# **Social Phobia: DSM-IV Criteria**

## Marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or scrutiny by others

### Fears he/she will be embarrassed or humiliated

### Exposure provokes an immediate anxiety response, sometimes to the point of panic

## Recognizes that the fear is unreasonable or excessive

## Phobic stimulus is avoided or endured with intense anxiety or distress

## Impairs functioning

1. If your job has you communicate, host meetings, etc it’ll be incredibly difficult

## Specify: Generalized

1. Applied if the person has an anxiety response to multiple social situations (public speaking, using the restroom, being around a group of people you don’t know, etc)
2. Axis 1 – Social Phobia – Generalized **or** just Social Phobia if there is only one place where they can’t function
3. **Changes to DSM-V**
4. You must have all these for six months
5. Adding some specificiers
6. Selective Mutism
7. Failure to speak in one situation but do in others
8. Example would be a child in school who doesn’t talk but talks a lot when home
9. Performance Only (Axis 1 - Social Phobia – Performance Only)
10. Restricted to public speaking or performing in public

# **Social Phobia: Characteristics**

## 12.1%(life); 6.8% (year)

## Female : male = 1.4:1.0

Gender roles aren’t firmly established yet since the onset is young. You can’t really hide it when you’re told to do a presentation at work. When effecting their work performance men are more likely to go to get treatment

## Onset = adolescence

### Peak age of 13

# **Social Phobia: Causes**

## Biological

### Inherited vulnerability

1. If your parents are very shy and introverted, you’re more likely to be diagnosed with social phobia.

### Evolutionary

1. Face in the crowd task, using happy faces, neutral faces, and angry faces. People are much more likely to notice a angry face in a sea of neutral faces more quickly than a happy face in a neutral face.

## Psychological – Cognitive/Behavioral

### Traumatic exposure

1. People bullied as kids are more likely to develop social phobia
2. If someone has a negative experience in public speaking one time it could cause you to be afraid later on in life

### Conditioning

1. Anxiety response, google for clarification

## Social – family influences

1. If your parents are highly concerned what other people think, you will then start to learn that social evaluation is very critical and it’s bad to be negatively evaluated

# **Social Phobia: Treatments**

## Biological – Only works as long as the person keeps using them

### MAOIs

* Metablizies norepenephirine, serotonin, and dopamine
* In effect there are more of the above in the system, keeps the person in a normal level of the above
* Negative sides
  + There is a chemical that reacts in a negative way with MAOI’s
  + Cheeses, beans, etc
  + If you have this reaction your blood pressure will rise dramatically and you could have a stroke
  + Because of that MAOI’s are used conservatily

### SSRIs

1. Selective Serotonin Reuptake Inhibitor
2. Preferred over MAOI’s

## Psychological

### Group CBT

1. Exposure!
2. Since everyone is so concerned about their own fears of being judged negatively that they end up not judging others
3. Instructed to engage in those feared situations
4. If they believe that anytime they give a speech they will be negatively evaluated.

### Social skills training

1. Since it’s onset is early they don’t learn how to engage in some social situations

# PTSD: DSM-IV Criteria

## Exposure to a traumatic event that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others. During event, the person felt intense fear, helplessness, or horror.

1. Rape, combat related, car accidents, etc
2. 20% of women who are exposed to a trauma get PTSD
3. 8% of men who are exposed to a trauma get PTSD

## Traumatic event is persistently re-experienced, through recurrent and intrusive distressing recollections of the event, nightmares, flashbacks, or intense psychological distress when confronted with a “trigger”.

## Persistent symptoms of increased arousal, such as difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance, or an exaggerated startle response.

# PTSD: DSM-IV Criteria con’t

## Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness. For example:

### Avoiding thinking or talking about the trauma

### Inability to recall an important aspect of the trauma

### Diminished interest or participation in significant activities

### Feeling detached from others

### Restricted range of affect (outward show of emotional state)

### Sense of a foreshortened future (Can’t view themselves as an elderly person)

## These symptoms have endured longer than a month.

Length of Symptioms:

1. 1-3 Months – Acute PTSD
2. 3+ Months – Chronic PTSD

## They do not have to develop PTSD immediately after, ie the event could happen in 2005 and just now effect them. Classified as PTSD with Delayed Onset

## There is significant distress or impairment.

#### DSM-V Changes

Negative alternations in cognition and mood

Shown by three of the following

1. Inability to recall an important aspect of the trauma
2. Persistent and distorted sense of self blame for the accident
3. In a pervasive (negative) emotional state
4. Diminished interest or participation in significant life activities
5. Feeling of ditachment from others
6. Inability to experience positive emotions

# Acute Stress Disorder

This is what someone would be diagnosed with if they did not meet the one month criteria. It means we can start treating them, we don’t want them to suffer for a month until we start treating them. For DSM-V it’s the same criteria as DSM-V for PTSD

# PTSD: Causes

# Factors Affecting the Likelihood of Developing PTSD

|  |  |  |
| --- | --- | --- |
| **Features of the Trauma** | **Features of the Person** | **Features of the Posttrauma Environment** |
| Intensity of the Exposure/Proximity | Pretrauma psychological adjustment | Availability and quality of social support |
| Duration of exposure | Family History (Generalized vulnerability) | Additional Major Stressors |
| Extent of threat posed | Cognitive and coping styles |  |
| Extent of threat posed | Feelings of guilt |  |

# PTSD: Treatments

## Biological

### SSRIs

* + Don’t do much for primary system for PTSD, only effect arousal, altertness, and the exxagerated fear response.
  + Doesn’t do anything for self blame, or reliving the experience, or the avoidance aspect of the trauma

## Psychological

### Exposure Techniques

* + Lack of exposure maintains the hightened anxiety
  + Focuses on processing her trauma

### Cognitive Techniques

* + If there is a sense of self blame they want to work on it
  + Address the self belief that it was their fault that it happened
  + Reducing self blame & guilt

### Group therapy

* + It’s always hard to believe that someone who hasn’t gone through the same experience would understand where you’re coming from so they use support groups

# Obsessive-Compulsive Disorder

2% per year have OCD, equally prevelant in males and females

## What are obsessions?

### Persistent, intrusive, and distressing thoughts, impulses, or images.

### Examples

### cleanliness or contamination. 55% of those with OCD have fears of contamination. 37% of those with OCD have symmetry. Sexual urges (32%). Symmatic Concerns (Concerns about the body, health, etc) is about 35%

1. Dangerous obsessions, they feel they’re going to stab someone if they see a knife. If they see a knife they feel they have to knock on the table four times. It’ll help them from hurting others

### These are not simply excessive worries about real-life problems (else that’d be generalized anxiety disorder)

### The person attempts to ignore, suppress, or neutralize the obsession with some other thought or action.

### The person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind.

# Obsessive-Compulsive Disorder

## What are compulsions?

### Repetitive, ritualistic behaviors or mental acts that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly.

### The compulsions are performed to prevent or “undo” some dreaded outcome.

1. Can be mental as well, knock on the wood four times. The key is that it undoes the original thought

### At some point during the course of the disorder, the person has recognized that the obsessions or compulsions are excessive or unreasonable.

### The obsessions or compulsions cause marked distress, are time consuming (take more than one hour a day), or significantly interfere with the person’s functioning.

## Additions to DSM-V

Specifiers:

If the person recognizes their beliefs are probably not true, then we would characterized as “good or fair insight”

The person believes their OCD beliefs are probably true, then they would be charactirized with “poor insight”

The person is completely convinced that their OCD belief is true, then they would be charactized with “absent insight”