

**Measure:** Severity Measure for Social Anxiety Disorder (Social Phobia)—Adult **Rights granted:** This measure can be reproduced without permission by researchers and by clinicians for use with their patients.

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## What Is Social Anxiety?

Social anxiety is anxiety that occurs in response to social situations. The anxiety may occur before, during, or after the social situations, and quite often at all three times. A certain amount of social anxiety is completely normal, with around 90% of people acknowledging that they feel shy at certain points in their lives. Most people feel anxious about some social situations, such as public speaking and job interviews. They worry about whether the speech or interview will go well, or what other people will think. Most people will also feel relieved when it is over. For some people, however, the anxiety may be so distressing that they avoid the situation at all costs. ‘Social anxiety disorder’ or ‘social phobia’ refers to an intense, longstanding, and debilitating fear of social situations. Often people with social anxiety disorder will avoid social situations if they can. They believe that they will be evaluated negatively or criticised by other people, and may fear that they will be embarrassed or humiliated in some way. They find that their social anxiety is getting in the way of the life that they want to be living. People with social anxiety will differ from each other with respect to the range and severity of their problems. We will use the term ‘social anxiety disorder’ in these modules to reflect a level of social anxiety that interferes with people’s lives in an important way. They may fear most social situations or one or two specific situations. The types of social situations found to be anxiety-provoking will also vary from person to person. Some common types of situations that people with social anxiety may find anxietyprovoking include:

- One-on-one conversations
- Initiating/maintaining conversations
- Public speaking
- Shopping
- Being assertive with others
- Interacting in groups
- Meeting new people
- Being watched while writing, eating or drinking
- Using public toilets
- Initiating social catch-ups
- Going to parties or social gatherings
- Dating
- Walking down the street in view of others
- Sitting facing other people on a bus or train
- Phone calls

If you find any of the above situations anxiety-provoking because of concerns about how you will come across or what people will think about you, and this anxiety is interfering with your life, you may find it helpful to keep reading these Stepping Out of Social Anxiety modules.

## What Causes Social Anxiety?

There is no single or simple answer to the question of what causes social anxiety disorder. Contributing factors are many and they can vary for different individuals. However, there are some important factors that can increase someone’s chance of developing social anxiety disorder. These factors can be divided into biological and psychological causes. Biological factors such as a family history of anxiety disorders or depression increase your chances of having an anxiety disorder. The more of your family members that suffer with anxiety or depression, and the closer they are to you genetically, the more likely you are to develop an anxiety disorder. We are also born with our own temperaments, which may be inherited to some degree. Many people with social anxiety disorder report that they were shy or inhibited as very young children. While most children will grow out of early shyness, if they are shyer and more timid than their peers this also increases their chances of developing social anxiety disorder later in life. Having a biological vulnerability does not necessarily mean that someone will develop an anxiety disorder. It also may depend on the

person's lifestyle, the types of life stressors they have encountered, and their early learning. Many people with social anxiety disorder report experiencing bullying or abuse during their childhood or adolescence. Others report having one or two particularly distressing social experiences that have stuck in their minds, whilst others report experiencing regular criticism early in life. Others report that their families did not socialise much during their childhood, so they did not have the opportunity to develop confidence in their ability to develop relationships with others. For any given person, it may not be possible to have a complete explanation of exactly how and why they developed social anxiety disorder. Most of the time it probably takes a combination of biological, temperamental, and social factors. The good news is that regardless of what originally caused your social anxiety disorder, there are well-researched and effective ways to overcome your social anxiety.

## **What Keeps Social Anxiety Going?**

To overcome your social anxiety it is helpful to understand what is keeping it going in the present. Social anxiety occurs when we perceive a 'social threat' in a particular situation. Our perception of social threat is how strongly we believe that a 'social catastrophe' will occur. This perception is divided into two parts: probability and cost. The probability refers to how likely our fears are to happen. If we believe our fears are highly likely to come true then our fear response (also known as 'fight or flight') is more likely to be triggered. The cost refers to how bad we believe it will be if our fears do come true. If you believe that it is very likely that you will appear nervous and make a mistake when delivering a presentation (high probability), and if this does happen then you will be criticised or humiliated by others (high cost), then you are likely to feel very anxious about the presentation. Once the perception of social threat is triggered (i.e., perceived social danger is high) you will experience a strong fear response. This usually results in physical symptoms such as:

- Trembling or shaking
- Blushing • Pounding heart
- 'Going blank'
- Nausea
- Sweating
- Hyperventilation
- Difficulty concentrating
- Urge to escape

These symptoms are part of the fight or flight response, the body's protective mechanism. If we are under real threat (e.g., approached by a robber) our body must ready itself for fighting or fleeing from the threat.

As a result, we get a surge of adrenaline and our breathing rate increases (to get more oxygen to the body), we sweat (to cool the body), our muscles tense (to prepare for fighting or fleeing), our heart rate increases (to pump more blood around the body), our attention narrows and focuses on the threat (so that we aren't distracted from dealing with the threat), and so on. As you can see, all these changes are designed to help us deal with the threat. But in most social situations we can't simply fight or run away at top speed, so we aren't able to use all the extra resources in our body (e.g., adrenaline, oxygen). As a consequence, we subjectively experience these bodily changes as intense anxiety. So we feel socially anxious when we perceive a social threat. People with social anxiety disorder have a bias to their thinking whereby they overestimate social threat and therefore have their fight or flight response easily triggered in social situations. We will now describe six factors that can each play a role in maintaining the overestimation of social threat.

## **Negative Thoughts**

Most people, when they are upset, have upsetting thoughts going through their minds. These thoughts can have powerful impacts on our emotions. These thoughts may be about the past, present, or future. Common social anxiety thoughts may include:

- I will say something stupid and others will laugh
- Other people are talking about me behind my back

- I am trembling, shaking, and looking as bright red as a beetroot
  - I won't know what to say
  - People think I am very odd
- Negative thoughts about social situations are one of the reasons people feel socially anxious. Sometimes these negative thoughts are in the form of words, and sometimes they are in the form of images. Images may involve multiple senses. We may see a visual image of the social situation playing out. We may recall people's voices (auditory memories) or see snapshots (visual memories) from past social situations, or we might imagine these aspects of future social situations. They may be vague or fuzzy, or they might be as clear as if you were watching a movie.

## Severity Measure for Social Anxiety Disorder (Social Phobia)—Adult

**Instructions:** The following questions ask about thoughts, feelings, and behaviors that you may have had about *social situations*. Usual social situations include: public speaking, speaking in meetings, attending social events or parties, introducing yourself to others, having conversations, giving and receiving compliments, making requests of others, and eating and writing in public. **Please respond to each item by marking ( ☐ or x ) one box per row.**

							Clinician Use
	During the <b>PAST 7 DAYS</b> , I have...	Never	Occasionally	Half of the time	Most of the time	All of the time	Item score
1.	felt moments of sudden terror, fear, or fright in social situations	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
2.	felt anxious, worried, or nervous about social situations	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
3.	had thoughts of being rejected, humiliated, embarrassed, ridiculed, or offending others	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
4.	felt a racing heart, sweaty, trouble breathing, faint, or shaky in social situations	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
5.	felt tense muscles, felt on edge or restless, or had trouble relaxing in social situations	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
6.	avoided, or did not approach or enter, social situations	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
7.	left social situations early or participated only minimally (e.g., said little, avoided eye contact)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
8.	spent a lot of time preparing what to say or how to act in social situations	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
9.	distracted myself to avoid thinking about social situations	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
10.	needed help to cope with social situations (e.g., alcohol or medications, superstitious objects)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
<b>Total/Partial Raw Score:</b>							
<b>Prorated Total Raw Score: (if 1-2 items left unanswered)</b>							
<b>Average Total Score:</b>							

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## Instructions to Clinicians

The Severity Measure for Social Anxiety Disorder (Social Phobia)—Adult is a 10-item measure that assesses the severity of symptoms of social anxiety (social phobia) in individuals age 18 and older. The measure was designed to be completed by an individual upon receiving a diagnosis of social anxiety disorder (or clinically significant social anxiety symptoms) and thereafter, prior to follow-up visits with the clinician. Each item asks the individual receiving care to rate the severity of his or her social anxiety disorder (social phobia) **during the past 7 days**.

## Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (0=Never; 1=Occasionally; 2=Half of the time; 3=Most of the time; and 4=All of the time). The total score can range from 0 to 40, with higher scores indicating greater severity of social anxiety disorder (social phobia). The clinician is asked to review the score of each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for “Clinician Use.” The raw scores on the 10 items should be summed to obtain a total raw score. In addition, the clinician is asked to calculate and use the **average total score**. The **average total score** reduces the overall score to a 5-point scale, which allows the clinician to think of the severity of the individual’s social anxiety disorder (social phobia) in terms of none (0), mild (1), moderate (2), severe (3), or extreme (4). The use of the average total score was found to be reliable, easy to use, and clinically useful to the clinicians in the DSM-5 Field Trials. The **average total score** is calculated by dividing the raw total score by number of items in the measure (i.e., 10).

**Note:** If 3 or more items are left unanswered, the total score on the measure should not be calculated. Therefore, the individual receiving care should be encouraged to complete all of the items on the measure. If 1 or 2 items are left unanswered, you are asked to calculate a prorated score. The prorated score is calculated by summing the scores of items that were answered to get a partial raw score. Multiply the partial raw score by the total number of items on the Severity Measure for Social Anxiety Disorder (Social Phobia) (i.e., 10) and divide the value by the number of items that were actually answered (i.e., 8 or 9). The formula to prorate the partial raw score to Total Raw Score is:

$$\frac{(\text{Raw sum} \times 10)}{\text{Number of items that were actually answered}}$$

If the result is a fraction, round to the nearest whole number.

## Frequency of Use

To track changes in the severity of the individual’s social anxiety disorder (social phobia) over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual’s symptoms and treatment status. Consistently high scores on a particular domain may indicate significant and problematic areas for the individual that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.