

Social Anxiety Disorder and *Perfectionism*

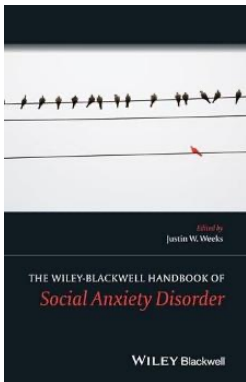
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University of Nebraska Medical Center



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NPA 2026 Fall Conference: Social Connection, Risk, and Resilience Across Contemporary Clinical Contexts





Financial Disclosure

In accordance with NPA's conflicts of interest policy, I wish to disclose that I am the editor of the *Wiley-Blackwell Handbook of Social Anxiety Disorder* (1st edition; and the 2nd edition, which will be published Spring of 2027), works that will be cited and discussed as part of today's presentation. Because I receive royalties from sales of this publication, this represents a potential financial conflict of interest. References to this publication are included because they are relevant to the educational objectives of this presentation, and I attest this presentation is balanced, evidence-based, and free from commercial bias. Concepts presented are based on current research, clinical literature, and professional practice rather than on any single publication, and alternative perspectives and relevant literature beyond my work are included where appropriate. No purchase of this publication is expected or required.



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Learning Objectives

- Attendees will learn:
 - about **social anxiety disorder (SAD)** and **perfectionism**
 - of ever-growing findings linking SAD and perfectionism
 - the practical implications and effects of the overlap between social anxiety and perfectionism for:
 - Assessing • Conceptualizing
 - Diagnosing • Treating SAD



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Outline

- Social anxiety disorder (SAD)
- Perfectionism
- Intersection of Seminal Cognitive-Behavioral Models of SAD with Perfectionism
- Fears of Evaluation (FOE)
- Empirical Links between SAD, FOE, and Perfectionism
- Clinical Applications
 - Exposures
 - Cognitive Restructuring
 - Perfectionism-Specific



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Social Anxiety Disorder (SAD): Overview

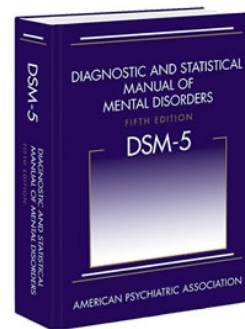


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Social Anxiety Disorder (condensed)

- A. Marked fear/anxiety of 1+ **social situations**, with:
- B. FNE, and/or showing anxiety
- C. (almost) always provokes fear/anxiety
- D. Actively avoided or endured with intense fear/anxiety
- E. Fear/anxiety/avoidance is out of proportion to actual danger
- F. Duration = “persistent” (i.e., **≥ 6 months**)
- G. Causes significant distress/impairment

American Psychiatric Association, 2013; 2022



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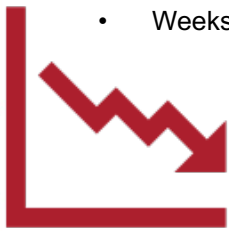
Assessment of SAD



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Social Anxiety Disorder: Metrics

- Social Interaction Phobia Scale (SIPS)
 - Carleton et al., 2009; Menatti, Weeks, et al. (2015)
- Brief Fear of Negative Evaluation-Straightforward (BFNE-S)
 - Rodebaugh et al., 2004; Weeks et al., 2005
- Fear of Positive Evaluation Scale (FPES)
 - Weeks et al., 2008; 2012



SIPS	≥ 20
BFNE-S	≥ 25
FPES	≥ 22

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Social Anxiety Disorder: Metrics

- Mini-Social Phobia Inventory (Mini-SPIN)
 - Connor et al., 2001; Weeks, et al. (2007)

Mini-SPIN

≥ 6

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Comprehensive Diagnostic Assessment

- Mini International Neuropsychiatric Inventory (MINI)
 - Sheehan (2016)
- Anxiety and related Disorders Interview for DSM-5 (ADIS-5)
 - Brown & Barlow (2014)
- Structured Clinical Interview for DSM-5 (SCID-5)
 - First & Williams (2021)

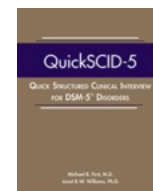
M.I.N.I.

MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW

English Version 7.0.2

For

DSM-5



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Comprehensive Diagnostic Assessment

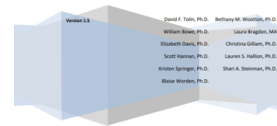
- **Diagnostic Interview for Anxiety, Mood, and OCD and related Neuropsychiatric Disorders (DIAMOND)**

- Tolin et al. (2023)

Institute of Living/Hartford HealthCare Corporation

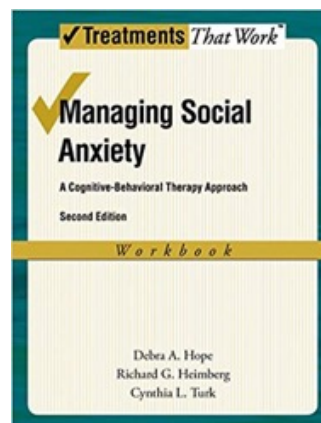
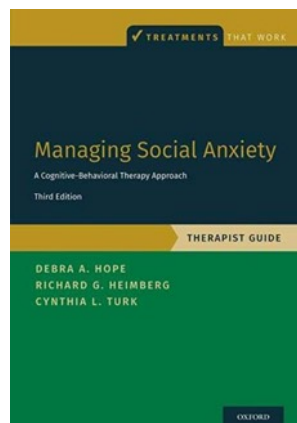
Diagnostic Interview for Anxiety, Mood, and OCD and Related Neuropsychiatric Disorders (DIAMOND)

Patient name: _____
Date of birth: _____ Age: _____
Interviewer: _____
Date: _____



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Social Anxiety Disorder: CBT Protocols



16 Sessions



12

SAD: Typical feared situations



13

SAD: Typical feared situations



14

SAD: Typical feared situations



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Exposure Planning: FAH

	Situation	Anxiety (0-100%)
1	_____	100
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	30



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Do You 'Get' Social Anxiety?

Thought Experiment

- Imagine the most humiliating situation you've ever been in
 - (No positive feelings about it)
- Write down 3 sentences that capture it



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Do You 'Get' Social Anxiety?

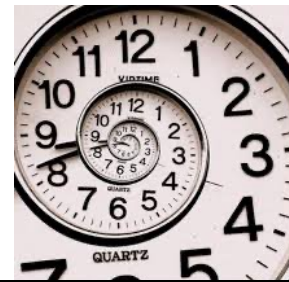
Imagine this same thing happening again every time you were in a related social situation



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Do You 'Get' Social Anxiety?

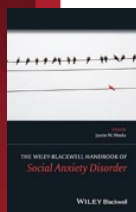
Now, imagine being plagued by this experience before and after any other related social situation is nearing



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SAD: Typical feared situations

- Evaluative concerns for any reason
- Medical conditions (e.g., scars, obesity)
 - E.g., see APA (2013, 2022); Edwards, Kelly, & Weeks (in press)
- Discrimination
 - E.g., see Meidlinger & Hope (2014); Ralston et al. (in press)
- If a patient is *concerned about what others think of him/her/them*, SAD should be considered as a diagnosis



American Psychiatric Association, 2013; 2022

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Uncovering SAD



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Uncovering SAD

- How many close friends do you have?
 - Are you satisfied with that number of close friends?
- Are you dating/in a romantic relationship currently?
 - Do you wish that you were?
- Are you satisfied with your job?



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Social Anxiety Disorder: Misc.

- Social “anxiety disorder” vs. social “phobia”
- SAD ~ = fear of public speaking!
- Social anxiety is in many ways adaptive
- *Selective mutism* increasingly recognized as a severe form of SAD
- Fear of evaluation *in general*



Ledley, Erwin, Morrison, & Heimberg (2017)

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Social Anxiety Disorder: Impact of Pandemic?

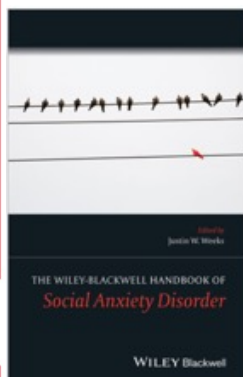
International Journal of
Environmental Research
and Public Health



Systematic Review

The Influence of the COVID-19 Pandemic on Social Anxiety: A Systematic Review

Reuben Kindred  and Glen W. Bates *



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* Correspondence: gbates@swin.edu.au

Abstract: The COVID-19 pandemic has resulted in negative mental health outcomes throughout the world, and its impact on social interactions and relationships is likely to be evident in problematic social anxiety. This systematic review qualitatively synthesized data from studies that have reported on the effects of the pandemic on social anxiety. A systematic search of Web of Science Core Collection, Embase, PsychINFO, Scopus, EBSCOhost, Cochrane Central Register of Controlled Trials, and Proquest Central—Dissertations and Theses was conducted, with thirty-three studies meeting the inclusion criteria. The results suggest that social anxiety has been heightened in the general population due to the pandemic, with women and low-income earners being especially vulnerable. Other contributing factors include impaired coping strategies, lower socio-emotional well-being, limited support networks, and contraction of the SARS-CoV-2 virus. Individuals with a Social Anxiety Disorder diagnosis may be at risk of a deterioration of mental health in general. Limitations of the literature reviewed include the predominance of cross-sectional study designs, which limit causal inferences are limited. Additionally, associations may be inflated as many studies have not accounted for mediating variables. Taken together, the research suggests that social anxiety, either pre-pandemic or arising due to the pandemic environment, has contributed to a variety of negative mental health outcomes related to social anxiety.

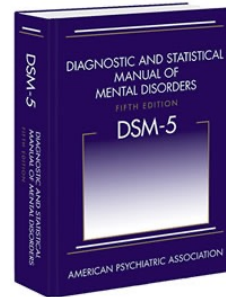
Keywords: coronavirus; COVID-19; general population; lockdown; pandemic; prevalence; anxiety; social anxiety; social phobia; systematic review



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Social Anxiety Disorder: Culture-specific Presentations

- ***Taijin kyofusho***
 - predominantly among East Asian cultures, particularly Japan and Korea
 - **offensive** subtype
 - fears focus more on offending or discomforting others

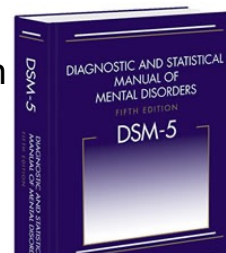


American Psychiatric Association, 2013; 2022

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Social Anxiety Disorder: Culture-specific Presentations

- ***Aymat zibur***
 - “fear of the community,” among ultra-orthodox Jewish men in Jerusalem
 - fear of speaking about religious matters or leading religious rites

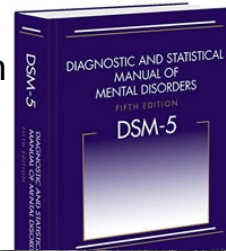


American Psychiatric Association, 2013; 2022

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Social Anxiety Disorder: Culture-specific Presentations

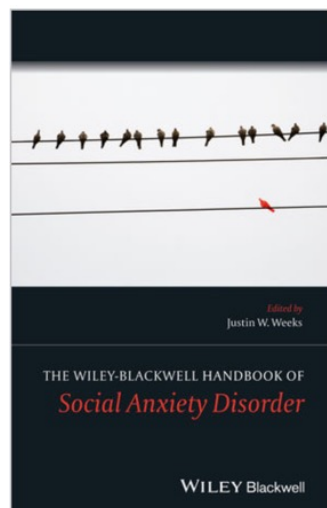
- ***Aymat zibur***
 - “fear of the community,” among ultra-orthodox Jewish men in Jerusalem
 - fear of speaking about religious matters or leading religious rites



American Psychiatric Association, 2013, 2021

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Social Anxiety Disorder: Culture-specific Presentations



Meidlinger & Hope (2014); Ralston et al. (in press)



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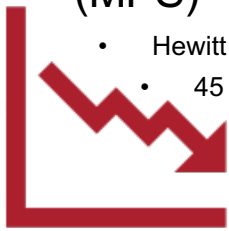
Perfectionism: Overview



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Perfectionism: Metrics

- Frost Multidimensional Perfectionism Scale (FMPS)
 - Frost & Marten, 1990
 - 35 items
- Multidimensional Perfectionism Scale (MPS)
 - Hewitt & Flett, 1990
 - 45 items



Sessions 1, 9, 16



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Perfectionism: Metrics

- Frost Multidimensional Perfectionism Scale - Brief (FMPS-B)
 - Burgess et al., 2016
 - 8 items total



Sessions 1, 9, 16



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FMPS

- Concern over mistakes and doubts about actions
- Excessive concern with parents' expectations and evaluation
- Excessively high personal standards
- Concern with precision, order and organization



Frost et al., 1990



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MPS

1. Self-Oriented Perfectionism

- Beliefs that striving for perfection and being perfect are important
- Characterized by:
 - setting excessively high standards
 - having a “perfectionist motivation” for oneself

Hewitt & Flett, 1990

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MPS

2. Other-Oriented Perfectionism

- Beliefs that it is important for others to strive for perfection and be perfect
- Expect others to be perfect, and are highly critical of others who fail to meet these expectations

Hewitt & Flett, 1990

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MPS

3. Socially Prescribed Perfectionism

- Tendency for one to believe that others *expect* perfection from oneself



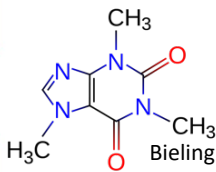
Hewitt & Flett, 1990



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Structure of Perfectionism

- Factor analyses of the FMPS and MPS have revealed two higher-order factors of Perfectionism:
 - **Strivings**
 - **Concerns**



Bieling et al., 2004; Frost et al., 1993; Limburg et al., 2016

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Perfectionistic Concerns

- Aspects associated with *FNE*, feelings of discrepancy between one's *expectations* vs. *performance*, and negative reactions to imperfection
 - Concerns over mistakes
 - Doubts about actions
 - Parental expectations/criticism
 - Socially prescribed perfectionism



Gotwals, et al., 2012

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Perfectionistic Strivings

- Associated with self-oriented striving for perfection and the setting of very high personal performance standards
 - Personal standards
 - Organization
 - Self-oriented perfectionism
 - Other-oriented perfectionism



Gotwals, et al., 2012

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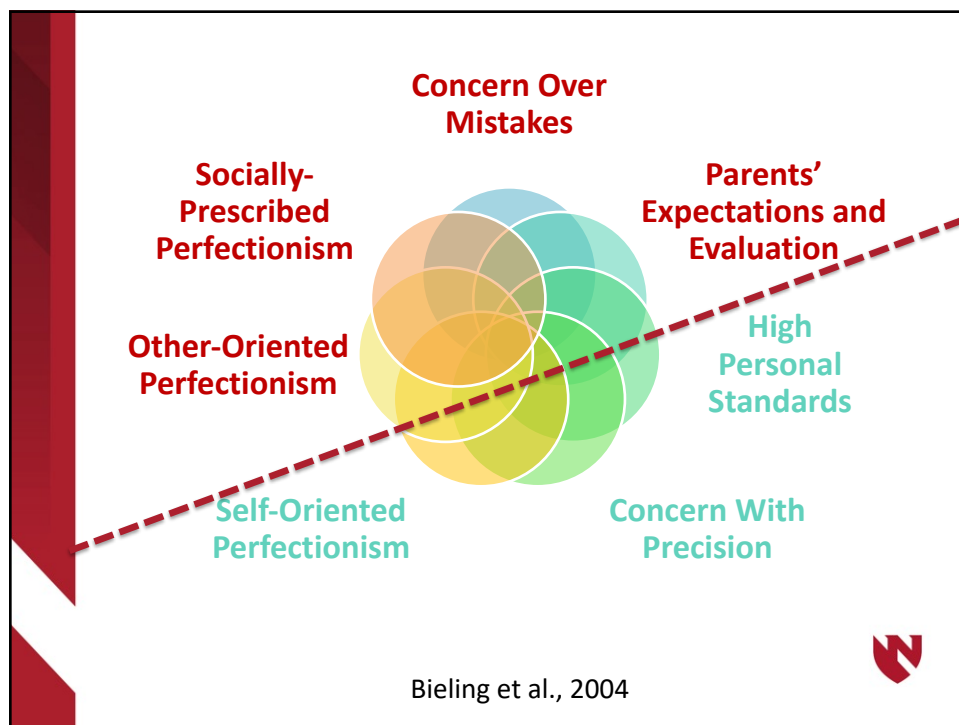
Alternative Perfectionism Structure

- Maladaptive Perfectionism
- Adaptive Perfectionism

Bieling et al., 2004



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Maladaptive Perfectionism

- Combines unrealistic standards of achievement with hyper-self-criticism for failing to meet them
- MP relates positively with anxiety overall and depression

Bieling et al., 2004



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Adaptive Perfectionism

- Healthy drive for personal achievement



DiBartolo, Li, & Frost, 2008



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Cognitive-Behavioral Models of SAD



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Clark & Wells (1995)

– Standards of social performance are excessively high

- Akin to the *self-prescribed P*

Hewitt & Flett, 1991

- SA Individuals can believe that they will be judged if they are not “perfect”



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Clark & Wells (1995)

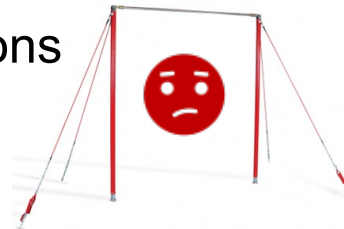
- Conditional beliefs regarding social evaluation
 - Akin to *concern over mistakes*
 - » Frost, 1990
 - SA Individuals tend to perceive that they are likely to make social mistakes that result in **disastrous** personal consequences



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Clark & Wells (1995)

- Unfavorable core beliefs
 - Akin to *doubts and actions*
 - Individuals are more likely to hold unfavorable beliefs about themselves and their abilities in social situations



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Rapee & Heimberg (1997)

- Negatively-biased mental representation of the self
- Perceived high standards from others + *inability* to meet those standards
 - Socially-prescribed perfectionism

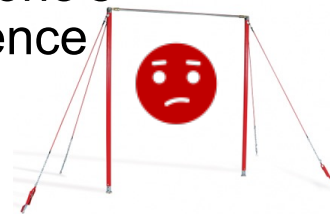


Heimberg, Brozovich, & Rapee (2014)

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Rapee & Heimberg (1997)

- Socially-prescribed perfectionism
 - the belief/perception that others expect one to be perfect
 - Hewitt & Flett, 1991
- Doubts about actions
 - Doubt the quality of one's actions and competence
 - » Frost, 1990



Heimberg, Brozovich, & Rapee (2014)

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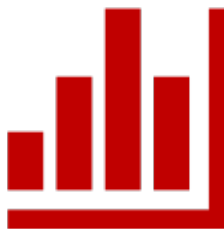
Empirical Links: Social Anxiety and Perfectionism



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SAD vs. Controls

- SAD patients have consistently been found to endorse higher levels of perfectionism overall in comparison to control groups



Antony et al., 1998; Juster et al., 1996; Wheeler et al., 2011

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SA: Patterns Of Perfectionism

- Perfectionistic *Concerns*
 - Socially prescribed perfectionism
 - Doubts about actions
 - Concerns over mistakes
 - More consistently linked to SA

» Antony et al., 1998; Frost et al., 1993; Levinson et al., 2015; Stoeber & Otto, 2006; Wheeler et al., 2011



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SA: Patterns Of Perfectionism

- Perfectionistic *Strivings*
 - Equivocal link
 - Some significant relations with SA
 - » E.g., see Juster et al., 1996; Saboonchi & Lundh, 1997
 - Some null relations with SA
 - » E.g., see Levinson et al., 2013; Nepon et al., 2011



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Maladaptive Perfectionism

- Relates strongly to SA
- *Perfectionistic standards* have a weaker, inverse relationship with SA

Shumaker & Rodebaugh, 2009



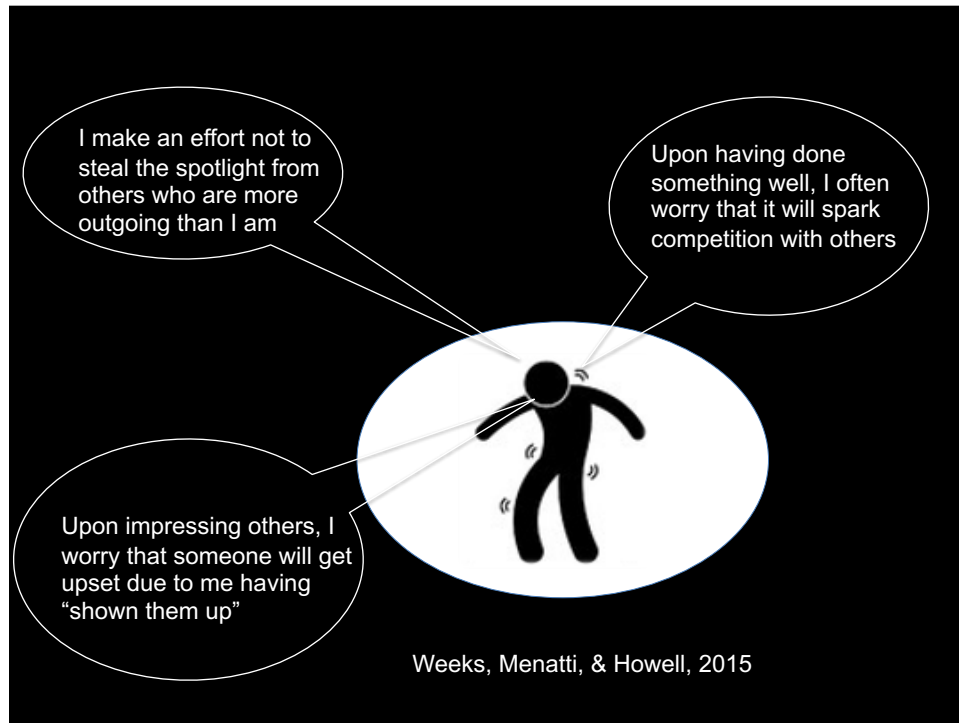
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Fears of Evaluation

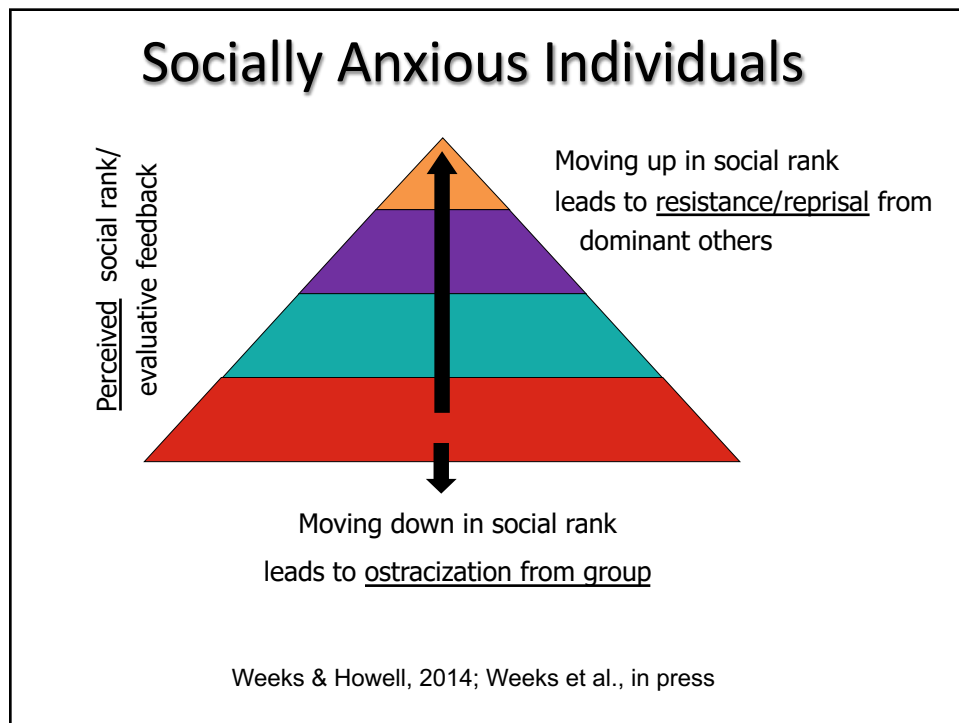
The Bivalent Fear of Evaluation Model of Social Anxiety



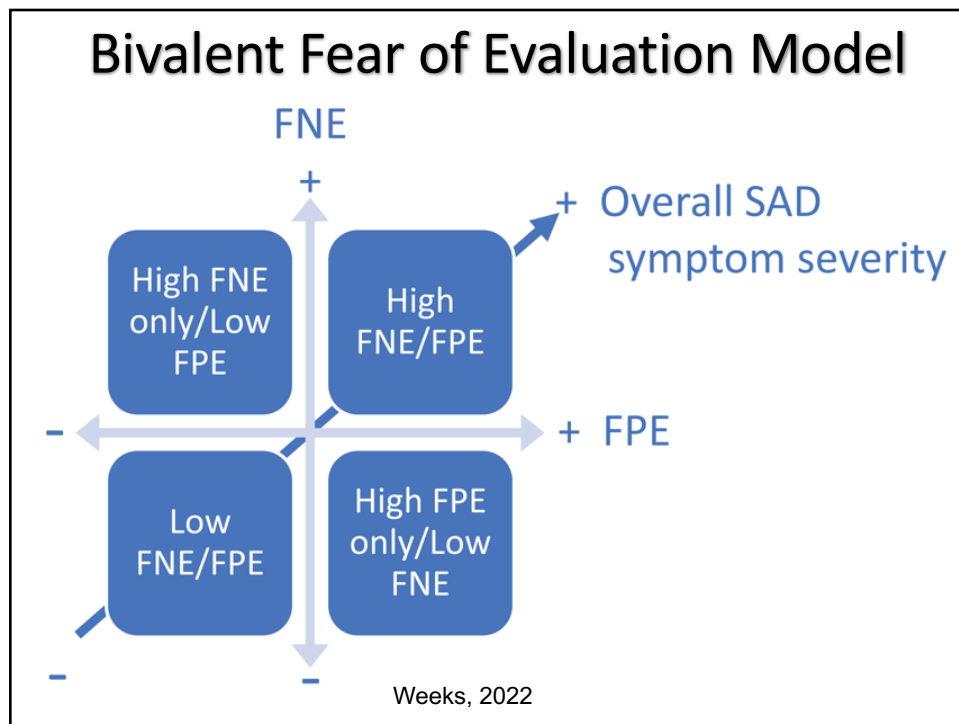
54



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REVIEW

Malaise with praise: A narrative review of 10 years of research on the concept of Fear of Positive Evaluation in social anxiety

Contents lists available at [ScienceDirect](#)

Journal of Affective Disorders

journal homepage: [http://www.elsevier.com/locate/jad](#)

Review article

Fear of positive evaluation and social anxiety: A systematic review of trait-based findings

Clinical Psychology: Science and Practice

© 2022 American Psychological Association
ISSN: 0969-5893

2022, Vol. 29, No. 4, 352–369
<https://doi.org/10.1037/cps0000882>

The Role of Fear of Positive Evaluation in Social Anxiety: A Systematic Review and Meta-Analysis

S. I. Cook, S. Moore, C. Bryant, and L. J. Phillips
Melbourne School of Psychological Sciences, The University of Melbourne

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Behavioural and Cognitive Psychotherapy, 2020, page 1 of 6
doi:10.1017/S1352465820000491

BRIEF CLINICAL REPORT

Targeting fear of positive evaluation in patients with social anxiety disorder via a brief cognitive behavioural therapy protocol: a proof-of-principle study

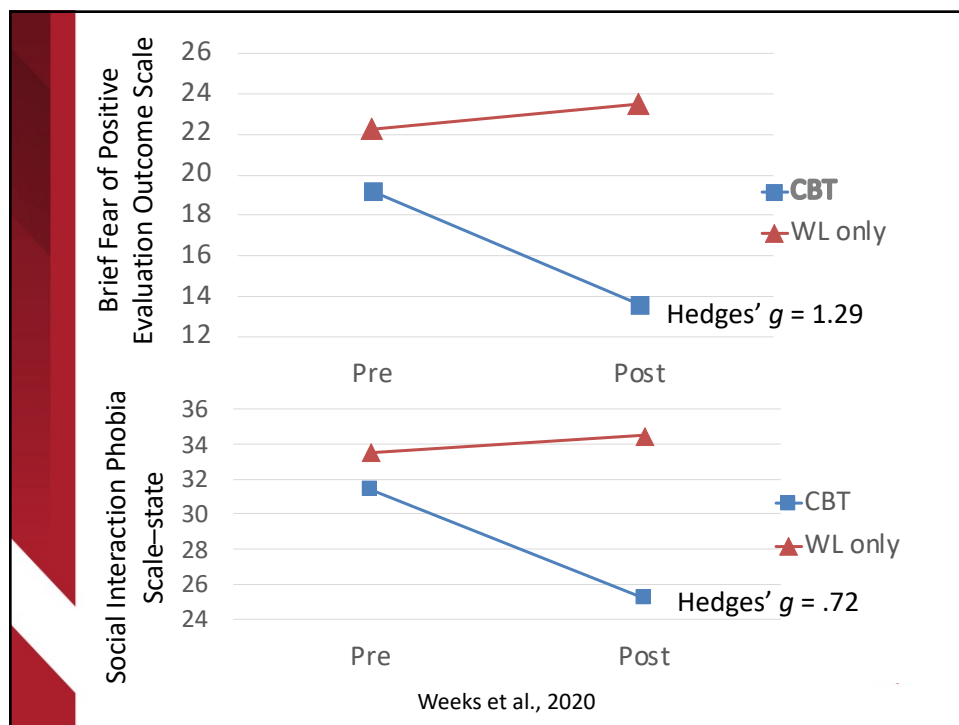
Justin W. Weeks ^{1,*}, M. Taylor Wilmer ², Carrie M. Potter ², Elizabeth M. Waldron ², Mark Versella ², Simona C. Kaplan ², Dane Jensen ², and Richard G. Heimberg ²

¹Nebraska Medicine, Department of Psychology, University of Nebraska Medical Center, Department of Psychiatry, Omaha, NE 68198-4185, USA and ²Adult Anxiety Clinic of Temple University, Philadelphia, PA, USA
*Corresponding author. Email: juweeks@nebraskamed.com

(Received 4 May 2019; revised 19 May 2020; accepted 8 June 2020)

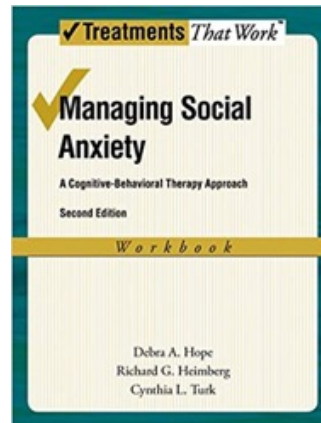
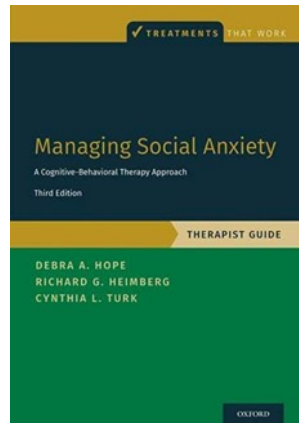
Abstract
Background: Our aim was to develop a brief cognitive behavioural therapy (CBT) protocol to augment treatment for social anxiety disorder (SAD). This protocol focused specifically upon *fear of positive evaluation* (FPE). To our knowledge, this is the first protocol that has been designed to systematically target FPE.
Aims: To test the feasibility of a brief (two-session) CBT protocol for FPE and report proof-of-principle data in the form of effect sizes.
Method: Seven patients with a principal diagnosis of SAD were recruited to participate. Following a pre-treatment assessment, patients were randomized to either (a) an *immediate* CBT condition ($n = 3$), or (b) a comparable wait-list (WL) period (2 weeks; $n = 4$). Two WL patients also completed the CBT protocol following the WL period (*delayed* CBT condition). Patients completed follow-up assessments 1 week after completing the protocol.
Results: A total of five patients completed the brief, FPE-specific CBT protocol (two of the seven patients were wait-listed only and did not complete *delayed* CBT). All five patients completed the protocol and provided 1-week follow-up data. CBT patients demonstrated large reductions in FPE-related concerns as well as

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Social Anxiety Disorder: CBT Protocols



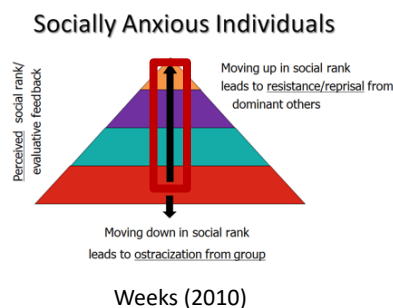
16 Sessions



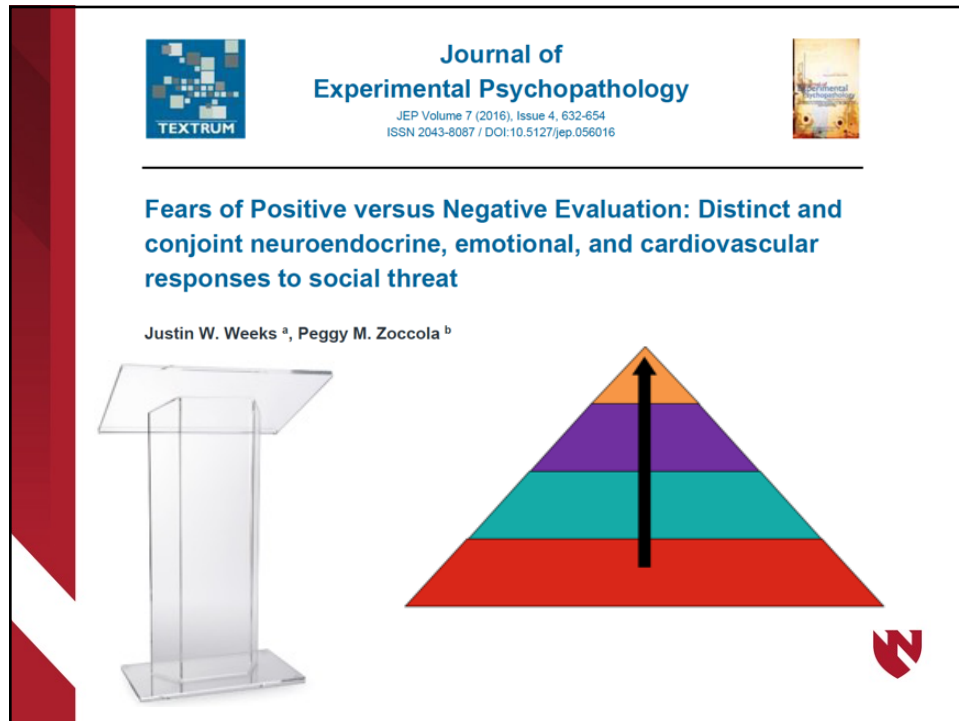
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Disqualification of Positive Social Outcomes

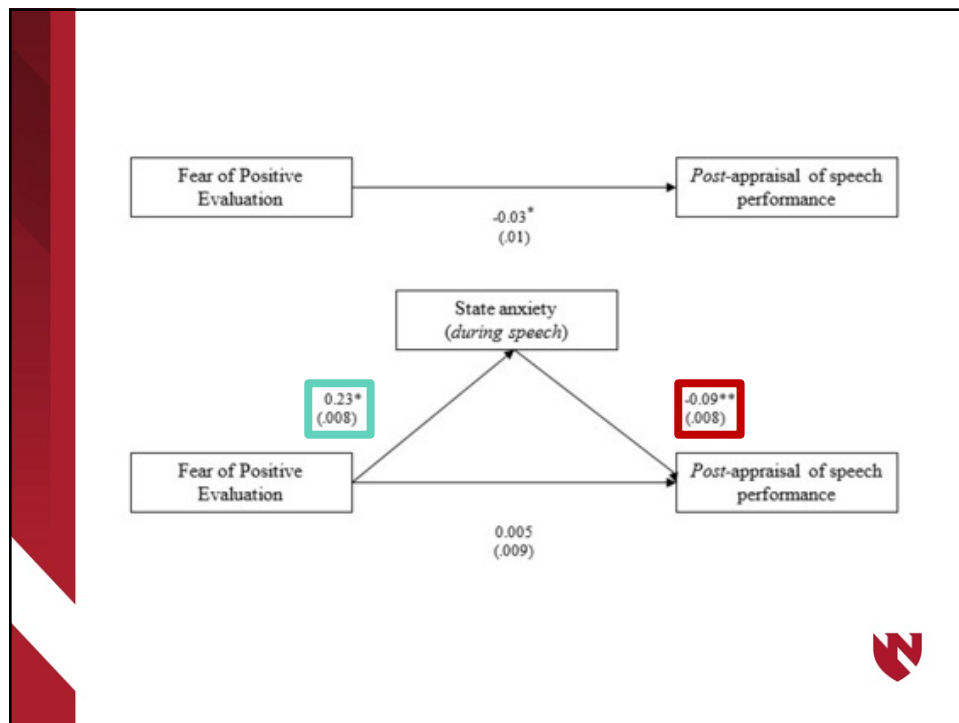
- Frequently reported by SAD patients
- Obstacle to treatment of SAD
- *Safety behavior* associated with SAD and FPE



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Fears of Positive and Negative Evaluation

Relations With Perfectionism



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FPE, FNE, and Perfectionism

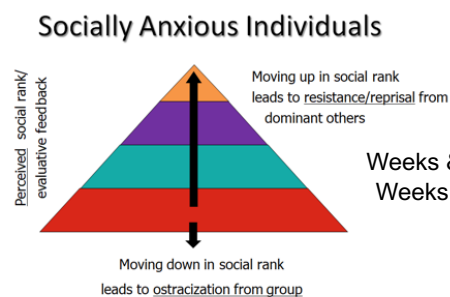
- Yap et al. (2016)
 - Relations of FPE/FNE to dimensions of FMPS
- Yoshizawa (2018)
 - Cross-cultural study
 - Japan
- Barahmand et al. (2023)
 - Relations of FPE/FNE to perfectionism via DPSO



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Yap et al. (2016)

- FPE:
 - Achieving high standards would attract unwanted positive attention
 - Thus, FPE ($\neq$ FNE): lowering of personal standards



Weeks & Howell, 2014;
Weeks et al., in press



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Yap et al. (2016)

- Consistent with hypotheses:

- **FPE:**

- Negatively to *high standards*
- Positively with *maladaptive perfectionism*

- **FNE:**

- No significant relationship with high standards
- Positively with *maladaptive perfectionism*



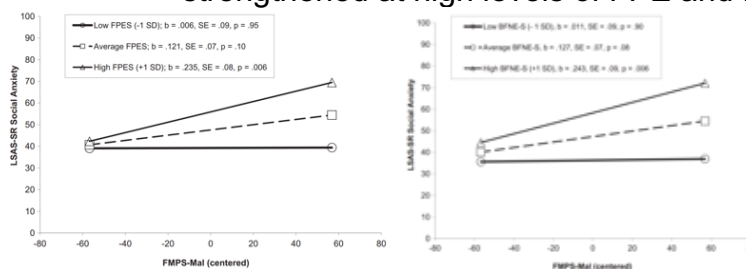
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Yap et al. (2016)

- Consistent with hypotheses:

- **FPE and FNE:**

- Moderated the relationship between *maladaptive perfectionism* and SA
 - Relationships between MP and SA strengthened at high levels of FPE and FNE



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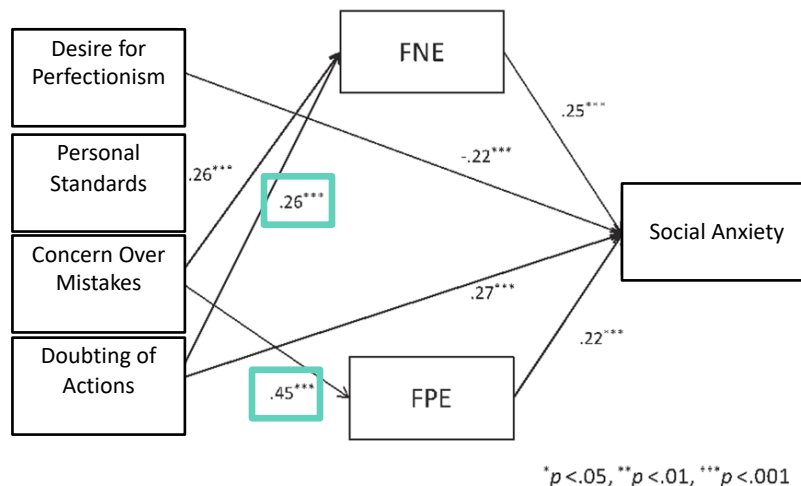
Yoshizawa (2018)

- **Japanese sample**
- FPE, FNE, self-oriented perfectionism
 - High school students
 - Cross-validated in college students
 - Survey re: fear of public speaking
 - Novel, translated measure of perfectionism that included items from FMPS and MPS
 - Based on factor analyses and supported by psychometric analyses
 - Sakurai & Ohtani, 1997



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Yoshizawa (2018)



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Yoshizawa (2018)

•Yap et al. (2016)

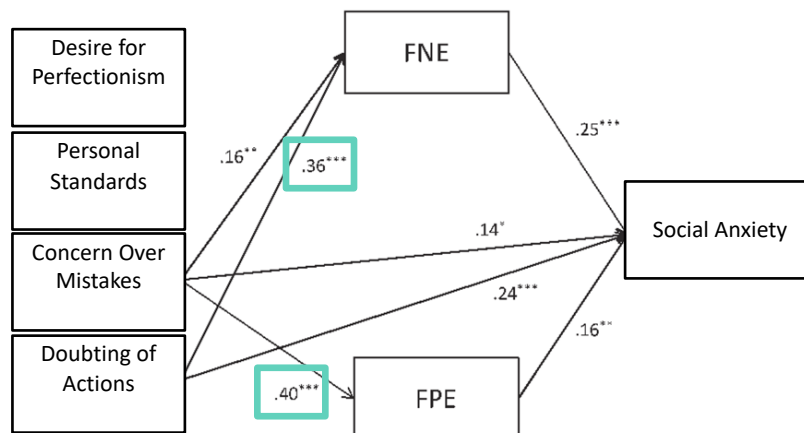
- “...even though socially anxious individuals...avoid positive evaluation, they continue to have concerns that others have high standards of them, and thus are vigilant about what they do for **fear of making mistakes**”

• p. 145



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Yoshizawa (2018)

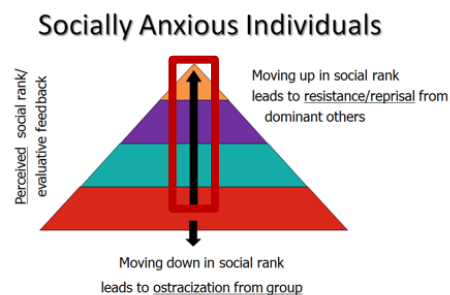


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Barahmand et al. (2023)

•DPSO (i.e. FPE-related safety behavior)

- Could account for relationships between SA and:
 - *Rigid* perfectionism
 - *Self-critical* perfectionism
 - *Narcissistic* perfectionism



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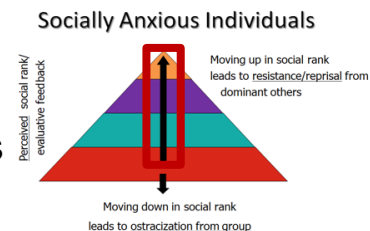
Barahmand et al. (2023)

•DPSO (i.e., FPE-related safety behavior) and SA both related:

- ↑ • *Rigid* and *self-critical* perfectionism
 - (Non-significantly to narcissistic perfectionism)

•DPSO ($\neq$ SA) related:

- ↑ • Hostile attribution bias



Weeks & Howell, 2014

- DPSO alone accounted for the relationships between (both self-critical and narcissistic) perfectionism and SA

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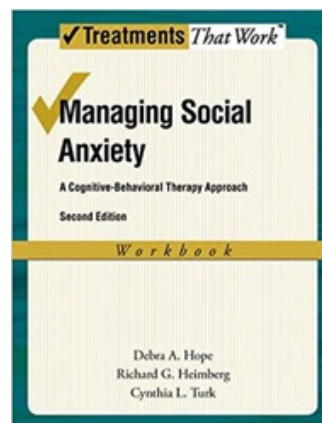
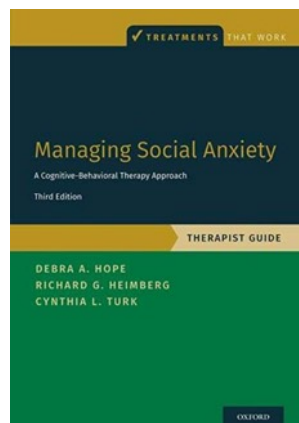
Clinical Applications

Treating SAD Within the Context of Perfectionism



77

Social Anxiety Disorder: CBT Protocols



16 Sessions



78

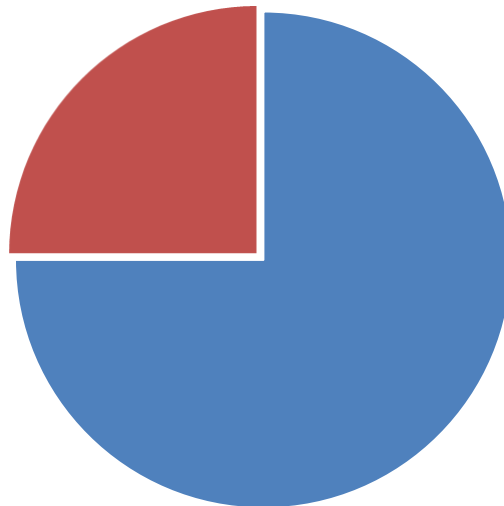
Overview

- Psychoeducation
 - Obtaining buy-in for CBT
- Exposure
- Cognitive restructuring
- Medication considerations



79

Psychoeducation: Overall Efficacy



80

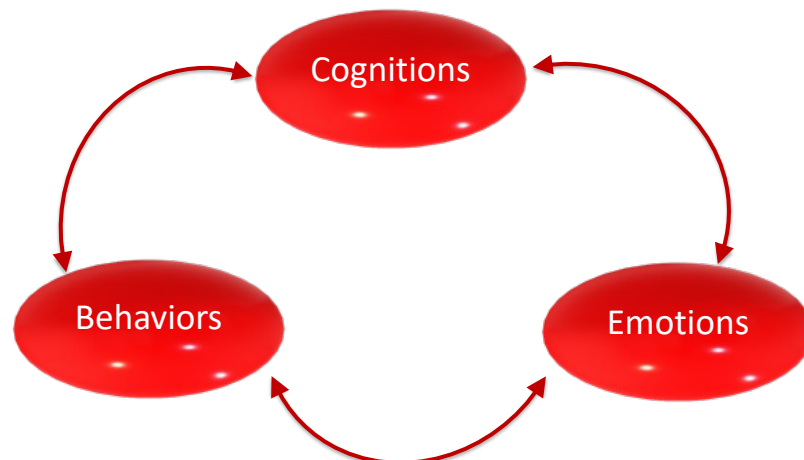
CBT: Length and Focus

- Short-term format
 - 16 sessions
- Longer courses can be necessary:
 - Comorbid Conditions
 - Treatment-resistant symptoms

Hope et al. (2019)



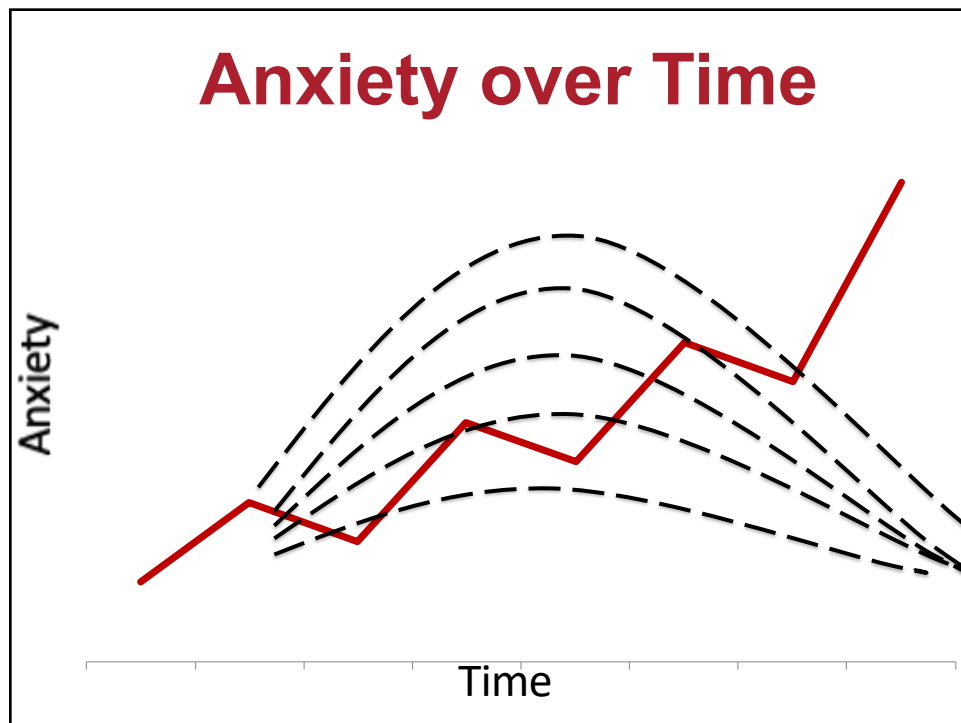
81



82



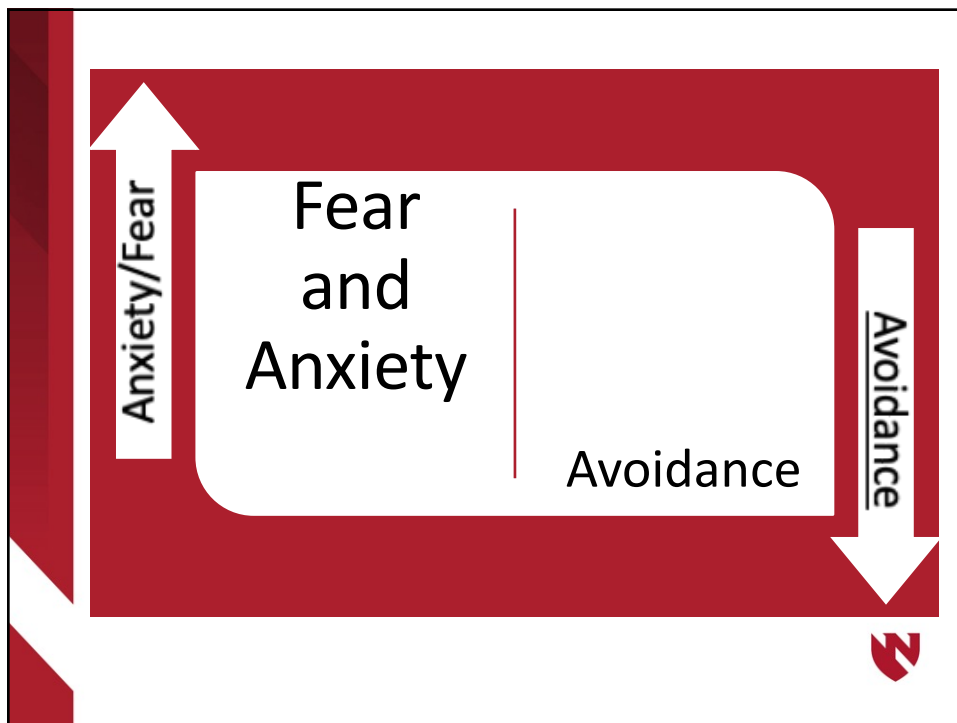
83



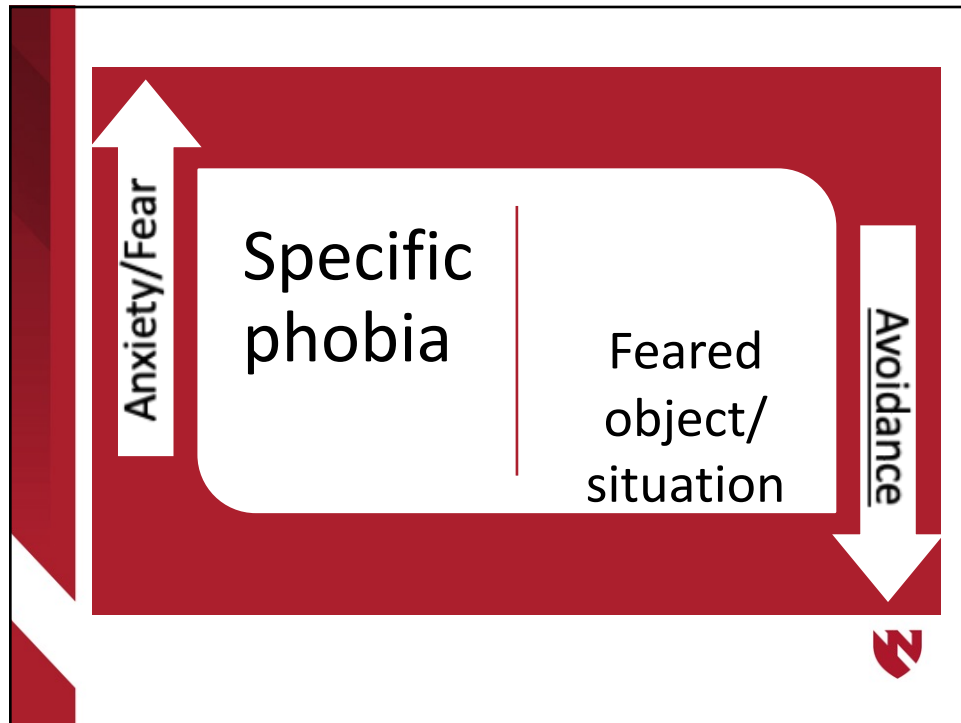
84



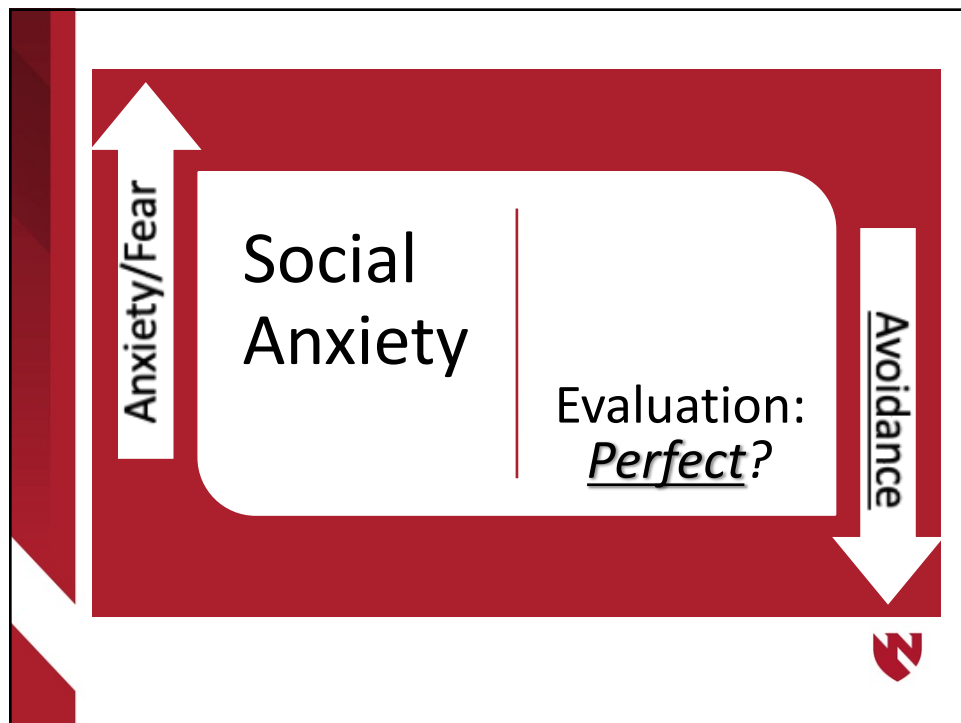
85



86



87



88

Avoidance

- Overt avoidance
- Subtle avoidance
- Safety behaviors
- Reassurance-seeking
- Safety person(s)
- Distraction

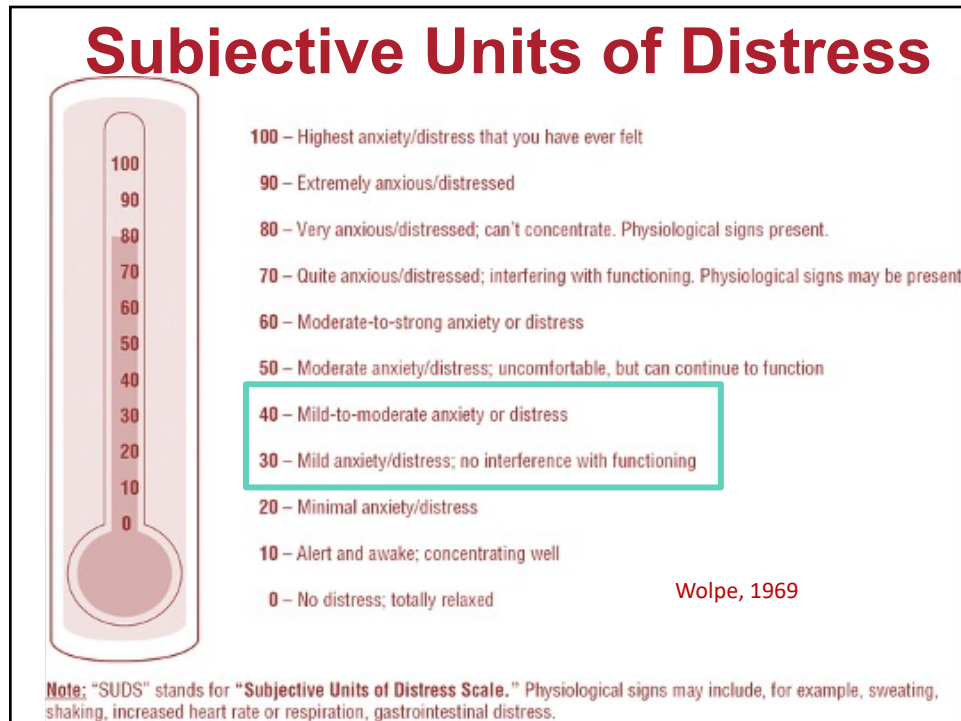


89

Exposure



90



91

Exposure Planning: FAH

	Situation	Anxiety (0-100%)
1	_____	100
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	30




92

Keys to Effective MSA

- Main method of in-session exposures?
 - **Role plays**
 - You (therapist) at first
 - To be extended as in vivo homework exposures



Hope, Heimberg, & Turk, 2019



93

Keys to Effective MSA

- Recommended to develop a standard “**alter ego**” identity for role plays
 - Different profession
 - Perhaps a profession that you strongly considered pursuing
 - Different name
 - Perhaps your middle name?
 - Allows you to roleplay strangers with ease



Hope, Heimberg, & Turk, 2019



94

Keys to Effective MSA

- Recommended to initiate exposure work:
 - Session 7
 - Team approach to **role play** exposures if possible (Ss # 9-onward)



Hope, Heimberg, & Turk, 2019



95

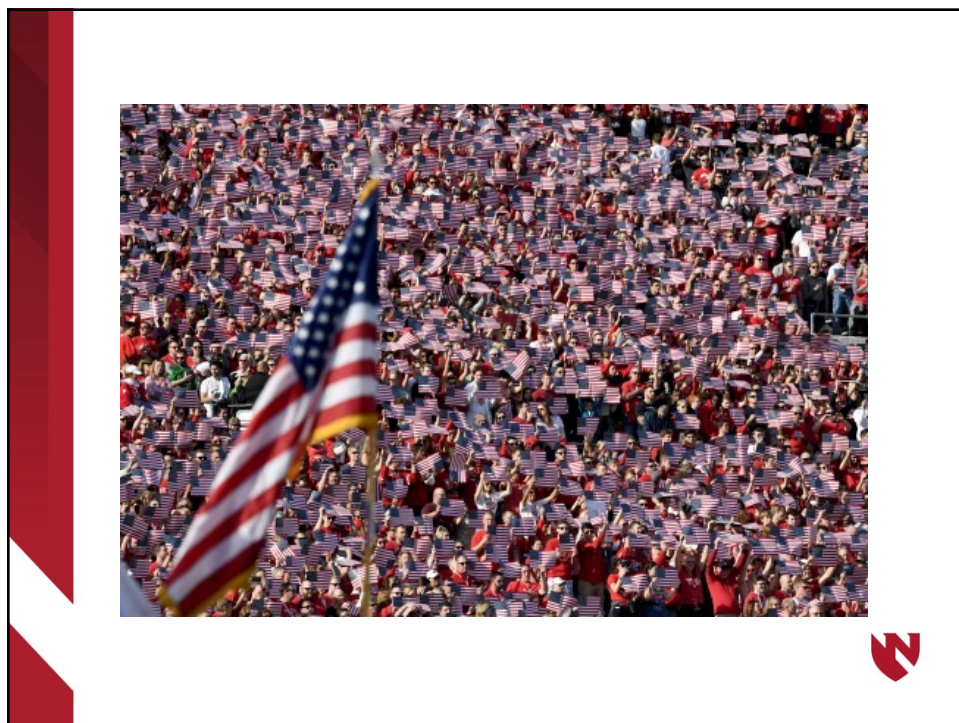
Exposure Planning:



96



97



98

Exposure Planning

- Exposures should be designed to last at least 7 mins[†]
 - Can involve repeating an exposure over and over
 - E.g., Smiling at strangers
 - Can involve response prevention
 - E.g., not seeking reassurance after taking a social risk



99

Exposure Planning

- Within the context of the present talk, emphasis would be on refraining from safety behaviors pertaining to social “perfection”
 - Refraining: over-rehearsing
 - Socializing despite concerns that contributions may not be “perfect”



100

Keys to Effective Exposures

- Always set goals which are important to the *patient*
- Objective, behavioral goal
 - Anyone in the room would know if met
 - Objective marker of success
 - Prevents disqualifying the positive
- Emphasize immersion in the exposure



101

Objective Behavioral Goals

- We can only control our own behavior
- Good go-to OBGs for SAD:
 - Make 3 statements
 - or
 - Ask 3 questions
- You will also monitor whether the OBG is met?



102

Exposure Planning

- Goals can focus on intentional mistakes within feared social contexts, to obviate “perfection”
 - E.g.:
 - Getting “lost”
 - Intentionally tripping over words/mis-spelling words in emails



103

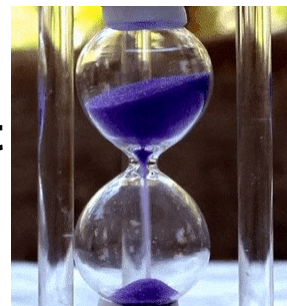
Exposure Planning



104

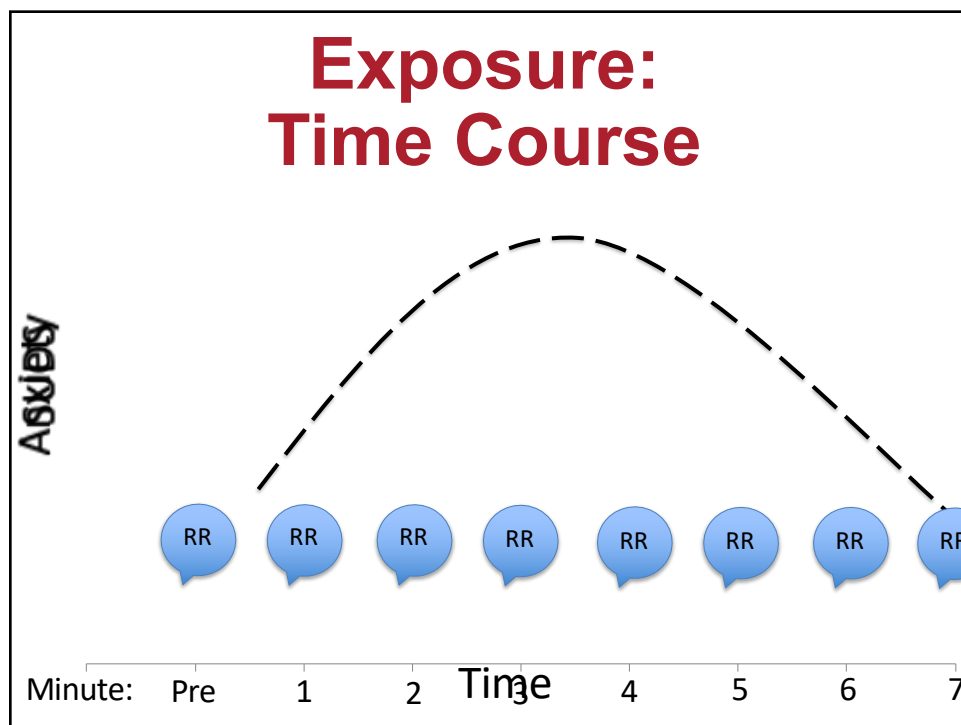
Keys to Effective Exposures

- Always make sure Patient knows when exposures will occur!!
- Recommend initiating exposures within 15-20 mins (of session #7 and onward)
- Ask Patients to commit
- Can use **postponement technique** to limit avoidance



105

Exposure: Time Course



106

Debriefing

- Was the objective behavioral goal met?
 - Either yes (hopefully) or no!
- Hot cognitions?
- Attempt to extend via an in vivo exposure for homework



107

Exposure Planning

- In vivo: Remind patient that avoidance begets avoidance
 - Recommend that exposures be completed by a certain time/date
- Always prioritize in session/in vivo exposures above imaginal whenever possible
- Try to always complete with patients 1st whenever possible



108

Exposure Planning

- Egregiousness?
 - Not (always) necessary to push much further than Pt's goals

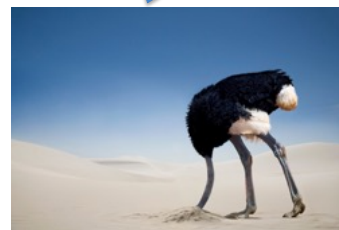


109

Avoidance

- Overt avoidance
- Subtle avoidance
- Safety behaviors
- Reassurance-seeking
- Safety person(s)
- Distraction

Everything is going to be "okay"



110

Avoidance: Perfectionism-Specific

- Excessive Rehearsal
 - Speeches
 - Conversations
- Post-Event Processing
 - Was “perfection” achieved?
- Refraining from contributing unless “perfect”



111



112

Excessive Rehearsal

- Excessive rehearsal of public speeches/overly relying upon notes
- Can make speeches seem rigid and inflexible in response to unexpected events (e.g., questions)
- Can lead to “freezing”/mind going blank
- Harder!

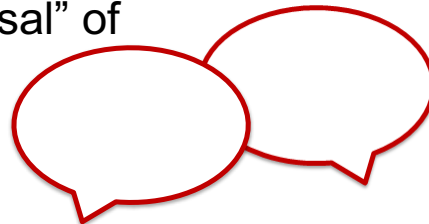


Hope et al. (2017); Piccirillo et al. (2016)

113

Excessive Rehearsal

- Excessive “rehearsal” of conversations
- Unnecessary
- Adds to stress
- Can make conversations seem rigid and inflexible
- We cannot perfectly anticipate what others will say!!!
 - Also, can foster/reinforce IU re: how conversations will go



Hope et al. (2017); Piccirillo et al. (2016)

114

PEP

- **Post-Event Processing**

- Reviewing how social events went – did they meet perfectionistic standards?



- Even if the recall is not (continually) distorted, of course things didn't go 'perfectly'!



- Reinforces the feeling that social situations should go "perfectly"

- Vicious cycle



e.g., see Clark & Wells (1995); Brozovich & Rapee (2008)

115

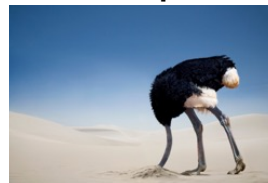
Subtle Avoidance: Perfectionism

- Refraining from contributing unless "perfect"



- Imagine how little you would contribute to any social situation if you weren't sure it was "perfect"!

- Vicious cycle



e.g., see Clark & Wells (1995); Brozovich & Rapee (2008)

116

Exposure Planning

- Objective Safety
 - Never assign exposures that a typical, reasonable person would consider objectively dangerous



117

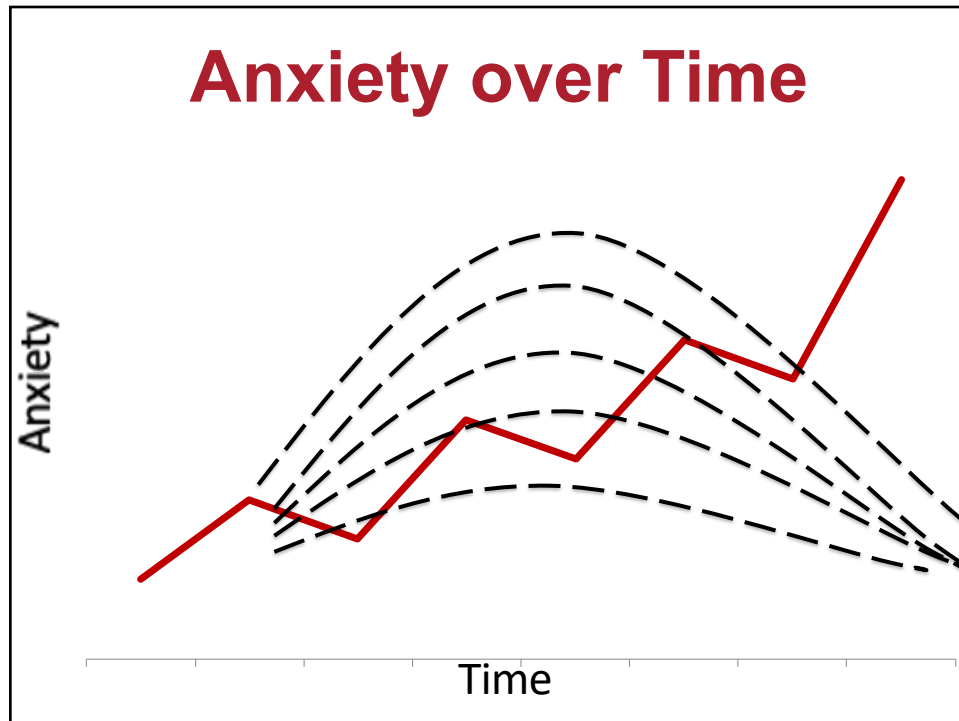
Social Skills Training?

- Not always necessary or expected
 - But, when warranted, appropriate to implement

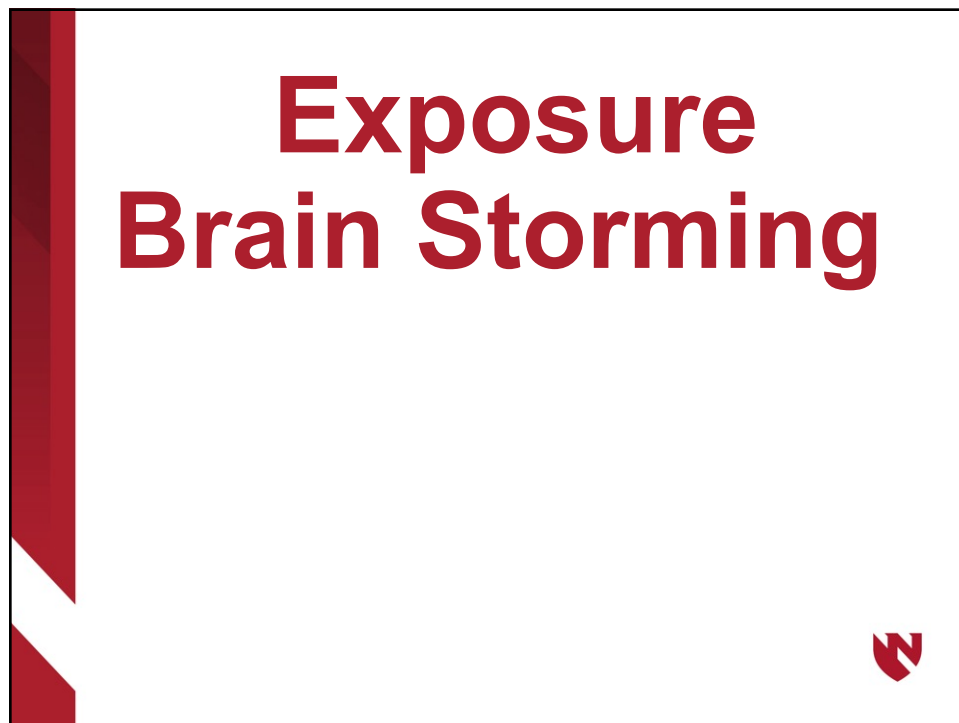


Ledley, Erwin, Morrison, & Heimberg (2017)

118



119



120

Cognitive Restructuring



121

Cognitive Restructuring

- Emphasis on providing coping tools to accompany behavioral assignments
 - Increases palatability
- Targeting negatively-biased *automatic* thoughts



122

Automatic Thoughts

- Always *ground* ATs to a specific context or setting
- Only ever focus on 1 (max of 2) negative ATs per session
- Focus on either:
 - Most distressing AT
 - Most frequent AT



123

Honing in on Negative ATs



Always write
Automatic
Thoughts
down!!



124

Honing in on Negative ATs



- Focus on the ATs in the patient's *own words*
- Always convert '?' thoughts into *statements*
 - "What if I screw up?"
 "I'm going to screw up"



125

Honing in on Negative ATs



126

Thinking Errors

- All-or-nothing thinking
- Fortune-telling
- Catastrophizing
- Disqualifying the Positive
- Emotional Reasoning
- Labeling
- Mental Filter
- Mind Reading
- Overgeneralization
- “Should” and “Must” statements
- Maladaptive thoughts

“My talk has to be perfect (or else no one will like it)”

E.g., see Hope, Heimberg, & Turk, 2019



127

Disputing Questions

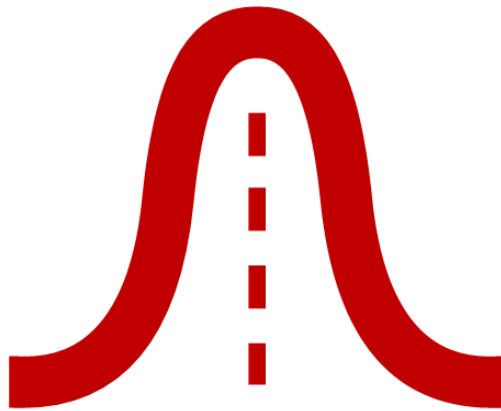
- Do I know for *certain* that _____?
- What *evidence* do I have that _____?
 - What evidence do I have that the *opposite* is true?
- What is the worst that could happen? How bad is that? Could I cope with that?
- Is there an alternative explanation for _____?

E.g., see Hope, Heimberg, & Turk, 2019



128

All-or-Nothing Thinking



129

Labeling

_____ = _____



130

Maladaptive Thoughts

- Even if true, counterproductive
 - e.g., Social anxiety-related maladaptive thought:
 - “I’ve never been on a date”



131

Rational Responses

- “Rebuttal” to the negative ATs
- RRs should always be:
 - Short
 - Sweet (not include neg words)
 - Evidence-based
 - In patient’s *own* words
 - what would seem most calming in that specific moment?



132

Wrapping up Cognitive Work

- Always have the patient leave with the RR written down
- Assign for use when:
 - Entering the feared situation
 - *Any other time* the relevant AT surfaces



133

Medication Considerations



134

Medication Considerations

- Recommend scheduled medications only
- (or, no medications)
 - At minimum, ask Patient to commit to not taking PRNs in the context of exposure work



135

Thank You!



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