**Morris County Psychological Association**

51 South St, Suite 1

Morristown , NJ 07960

(973) 539-5600

www.mcpanj.com

***President Treasurer Program Chairperson***

Nancy Sidhu, Ph.D. Sarah Dougherty. Psy.D. Jayne Schachter, Ph.D.

***President-elect* *Secretary NJPA Representative***

? Hayley Hirschmann, Ph.D. ?

***Past President Webmaster Membership***

Mike Zito, Ph.D. Francine Rosenberg, Psy.D. Melissa Klika, Psy.D.

***Student Representative***

Anthony Ferrerr

**Jan. 8, 2020**

**Social Anxiety:  Why Cognitive Therapy is More**

**Effective Than Exposure**

Presented by:

**Milton C Spett, Ph.D.**

**Meeting announcements:**

1. Nancy Sidhu: -introduced board to the whole group and encouraged attendees to consider joining the board in the future.
2. Nancy: Reminder that if you register for our programs before noon on Mon. before Wed. events = $29 but after then or at walk-in = $35
3. Planning to change April meeting to the 1st instead of 8th due to the Passover holiday
4. Susan Neigher: Reminded all to sign up to judge High School entries – sign up going around room or contact her if you are interested
5. Jayne Schachter: Reminded all to sign in and stay for whole program for CE credit. Also, see program handout for all details about today’s program and CEs.
6. Go to [www.psychologynj.org/morris-jan2020](http://www.psychologynj.org/morris-jan2020) within the next 7 days to pay for and get CE credit for today. NJPA maintains responsibility for this program and its content.  NJPA ensures that permission to use proprietary information, and steps to safeguard such information, are discussed with presenters at NJPA sponsored programs.

This program is approved for 1 CE credit. The cost of a CE Certificate is $15 for NJPA members, $25 for non-members, and free for sustaining members.

***-Register for all upcoming programs at*** [***www.mcpanj.com***](http://www.mcpanj.com)

**Meeting Attendees:** Jayne Schachter, Anthony Ferrer, Randy Bressler, Sarah Dougherty, Hayley Hirschmann, Melissa Klika Mack, Susan Neigher, Mike Zito, Francine Rosenberg, Nancy Sidhu, Phyllis Lakin, Rhonda Allen, Elizabeth Babyak, Komal Dutt, Janie Feldman, Kenneth Gates, Marc Gironda, Catherine Cargian, Ron Gironda, Roman Lemega, Marilyn Lyga, Christopher Michaels, Llynn Mollick, Sharon Montgomery, Carly Orenstein, Nicole Safonte-Strumolo, Tamsen Thorpe, Aaron Welt, Paul Yamplosky, Rich Brewster, Deborah Fisch, Milton Spett - Speaker

**Presenter Bio:**

Dr. Milton Spett is the co-founder and co-leader of the New Jersey Association of Cognitive Behavioral Therapists.  He has given 58 workshops on CBT for NJ Mental Health Professionals, including 16 workshops for NJPA and numerous workshops for the county psychological associations. For 15 years, he taught a review course to prepare psychologists for their state licensing exams.  His private practice is in Cranford, NJ.

**Overview and Dr. Spett’s notes from talk:**

Exposure and response prevention (ERP) is the most popular form of CBT for anxiety disorders.  But research has found that Cognitive Therapy is more effective than exposure for social anxiety.  This workshop will focus on cognitive techniques that are effective in treating social anxiety, and will also explain why Cognitive Therapy is more effective than ERP for social anxiety.

Outline for talk:

**1. Diagnosis** **and assessment**

1.1 The essence of social anxiety disorder is the fear and avoidance

of being observed and humiliated in social situations.

**Clinical vignette**: **Tom presented with emetophobia.**

1.2 Four dysfunctional cognitions in social anxiety patients

1. They believe their social behavior is worse than it is.

2. They believe their social anxiety is more obvious than it is.

3. They believe others judge them more negatively than others actually

judge them.

4. Over time, social anxiety patients’ memories of how others

have judged their social behavior becomes more negative.

It is the therapist’s job to change these dysfunctional cognitions

to functional cognitions using behavioral and cognitive techniques.

But we therapists can design a unique treatment for each patient

using any combination of cognitive and behavioral techniques.

*-acceptance techniques could also be helpful – see references for good resources on this*

**2. Exposure and response prevention** -- Exposure means having social anxiety

patients experience their anxiety and the situations that evoke their anxiety.

*2.1 In vivo exposure:* Patients expose themselves to real life social situations.

Patients can do exposure speaking to groups through **www.ToastMasters.org**

2.2 Four ways to Increase the probability patients will do exposure homework

*1. Graduated exposure.* Patients gradually expose themselves

to social situations that elicit more and more anxiety.

*2. Commitment.* Patients commit themselves to do exposure at specific

times in specific situations. Patients write this in their schedules.

*3. Imaginal exposure* means patients visualize themselves speaking

in social situations, increasing the chances patients

will do in vivo exposure.

*4. Self-monitoring.* Recording exposures, anxiety, and amount of talking.

Give homework “suggestions” rather than homework assignments.

*2.3 Response prevention*means doing nothing to avoid, escape, or diminish

anxiety in social situations.*Safety behaviors* are anything patients do

to avoid, escape, or reduce anxiety in social situations.

Safety behaviors reduce the effectiveness of exposure.

Therapy should identify and eliminate patients’ safety behaviors.

2.4 “Anxiety is your friend” – patients should to seek it out and welcome anxiety.

Anxiety means they are doing something that will eventually cure

their social anxiety.

**3. Applying 4 basic cognitive therapy techniques to social anxiety patients**

*3.1 Disputation*. Albert Ellis’s technique of using logic and evidence

to change patients’ dysfunctional cognitions to functional cognitions

*3.2 Socratic questioning.* Asking questions to gently lead patients

to change their dysfunctional cognitions.

*3.3 The debate technique*. Patients write an argument as if they are in a debate

and they are arguing against their dysfunctional cognitions. They read

their argument each day and try to improve it, to make it more convincing.

*3.4 The court technique.* Patients argue in favor of their dysfunctional

cognitions and the therapist argues against them. Then they switch roles.

With repetition, repetition, repetition, very gradually, patients’ dysfunctional cognitions change to functional cognitions, next their behavior changes,

and finally their emotions change.

**4. Three cognitive therapy techniques specifically for social anxiety**

*4.1 Social skill training.* Listening is probably more important than talking.

1. Validation -- expressing agreement

2. Affirmation -- expressing admiration

3. Active listening *–* paraphrasing the essence of what the other is saying.

*4.2 Video record a social anxiety patient* interacting with someone you invite to

the session. Have the patient evaluate how well they did before they see

see the video. After they see the video, ask for their “objective” evaluations of what they saw on the video.

*4.3 Human feedback*. Have patients speak to another person, and then

have the patients compare their evaluation with the other’s evaluation.

**5. Research: relaxation, medication, and exposure vs. cognitive therapy**

5.1 Medication does not augment or impede CBT for social anxiety.

5.2 Relaxation: No research on adding relaxation to CBT for social anxiety.

**Clinical vignette: Steve avoided parties: he feared that people**

**would reject him because of his anxiety symptoms.**

*Interoceptive exposure* means having patients perform physical

movements that provoke their anxiety symptoms.

5.3 Cognitive therapy is superior to exposure for social anxiety.

5.4 Two ways we real life therapists can do better than research therapists –

1. We can design a unique treatment for each patient &

2. We can continue treatment beyond the 12 weeks

of most research therapy.

**6. Why cognitive therapy is more effective than exposure for social anxiety**

Unlike patients with other anxiety disorders, patients with social anxiety

receive no objective feedback about their social behavior. They have only their subjective perception that others have judged them negatively, that others have been appalled by their anxiety.

.

**7. Two new metacognitive techniques and two functional metacognitions**

7.1Convince patients that no matter how poor their social skills are,

and no matter how anxious they appear, some people will like them

just the way they are.

**Clinical vignette: Barbara had social anxiety giving presentations.**

7.2 Convince social anxiety patients that It doesn’t matter

if someone doesn’t like them.

7.3 Two functional metacognitions

1. “No matter how bad my social skills are and no matter how bad

my anxiety is, some people will like me just the way I am.”

2. “It doesn’t matter how many people don’t like me.

I will find a few people who do like me.”

7.4 A diagnostic question to ask your social anxiety patients

When you go to a party do you ask yourself “will I like the people, or will they like me?” When answer becomes will they like me? - they are cured!

***\*For all speaker notes, measurement tools and references from this talk go to mcpanj.com and look under Event Materials. – Thanks so much to Mickey for providing these.***

**Newsletter by:**

**MCPA Secretary – Hayley Hirschmann, PhD**