I'm So Awkward

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Social Anxiety Disorder is

the most frequently diagnosed

psychiatric disorder in

teens and young adults.

Pre-Covid

 50% of teens and young adults identify as being socially shy, socially awkward and/or socially anxious

- Research suggests that 50% of adolescent clients report favorable response to traditional CBT, DBT, and medication therapy
- Time to consider broader, more comprehensive, multi-modal, multitheoretical approaches to treatment

(Eskildsen, Hougaard & Rosenberg, 2010; Hoffman & Bogels 2006, Norton, Abbott, Norbert & Hunt, 2014)

Social Anxiety Disorder is complex, multifaceted, and multi-dimensional. It's onset and development is influenced by various etiologies, risk factors, and contributing experiences

- *1. Neurobiology and neurochemistry
 - 2. Heredity
 - 3. Family dynamics
 - 4. Temperament
- 5. Social Interaction history, challenges and rewards
- *6. Cognitive perceptions
- *7. Social perfectionism
 - 8. Emotional beliefs
 - 9. Avoidance of opportunities to develop social skills and sense of social competence

Clients Top Priority: I feel horrible and I want to feel better **NOW!**

HOW DO WE DO THAT?

Addressing neuro-chemistry and neuro-biology

Pharmacotherapy:

- * GeneSight Pharmacogenomics by Assurex
 - DNA test to determine most effective medication for
 - Mood
 - Anxiety
 - ADHD

INCLUDES

- Anti-depressants
- Sedative hypnotics
- Anti-psychotics
- Folic Acid conversion
- ADHD medication
- Pain medication

Neuro-modulators

- Biofeedback
- Cranial magnetic therapy
- ECT

Alpha-wave Stimulation (Cranial Electrical Stimulation)

- Stimulates Hypothalamus and increases production of gaba, serotonin, dopamine, epinephrine, Norepinephrine
- FDA approved to treat sleep disorders, depression

Improving neuro-chemistry with nutrition, vitamins and supplements

GABA is the neuro-transmitter responsible for calming and soothing our central nervous system

Improved GABA function can lower anxiety levels

To Improve GABA Production and Efficiency

- No stimulants they inhibit GABA
- Some time each day in calm and soothing environment. GABA works best if it does not sense one is in danger
- Frequent high protein snacks
- Foods which enhance glutamic acid
 - * Tree nuts
 - * Bananas
 - * Broccoli
 - * Brown Rice
 - * Halibut
 - * Oats
 - * Citrus
 - * Potatoes
 - * Spinach

- Improve sleep
- Insomnitol is a combination of:
 - * 5-HTP
 - * Valerian root
 - * Chamomile
 - * Melatonin
- Vitamins and supplements to improve GABA
 - * B-6 and Magnesium convert glutamate into GABA. GABA is a major precursor to serotonin.

Vitamins and Nutrition to improve overall mental health:

- It takes every amino acid, every vitamin and every mineral to make neurotransmitters.
 - **B-1** Protects myelin sheaths, benefits nerve and CRS function
 - B-2 Marginal levels more prevalent in depressed patients. Insufficient amounts found in 95% adolescent females.
 - B-6 Higher levels associated with lower prevalence of depression in adolescents
 - B-9 (Folic Acid) Requisite in synthesis of serotonin, norepinephrine, dopamine, and DNA. Common among patients with mood disorders. Low levels in patients experiencing first episode of psychosis

B-12 Needed to produce monoamine neurotransmitters and maintain myelin. Deficiency found in up to a third of depressed patients, and compromises response to antidepressants. Higher levels of B-12 are associated to better treatment outcomes. Deficiency can cause depression, irritability, agitation, psychosis, obsessiveness, increased risk of cognitive decline, and 5-fold increase in brain atrophy, increase risk of psychiatric disorders.

Vitamin C: Vital for synthesis of serotonin and norepinephrine. It is an antioxidant in the brain.

Vitamin D: Important role in brain function and development. Neuronal cells have vitamin D receptors in hippocampus, prefrontal cortex, hypothalamus, thalamus. These areas are linked to pathophysiology of depression. Important in biosynthesis of dopamine, norepinephrine, epinephrine provides resistance to neurotoxins.

Low vitamin D levels linked to schizophrenia, psychotic symptoms, impairment in memory, orientation, executive functions.

(Source: Vitamin D deficiency and Psychiatric Issues, Current Psychiatry Vol. 12 No. 4)

Vitamin E Deficiencies:

Found in depressed patients

(Source: Vitamin Deficiencies and Mental Health: How are they linked. Drew Ramsey, M.D., Philip Muskin, M.D., Current Psychiatry Vol 12, No. 1)

Omega 3's: EPA and DHA's lower risk for mood and anxiety disorders. EFA's assist in production of serotonin, dopamine, and brain cell fluidity and are preventative for patients with high risk psychiatric symptoms

Provide brain with high doses of nutrition that assist brain in recovery from trauma and toxins and provides anti-inflammatory benefits.

Probiotics - Improves serotonin production in gut.

L-Theanine – Amino acid found in green tea. Soothing to central nervous system

Movement:

Absolutely critical for reducing anxiety

- * Greater response accuracy on tasks
- * Information processing
- * Reduced anxiety and depression
- * Improved response time
- * Sustained attention
- * Grows new brain cells
- * Grows new neurons
- * Improves body image
- * Improves confidence
- * Reduces stress
- * Provides avenue for connecting with others

Movement: (Cont'd)

- Improves functioning in cerebellum. Cerebellum is part of the brain responsible for understanding and navigating complex social situations. Requires physical activity to develop
- Mental health benefits of movement are enhanced by exercise done outside

Anxiety Depression

Decreased Participation in Productive Activities

*Lose touch with value system

*Detach from sense of meaning and purpose



Disrupted Eating

*Brain lacks nutrition required to make neurotransmission *GI Problems which result in increased inflammation



Depletion Cycle



Decreased Social Engagement

*Sense of Isolation

*Negative projections about others



*Cognitive & Physical exhaustion

*Serotonin compromised

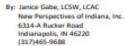


*Decreased energy

*Lack of Neurotransmitter production

*Cognitive fogging

*Thinking problems



Family Dynamics

And

Social Anxiety

Research Indicates:

- 1) Maternal Anxiety impacts adolescent response to treatment. Direct correlation between improvement in maternal anxiety and positive treatment outcome for youth
- 2) Parental over involvement in preschool years related to subsequent social wariness of child. Limits child's ability to develop coping mechanism to overcome wariness
- 3) Maternal Over-protectiveness: Doing things child can do for self, not encouraging child to do for self and not granting child permission for autonomy plays role in etiology of social anxiety
- 4) Parental negativity and criticism is critical factor for SAD in children (Hudson, Dodd, Lyneham, Bovopolous 2011.)

Parenting Programs that focus on -

 Interventions which target family mental health dynamic, caregiver strain, and familial stressors

 Encourage parents to pursue assistance for their own anxiety and mental health challenges

Coach parents on emotional boundaries

- Assist parents in addressing their self critical orientation
- Discourage parents from over correcting in front of others
- Encourage parents to remind children that psychological pain is part of life
- Coach parents on language. Stay away from words like "meltdown", "overwhelmed", "freaking out." Use words like "difficult", "hard", "challenging." Avoid phrases like "they can't handle," "It's too much for them."

Social Interaction History: Challenges and Rewards

Many SAD teens have experienced social situations which have left imprints on their perception of self and others

They carry this negativity with them and isolate self from opportunities to broaden this perspective

This needs to be discussed and processed thoroughly with then

- Identify the experience
- Assist them in broadening perspective
- Evaluate perspectives that might need to be updated

Cognitive Processes in Social Anxiety Disorders

Memory Difficulty and Adolescent Anxiety and Depression

- Empirical evidence suggest that memory dysfunction, poor overall memory and bias in anxious and depressed teens
- Emotional memory
 - Memory biases for negative vs. positive information
 - Negative self description
 - Impaired memory for negative events
 - Amygdala dysfunction might account for memory deficits in anxious depressed teens

 During performance tasks the social anxious adolescents experienced activation in the social cognitive region of the brain. This suggests that adolescents may be comparing selves with others instead of enjoying neuro-chemical reward of completing tasks.

(Mujeeb, Shad, Anup, Bides, LiAnn, Enst, Uma)

- Research on Face Memory in Anxious and Depressed Girls

- * Higher level of anxiety and depression was associated with lower accuracy in remembering previously encoded faces
- * When assessing memory for sad, happy, angry and fearful faces, depressed and anxious girls showed reduced memory for happy faces
- * Anxious and depressed adolescents also showed deficits in generating memories to positive cues but not negative cues during auto-biographical memory test (Guyer, Choate, Grimm, Pine, Keenan)

Reaction to Others Around Them

- SAD teens display attentional bias toward threats and interpret ambiguous information negatively
- SAD teens more negative and less positive interpretations of ambiguous social situations
- Attentional bias towards threating faces and words
- Positive research based outcomes utilizing Cognitive Bias Modification training

(Sportel, Hulla, Jong, Nauta: 2013)

* Clinical implication of research indicates Cognitive Bias Modification can be effected by refocusing attentional and negative interpretations

SAD clients benefit from

- Provide corrective cues about past as well as current social responses
- Information about how they process and interpret social cues
- Discussion of how this currently impacts their social beliefs and response

Social Perfectionism:

Unrealistic expectations and goals for social performance (for themselves as well as others)

Social Perfectionism

- Unreasonably high standards and/or expectations of social interaction in regards to ease of interaction, reward of interaction, lack of effort required
- 2) Excessive self criticism when social life does not meet their standards
- 3) Perception of personal failure and catastrophic outcomes when standards are not met
- 4) Anything less than social perfection is failure

5) Social perfectionism is self oriented (hyper critical evaluation of own social performance) as well as other-oriented (excessively high standards of others and hyper critical of others interaction with them)

Physical Perfectionism: Critical obsession about some aspect of appearance

- 7) Fueled by online perceptions
 - What can they do about this
 - Suggest Netflix, Black Mirror, Nosedive episode
 - Ask Clients how social media impacts social perfectionism

Social perfectionism results in

- Skipping social situations to avoid feelings of fear, sadness, anxiety and thought "I am a failure at this."
- Avoid thought and feeling of "What I say and how I act isn't good enough."
- Push through and suffer out of fear of failure
- Avoids and attempts to distract with alternative activity
- What ever they do to distract from distress will now be associated with and connected to the distress

It is not about the conversation, it is about the connection!

Emotional Beliefs and Social Anxiety

Emotional Beliefs and Cognitive variables that contribute to and maintain SAD include

- Poor social efficacy:
 - * Do not believe you are capable of avoiding negative evaluation in social situation
 - * Dysfunctional beliefs about emotional cost; how bad or distressing it will be
 - * Unrealistic probability of negative social event occurring

• Self:

- * Negative self perception
- * Ruminating about social mistakes
- * Self focused attention
- * Excessive self criticism
- Negative beliefs about appearance and/or performance

• Emotions:

* One has little control over one's emotions

Research Indicated that:

Individuals who believe that emotions are fixed and they cannot change them

- * Experience more stress and anxiety
- * Lower self-esteem
- * Poorer overall satisfaction with life
- * Less responsive to CBT

Individuals who believe emotions are malleable and everyone can learn to control reactions to emotions experience more success with CBT and have better results at 12 month follow-up

Treatment Implications

Assess emotional beliefs by discussing the following beliefs with clients

Which statements would you say reflect what you believe

- 1) If I want to I can change my social anxiety
- 2) The truth is I have very little control over my social anxiety
- 3) No matter how hard I try I can't really change the social anxiety I have

Discuss:

- It may be possible that your perceived lack of control over your emotional response is triggering your fear and avoidance even more than the actual social situation
- People tend to recover from social anxiety when they believe they can learn to control reactions to emotions
- Motivational Interviewing strategies targeting emotional beliefs might improve responsiveness to CBT

(DeCastella, et al 2014)

Treatment Interventions for <u>SAD</u>

Strategies for Anxiety Management:

- Identify and change negative projections and anticipations
- What percentage of things you worry about have ever actually happened
- Perception vs. reality
- Keep thoughts reeled in
- If going to create fantasy make it good
- FEAR

Treatment Interventions for SAD

(Cont'd)

Strategies for Anxiety Management:

- One thing you would do if you weren't afraid
- The anxiety is in the anticipation
- Recognizing that it's not doing the thing that you anxious, it's thinking about doing the thing that makes you anxious
- You can't control your first thought but you can control the next
- Stay present. Checking yourself into your present space
- Exposure Therapy

Measuring Anxiety:

- 1) Identify an anxiety provoking situation
- 2) Walk client through it
- 3) Stop periodically and ask them to rank anxiety on a 1-5 scale
- 4) When they give something a 4 or 5 rank, ask how long that scenario will take before they move through it
- 5) Calculate amount of time anxiety was at peak
- 6) Provide skills for managing those peaks
- 7) What were you thinking during that high anxiety time
- 8) Are those thoughts rational
- 9) What would be rational thinking
- 10) Recognize that the thinking of it is worse than the doing of it
- 11) Now do this again using rational thoughts and breathing
- **12) GO DO SOMETHING THAT FRIGHTENS YOU**

Learning and Utilizing

Self Soothing Skills

Self Soothing Skills:

- 1) Sight
- 2) Sound
- 3) Taste
- 4) Smell
- 5) Touch
- 6) Soothing action
- 7) Relaxation
- 8) Breath work
- 9) Awareness meditation
- 10) People
- 11) Movement

- Use them preventatively
 - Start the day better
- Use them intentionally
- Focus on developing your room as a sanctuary
 - Remove negative associations
 - Build positive environment
- Put together an emergency mobile packet you can take with you
- Self soothing skills are different from distraction. They assist you in learning to calm yourself in distressful situations

TAKING THE MYSTERY OUT OF SOCIALIZING

YOU ARE ABOUT TO LEARN ALL YOU NEED TO KNOW TO TAKE THE MYSTERY OUT OF SOCIALIZING. WE ARE GOING TO DO THIS BY CLOSELY EXAMINING WHAT TEENS SAY.

NEXT TIME YOU WALK DOWN THE HALL AT YOUR SCHOOL OR SIT IN THE CAFETERIA, LISTEN. WHAT GREETINGS AND RESPONSES DO YOU HEAR? I'VE OBSERVED THAT ABOUT 75 PERCENT OF THESE CONVERSATIONS ARE MADE UP OF ABOUT TWENTY WORDS OR PHRASES.

HERE IS A PARTIAL LIST, JUST TO GET YOU STARTED

>> **NO WAY!**

>> ARE YOU KIDDING ME?

>> OH MY GAWD!

>> SWEET!

>> YEEES!

>> CAN YOU BELIEVE THAT?

>> I MEAN, WHO DOES THAT?

>> COOL.....

>> WHAZZUP?

>> WHATEVER.

>> OH NO, YOU DIDN'T.

>> THAT SUCKS!

>> DUDE.

>> GET OUT.

>> TIGHT.

YOU GET THE POINT. THERE'S NO GREAT MYSTERY HERE. MANY TEEN CONVERSATIONS CENTER AROUND THESE EXPRESSIONS AND RESPONSES.

>> I know, right?

>> **Bruh!**

>> It's not that deep

>> It's a thing

HOW WORDS ARE SAID AFFECTS THEIR MEANING

THE NEXT THING TO THINK ABOUT IS NOT ONLY WHAT IS SAID BUT ALSO HOW IT IS SAID. LISTEN TO THE TONE OF VOICE, INFLECTION, VOLUME, AND ENTHUSIASM WHEN PEOPLE SAY THESE SIMPLE WORDS AND PHRASES. FOR EXAMPLE, THE PHRASE "OH MY GAWD" CAN TAKE ON SEVERAL DIFFERENT MEANINGS:

- >> IT CAN BE AN ENTHUSIASTIC REACTION TO SOMETHING INCREDIBLE THAT JUST HAPPENED, SUCH AS "OH MY GAWD, THAT HOTTIE JUST TOTALLY SMILED AT ME."
- >> IT CAN BE A REACTION OF ANNOYANCE, SUCH AS "OH MY GAWD!" CAN YOU BELIEVE WHAT SHE JUST SAID TO ME?
- >> IT CAN BE A REACTION OF FEAR, SUCH AS "OH MY GAWD, MY DAD IS GOING TO KILL ME WHEN HE SEES THESE GRADES."

GESTURES, FACIAL EXPRESSIONS, AND BODY LANGUAGE ARE ALL FORMS OF COMMUNICATION

FOR EXAMPLE, LEANING INTO OR AWAY FROM SOMEONE WHILE SAYING THESE SIMPLE PHRASES COMMUNICATES A MESSAGE TOO. LET'S REDO THE ABOVE SCENARIOS AND ADD THOSE COMPONENTS INTO THE MIX

- * KIRA LEANS INTO HER BEST FRIEND WITH A DISBELIEVING SMILE ON HER FACE AND WHISPERS ENTHUSIASTICALLY, "OH MY GAWD, THAT HOTTIE JUST TOTALLY SMILED AT ME."
- * TAYLOR ROLLS HER EYES, LOOKS AT HER FRIEND, AND SAYS BETWEEN CLENCHED TEETH WITHOUT FULLY OPENING HER MOUTH, "OH MY GAWD! CAN YOU BELIEVE WHAT SHE JUST SAID TO ME?!
- * KYLE LOOKS AT HIS PAPER, HIS EYES ARE BIG AND ROUND, AND HE ANNOUNCES TO THE CLASS, "OH MY GAWD, MY DAD IS GOING TO KILL ME WHEN HE SEES THESE GRADES!"

HERE'S THE BOTTOM LINE: GESTURES, FACIAL EXPRESSIONS, AND BODY LANGUAGE ALL GO A LONG WAY IN COMMUNICATING TO YOUR FRIENDS.

WHAT'S EVERYONE TALKING ABOUT?

MOST PEOPLE WITH SOCIAL ANXIETY THINK AND WORRY A LOT ABOUT WHAT TO SAY. THEY BECOME SO CONVINCED THAT THEY DON'T KNOW THE RIGHT THING TO SAY THAT THEY CREATE MORE ANXIETY FOR THEMSLVES. YOU ARE NOW GOING TO LEARN WHAT EVERYONE ELSE YOUR AGE SEEMS TO KNOW (THEY DON'T REALLY ALL KNOW, IT JUST SEEMS LIKE THAT.)

WHEN IT COMES RIGHT DOWN TO IT, CONVERSATION TOPICS FOR TEENS TEND TO CENTER AROUND A FEW GENERAL AREAS. ONCE YOU REALIZE THIS, YOU WILL BE MORE PREPARED AND CONFIDENT ABOUT TALKING IN FRONT OF PEOPLE. AS A RESULT, YOU WILL BE A LOT LESS ANXIOUS.

CATEGORY ONE:

> RECREATIONAL ACTIVITIES

CATEGORY TWO:

> INTERESTS AND HOBBIES

CATEGORY THREE:

> WHAT THEY DON'T LIKE

CATEGORY FOUR:

> RELATIONSHIPS

CATEGORY FIVE:

> HOPES, DREAMS, FEEL & THOUGHTS

Identify what types of things you can talk about in each of these categories and practice contributing to the conversation

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