to give up drugs or alcohol to help control your anxiety

2. Must be willing to give up PRN (“as needed”) prescription medication for anxiety when doing exposures

F. Emphasize that whether this program works for a given client is under his/her control. If clients commit the time and energy, they are likely to see benefits.

X. Assign Homework:

A. Review Chapter 1 and read Chapter 2

B. Complete the following forms from Chapter 2

1. Figure 2.3 Physical Symptoms of Social Anxiety that I Experience
2. Figure 2.5 Thoughts Related to an Anxiety-Provoking Situation
3. Figure 2.8 Monitoring the Three Components of Anxiety