BRIEF: EVIDENCE-INFORMED RECOMMENDATIONS FOR SUPPORTING YOUNG PEOPLE WITH SOCIAL ANXIETY

Briefing written by **Dr Rebecca Watson**[1], Lowrie Burgess[1], Dr Samantha Pearcey[1], Professor Cathy Creswell[1] & Dr Eleanor Leigh[1] ([1]University of Oxford)

Overview

Over the course of the pandemic, young people have experienced significant social changes. With schools closed to most young people and restrictions placed on in-person meetings for extended periods, everyday interactions with others commonly shifted to socially-distanced or online formats - which young people say are just not the same as normal (CoSPACE; Pearcey et al*., in prep*). Following on from this, many young people have reported increased worries about social situations (e.g., TeenCovidLife), particularly as the easing of restrictions allowed for more in-person interactions.

Worrying about social situations can involve being afraid of being judged by others, feeling self-conscious in public or being concerned about meeting new people. While these are common feelings for adolescents, especially in the context of COVID-19, excessive worrying about social situations is associated with social anxiety disorder (APA, 2013; Leigh & Clark, 2018). Social anxiety disorder is one of the most common anxiety disorders among young people, and often begins during adolescence (Solmi et al., 2021). Social anxiety can have a significant negative impact on development and functioning, including education, relationships with others, and self-esteem.

This document has been developed in collaboration with researchers and clinicians who have expertise in child and adolescent social anxiety. It highlights key evidence-informed strategies and recommendations to support young people who are struggling with social anxiety. This information has been written to apply in a general context, with some specific considerations made for the COVID-19 context.

Summary of key recommendations:

1. **Notice what you think, feel and do in a social situation – it can take some time but is a useful step in helping you to manage your social anxiety**
2. **Get out of your own head in social situations, instead of focusing on yourself and your feelings, focus on what is going on around you right now**
3. **Discover how you really come across in social situations by testing out your fears rather than basing your views on how you feel inside**

1. Notice what you think, feel and do in a social situation – it can take some time but is a useful step in helping you to manage your social anxiety

People who feel socially anxious usually have lots of negative thoughts and images about how they come across to other people. Common negative thoughts include: *'I sound really stupid'; 'people won't like me', 'everyone will look at me and I will go red.* Young people have told us that they have negative images (or pictures in the mind's eye) of themselves such as looking *'awkward and separate from the rest of the group', 'looking like a rabbit in the headlights'.*

It can be helpful to try to notice what you *think* about and what you *do* in social situations. Try to remember a social situation you were in recently that made you feel anxious. Think about:

- What did you fear would happen in that situation *(e.g. 'everyone would laugh at me')?*
- How did you think other people saw you *(e.g. 'they thought I looked stupid')?*
- Were you focused on what was actually happening or were you focused on yourself (i.e. were you self-conscious)?
- Did you do anything to try and make yourself feel safer i.e., were there things you did to stop what you feared happening from taking place or to make it feel less bad *(e.g. avoided eye contact, didn't talk to many people, monitored what I was saying)?*

Recognising what makes you feel anxious in social situations and what you do in those situations can be a useful first step in breaking the cycle of social anxiety. It can take a bit of time to work out what we think, feel and do when we're feeling anxious in social situations - that's okay; keep going!

2. Get out of your own head in social situations, instead focus on what is going on around you right now

When people are feeling anxious in a social situation, they tend to focus on their own thoughts and feelings *(i.e. worrying what other people are thinking about them, or how they look to others)* and on how they feel physically *(e.g. shaking, blushing, difficulty speaking).* Remember, it is very likely that any physical symptoms are much more noticeable to you than they are to others.

Rather than focusing inwards in a social situation, try to pay attention to what is happening around you. For example, really listen to what other people are saying and look at the people and things in your surroundings. It can also be helpful to practice being focused on what is going on around you in your daily life when you are not in a social setting *i.e., practice walking to school/the park/shops without headphones and focus on the sounds you can hear and the colours you can see.*

By focusing on what is happening around you (and not on how you feel or come across), it will help you to fully engage with what is happening around you right now. This has two benefits:

1. You are less focused on your anxious thoughts, feelings and images of yourself (these often aren't a reliable guide to how you really come across).
2. You can notice how people *actually* react to you (usually much less negatively than you think!) and then you can use that information to judge how you really come across in social situations.

3. Discover how you really come across in social situations by testing out your fears rather than basing your views on how you feel inside

a. **It is important to start testing out your fears by giving things a go and seeing what you find out.** Start by making a list of the social situations you want to be more comfortable in. What do you predict/think will happen in these situations?

   In order to make difficult social situations manageable, people often do things called 'safety behaviours.' **A safety behaviour is something you do because you believe it will keep you safe from judgement/negative evaluation.** For example,

   - *Looking at your phone to stop someone talking to you for fear you will then run out of things to say*
   - *Practising what you say ahead of time for fear you will 'mess up' your words*
   - *Planning what you will say in advance to try to stop running out of things to say and seeming boring*
   - *Finding for a safe person to stick with so they can speak for you*
   - *Covering your cheeks to stop people noticing you blushing*

   It is very common for people to try to avoid things completely when they feel socially anxious. Avoiding things might reduce some of the anxious feelings in the short term but can make them worse in the long term. **Avoidance and other 'safety behaviours' can stop you from learning new things about your fears, and might mean you miss out on having positive social experiences.**

b. **Try out a couple of situations that you avoid (or try to avoid), and that make you feel a bit anxious**, **and do them <u>without</u> your safety behaviours.** It's also important to get out of your head when you're trying out these situations (see point 2). Afterwards…

   - *Reflect on how it went?*
   - *How did what happen compare to what you had predicted?*
   - *What did you learn from it?*
   - *What else might you need to do to keep learning?*

   By testing out social situations and reflecting on them you will start to build up a picture of how you <u>really</u> come across in social situations, and will learn they are not usually as scary as you thought they would be! For example…
   Imagine going to a busy shopping centre. After 5 minutes you start to feel like everyone is staring at you and you feel really anxious. Instead of focusing on your thoughts, look up and around and notice how many people are actually staring at you; compare this to the number of people you expected to be staring at you. Chances are it will be less people than you expected!

   Keep testing out your fears including, when you feel ready, doing the things that make you feel the most socially anxious (e.g. talking in a big group of people). **This may take a bit of time, but don't give up!**

c. It can be easy to go over social situations in your head afterwards and think about the negative parts, or the things that went 'badly'. **Rather than going over and over a situation in your head after it has happened, try to do a different activity that will focus your mind on something more enjoyable**, like reading, gaming, or watching TV. Distracting yourself and focusing on something more enjoyable might help you to not to overthink what happened or think about it in a negative way.

⇒ Seek help when it is needed ⇐

This briefing has identified specific ways to manage social anxiety. If difficulties are causing distress and/or interfering in daily life, it is important to seek help. Just because these feelings are hard for lots of people doesn't mean that any single person's struggles aren't valid or important. If anyone is struggling at a level where it is getting in the way of daily life (e.g. causing distress, interfering with sleep, schoolwork, concentrating in lessons, socialising with friends), it is important to seek help. This could be talking to a trusted friend or family member. Often a good starting point is to speak to someone at school (a school nurse, school mental health champion); this information can typically be found on the school website or by asking a form tutor. Another option is to speak to a health professional, e.g. GP.

More information on sources of support (and other useful resources) can be found here: https://www.nhs.uk/oneyou/every-mind-matters/youth-mental-health/

Key References

- Leigh, E., Clark, D.M. Understanding Social Anxiety Disorder in Adolescents and Improving Treatment Outcomes: Applying the Cognitive Model of Clark and Wells (1995). *Clin Child Fam Psychol Rev* 21, 388–414 (2018). https://doi.org/10.1007/s10567-018-0258-5

This systematic review examined the literature to assess the applicability of Clark and Wells's (1995) cognitive model of social anxiety disorder (SAD) to SAD in adolescents. The review highlights that, overall, the literature provides support to the transferability of the cognitive model of SAD in adults to SAD in young people. However, further studies are required to directly assess maintenance processes in adolescents. The authors also suggest three 'developmentally-sensitive factors' which should be considered when applying this model to young people, including parenting factors; friendships and peer victimisation; and social media use. The authors present evidence supporting the effectiveness of cognitive therapy in young people, and they conclude that adapting the cognitive model of social anxiety disorder is promising for improving treatment outcomes for adolescents.

- Leigh, E., Chiu, K., & Clark, D. M. (2021). Self-focused attention and safety behaviours maintain social anxiety in adolescents: An experimental study. *Plos one*, *16*(2), e0247703. https://doi.org/10.1371/journal.pone.0247703

Leigh, Chiu and Clarke (2021) experimentally manipulated self-focused attention and use of safety behaviours in fifty-seven secondary school students, aged 11-14, to explore the causal role of these maintenance processes in adolescent social anxiety. Young people were identified as high or low social anxiety according to a self-report measure of social anxiety. There were two conditions: in the "With" self-focus condition, participants were told to focus on themselves, to think about how they came across and to continuously check what they were saying; in the "Without" self-focus condition, participants were told to be themselves and focus on their conversation partners. Then, participants took part in a five-minute conversation. Reports from the participants, conversation partners and independent observers revealed that participants felt more anxious in the "With" condition, regardless of pre-existing level of social anxiety. Conversation partners and independent observers similarly rated them more critically in the "With" condition. Comparing ratings of self-focus and safety behaviours in everyday life indicated that, although self-focus and safety behaviours are unhelpful for all adolescents, individuals higher in social anxiety are more likely to use them and, therefore, experience adverse effects.

- Leigh, E., Chiu, K., & Clark, D. M. (2020). The effects of modifying mental imagery in adolescent social anxiety. *PloS one*, *15*(4), e0230826. https://doi.org/10.1371/journal.pone.0230826

This study sought to examine if negative self-imagery plays a causal role in maintaining social anxiety in adolescents. Thirty-four adolescents (aged 11 to 14) who scored highly on a self-report measure of social anxiety, took part in two conditions: in one, they held a negative self-image in mind during a conversation; and in the other, they held a benign self-image in mind during a conversation. Participants reported higher levels of anxiety when holding the negative self-image in mind, compared to the benign image; they thought that the conversation was less successful and reported higher levels of observable aspects of anxiety (e.g., fidgeting, blushing). Similarly, conversation partners and independent observers rated participants more critically when the participant was holding a negative self-image in mind. This suggests that negative self-imagery is a causal factor in maintaining social anxiety in adolescents.

- Leigh, E., & Clark, D. M. (2016). Cognitive therapy for social anxiety disorder in adolescents: a development case series. *Behavioural and Cognitive Psychotherapy*, *44*(1), 1-17. https://doi.org/10.1017/S1352465815000715

Leigh and Clark report a development case series for the adaptation of Cognitive Therapy for Social Anxiety Disorder (CT-SAD) for adolescents, based on the efficacy of CT-SAD in treating adult social anxiety. Participants were five adolescents, aged 11 to 17, with severe, chronic social anxiety. Treatment was delivered in line with the standard adult protocol, however, parental involvement and liaison with schools were also considered. By the end of treatment, all patients lost the diagnosis of SAD, as well as reporting lower levels of depression and general anxiety. As such, this pilot study demonstrates the promise of CT-SAD as an effective treatment for adolescents with SAD.