Setting Up and Running a Social Phobia Group:

Pragmatics, Pleasures, and Pitfalls!

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Agenda

- What is social phobia
- How is it treated
- Why torture socially phobic people by putting them in a room together
- Setting up the group
- Our Group---Session by Session
- Common problems that arise and how we attempt to resolve them (What has worked for you?)

Fact #1:
Social anxiety is normal!

When is social anxiety a problem?

1. When it causes clinically significant suffering

2. Negative impact on social or occupational behaviors (Avoidance leads to not taking steps to achieve desired goals)

What is social phobia?

- High levels of anxiety in at least some social situations due to belief that:

Rejection is LIKELY due to perceived flaws in…

- **Social skills or behavior**
- **Inability to hide signs of anxiety**
- **Physical appearance**
- **Personality**

The rejection will be HORRIBLE!

How Common?

- More than 13% (more than 1 in 10) of Americans have clinical levels of social anxiety at some point in life.
  - 8% of population socially phobic right now.
  - Most common anxiety disorder!
- Typically starts during childhood or adolescence.
- Most people with social anxiety NEVER seek help

Kim Basinger

Donny Osmond

**Ricky Williams**

Consequences!

- Decreased quantity/quality of friendships and romantic partners
- Less likely to marry and tend to marry later
- More likely to be unemployed or under-employed
- Increase risk of depression and substance abuse
- AND significant distress in social and/or performance situations

Two Types of Social Phobia

- Non-generalized (fearful in some social situations, but not most)

- Generalized (fearful in most social situations)

- Our group is geared more for generalized social phobia

What causes social phobia?

- Is it nature or nurture?
  - Most likely a mix of both!
    - Biology
      - Brain chemistry and function
    - Learning
      - Direct learning
      - Vicarious Learning
  - Hardwired through evolution?
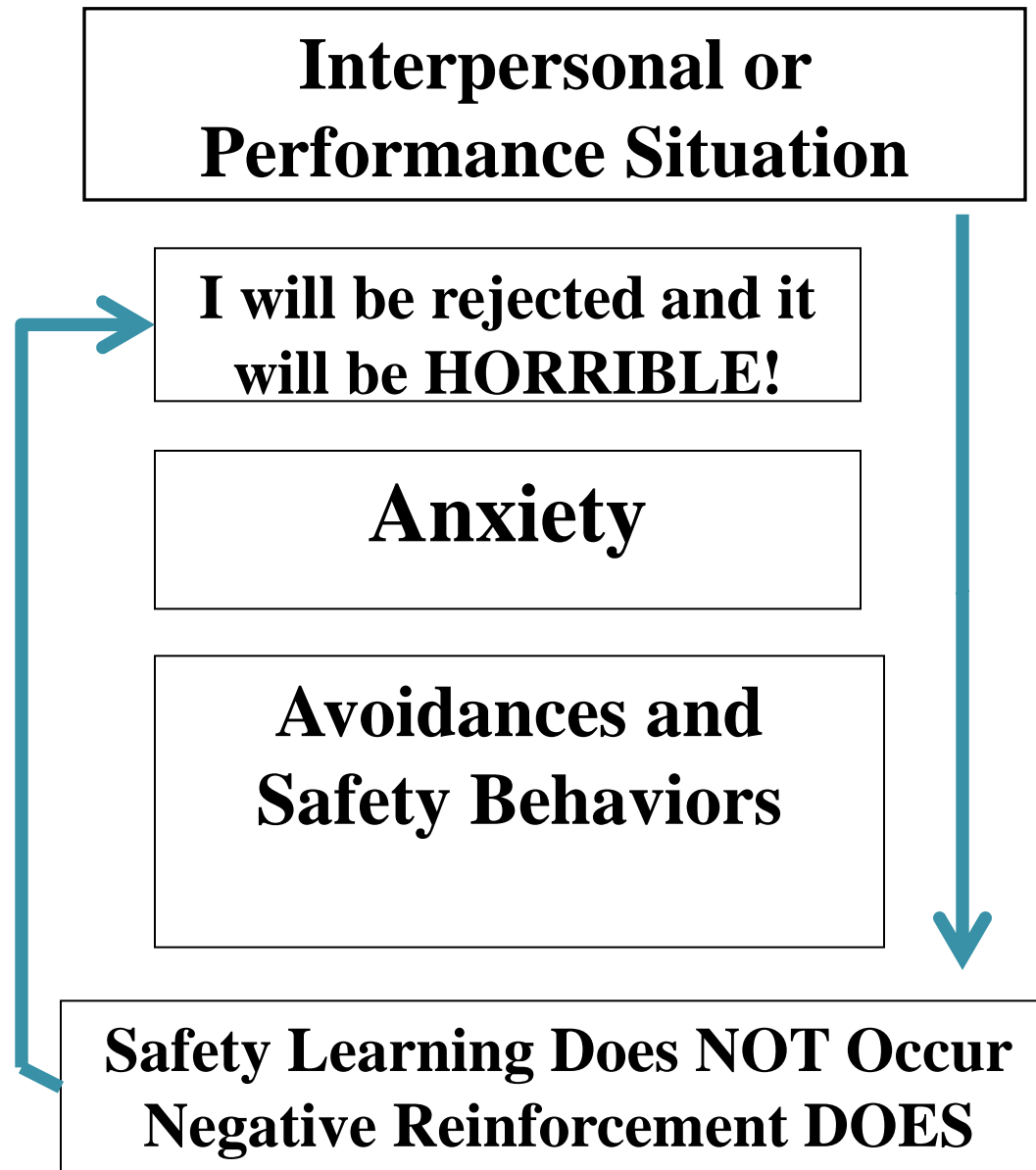   - "Better safe than sorry" instinct
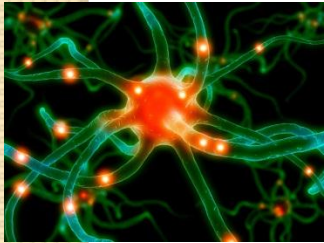
The more helpful question is…

- **What MAINTAINS social phobia--- (i.e. Why does it stick around?)**

PLEASE
DO NOT
FEED
THE
FEARS

This is how social phobia is maintained

Problems with avoidance:

(Avoidance can be physical or emotional)

- You don't get to learn that the CATASTROPHIC thought likely does not come true.
- You get the belief that the avoidance is keeping you safe
  - Which reinforces the danger thoughts ("I'm only safe because _____")

Other problems with avoidance:

- Emotional avoidance often causes suffering--- "dirty pain" piled high on top of "clean pain"
- Avoidance narrows "behavioral flexibility" (limits what you do in your life).
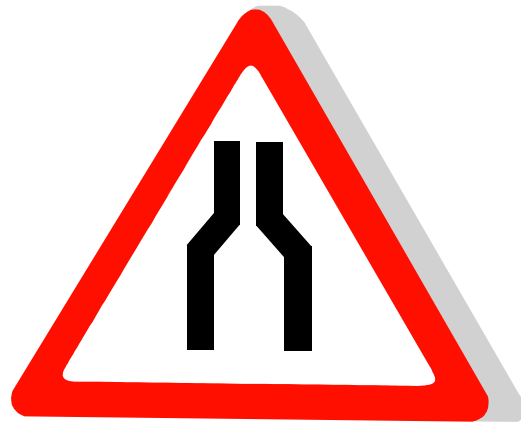
Common Safety Behavior with Social Phobia

Internal Focus

Another Common Problem with Safety Behaviors in Social Anxiety?

- It frequently CAUSES the very thing they do not want.

Once this pattern is established: Anxiety uses every mental trick in the book to try to keep them "safe" (stuck).
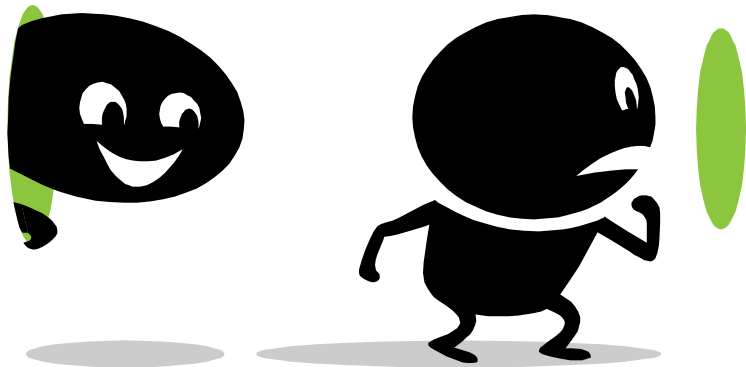
Anxiety Tricks

1. **Scary thoughts MUST be taken seriously!**
2. **You must get 100% certainty!**
3. **Discomfort in social situations is bad and wrong---You must be comfortable!**
4. **If something "FEELS" dangerous, then you should believe that it is!**
5. **Fighting anxiety will make you feel better!**
6. **Take the blame---It is ALL your fault!**

FOLLOW THESE RULES AND ANXIETY WINS!!!

More sneaky tricks…

Mind Reading

Fortune Telling

Catastrophizing

Labeling

Discounting Positives

Negative Filter

Overgeneralizing

All-or-Nothing Thinking

Shoulds

Personalizing

Unfair Comparisons

Wishing Ritual

Perfectionism

Example of a common "SHOULD" in social phobia:

- I shouldn't be AWKWARD!!!!!

The Reality

LIFE IS AWKWARD. We are an awkward species!

What are our choices?

1. Spend life wishing our species was less awkward.
2. Struggle to not be awkward (you'll suffer, fail, and probably present with more awkwardness anyways…)
3. Accept reality…"Oh Well" and embrace the human condition.

Personalizing

- Study- 2 groups
  - 1st social Phobia
  - 2nd No social phobia

  - Conversation with rude person
    - 1st group = self-blame
    - 2nd group = other blame

      - Beware of personalization bias

Treatment

1. What does positive treatment outcome look like?

2. How do we get there?

What our clients expect from life

What our clients want:

In only
8 to 10
sessions!

What we can help them achieve:

1. Behavioral Flexibility (freedom to choose one's behaviors despite noise of the brain/emotions)

2. Minimize suffering while doing so

We do this by facilitating change

- CBT
  - Cognitive change
  - Behavioral change

Cognitive change

What to do with social anxiety thoughts and beliefs?

- Challenge beliefs

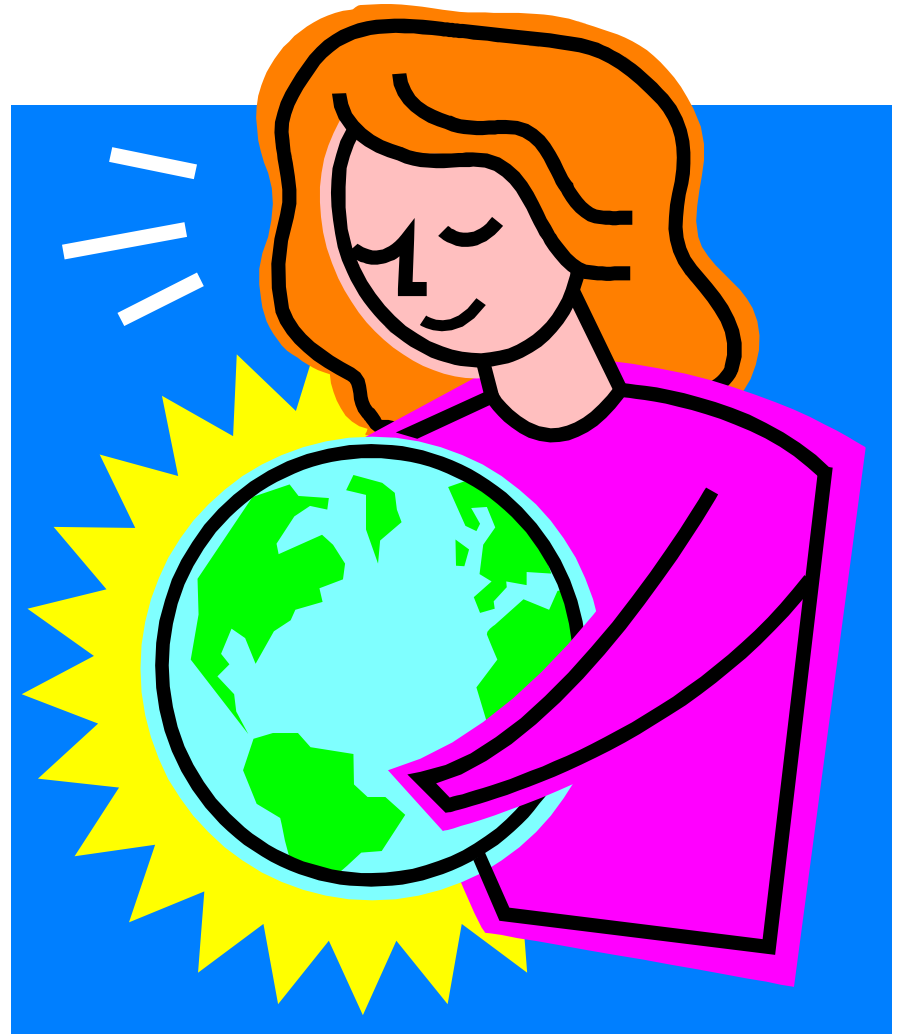- Accept and Defuse from Automatic Thoughts once they are less believable

Logical and Compassionate Reframe

1. Select Social Situation

2. Identify Belief/s Triggered

3. Identify Feelings Experienced

4. Logical and compassionate reframes

COMPASSION

- Self
- Other

Acceptance

- Think of all the strategies you have used to chase away social anxiety forever---have they really helped?
- What happens when you struggle against anxiety, insomnia, etc…
- Are you willing, for now, to accept discomfort if it gets you where you want to go in life?
  - What is the alternative????

Mindful Acceptance

- Describing VERSUS Evaluating
- Acceptance of all experience
  - Internal and external

Defusion

- Learning to become the observer of your experience, rather than the experience itself.
  - Must you BE your anxiety or can you be the observer of your anxiety?

Playing with Defusion Strategies

- Chessboard
- Bad News Radio
- Saying: "A thing worth doing is a thing worth doing poorly at first"
- Write thoughts on index cards and notice them surrounding you rather than being you
  - Are YOU these cards
  - Try to push the cards away
    - Does that allow you to focus on valued direction?
- Driving the bus
- Anxiety as the 3rd person in the room
- Find the "tricks of the mind" absolutely fascinating
- "I'm going to die!" replaced with "I'm having the thought I'm going to die" (or feeling, sensation, etc.)
- Give the thoughts or feelings a shape
- Radical acceptance of all thoughts and sensations (experience without judgment)
- Change the thoughts
  - Say slowly, quickly, sing them, APP distortion, record and listen, ERP/Habituation, silly voices
- You are not your mind, thoughts, sensations
- These thoughts and feelings are often cost of admission to being alive
- Do not think of a white bear
- Your mind is sending you POP-UP ADS FROM HELL
- Journaling
- Worry Time

Life isn't always comfortable---Accept and go with it rather than fight!

The Power of Paradox

- The most powerful weapon you have against social phobia!
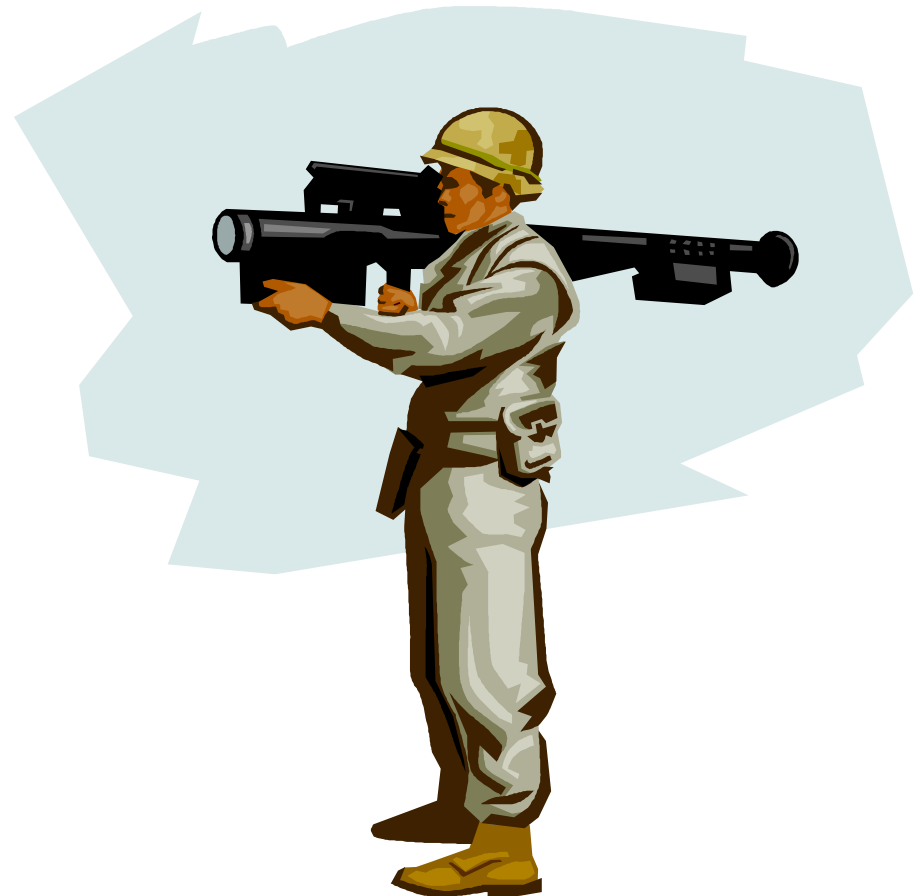
Victory is in doing YOUR part!

◦ We have no control over other people.

Behavioral Change

Facing your fears!!!

- Exposure with Response Prevention
  - "ERP"

- Behavioral Experiments

Facing Fears

- Desirable outcomes
  - Safety learning
  - Habituation
  - Practice acceptance and defusion
  - Build anxiety/uncertainty tolerance
  - Behavioral activation
  - Practice social skills
  - Moving forward with life goals

Breaking ERP into Steps

- Hierarchy

Goal: Ask someone out on a date.

Step 1: Join club/organization/activity where potential partners are

Step 2: Make eye contact and smile at three people

Step 3 Say "hello" to three people
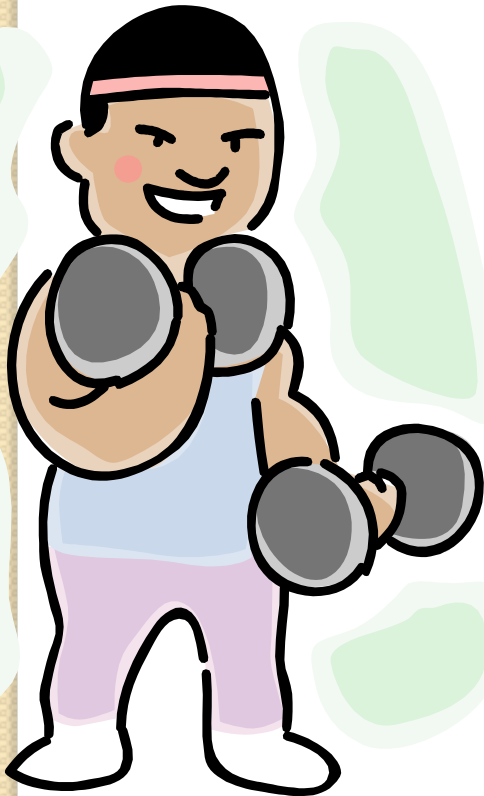
Step 4 one minute small talk

…and so on.

Another way to look at it:

- SOCIAL FITNESS TRAINING

Social fitness training has the goal of getting us in "social shape" in order to meet our social goals.

Like physical fitness, social fitness require that we "work out" regularly---ideally every day.

Maintaining a social fitness regimen

- What can I do for my "workout" today!

Exposure to and acceptance of imperfection

- People with social phobia are typically "Socially Perfectionistic"
  - May be perfectionistic in one or two ways
  - Standards towards self
    - I must not make a single social mistake!
  - Standards towards others
    - My friend SHOULD have noticed I was standing by myself and included me!

ERP may be aided by

Social Skills Training

Communication Skills
- Non-Verbal
- Verbal

- Small Talk
- Assertiveness
- Head-Held-High Assertions
- Friendship formation/Dating
  - Initiation, Deepening, and Maintenance

Grounding Exercises

- Slow rhythmic BREATHING
- Body Scan
- Mindfulness
- Compassionate Internal-Statement

- WARNING: use these techniques only to be fully present IN the situation---not to emotionally avoid.

Values Clarification

- ERP/behavioral experiments in the service of valued actions

- In other words---What do you really want???

If they get stuck on their way:

Problem-Solving Formula

1. Concretely define the problem
2. Brainstorm solutions
3. Pros/Cons of possible solutions
4. Select and Implement
5. Evaluate outcome
6. If outcome is favorable then you are done, if not then back to step 1

Group Treatment

Advantages of Group Format

- "Universality" (You are NOT alone in this!)
- Watch and learn from others
- Learn through helping others
- Convenient practice opportunities
  - Directly confront fears in a safe environment
- Peer pressure
- Public commitment
  - Making a goal public means you are more likely to follow-through
- Cost effectiveness

Group Treatment Goals

- Decrease Shame
- Go from avoidance to approach
- Social skills training and practice
- Skills to decrease suffering in social situations
- Identify and pursue valued social goals

The Group: Session by Session

Setting up the Group (AKA "herding cats")

Assessment/screening

- Screening issues
  - Age
  - Gender
  - Readiness for Group
    - Personality style (e.g. hostile/overly avoidant)
    - Co-Morbidity
    - Motivation
    - Asperger's

Agreement

- Confidentiality
- Attendance
- Promptness
- In-Session Participation
- Follow-Through with Weekly Tasks
- Dating
- Coming to the workshop drunk, high, (anxiolytics?)

Group Format

20 hours total

- 2 hour sessions spanning over 10 weeks

OR

- 2 x 4-hour sessions & 6 x 2-hour sessions spanning over 8 weeks

Weeks 1-5

- In the office

Weeks 6-8

- Out of office components

Weeks 9-10

- In the office

Treatment Approaches

- CBT / ERP / ACT

Structure of Sessions

1. Review and problem-solve "home practice" goal/s
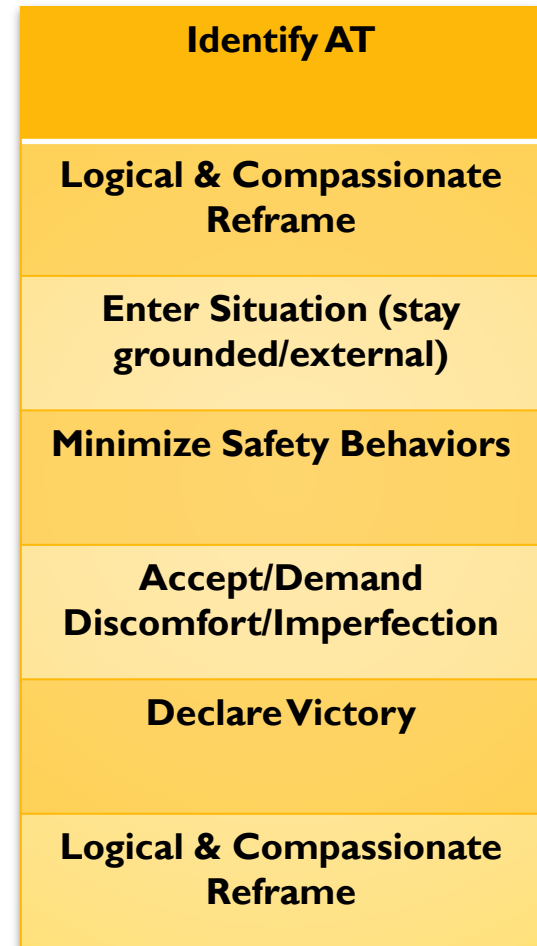2. Psycho-education and/or ERP activity
3. Set new goal

Session #1

- Complete SIAS Pre-Test

- Begin addressing shame

- Letter from past participant

- Introductions (First MAJOR challenge!)

- Orientation

- Motivation Bolstering Exercise (What has this cost you---turn into goals!)

- Begin Psycho-education

- Begin monitoring automatic thoughts
    - Activity: monitor ATs

- *Homework: (set expectations---last/first thing discussed/addressed EVERY time and you get out of it what you put into it)

    - Read provided articles

    - Record ATs

Session #2

- Call clients before to check on understanding of material, homework adherence, bolster motivation, and problem-solve (and the exposure)

- Review ATs

- Addresses issue of homework adherence and reinforces expectations

- check comprehension of material

- Continue basic psycho-education

- Logical and Compassionate Re-Frames/Self Compassion

- Activity: Have members come up with AT and corresponding LCR

  ○ Homework: Continue monitoring AT and Add LCR

Session #3

- Review HW/Problem-solve

- Social Phobia Treatment Model

- Behavioral Experiment Concept

- Social Fitness Model

- Internal vs. External Focus

  - Exposure Activities:

    - Self Disclosure in groups of 2 (maintain external focus)

    - Public speaking in front of group

- Homework:

  - Phone Tree (very structured at first)

  - Social Fitness Record Keeping Form

    - At least one weekly goal made public

Identify AT
Logical & Compassionate Reframe
Enter Situation (stay grounded/external)
Minimize Safety Behaviors
Accept/Demand Discomfort/Imperfection
Declare Victory
Logical & Compassionate Reframe

Session #4

- Review HW

- Refresher: importance of daily social fitness

- Acceptance & Defusion

    - Defusion (strategies)

    - Mindfulness exercise/s

    - Exposure Activity:

        - Driving the Bus

        - MAJOR challenge

- Imperfection Seeking

    - Exposure Activity:

        - Imperfection ERP (tongue twisters)

- *Homework:

    - Weekly Personal goals

    - Imperfection seeking

    - Encourage mindfulness practice

Session #5

Assertiveness Training & Practice

- Exposure Activity:
  - Role Plays

Head held high assertions

- Exposure Activity:
  - Personal practices via Role Play

Public Speaking

- Reaction to assertiveness practice

Homework:

- Weekly Personal Goals (assertiveness goal)

Aggressive	Passive-Aggressive
Passive	Assertive

Session #6 & #7

Social Skills Training

- Friendship Formation and Maintenance

- Small Talk Role-Plays ("speed dating")

Behavioral Experiments

- Exposure Activity:

  - Send members out based on personal goals/fears

  - Two groups of three with group leaders accompanying

  - Informal small talk along the way

Public Speaking

- Reactions to the behavioral experiments (what did you notice)

Homework:

- Weekly Personal Goals

- Attend a Social Event

Session #8

Review HW

Prep for Scavenger hunt

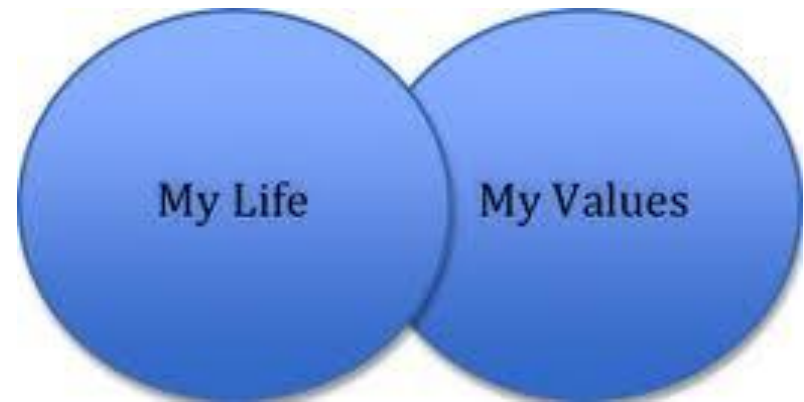Social Anxiety Scavenger Hunt

- Send members out in teams of two
- Points for completing exposure activities
- Team with the most points wins a prize

Homework:

- Values Clarification Card Sort
- Complete Form to prepare for 10 minute talk at upcoming session

Session #9

Review HW

Values Clarification

- Exposure Activity:
    - 10 minute talk (self disclosure)

Problem Solving

- Exposure Activity:
    - Small groups to brainstorm problem solving

Homework:

- Personal Practice based on value clarification/problem solving
- Weekly Goals

Session #10

Review HW

"Graduation Party"

Exposure: Bringing/Eating Food and Informal Talk

Dealing with Setbacks

Exposure: Give and Receive Compliments

Letter to next group member/Complete SIAS Post-Test

Exposure: Read letters ("graduation speech")

MASSIVE EXPOSURE: Karaoke!!!

- You have now done the hardest thing---now you can accomplish ANY other social anxiety challenge!

Problems we have encountered

- Last minute drop-outs
- Missing sessions
- Homework follow-through
- Not calling other members
- Selecting too easy or too hard goals
- Bringing A-game (safety behavior)
- Interfering co-morbidity