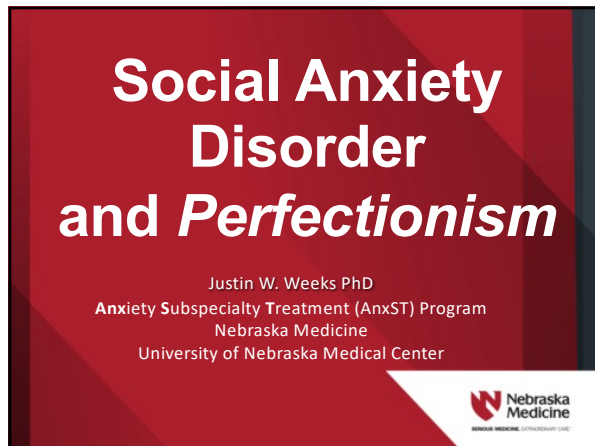
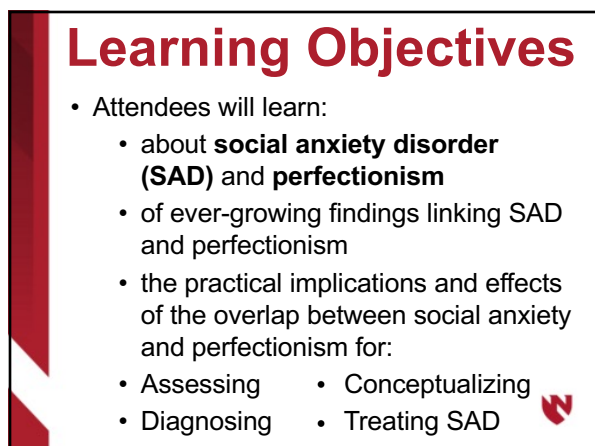




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2



3

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



4

Social Anxiety Disorder (SAD): Overview



5

Social Anxiety Disorder (condensed)

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

American Psychiatric Association, 2013; 2022



6

Assessment of SAD



7

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



8

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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9

Comprehensive Diagnostic Assessment

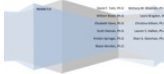
- Mini International Neuropsychiatric Inventory (MINI)
 - Sheehan (2016)
- Anxiety and related Disorders Interview for DSM-5 (ADIS-5)
 - Brown & Barlow (2014)
- Structured Clinical Interview for DSM-5 (SCID-5)
 - First & Williams (2021)



10

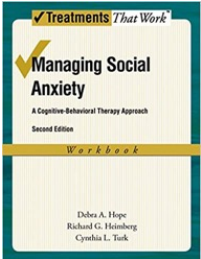
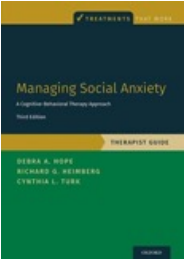
Comprehensive Diagnostic Assessment

- Diagnostic Interview for Anxiety, Mood, and OCD and related Neuropsychiatric Disorders (DIAMOND)
 - Tolin et al. (2023)



11

Social Anxiety Disorder: CBT Protocols



16 Sessions



12

SAD: Typical feared situations



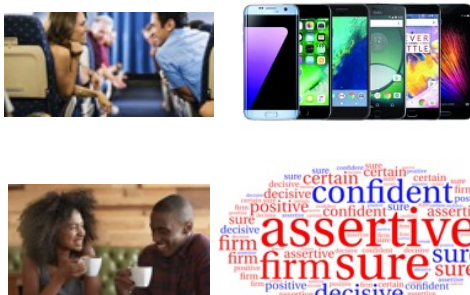
13

SAD: Typical feared situations



14

SAD: Typical feared situations



15

Exposure Planning: FAH

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




16

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



17

Do You 'Get' Social Anxiety?

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



18

Do You 'Get' Social Anxiety?

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



19

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



21

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?



22

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)



23

Social Anxiety Disorder: Impact of Pandemic?

International Journal of Experimental Research and Public Health

Systematic Review
The Influence of the COVID-19 Pandemic on Social Anxiety: A Systematic Review
 Reshmi Khandelwal and Glen W. Bates*

Department of Psychological Sciences, Swinburne University of Technology, John St., Hawthorn, VIC 3122, Australia
 *Correspondence: g.bates@swinburn.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 post-pandemic social anxiety. This systematic review synthesizes 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, PsycINFO, Scopus, EMBASE, Cochrane Central Register of Controlled Trials, and Proquest Central—Observations and Theses were 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, fewer well-ventilated 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

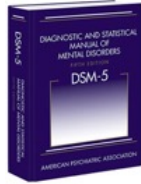
THE WILEY-BLACKWELL HANDBOOK OF Social Anxiety Disorder
 WILEY-Blackwell



24

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

25

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

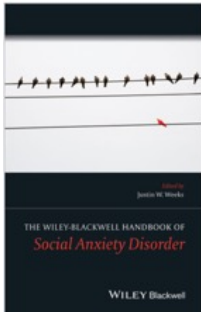
- **Aymat zibur**
 - “fear of the community,” among ultra-orthodox Jewish men in Jerusalem
 - fear of speaking about religious matters or leading religious rites



American Psychiatric Association, 2013; 2022

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Social Anxiety Disorder: Culture-specific Presentations



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

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Perfectionism: Overview

29

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

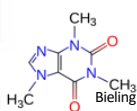
- Tendency for one to believe that others *expect* perfection from oneself

Hewitt & Flett, 1990

35

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

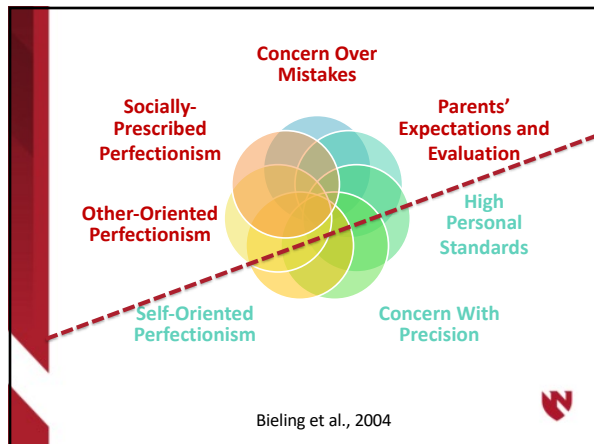
38

Alternative Perfectionism Structure

- Maladaptive Perfectionism
- Adaptive Perfectionism

Bieling et al., 2004

39



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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

41

Adaptive Perfectionism

- Healthy drive for personal achievement

DiBartolo, Li, & Frost, 2008

42

Cognitive-Behavioral Models of SAD



43

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”



44

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



45

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



46

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)

47

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)

48

Empirical Links: Social Anxiety and Perfectionism



49

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



50

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



51

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



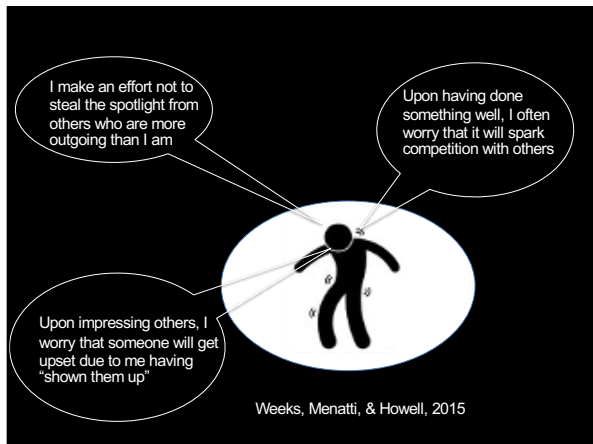
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Fears of Evaluation

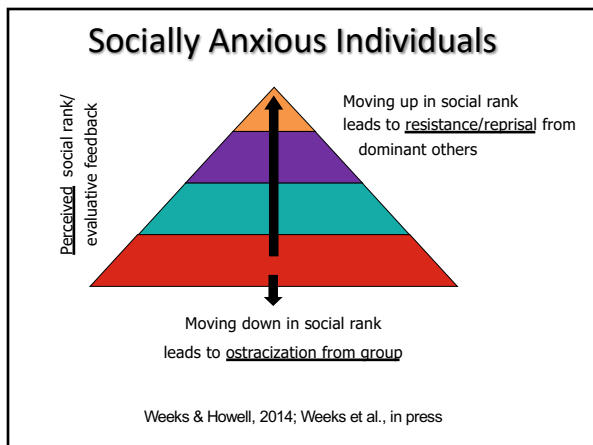
The Bivalent Fear of Evaluation Model of Social Anxiety



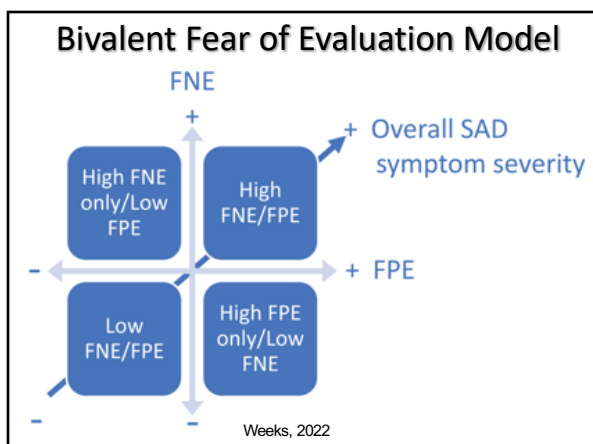
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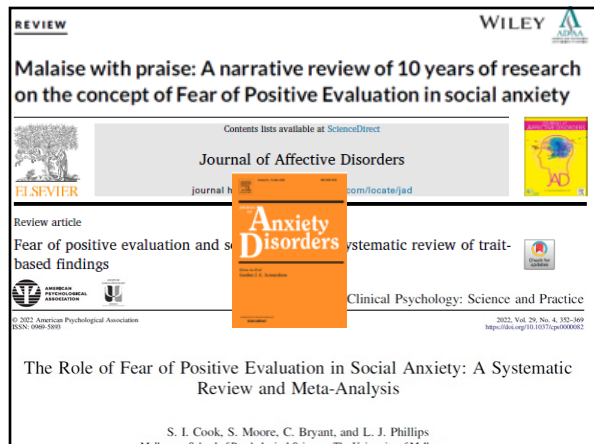
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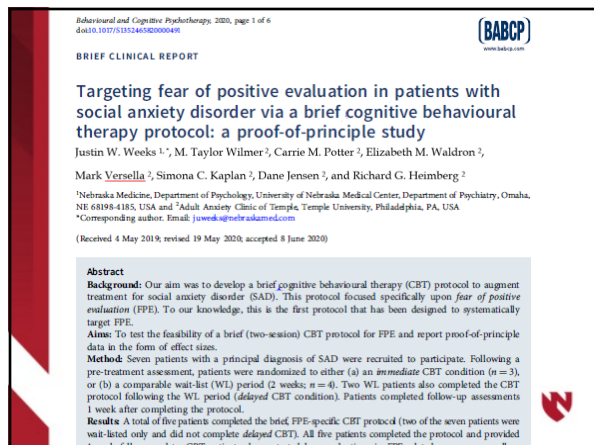
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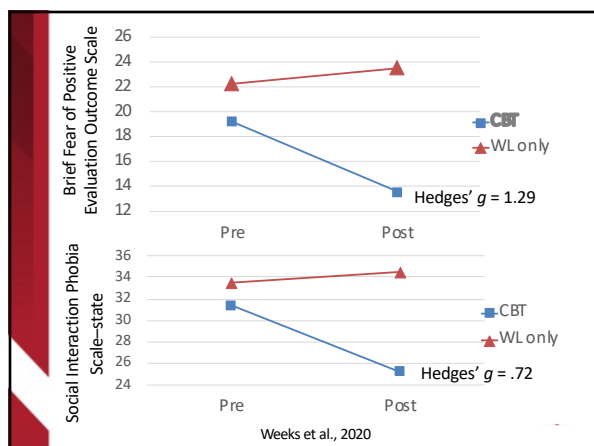
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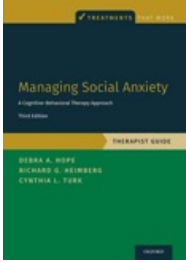
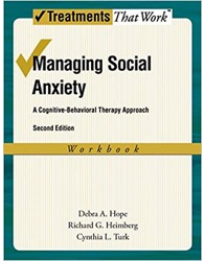


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60

Social Anxiety Disorder: CBT Protocols

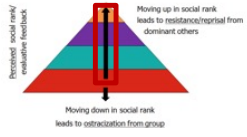
16 Sessions

61

Disqualification of Positive Social Outcomes

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

Socially Anxious Individuals



Weeks (2010)

62



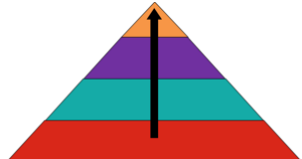
**Journal of
Experimental Psychopathology**

JEP Volume 7 (2016), Issue 4, 532-554
ISSN 2043-8087 / DOI:10.5127/jep.056016

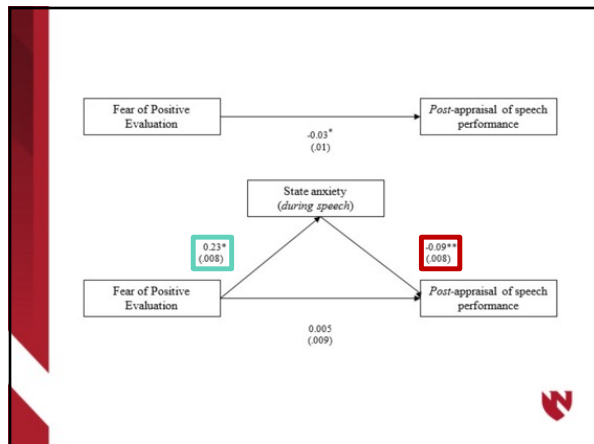


Fears of Positive versus Negative Evaluation: Distinct and conjoint neuroendocrine, emotional, and cardiovascular responses to social threat

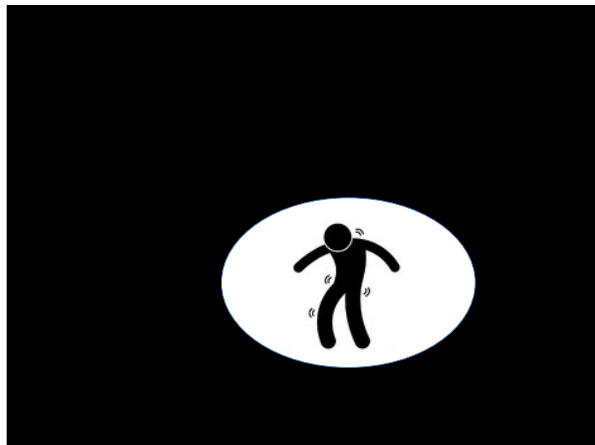
Justin W. Weeks ¹, Peggy M. Zoccola ²

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65

Fears of Positive and Negative Evaluation

Relations With Perfectionism

66

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



67

Yap et al. (2016)

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



68

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



69

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

Left Graph: Relationship between MP and SA moderated by FPE. Right Graph: Relationship between MP and SA moderated by FNE.

70

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

71

Yoshizawa (2018)

```

graph LR
    DFP[Desire for Perfectionism] -- .26*** --> FNE
    DFP -- .26*** --> FPE
    PS[Personal Standards] -- .26*** --> FNE
    PS -- .26*** --> FPE
    COM[Concern Over Mistakes] -- .26*** --> FNE
    COM -- .26*** --> FPE
    DOA[Doubting of Actions] -- .45*** --> FNE
    DOA -- .45*** --> FPE
    FNE -- .25*** --> SA[Social Anxiety]
    FPE -- .22*** --> SA
    
```

Legend: * $p < .05$, ** $p < .01$, *** $p < .001$

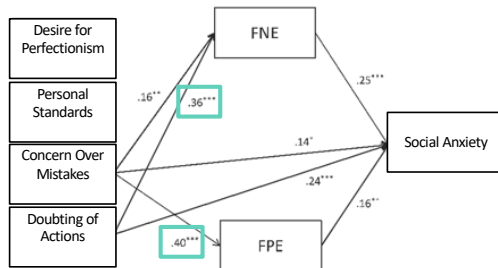
72

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

73

Yoshizawa (2018)



74

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



75

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 (≠ SA) related:

↑ • Hostile attribution bias



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

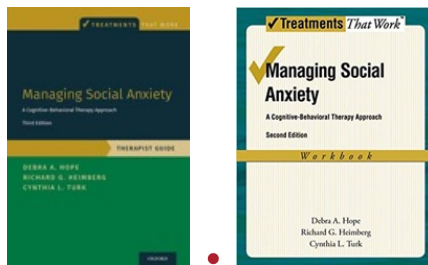
76

Clinical Applications

Treating SAD Within the Context of Perfectionism

77

Social Anxiety Disorder: CBT Protocols



16 Sessions

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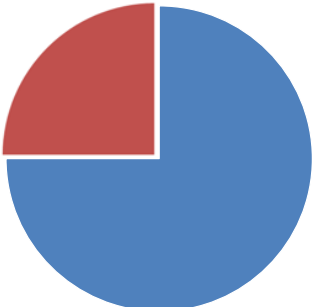
Overview

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




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Psychoeducation: Overall Efficacy





80

CBT: Length and Focus

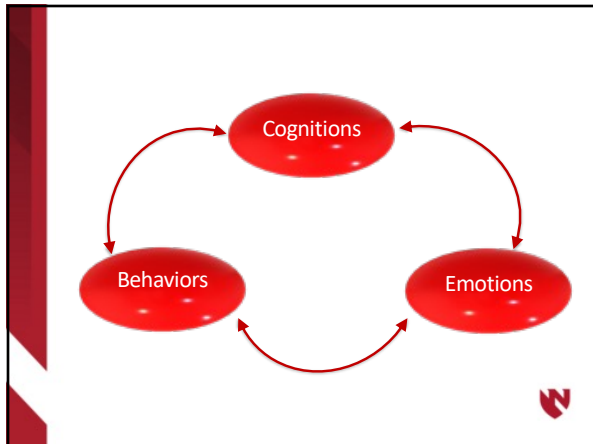
- Short-term format
 - 16 sessions
- Longer courses can be necessary:
 - Comorbid Conditions
 - Treatment-resistant symptoms



Hope et al. (2019)



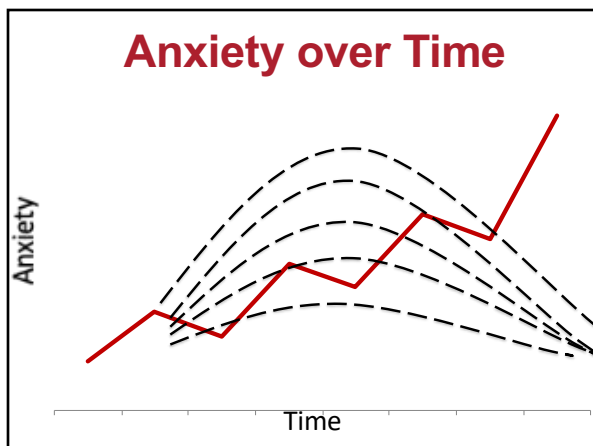
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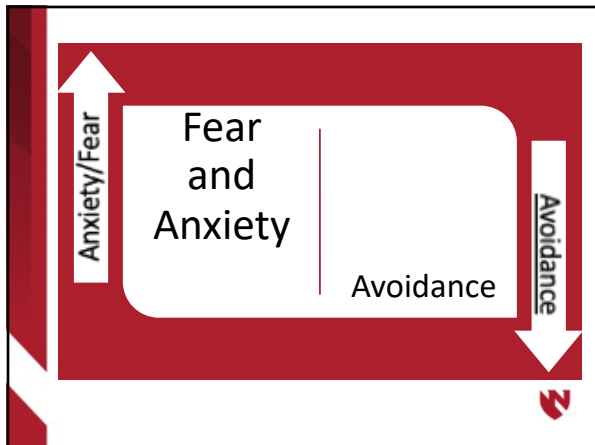
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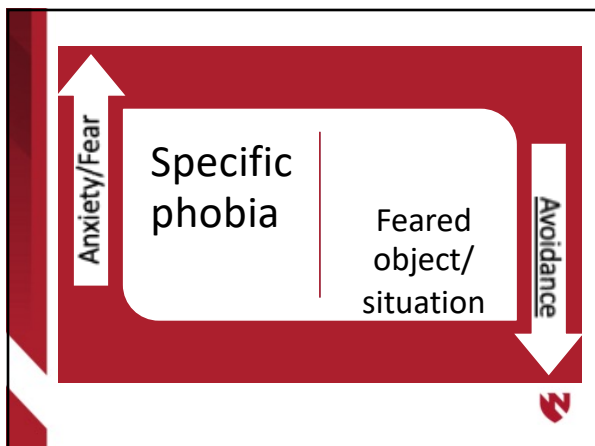
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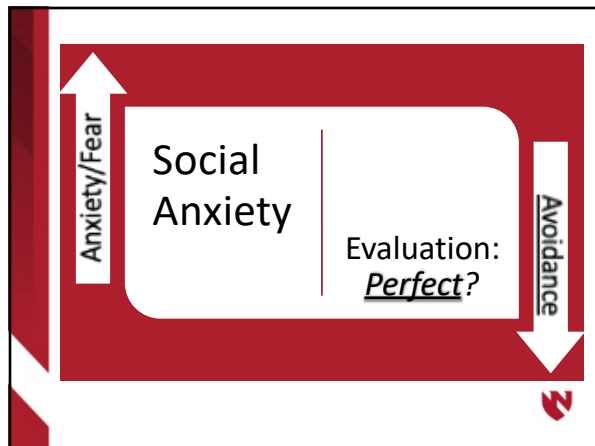
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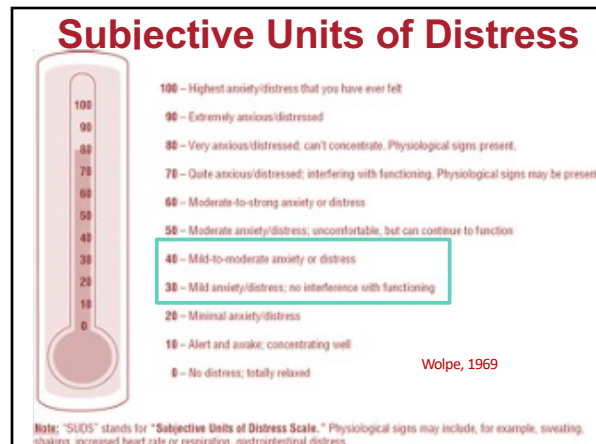
Avoidance

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

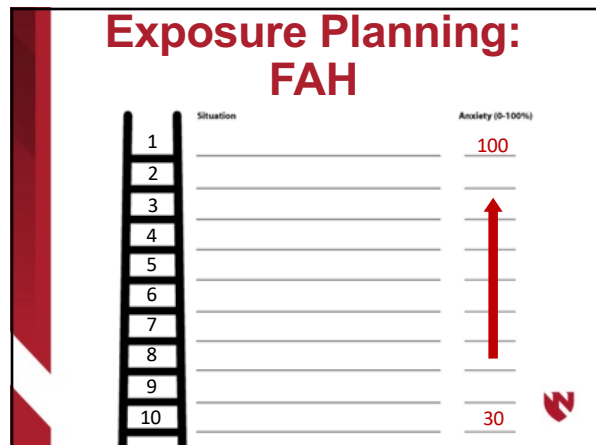
89

Exposure

90



91



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

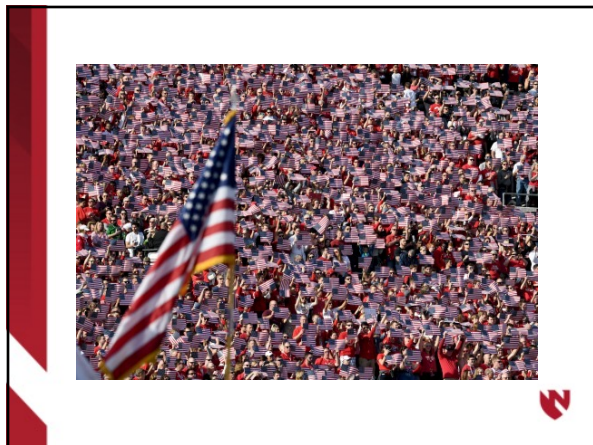
Exposure Planning:



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



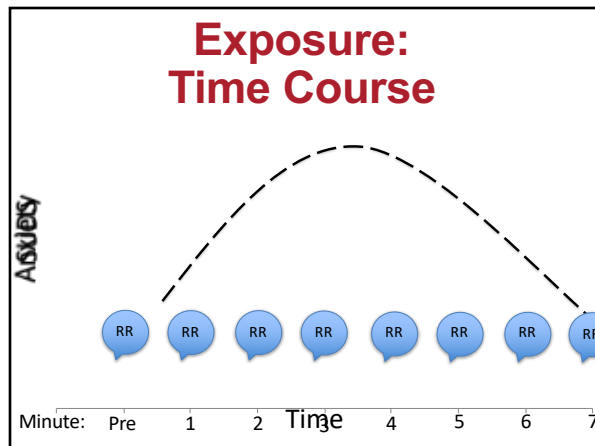
104

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



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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



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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








110

Avoidance: Perfectionism-Specific

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



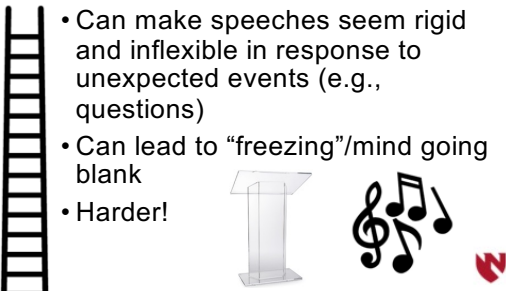
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Excessive Rehearsal

- 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!

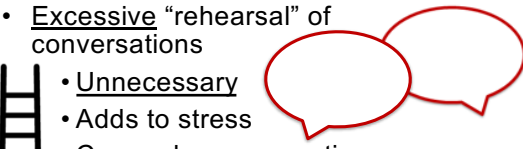


Hope et al. (2017); Piccirillo et al. (2016)

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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)

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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)

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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)

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Exposure Planning

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

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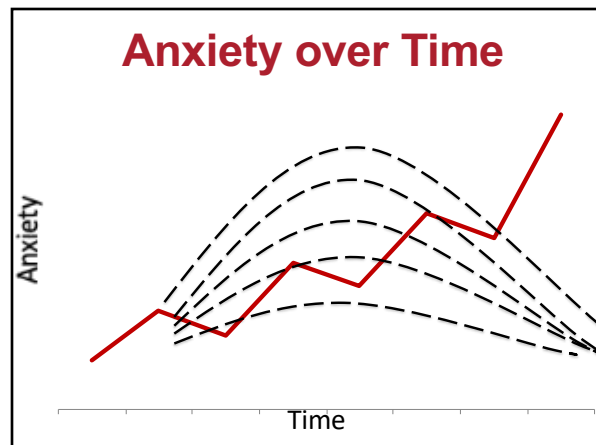
Social Skills Training?

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



Ledley, Erwin, Morrison, & Heimberg (2017)

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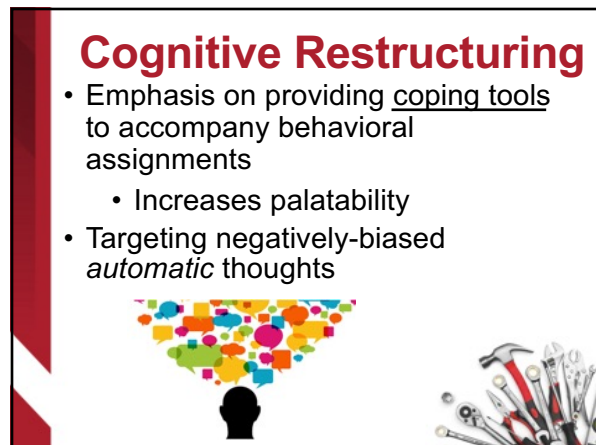
Exposure Brain Storming



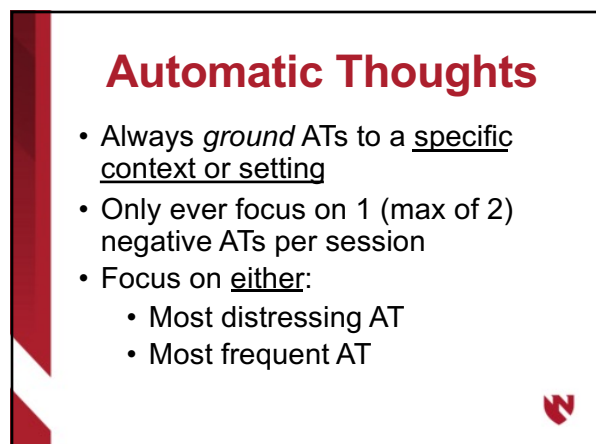
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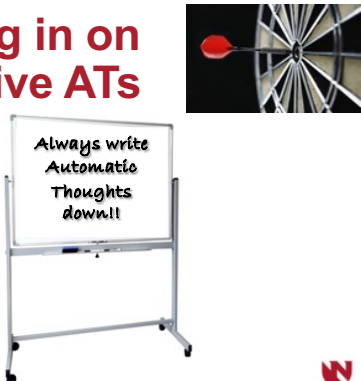


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Honing in on Negative ATs



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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"

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Honing in on Negative ATs



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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



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Disputing Questions

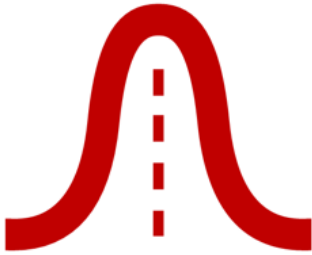
- Do I know for *certain* that _____?
- What *evidence* do I have that _____?
 - What evidence do I have that the *opposite* is true?
- What is the worst that could happen? How bad is that? Could I cope with that?
- Is there an alternative explanation for _____?

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



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All-or-Nothing Thinking




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Labeling

_____ = _____



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Maladaptive Thoughts

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



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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?



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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



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Medication Considerations



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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



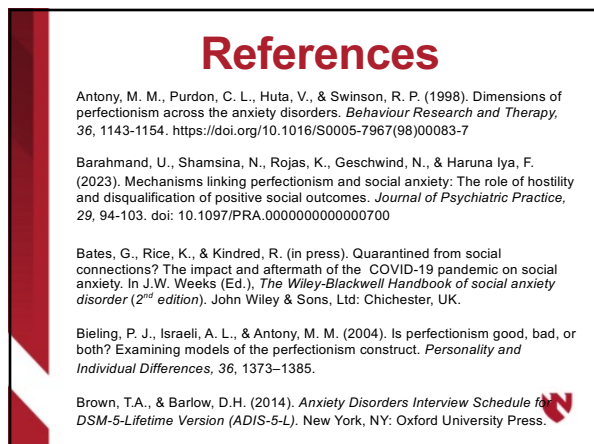
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