Approaching Social Anxiety: Leading an Exposure-Based Group

Christina Kirsch, Psy.D.
Kelsey Johnson, LPC, NCC

Coping Skills

- Cognitive restructuring
- Relaxation strategies
- Social skills
- Problem solving skills
Distress Tolerance Coping Model

● For older teens and adults, the goal is not to STOP anxious feelings but to experience and tolerate them
  ○ Anxiety is a normal part of life
  ○ Those with anxiety often magnify the severity of stressors while minimizing their ability to cope with stressors – exposures provide an opportunity to improve their perception of their ability to cope with distress
  ○ By facing high levels of distress and successfully completing an exposure, teens experience reduced fear of distress and, consequently, reduced functional impairment associated with anxiety

When to start exposures?

● Who is appropriate for exposures?
  ○ Those diagnosed with social anxiety whose anxiety impairs their social functioning in at least one domain
  ○ Those with secondary depression perpetuated by anxiety’s impairment

● Who is not appropriate for exposures?
  ○ Active suicidal ideations or homicidal ideations
  ○ Recent suicide attempts or ongoing self-injurious behaviors
  ○ Individuals with active psychosis
  ○ Individuals who are primarily depressed

● Exposures are more about desensitization vs. counter conditioning
  ○ Goal is not to learn to feel calm in the presence of those stimuli but to learn that you can feel distressed and successfully cope
  ○ Skills are nice but not required for successful exposures
Getting Buy-In

- Psychoeducation regarding the cycle of avoidance
  - For older teens, discuss the distress intolerance model
  - For children help them identify how avoidance has made their anxiety worse
- Identify times that they have unknowingly used an exposure technique
  - For example – their first appointment with you, their first day at school, sitting in your waiting room, etc.
- What is their life worth living? Do current patterns help them achieve those goals?

Psychoeducation

- Review physiological manifestations of anxiety
- Introduce concept of thinking, feeling, doing
- Review the cycle of avoidance
- Discuss concept of approach vs. avoid
Building a Fear and Avoidance Hierarchy (FAH)

- Identify situations that elicit anxiety
- Collaboratively generate a hierarchy of those situations
- Ideally the hierarchy should begin with something anxiety provoking but achievable – build up some victories to start

Gathering SUDS

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not at all</td>
</tr>
<tr>
<td>25</td>
<td>A little bit</td>
</tr>
<tr>
<td>50</td>
<td>Some</td>
</tr>
<tr>
<td>75</td>
<td>A lot</td>
</tr>
<tr>
<td>100</td>
<td>Very, very much</td>
</tr>
</tbody>
</table>
Fear and Avoidance Hierarchy

My Fear and Avoidance Hierarchy

<table>
<thead>
<tr>
<th>Situation</th>
<th>Fear</th>
<th>Avoidance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fear and Avoidance

Constructing Exposures

- Start small and continue to work up the scale
- Identify the underlying fear to better focus your exposure
  - For example, a child afraid of public speaking is usually not afraid of public speaking itself but the possibility of embarrassing themselves, saying something “stupid”, or appearing anxious in front of the group
- “Double exposures”
- Get creative!
  - Use technology, coworkers, and public space near your office
  - Don’t be afraid to get silly
- In-Vivo, Interoceptive, and Imaginal Exposures
Exposure Form

- Double Exposures
- Leader participation in exposures
- Group exposures
Exposures over TeleHealth

- Considerations:
  - Be aware of avoidance methods: turning off camera, using chat to participate, aiming camera at ceiling away from face
  - Identify if and how this is problematic
    - Participation requirements for school
    - Social connection
    - Use the self - “I’d really like to see you face while we talk today!” or “Do worry thoughts get in the way of turning the camera on?”

- Planning - be creative!
  - Ordering delivery over the telephone instead of using an app
  - Facetime with a family member or friend you haven’t seen recently
  - Speaking in virtual class or keeping camera on face during class
  - Wear a “wacky hair-do” or outfit to therapy session
  - Give a “Zoom” presentation

Role Play
Parent Involvement

- How much do we involve the family?
  - Anxiety disorders are often heritable – it is likely that others in the family have anxiety disorders
  - Does the family system perpetuate the child’s anxiety and behavioral avoidance patterns?
- Provide psychoeducation to help the family support the child in treatment
- Assistance with exposures out of session
- Skills coaching
- How to identify and disrupt avoidance patterns

Parent involvement (cont.)

- Manage your own anxiety
  - Does allowing your child’s (or client’s) avoidance negatively reinforce you through removing your anxiety?
  - “Make sure” parenting - jumping in to “make sure” tasks are completed can communicate “I don’t think you can do it” to teen
  - Coach parent on how to coach teen: explain exposure process to parent to help guide through situation
Behavior Management

- Promote approaching versus avoiding with reward
- Remove positive reinforcement/limit negative reinforcement for avoidant

School Avoidance

- Basic behavioral recommendations
  - Be firm
  - Be consistent
- Exposures to get them back in school
- Making a structured but dynamic plan driven by child need and response to intervention
  - 504 Plan
  - Not escaping demand but changing demand to meet child where they are at
  - This is a temporary plan in reducing academic engagement that allows for long-term participation and engagement in learning
Reintegration to in-person situations

● Plan for success - start early!
  ○ Reduce vulnerability by stabilizing sleep schedule and self-care well before returning to school

● Validate realistic worries and frustrations
  ○ Many kids have voiced frustrated of “open then closing” of in-person classes or worries about a COVID exposure

● Communication between therapist, family, and school
  ○ Provide strategies for tolerating anxiety in school - are these strategies reasonable for school to accommodate? What needs to be communicate to translate skills from session to school setting?