Dr. Pam Garcy

REBT Applied to Patients with Social Anxiety Disorder (Social Phobia)

Introduction

• Psychologist & life coach in practice 17 years
• Majority of my practice is helping adults with depression, social anxiety and marital problems.
• I run 4 groups (SMART, Fearless, REBT/CBT, and Social Mastery) & conduct 3 workshops a year
• I run a mixed-gender social mastery group for adults with social anxiety—last members just graduated & another group is forming
Married to Roger 23 years

Our kids (2 years ago)
Overview

• Symptoms of social anxiety, how it is a problem, comorbidity
• Using research to inform treatment
• REBT concepts and techniques to use
• Demonstration if there’s time
Symptoms of Social Anxiety

- Persistent fear of one or more social situations
- Fear of humiliation/embarrassment/negative evaluation in these
- Anxiety or panic in response to the social situation
- Avoidance or endurance w/distress
- Significant interference w/normal routine, occupation, academics, relationships OR marked distress about having the anxiety

Problematic Performance Situations

- Public speaking
- Writing in front of others
- Eating in front of others
- Playing an instrument/sport
- Entering a room of people
- Using a public restroom
Problematic Social Situations

- Socializing, small talk, eating w/others
- Initiating or maintaining a conversation
- Asking for directions, help, instructions, clarification (at school, work, in stores, etc.)

Comorbid Disorders

Most commonly runs with
- Depression
- Substance Abuse or Dependence
- Eating Disorders
Cognitive Model for Social Anxiety

• “The cognitive model applied to social anxiety and social phobia proposes that patients focus their attention on the image they believe that others have of them and their performance and on their subjective sensations in socially evaluative situations. As a result, they become oblivious to objective social cues.”

• “Research has confirmed that these patients negatively distort their actual evaluation by others and that their recollection of social experiences is also negatively biased. Furthermore, the patients’ anxiety increases and their objective performance decreases when they perceive negative, as opposed to neutral, images during exposure to socially threatening situations.” Beck, Arch Gen Psychiatry. 2005; 62:953-9

Individualized Treatment Planning in the Context of Empirical Support

• focus their attention on the image they believe that others have of them: Challenge their idea of the image others have of them

• and on their subjective sensations in social situations: Help them to re-evaluate and cope with these sensations

• oblivious to objective social cues: Work on them paying attention to social cues that are (1) positive (2) comfort enhancing
(application examples, continued)

- negatively distort their actual evaluation by others: get them to record their evaluations and look for contrary evidence
- recollection of social experiences is also negatively biased: get them to record and reread positive social experience; increase awareness of their bias
- patients’ anxiety increases and their objective performance decreases: help them search for examples of this to enhance motivation

CBT + Transdiagnostic model for anxiety

- Patients suffering from anxiety disorders showed the most improvement when treated with cognitive-behavioral therapy (CBT) in conjunction with a "transdiagnostic" approach -- a model that allows therapists to apply one set of principles across anxiety disorders.
- The findings are the result of a decade of research, four separate clinical trials and the completion of a five-year grant funded by the National Institute of Mental Health.
Compensating for a Misregulating Brain Through Exposure

- Functional magnetic resonance tomography was used to measure the changes in the brain activity of socially phobic patients and healthy test subjects while they were looking at faces (confrontation simulation).
- Permanent confrontation has a diminishing effect on anxiety
- "The study demonstrated that people with social phobia initially exhibit greater activity in the amygdala and in the medial, prefrontal cortex of the brain, however after a few faces this activity recedes."
- Led to a solution to the "problem" being found more quickly in the brain & brain bypassed the normal anxiety circuit, including parts that are usually over-stimulated, a characteristic typical of anxiety.
- Sladky (researcher): "We therefore concluded that there are functional control strategies even in the emotional circuits of people with social phobia, although the mechanisms take longer to take effect in these individuals."
- Medical University of Vienna (2013, January 30). Even the brains of people with anxiety states can get used to fear. ScienceDaily.

Rational Emotive Behavior Therapy

- Founded by Dr. Albert Ellis in 1955
- Preceded Cognitive Therapy, which followed in 1960’s, founding by Aaron Beck
- Ellis taught that it is what we allow ourselves to believe without question that leads us to unhealthy negative emotions and maladaptive behaviors
A-B-C Theory of Emotion

• A = Activating Event or Adversity
• B = Beliefs about A
• C = Consequences (emotional and behavioral)

Following the identification of the ABC’s, we can use cognitive restructuring to help the patient to think scientifically about their thinking. This is called “D” or disputation.

Core Beliefs of Social Anxiety

• Ellis and Beck both talk about Core Beliefs.
• Ellis’ says that there are three basic musts that lead to all psychopathology and this includes social anxiety.
• Musts on the self, others, life conditions
• “I must perform perfectly”
• “You must love me”
• “Life must be hassle free”
Disputation Questions

• We can help our patients to question any beliefs that are getting in the way, one at a time: surface or core beliefs
• Ask questions to challenge (1) the validity of the belief (2) the utility of the belief (3) the logic of the belief
• What is the evidence for/against?
• How’s this idea working for you/against you?
• What is an alternative view?

Effective New Ways of Thinking

• If the client is able to answer these disputation questions, they may be ready to develop an effective new way of thinking about their situation
• Example: It is uncomfortable to eat in front of others, but I can stand it, it isn’t the worst thing in the world, and others are probably focused more on their food than on me.
Shame-Attacking

• This is an in-vivo exposure exercise developed by Ellis. The person attacks their shame through cognitive-behavioral flooding.
• Huge benefit if the patient is willing
• Ask the patient to do something that is not illegal or immoral, but that will be shameful to him/her
• Ask the patient to talk him/herself out of the shame until the patient feels unashamed

Strength Bombardment

• Have patients write a list of their social strengths
• You can also do this
• Go over it with them
• Even more powerful in groups
• Have each person talk about successes while others write down positives & later read back.
Mirror work: Building self-acceptance

Study showed, if you speak and encourage yourself in front of a mirror, you’ll be stronger mentally.

Social Skills Training + Feedback

• Ask the patient what areas they have a difficult time with socially
• Teach the skills that are lacking
• Examples: eye contact, smiling, introductions, using peoples’ names, small talk, personal space, handshakes, asking questions, inviting, accepting no, saying no, etc.
Relaxation Training

- Teach patients to use diaphragmatic breathing to reduce sympathetic activation and encourage parasympathetic response
- Helpful to do this prior to imaginal exposure & during this exposure to help the patient desensitize imaginarily

Group Therapy

- Offers multiple advantages including
- Exposure
- Practice
- Feedback
- Skill training & learning through modeling
- Affirmation & connection
- Ideas from others who are in their shoes
Challenge of social anxiety groups

• The biggest challenge is avoidance of exposure to feared situations—individual therapy is often required to prepare for and support group work
• This is a huge challenge & so it is often difficult to get a group together
• Have members sign a commitment to participate for at least 8 sessions and have them pre-pay half at the beginning of each 4-session cluster to diminish avoidance

When to Refer to a Psychologist who specializes in REBT & Social Anxiety
When you have someone who has impairment that is causing distress who
1. Wants to learn and practice skills
2. Patients with poor response to anti-depressants who also want to avoid or limit use of anxiolytics through skill acquisition
3. Patients with persistent beliefs who need additional support in challenging these
4. Patients with comorbid diagnoses who would benefit from REBT or CT approaches to therapy
Questions/contact info

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