Social Anxiety: Developments in Understanding and Treatment

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Characteristics and Consequences

• Most common anxiety disorder (Kessler et al. 2005: lifetime prevalence 12%)
• Typically childhood onset (median 13 yrs) and fairly persistent in the absence of treatment (Bruce et al 2005: natural recovery rate 37% over 12 years)
• Increased risk of depression, other anxiety disorders, alcohol & drug abuse.
• Can lead to under-achievement
• Low treatment seeking rates
Clark & Wells (1995)

SOCIAL PHOBUGIA PERSISTS DUE TO:

• shift to internal focus of attention
• use of internal information to infer how one appears to others
• safety behaviours
Social Situation

Activates assumptions

Perceived social danger

Processing of Self as a Social Object

Safety Behaviours

Somatic & cognitive symptoms
Mansell, Clark & Ehlers (2003)

Do high socially anxious individuals have an internal attentional bias?

High vs Low Socially Anxious Students
Detect external and internal probes
Threat vs No Threat
External vs Internal Focus of Attention

- No Threat
- Social Threat

Graph shows comparison between High Socially Anxious and Low Socially Anxious groups under No Threat and Social Threat conditions.
Hackmann, Surawy & Clark (1998)

Do people with social phobia experience negative, observer perspective images when anxious in social situations?

Structured interview.
Frequency, content & perspective of spontaneous imagery
% Negative, distorted, observer perspective images
Link between date of memory and onset of social phobia
Wells, Clark, Salkovskis et al (1995)

Do safety behaviours prevent cognitive change?

Exposure with safety behaviours VS Exposure without safety behaviours
Improvement

Beliefs
Anxiety

- Keep SB
- Drop SB

Beliefs
Anxiety

Bar chart showing improvement in beliefs and anxiety for 'Keep SB' and 'Drop SB' scenarios.
New Cognitive Treatment

• Derive idiosyncratic model
• Self-focussed attention/safety behaviours experiment
• Video feedback
• Shift attention to social situation
• Interrogate social environment
• Construct veridical image of social self
• Rescript memories of early experiences
• Deal with remaining assumptions
“I’ll sound stupid”

Self-Conscious
Image of self
- looking very strange
- twisted mouth and rigid
- feel different and apart

Safety Behaviours
Delay asking, take deep breaths
Speak quickly, mumble, hand over mouth, rehearse what about to say, check memory for what I have just said

Anxious
uncomfortable,
sweaty palms,
stiff muscles,
mind goes blank,
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<table>
<thead>
<tr>
<th>SITUATION</th>
<th>PREDICTION</th>
<th>EXPERIMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coffee break. Sitting with other teachers. Trying to join in the conversation</td>
<td>If I just say things that come into my mind they’ll think I’m stupid. 50%</td>
<td>Say whatever comes into my mind and watch them like a hawk. Don’t focus on myself. This only gives me misleading information and means I can’t see them.</td>
</tr>
<tr>
<td>OUTCOME</td>
<td>WHAT I LEARNED</td>
<td></td>
</tr>
<tr>
<td>---------</td>
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<td></td>
</tr>
<tr>
<td>What actually happened?</td>
<td>Balanced view (Rate belief 0-100%)?</td>
<td></td>
</tr>
<tr>
<td>Was the prediction correct?</td>
<td>How likely is what you predicted to happen in future (Rate 0-100%)?</td>
<td></td>
</tr>
<tr>
<td>I did it and I watched the others; one of them showed interest and we talked: she seemed to quite enjoy it.</td>
<td>I am probably more acceptable than I think: 70%</td>
<td></td>
</tr>
</tbody>
</table>
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Social Phobia Trial 1

Social Phobia Trial 2

Social Phobia Trial 3: Stockholm

Future Developments
Lord Layard’s Initiative

- December 2004: Paper for Cabinet Office
- January 2005: Cabinet Office Multi-Ministry Seminar
- May 2005: Election Manifesto Commitment
- Post-Election: IAPT Initiative & Public Campaign
Layard’s Argument

• Mental illness is the UK’s greatest social problem (unemployment vs incapacity benefit).
• Much current service provision focuses on psychosis which deserves attention but affects 1% of population at any one time.
• Many more people suffer from anxiety and depression (approx. 15% at any one time).
• Economic cost is huge (lost output £17 billion pa, of which £9 billion is a direct cost to the Exchequer).
• Effective treatments exist.
• NICE Guidance recommends CBT for all depressive and anxiety disorders plus some other treatments for individual conditions.
• Only 4% of people with anxiety or depression received evidence based psychological treatment in the last year.
• Increased access to CBT would more than pay for itself
What’s Happening Now?

• May 2006: Two national pilot sites (Doncaster and Newhan) announced

• June 2006: Release of “The Depression Report” and Media Campaign

• 2007: National Roll-Out (scale to be decided)

• **PLEASE LOBBY**
Ongoing London Treatment Trial

• Compares two forms of cognitive therapy for social phobia
• Weekly treatment sessions (including social tasks) for up to 14 weeks, then 3 follow-up sessions over 3 months
• Also involves out of session homework and practice
• Further Details:
  http://psychology.iop.kcl.ac.uk/cadat/
  e-mail: d.clark@iop.kcl.ac.uk
Further Reading