I'm So Awkward

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Social Anxiety Disorder is

The most frequently diagnosed

Psychiatric disorder in

Teens and young adults

Diagnostic Criteria for Social Anxiety Disorder (SAD)

Fear of social or performance situations involving unfamiliar people

Fear of being scrutinized by others

Fear of being embarrassed or humiliated due to behaviors

Exposure to feared situation provokes situational panic attacks

Recognizes fear is unreasonable

Situations are avoided or suffered through with severe distress

Interferes with persons functioning

(Summary of DSM VI SAD)

Typical Onset:

* Date childhood to young adulthood prior to age 25

* Clinical and non-clinical samples of college students report high levels of social anxiety

Leads to:

* Fear of "suffering through" social situations
* Fears of others noticing their suffering
* Avoidance of a wide range of social situations
* Fear of emotional dysregulation
* Excessive self focused attention
* Negative self evaluation

Results in Long-term Impairment in:
   *   Intimate relationships
   *   Educational
   *   Career

   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, multi-theoretical approaches to treatment

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

Social Anxiety Disorders 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
  * Magnesium

Vitamins to improve overall mental health:

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

      Folate can enhance antidepressant treatment

      Deficit found in 50% of depressed patients

      Deficiency found in heavy alcohol use, 19% adolescent females

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. Patients with poor diets as a result of drug and alcohol use and eating disorders are at risk.

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

SAMe

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

- 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

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 psychopathology and caregiver strain are closely linked to adolescent anxiety.**

Families who indicated the highest level of distress demonstrated the greatest improvement in treatment which was associated with a larger reduction in teen anxiety

3) Psycho-educational sessions focused on supporting teens proved to be an extremely helpful strategy for families

(Schleider, Ginsbury, Keaton, Wiesz, Bic maker, Kendall, Piacentini, Sherrille, Walkup 2015)

4) Family rituals serve as protective factors for social anxiety in teens

- **Family rituals are defined as patterned interaction: dinner time, leisure, traditions, reunions, anniversary, birthdays, celebrations, holidays, weddings**
- **Promote sense of belonging, shared memories and provides understanding of what it means to be a member of this family**

- Associated with:

- Social connectedness

- Lower levels of anxiety

- More secure connection to family which promotes formation of bonds with others

- Provides positive working model of self and others

- Assist in forming, maintaining, and benefitting from relationships with others

(Malaquias, Crespo, Francisco 2014)

5) **Parental over involvement in preschool years related to subsequent social wariness of child. Limits child's ability to develop coping mechanism to overcome wariness**

6) **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**

7) **Parental negativity and criticism is critical factor for SAD in children**

8) **Presence of maternal and anxiety over child's life is risk factor for SAD**

(Hudson, Dodd, Lyneham, Bovopolous 2011.)

Anxious Parenting Dynamic

- Parent over identifies with child's emotions and has a great deal of difficulty tolerating child's pain

- Parent over pathologizes child's uncomfortable emotions

- Parent over indulges inappropriate behavior due to child's emotional distress

- Parent enables avoidant behavior

- Parent over involves child in day to day specifics of parents mental health

- Parent relates to child as "best" friend and confidant and encourages child to reciprocate

- Parent shares age inappropriate history, past trauma

- Parent role models negative projection, over emphasis potential negative consequences, attempts to prevent child from making mistakes, and reinforces distrust of others intentions

- **Unintentionally discourages child from moving forward by accomplishing developmental tasks associated with emotional independence**

- **Disrupts the developmental trajectory of independence by bringing child closer under the guise of supporting and helping**

Family Psycho Educational Program produces positive results:

- Improve relationships with teens
- Increased confidence in parenting
- Greater engagement in treatment
- Higher levels of commitment with all aspects of treatment
- Teach methods of supporting teen
- Stress reduction for family

Parenting Programs that focus on –

- Problem solving vs. problem focused communication
- Non-problem based discussion
- Positive interaction
- Engaging with teen in healthy fashion
- De-escalating strategies
- Building support
- Practical simple discipline
- Promoting age appropriate independence

Interventions which target family dysfunction, 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 phrase like "they can't handle," "It's too much for them."

Temperament:

* Behavioral inhibition as risk factor for SAD
    * Wariness
    * Avoidance of unfamiliar
    * Increased risk for shyness

* Withdrawal from new social situations

    ↓

    Less socially assertive

    ↓

    More prone to peer rejection

    ↓

    Negative self-perception

*   Interpret ambiguous social encounters as rejecting

 *   Attention bias toward threats

 *   Stable behavioral inhibition across childhood is better predictor of SAD than BI assessed at a single point

Shyness as Risk Factor

Defined as:

*   Anxiety, inhibition, reticence in social and interpersonal situations
*   Fear of negative evaluation

Is a stable temperament trait 26% of women and 19% men

Shyness increases steadily in toddlerhood and is predictive of SAD in adolescence

Nearly all people diagnosed as SAD characterized as shy

Less than ¼ of shy people meet criteria for SAD

50% of adolescents report as shy

- Helpful to clarify behavioral inhibition, shyness with parent and teens

- Careful not to over pathologize temperament

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 updates

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)

- <u>Research on Face Memory in Anxious and Depressed Girls</u>

* 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

1) 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)

6) **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**

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)

PROBLEMS WITH SOCIAL ANXIETY

1) ELIMINATE THINGS FROM LIFE AND AVOID THINGS THAT GIVE JOY. THE MORE ONE AVOIDS THE MORE YOU FEEL YOU HAVE TO AVOID AND EVENTUALLY CONVINCE SELF THAT ALL SOCIAL INTERACTION IS THREATENING

2) WORRY OBSESSIVEWLY ABOUT EVERY POSSIBLE THING THAT MIGHT GO WRONG SOCIALLY

3) TRY TO DO EVERYTHING PERFECTLY

4) LIMIT LIFE BASED ON FEAR THAT IS BASED ON NOTHING – ANXIETY – IT'S NOT YOUR LIFE – IT'S YOUR FEAR.

5) AVOID ADMITTING YOUR ANXIETY BY USING SMOKE SCREENS
- I DON'T LIKE PEOPLE
- I DON'T CARE ABOUT SCHOOL ACTIVITIES

Treatment Interventions for SAD

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
* One thing you would do if you weren't afraid
* The anxiety is in the anticipation

- Trust self
- World gets smaller and smaller
- Anxiety is the door you have to walk through to get to the world you want
- It is not the social interaction that makes one anxious. It is the thinking about the social interaction that fuels anxiety
- Let others decide how they feel about you
- The world is a walking mass of insecurity
- Is the stuff your reacting to coming at you or from within you
- Normalize – happens to everyone

                    - frustrates everyone

* At this very moment this same thing is happening to someone else and they probably feel the same way I do

In order for teens and young adults to manage their emotional reaction in social situations

They need to:

1) Understand, observe, and describe emotions

2) Recognize emotionally driven or irrational thoughts

3) Evaluate and challenge perspectives

Remember

Feelings are part of who we are

Emotions don't always require action

Calculate and break down the time

Our emotions don't control us

Become Comfortable With Experiencing Emotions

Acknowledge

Identify

Accept

Sit with it

Let it pass

Don't attempt to:

Block – avoid, run away from, disregard

Suppress - ignore, beat it down, drown it with alcohol or drugs

Dump - Change focus right now

Hold on - Obsess about it – chase after it

Give it too much significance - make it bigger than what it is, pare it down

Judge - It doesn't have to be good or bad

Fight with it - Why do I have to feel this

(Gaman, Amino, Butyric, ACI)

(*Tom Drummond, North Side Community College)

Vocabulary of Emotions

	Happiness	Caring	Depression	Inadequateness	Fear	Confusion	Hurt	Anger	Loneliness	Remorse
STRONG	Delighted, Ebullient, Ecstatic, Elated, Energetic, Enthusiastic, Euphoric, Excited, Exhilarated, Overjoyed, Thrilled, Tickled pink, Turned on, Vibrant, Zippy	Adoring, Ardent, Cherishing, Compassionate, Crazy about, Devoted, Doting, Fervent, Idolizing, Infatuated, Passionate, Wild about, Worshipful, Zealous	Alienated, Barren, Beaten, Bleak, Bleeding, Dejected, Depressed, Desolate, Despondent, Dismal, Empty, Gloomy, Grieved, Grim, Hopeless, In despair, Woeful, Worried	Blemished, Blotched, Broken, Crippled, Damaged, False, Feeble, Finished, Flawed, Helpless, Impotent, Inferior, Invalid, Powerless, Useless, Washed up, Whipped, Worthless, Zero	Alarmed, Appalled, Desperate, Distressed, Frightened, Horrified, Intimidated, Panicky, Paralyzed, Petrified, Shocked, Terrified, Terror-stricken, Wrecked	Baffled, Befuddled, Chaotic, Confounded, Confused, Dizzy, Flustered, Rattled, Reeling, Shocked, Shook up, Speechless, Startled, Stumped, Stunned, Taken-aback, Thrown, Thunderstruck, Trapped	Abused, Aching, Anguished, Crushed, Degraded, Destroyed, Devastated, Discarded, Disgraced, Forsaken, Humiliated, Mocked, Punished, Rejected, Ridiculed, Ruined, Scorned, Stabbed, Tortured	Affronted, Belligerent, Bitter, Burned up, Enraged, Fuming, Furious, Heated, Incensed, Infuriated, Intense, Outraged, Provoked, Seething, Storming, Truculent, Vengeful, Vindictive, Wild	Abandoned, Black, Cut off, Deserted, Destroyed, Empty, Forsaken, Isolated, Marooned, Neglected, Ostracized, Outcast, Rejected, Shunned	Abashed, Debased, Degraded, Delinquent, Depraved, Disgraced, Evil, Exposed, Humiliated, Judged, Mortified, Shamed, Sinful, Wicked, Wrong
MEDIUM	Aglow, Buoyant, Cheerful, Elevated, Gleeful, Happy, In high spirits, Jovial, Light-hearted, Lively, Merry, Riding high, Sparkling, Up	Admiring, Affectionate, Attached, Fond, Fond of, Huggy, Kind, Kind-hearted, Loving, Partial, Soft on, Sympathetic, Tender, Trusting, Warm-hearted	Awful, Blue, Crestfallen, Demoralized, Devalued, Discouraged, Dispirited, Distressed, Downcast, Downhearted, Fed up, Lost, Melancholy, Miserable, Regretful, Rotten, Sorrowful, Tearful, Upset, Weepy	Ailing, Defeated, Deficient, Dopey, Feeble, Helpless, Impaired, Imperfect, Incapable, Incompetent, Incomplete, Ineffective, Inept, Insignificant, Lacking, Lame, Overwhelmed, Small, Substandard, Unimportant	Afraid, Apprehensive, Awkward, Defensive, Fearful, Fidgety, Fretful, Jumpy, Nervous, Scared, Shaky, Skittish, Spineless, Taut, Threatened, Troubled, Wired	Adrift, Ambivalent, Bewildered, Puzzled, Blurred, Disconcerted, Disordered, Disorganized, Disquieted, Disturbed, Foggy, Frustrated, Misled, Mistaken, Misunderstood, Mixed up, Perplexed, Troubled	Annoyed, Belittled, Cheapened, Criticized, Damaged, Depreciated, Devalued, Discredited, Distressed, Impaired, Injured, Maligned, Marred, Mistreated, Resentful, Troubled, Used, Wounded	Aggravated, Annoyed, Antagonistic, Crabby, Cranky, Exasperated, Fuming, Grouchy, Hostile, Ill-tempered, Indignant, Irate, Irritated, Offended, Ratty, Resentful, Sore, Spiteful, Testy, Ticked off	Alienated, Alone, Apart, Cheerless, Companionless, Dejected, Despondent, Estranged, Excluded, Left out, Leftover, Lonely, Oppressed, Uncherished	Apologetic, Ashamed, Contrite, Culpable, Demeaned, Downhearted, Flustered, Guilty, Penitent, Regretful, Remorseful, Repentant, Shamefaced, Sorrowful, Sorry
LIGHT	Contended, Cool, Fine, Genial, Glad, Gratified, Keen, Pleasant, Pleased, Satisfied, Serene, Sunny	Appreciative, Attentive, Considerate, Friendly, Interested in, Kind, Like, Respecting, Thoughtful, Tolerant, Warm toward, Yielding	Blah, Disappointed, Down, Funk, Glum, Low, Moody, Morose, Somber, Subdued, Uncomfortable, Unhappy	Dry, Incomplete, Meager, Puny, Tenuous, Tiny, Uncertain, Unconvincing, Unsure, Weak, Wishful	Anxious, Careful, Cautious, Disquieted, Goose-bumpy, Shy, Tense, Timid, Uneasy, Unsure, Watchful, Worried	Distracted, Uncertain, Uncomfortable, Undecided, Unsettled, Unsure	Let down, Minimized, Neglected, Put away, Put down, Rueful, Tender, Touched, Unhappy	Bugged, Chagrined, Dismayed, Galled, Grim, Impatient, Irked, Petulant, Resentful, Sullen, Uptight	Blue, Detached, Discouraged, Distant, Insulated, Melancholy, Remote, Separate, Withdrawn	Bashful, Blushing, Chagrined, Chastened, Crestfallen, Embarrassed, Hesitant, Humble, Meek, Regretful, Reluctant, Sheepish

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
    - 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

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

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.

>> I know, right?

>> Dude!

>> It's not that deep

>> It's a thing

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

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 KNOW

CATEGORY FOUR:

> RELATIONSHIPS

CATEGORY FIVE:

> HOPES, DREAMS, FEEL AND THINK

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

(Gabe, Janice, Substance Use and Anxiety Disorders 2003)

SELF

COMPASSION

THERAPY

Positive Daily Journal

Monday: Positive anticipations

Tuesday: Your gratitude's

Wednesday: Difficult things you have
done

Thursday: Favorite positive memories

Friday: Decisions you made that you are proud of

Saturday: Something or someone that inspired you

Sunday: Something helpful you did for someone else

Additional Positive Topics:

- Things I have done that were trusting or trustworthy

- Motivational things I have learned this week

- This week I realized that…………………….

Self Compassion vs. Self Criticism

Self Criticism Fuels Social Anxiety

Promote and Teach:
* Self kindness vs. self judgment
* Offer self warmth and acceptance vs. beating self

Humanity vs. Isolation:
* Recognizing human imperfection, mistakes, failure, challenges, results in fewer feeling of isolation
* Difficult things happen to everyone

Mindfulness:
* A balanced awareness of one's painful experiences in a way that does not ignores, avoids, or exaggerates
* Being kind and understanding (it's okay to be perfect. I am not defective, this is hard, it's normal to mess up, it's not just me)

*   **Counter self trash talking (I am not defective)**

*   **Acceptance of pain (This is hard)**

*   **Decrease self blame (Blaming myself is causing more pain)**

*   **Humans fail (It's normal to mess up sometimes)**

*   **Lessen isolation (It's not just me)**

*   **Decrease self criticism (Maybe this is not happening because I am a bad person)**

Teaching Self Compassion –

* Introduce self criticism –vs- self compassion

* Explore what it "sounds like"

* Discuss "myths" of self criticism: What purpose does it serve

* How has past and present self criticism impacted lives

* Self compassion:

    * Part of their value system
    * Promotes healthy self trust
    * Allows them to honestly face truth about addiction without aid of denial
    * Promotes self care

Teaching Self Compassion (Continued)

* Write a series of compassionate letters to self
* Discuss fear of letting go of self criticism
* Review a recent situation and discuss
    * What was outcome
    * What would be self compassion response
    * How might that impact outcome
    * Ask client if a boss, or coach or parent were trying to motivate you would it be more effective if they approached you with productive feedback or excessive criticism
* Encourage clients to check out
    www.self-compassion.org

Name It:	Claim It:	Shame It:
Call it	This is what	I am stupid
This is what	I think about it	Crazy
It Is	This is what I feel	bad
	This is what I need to do	defective

Why shame it does not work:

When you make a mistake, your mood drops

When you are self critical, it drops your mood into the dirt!

Being in the dirt feels awful and it motivates you to try and avoid it

The way you avoid it is to "avoid" things that might make you "shame" yourself

Avoids and become afraid of things that you don't know how to do, you don't understand, you might not do perfectly, you might fail, people who might make you uncomfortable

- Practice name it and claim it
- Be mindful of shame it
- Bring mind back to name it and claim it
- Claim it is how you take responsibility
- Staying out of shame helps you learn from mistakes, gives you courage to try again, gives you emotional strength and resiliency

Research shows that self criticism –

* Predicts depression
* Poorer outcomes with CBT, interpersonal psychotherapy and poorer response to medication
* Common across all psychiatric disorders including substance abuse
* Decreases activation towards goals
* Promotes motivate to avoid failure, disappointment
* Encourages rumination, procrastination, fear

Self compassion results in –

* Increase in warmth and care towards self
* Successful goal pursuit
* Less fear of failure
* Less focus on past mistakes, weaknesses, failure
* More motivated to change, try harder to learn, avoid repeating past mistakes
* Is powerful way to cope with negative emotions
* Connected to positive emotions, and better mental health
* Stronger sense of emotional connection with others
* Less critical and condemning attitudes toward self
* Less isolated

Pharish Festival
"Human"

You've got to put it all behind
It is the only way to find whatever it is
you've been trying So desperately to see inside
You've got to get up cause you fell
Quit feeling sorry for yourself
Made some mistakes so f_____ well
Your human if you couldn't tell

Positive Personal Inventory
This Week I Realized That I Am:

Artistic	Daring	Honorable
Happy	Content	Fearless
Insightful	Intuitive	Calm
Observant	Confident	Assertive
Serene	Focused	Independent
Wise	Adaptable	Adventurous
Attentive	Authentic	Capable
Courageous	Dedicated	Empathetic
Honest	Responsible	Self Reliant
Productive	Loyal	Knowledgeable

Positive Personal Inventory
This Week I Realized That I Am:

Compassionate	Interested	Fair
Trustworthy	Interesting	Aware
Optimistic	Strong	Committed
Funny	Determined	Curious
Clever	Persistent	Efficient
Verbal	Brave	Generous
Outgoing	Friendly	Hard Working
Motivated	Inspired/Inspiring	Humorous
Grateful	Open Minded	Polite
Accepting	Willing	Supportive
Hopeful	Trusting	Sincere
Thoughtful	Present	Practical
Creative	Mindful	Peaceful

ACCEPTANCE and COMMITMENT THERAPY (ACT)

Best Resource:

Mindfulness and Acceptance for Counseling College Students

Mindfulness based behavior therapy which attempts to unravel self sabotaging patterns or responses

Instead of focusing on a "better way" to control difficult thought and feelings it emphasizes developing a new relationship with them

Painful experiences are welcomed with openness, curiosity, willingness, compassion and observed without judgment or entanglement

Psychological pain is normal part of living and efforts to avoid it can lead to greater suffering

Attempts to avoid pain causes suffering, separates one from value, dreams and prohibits one from developing a meaningful, fulfilling life

Core Processes of Psychological Flexibility

Commitment and Behavior Change Processes

- Present moment
- Values
- Committed action

Mindfulness and Acceptance Practices

Acceptance

Diffusion

Self as Context

Approaching Apply ACT for teens and young adults:

- ## Clients often find the "idea" of this type of therapy terrifying. In order to enhance engagement:

  - Proceed slowly

  - Introduce and explain concepts and ideas over time and let them think about it

  - Have frequent brief discussion with them about ACT

  - Let them know what we will be doing

  - Introduce a concept and revisit it throughout the process

- Mindfulness based behavioral therapy which assist clients with changing their response to thoughts and feelings

- Pain is normal part of life "clean pain" natural by product of living

- Avoiding pain can lead to greater suffering "dirty pain" results from efforts to stay away from pain, takes us away from what matters

- Avoidance is problematic when running from thoughts becomes a person's primary coping strategy

- Encourage client to evaluate the effectiveness of their patterns in assisting them in achieving goals and having a rewarding life

- Do efforts to avoid or control feelings work? Do they fade away only to resurface?

- Helps students accept what cannot be changed and changing the what can based on values and actions

Teaching Mindfulness

- Part of every session devoted to mindfulness

- Mindfulness is used in times of acute stress.

- Help clients realize distress is not permanent or self defining it will shift and change.

- Distractions is helpful for short lived intrusions but mindfulness is more useful for chronic issues

- Focus on what is in the moment, accept what it is

Mindfulness Skills

- **Begin with focus on rising and falling breath**

- **Expand to include awareness of sounds, smell, touch, movement**

- **Body Scan: Sensations of the body – don't try to change them just observe – notice with curiosity**

- **Walking – very slowly, in silence, notice movement in precise way**

- **Observation: Sit in public spot – observe without judgment**

Value Identification:

- Introductions of value identification helps bring clients back to who they are beyond their social anxiety
- Disconnecting from values creates suffering
- A foundation for the work to come values

Values Are:

- Principles for doing what matters to them in the present
- Freely chosen
- Are verbally constructed and positively defining what is important
- Will be maintained in the face of obstacles

Values are (continued)

- Areas of life that are meaningful and purposeful

- Values provide you with direction in life, allows for flexibility

- Values are choices that influence action

- Values assist in staying present in one's life

Values are not:

- Outcomes
- Feelings
- Value based activities may bring happiness but may also bring pain and discomfort
- About pleasing others
- Assertions about what others should do

Have clients make a collage that reflects their values

Committed Action

- Involves making decisions based on values (what matters) vs. acting or avoiding acting based on fear

- Doing what's necessary to bring values into action in your life

- Committed action in large and small ways in service of values

- Identifying value based goals

- Focuses on "doing," "engaging," "completing"

- One can choose their actions in face of challenges

Self as a Context:

- Perceiving self as distinct from thoughts and feelings
- Self as a container for all experiences
- Thought and feelings always coming and going but self is continuous
- Self labels are simply thoughts and feelings you have, i.e., "I'm awkward."
- No matter what goes on inside of you, there is part of you that is unchanged
- Metaphors
- Self as container
- Self as sky
- Self as a house

-   Driver on a bus

- Internal processes are like passengers whose behavior influences driver
- Self can define who you are by where you independently decide to drive the bus
- Distinguish between self and private experiences

Diffusion vs. Fusion

- **Fusion: Allowing mental events to dominate over lived experiences**

  - Treating evaluation of self and others (i.e., they don't like me) predictions, rigid rules as "truths"
  - Have self defeating influence on life
  - Fuels experiential avoidance
  - Experience tells you that you are fine despite a rush of adrenalin but this truth is often over ridden by fusion
  - It prevents living a life worth living

- Fusion is reinforced by:

  - Attachment to concept of self
  - Disconnection from values:
      Leads one away from what matters
  - Inflexible attention: ruminating or excessive focus
  - Inaction, impulsivity, avoidance

Diffusion: Getting distance from the mind

- Thoughts, images, emotions, memories, meaning – making
   are nothing than products of the mind

-   Engage thoughts only when they are useful in
    assisting with something important. Otherwise,
    simply observe them

- Notice thoughts as they occur "I sound stupid when I
   talk". Distance self from it. Explore consequences
   of indulging it. Encounter is mindfully while doing
   something that matters

- Allow feeling to do what they will without trying to change
   them. At same time, choose an action

Strategies to facilitate Diffusion

- Troublesome thought written on 3 X 5 card – hold closely – then far away. Demonstrates being absorbed vs. noticing

- Repeat thought quickly for minute (just a collection of sounds)

- Write thought down and carry it. It can be welcomed at same time you go about life

- Words passing across TV screen
  * "My mind says ………………"
  * "I am having the thought that ……………"

Open Acceptance

- Painful experiences are encountered with openness, curiosity, willingness and observed without judgment or entanglement

- Opening up to all our experiences, painful or pleasant

- Tug of war with a monster

- Not giving in, or up, or tolerating

- Encountering fear and uncertainty

- Willingness to face fear of rejection in return for reward of friendships

- Pay attention to the moment

- Unpleasant feelings might be telling you something

- Avatar –
    - Develop avatar of painful experiences
    - Interact with it as a welcomed guest
    - Imagine it sitting by your computer, take it with you throughout your day, treat it kindly, move forward in spite of it

- Exposure happens in office

- The more you fight with your feelings the worse your problems become

- Practicing acceptance integrates and calls upon all the processing which define ACT

- Tell clients in advance when you will do an acceptance experience

- Let client "pick" the emotion they want to start with

- Give them a "heads up." Next week we will be teaching open acceptance of feelings

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