

Chapter 7

PSYCHOEDUCATION

PART 3: ETIOLOGY AND TREATMENT RATIONALE

Timeline: Typically one session

Reading: Chapter 3 in Client Workbook

Photocopies needed from Client Workbook:

Figure 3.2 Worksheet for Reactions to Starting This Treatment Program For Social Anxiety

Session Outline for Chapter 3 in Client Workbook

- I. Review homework
 - A. Assure that client can identify the three components of anxiety in his/her own experience
 - B. Address any problems with compliance or completion of the homework
 - C. If assignment not done, do so in session before continuing on
- II. Biopsychosocial etiology of social anxiety
 - A. Genetics
 1. Two lines of supporting efforts
 - a) Somewhat greater concordance for social anxiety disorder in monozygotic twins compared to dizygotic twins
 - b) Jerome Kagan's work on "behavioral inhibition to the unfamiliar"

(1) Some very young infants withdraw rather than explore unfamiliar people and objects

(a) Infants' heart rate increases

(b) Pupils dilate

(c) Muscles tense

(2) At 7 years of age, 75% still display behavioral inhibition; 75% of non-inhibited infants still not displaying behavioral inhibition

(3) Because behavior pattern starts so young and continues, thought to be related to genetics

2. A genetic component in the etiology of social anxiety does not mean it is not amenable to cognitive-behavioral treatment

a) Concordance is not close to 100% in monozygotic twins (24% vs 15% in dizygotic twins – leaves much room for environmental effects)

b) 25% of behaviorally inhibited infants were not shy at age 7

c) This suggests a “genetic predisposition” not a “genetic blueprint”

d) Other factors are also important in the development of social anxiety

B. Influence of early family environment on the development of social anxiety

1. We learn about ourselves and the world from our families
 - a) Can people be trusted?
 - b) How does the world operate?
 - c) Are events predictable or unpredictable?
 - d) Do we control events or are we at the whim of fate or powerful other people?
2. Research shows families of people with social anxiety disorder tend not to socialize with other families, even compared to the families of agoraphobics
3. Parental social anxiety can be communicated to the child through display of anxiety symptoms or modeling avoidance behavior
4. Parents may not encourage a shy child to enter feared social situations and thus prevent them from learning to face and overcome their fears
5. Parents of socially anxious individuals tend to use shame to discipline their children or communicate that it is important to worry about what others think of one's behavior or appearance

C. Important experiences may contribute to the development of social anxiety

1. A child or adolescent who is "different" in some way may be more likely to develop social anxiety, e.g., as a result of teasing for stuttering as a child

2. Man from working class background who became extremely anxious at wedding to daughter of wealthy parents and began to worry others would discover he “didn’t belong” or did not deserve his social and professional position

D. Genetics, family environment and important life experiences probably interact to cause social anxiety disorder in a given person

1. Not all factors equally important for everyone
2. Inherited tendency to be shy combines with experiences in the family and other life experiences to lead to development of dysfunctional thinking patterns and, eventually, socially anxiety

III. Three dysfunctional thinking patterns that contribute to social anxiety.

A. Dysfunctional Thinking Pattern #1: External Locus of Control

1. Socially anxious people tend to believe that other, more capable and competent, people control what will happen in social situations
2. Example
 - a) Socially anxious man asking a woman to a movie expects her to refuse and believes he has little control over her response
 - b) Non-anxious man may believe he can talk her into going or flirt with her to increase her interest in going to the movie with him

3. In most instances, people with social anxiety disorder underestimate the control or influence they may have on other people's reactions to them

B. Dysfunctional Thinking Pattern #2: Perfectionistic Standards

1. Socially anxious people often set excessively high standards for themselves or how they should behave in social situations

2. They may also believe that other people set unrealistically high standards for them

3. Examples of excessively high standards

a) One cannot look nervous in social situations

b) Never offend anyone

c) Observe perfect manners

d) Always be witty and charming

4. Problem is that people may feel badly for not living up to these excessively high standards

C. Dysfunctional Thinking Pattern #3: Low Self-Efficacy

1. Self-efficacy is one's confidence in how effective one expects to be

a) Two types of self-efficacy

(1) Belief that you can do something successfully

(a) Socially anxious persons doubt that they have the ability to do the right thing (or to do it well) in a social interaction

(b) Examples include doubt one has adequate social skills or knows how to make “small talk”

(2) Low outcome expectancies mean that even if one performs adequately, it will not lead to the desired outcome

(a) Even if one is appropriately assertive, the other person will not change his/her behavior

(b) Expectation that a situation will go poorly or that one will be rejected by the other person even if one’s behavior is “OK”

2. Low self-efficacy beliefs can become self-fulfilling because the person may not then attempt situation and thus never get confirmation that it might have been more successful than expected

3. An external locus of control can also lead to low self-efficacy

a) For example, clients on medication sometimes assign all their progress to medication, even though they did a lot of hard work

b) The medication may be really helpful, but when clients don’t give themselves credit for their own accomplishments, low self-efficacy can result.

D. How Dysfunctional Thinking Patterns Play Out in an Actual Situation

1. Extend metaphor of “rose-colored glasses” to “amber-colored glasses” – warn that danger could be nearby, so watch out and be prepared

a) Amber-colored glasses highlight danger signals (like a yellow caution light at a busy intersection)

(1) Interaction is not going well

(2) Other person is forming a negative impression

b) Filtering system is very specific

(1) Research shows that socially anxious people pay a lot of attention to social threat information (e.g., indications that others may think that they are boring or inferior)

(2) Socially anxious people pay no more attention than nonanxious persons to information about physical threat (e.g., palpitations, shortness of breath).

c) Amber-colored glasses also filter out safety information

(1) Signs that the situation is proceeding well

(2) Signs that the other person is forming a favorable impression

d) Socially anxious persons nearly always underestimate how well they are doing because amber-colored glasses

help them see their mistakes or imperfections, and they also help the person to ignore or disqualify anything that goes well

2. These beliefs – the amber-colored glasses – are dysfunctional because they provide a biased view of the situation

- a) Serve to maintain dysfunctional beliefs
- b) Increase physical symptoms of anxiety
- c) Lead to real or imagined poor performance

E. Dysfunctional beliefs and physiological arousal

1. Our bodies have a built-in fight-or-flight mechanism to help us handle danger

- a) Physiological arousal that occurred in response to recognition of a saber-tooth tiger helped cave people either fight or flee
- b) Some situations today are not dangerous in the same way that a saber-tooth tiger was dangerous so physiological arousal is a problem, not an advantage

2. Excessive physiological arousal can interfere in social behavior in two ways

- a) Social interactions require very complicated behavior, and excessive arousal interferes with the calmness and concentration required to perform well

- b) Physiological arousal may be misinterpreted (through amber-colored glasses) as a signal that the situation is dangerous or not going well
- 3. Circular reasoning that increased arousal means situation is going poorly can further interfere in performance, thus further confirming dysfunctional low self-efficacy beliefs, and resulting in more physiological arousal

F. Dysfunctional beliefs and behavior

- 1. Dysfunctional thinking (amber-colored glasses) determines which information is processed in the limited attentional capacity of a person
- 2. If part of the limited attentional capacity is used up by scanning for threat, less is available to process complex social information
- 3. Example: Rather than just listening to the other person, the socially anxious person may be thinking
 - a) About what to say next
 - b) About whether the other person likes him/her
 - c) About whether the other person's voice tone indicates anger
 - d) "I never know what to say"
 - e) That the conversation will never end
 - f) That his/her heart is starting to pound
 - g) That the other person notices his or her blushing

- IV. Summary of the causes of social anxiety and dysfunctional beliefs
 - A. Social anxiety disorder seems to result from a combination of an inherited tendency to be anxious and withdrawn from new situations that then interacts with certain types of experiences early in life
 - B. Whether the genetic predisposition or the early experiences are more important varies from person to person
 - C. The combination of the genetic predisposition and early experiences causes the person to develop certain patterns of dysfunctional thinking about whether he or she has control over the outcome of social situations and whether that outcome is likely to be positive or negative
 - D. These beliefs then serve to color how future social interactions are interpreted in a way that tends to confirm the dysfunctional beliefs
 - E. The beliefs may interfere with performance or cause the person to avoid the situation, thus preventing opportunities to overcome the anxiety and check out the validity of the beliefs
- V. Rationale for 3 components of treatment (systematic graded exposure, cognitive restructuring, and homework assignments)
 - A. Systematic Graduated Exposure
 1. Overcoming fears means one must eventually face them, i.e., exposure
 2. Graduated exposure means starting with easier situations and working up to harder ones

3. In-session exposures are a unique aspect of this treatment program
 - a) Provide an opportunity to practice and get feedback
 - b) Can work on situations that are feared but unlikely to happen in real life
4. Three ways exposure is helpful in overcoming social anxiety
 - a) Physical symptoms habituate
 - (1) Habituation is a normal bodily process in which physiological arousal levels off and then decreases over time
 - (2) Habituation also occurs with repeated practice
 - (3) Clients may not have experienced habituation because they did not stay in situation long enough
 - (4) Eventually clients will learn to trust habituation processes and realize the anxiety will decrease if they stay in the situation
 - b) Exposure allows rehearsal of behavioral skills in a safe environment
 - c) Exposure provides an opportunity to test dysfunctional beliefs

B. Cognitive Restructuring

1. A set of procedures that attacks dysfunctional thinking by systematically analyzing anxiety-related self-statements

- a) Cognitive restructuring is not replacing bad thoughts with positive thoughts or stating affirmations
 - b) Cognitive restructuring techniques involve testing beliefs, assumptions, and expectations and see if they really make sense or are helpful
2. Cognitive restructuring helps decrease physiological arousal by making a more realistic assessment of the danger in a situation
3. Cognitive restructuring helps the behavioral component of social anxiety in two ways
- a) Less dysfunctional thinking will leave more cognitive capacity to handle the complexities of social interaction
 - b) Changing dysfunctional beliefs will decrease avoidance
 - (1) This leads to more opportunity for more positive experiences
 - (2) Positive experiences will further change dysfunctional thoughts

C. Homework Assignments

- 1. Homework transfers what is being learned in therapy sessions to the person's daily life
- 2. Assignments include
 - a) Initially reading or monitoring some aspect of client's anxiety or behavior

b) Later assignments involve graduated exposure to feared situations outside of the session combined with cognitive restructuring

3. Three important aspects of homework

a) Assignments are negotiated between therapist and client so client should be honest about what he/she believes can or will be done

b) Homework does not need to be done perfectly to be successful if a good effort has been made

c) It is essential to do the cognitive restructuring exercises, not just the exposures, to assure success

VI. Assign Homework:

A. Review material in first three chapters of Client Workbook and consider whether explanations make sense

B. Complete Worksheet for Reactions to Starting this Treatment Program (Figure 3.2 in Client Workbook). Stress to client that it is important to be honest in this exercise and that it will be discussed in session next week.

C. Read Chapter 4 in the Client Workbook

D. Complete Brainstorming for Your Fear and Avoidance Hierarchy (Figure 4.2 in Client Workbook). (Note: Chapter 4 introduces the concept of self-monitoring and includes relevant forms. Client does not need to complete these forms until after the next session when the concept of self-monitoring has been discussed with the therapist.)