Alan Hu Foundation Mental Health Lecture Series

Social Anxiety in Children and Adolescents and How to Treat It
Webinar by Jacqueline Sperling, PhD

Clinical Psychologist, Assistant Professor in Psychology at Harvard Medical School, and the Co-Founder and Co-Program Director of the McLean Anxiety Mastery Program at McLean Hospital

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[00:00:01]
CHIH-CHING HU: Welcome everyone to Alan Hu Foundation Mental Health Lecture Series. I'm Chih-Ching Hu, co-founder of Alan Hu Foundation and host for your webinar. Today, Dr. Jacqueline Sperling will present "Social Anxiety in Children and Adolescents and How to Treat It."

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We'd like to thank City of Pleasanton Community Youth Grant to partially fund this webinar. We'd also like to thank Mental Health Association for Chinese Communities for providing simultaneous Chinese interpretation. And thank you to Ida Shaw for Chinese interpretation. This is the first time we are providing Spanish simultaneous interpretation and thank you to Nancy Lopez for Spanish Interpretation.

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Alan Hu Foundation's mission is to promote mental health, raise awareness and remove stigma surrounding psychiatric disorders, and support fundamental research for cures. Please consider making a gift to Alan Hu Foundation by using the donation link in the chat box. Thank you for supporting our programs.

[00:01:04]
Today it is our great honor and privilege to introduce Dr. Jacqueline Sperling. Dr. Sperling is a clinical psychologist, Assistant Professor in Psychology at Harvard Medical School, and the Co-Founder and Co-Program Director of the McLean Anxiety Mastery Program at the McLean Hospital. She also is the author of the young adult nonfiction book *Find Your Fierce: How to Put Social Anxiety in Its Place* and contributor for Harvard Health Publishing. Dr. Sperling specializes in implementing evidence-based treatments, such as cognitive behavioral therapy and working with youth who present with anxiety disorders and/or obsessive-compulsive disorder. She also focuses on providing parent guidance by using treatments, such as behavioral parent training, to help families address children's internalizing and externalizing behaviors. In addition, Dr. Sperling is passionate about disseminating evidence-based information to the community, and she frequently speaks about the impact of social media use on mental health. Moreover, Dr. Sperling is committed to increasing access to care and participates in advocacy at state and federal government levels.

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This presentation will provide an overview of social anxiety disorder and the factors that are associated with the development of it. In addition, how social anxiety can manifest in different settings and how it can be treated will be reviewed. Lastly, what role caregivers can play in supporting the treatment of it will be discussed.

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This webinar is being recorded. The recordings will be available on the Alan Hu Foundation website and Alan Hu Foundation YouTube channel in about one to two weeks. Please subscribe to Alan Hu Foundation YouTube channel. Following the presentation there will be a Q&A session. Please use the Zoom Q&A function to submit your questions. The presentation is for educational purposes only and is not intended for medical diagnoses. If you have any persistent symptoms, please seek professional help. With that, I'm turning to Dr. Sperling. Welcome Dr. Sperling and thank you for being here.

[00:03:42]
DR. JACQUELINE SPERLING: Thank you so much for having me and thank you for the kind introduction. It's a pleasure to be here with all of you. I'm going to share my screen, okay; and the slides are visible again?

[00:03:57]
CHIH-CHING HU: Yes, I can see, yes—yeah, it's clear.

[00:04:02]
DR. JACQUELINE SPERLING: All right, so as mentioned I'll be talking today about social anxiety in children and adolescence and how to treat it. And, as also was referenced for disclosures, through the American Psychological Association Magination Press I wrote a book for young adults called *Find Your Fierce: How to Put Social Anxiety in Its Place*. So, what are we going to talk about today? As referenced in the introduction and just to review: we're going to talk about what is social anxiety and how does it show up (because it's not the same for everyone); and what are some predisposing factors or what may happen before social anxiety emerges; and what can you do about it? I'll also talk about what can parents or caregivers do about it; and some things to keep in mind when you are a parent or a caregiver who has a child who experiences social anxiety disorder; and have some time for questions.

[00:04:57]
Okay, so what is social anxiety? Now, as humans, we are wired to connect with others and care what other people think about us. The thing about social anxiety is that that care goes above and beyond the typical experience, and it starts to get in the way, so when someone worries about being judged or embarrassed especially around their peers. So, it's not just a young child being uncomfortable around an adult, it has to definitely also occur around with their peers, and it starts to get in the way of their daily life; whether it's social experiences at school, it's at extracurriculars, and that happens for at least six months and that would be social anxiety disorder. There is a specific subtype that focuses just on performing, so that may be if someone has to give a speech, or they're performing on stage, or it's added extracurricular activity and that's where their social anxiety shows up. That's not to say that is the only way for someone to experience social anxiety that is sort of a specific subtype. And some people also will say like “I don't understand how does that that person have social anxiety, they're in theater and they perform in a bunch of plays”. And that actually is a common experience, and what I often hear is that the people who are on stage they said that “they are playing a character” so if someone is judging the performance on stage, they're judging the character, not who that person is. So, sometimes people can have social anxiety and actually be very involved in theater, so something to keep in mind.

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And before I get into other ways of how it can show up, I'm going to talk about how common it is, because it's really common. Now, anxiety disorders are the most common mental illnesses—they're very common, and specific phobias, like a fear of needles or injections, those are the most common, but social anxiety is right next to it. It's the second most common anxiety disorder. And so, let's say there are about four hundred kids in a child's grade, that would mean about like at least 36 have social anxiety disorder. That’s a lot and the thing is people often feel really alone because, you know, when someone wears glasses, you know. But when someone has social anxiety, you don't necessarily know, it's not necessarily visibly outwardly, so people can feel really isolated and that they're the only one. And so, I really want to emphasize here is that you know I don't want to minimize how unique someone's experience is, and I also want people to know that you're definitely not alone if you're experiencing social anxiety disorder or if you know someone who is.

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Now, let's talk about the different ways that it shows up. This list is not exhaustive, these are some examples, but some people think it's just about participating in class or talking to people, and it actually can show up in a variety of different ways. So, one common one is actually eating in front of others, and it's not the same worry for every single person. Some people may worry about being messy, some people worry about making loud noises when they chew, some people worry about the smells, or scents, or how their food looks when they're eating. And so, some kids actually may change what they eat, particularly at school or eating in front of others because of those worries. So, if someone's worried about making loud noises maybe they only eat something like yogurt or a shake, um, and if someone's worried about smells maybe they may only eat foods that don't have strong scents even if it's not necessarily what they want to eat. And some kids actually may restrict what they're eating because of those worries.

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Some kids also worry about using public restrooms, whether it's making noises or leaving scents in the in the bathroom. And actually, kids may restrict their food and liquid intake at school because they're worried about having to use public restrooms or whenever they leave the house, and it's not necessarily for the reason because they want to change their body type, it's actually because of the worry that they will be using the public restroom. So, some of these kids may

come home ravenous and dehydrated, and because of this worry that they of using the public restroom at school. So, they may be restricting at school and then coming home and compensating.

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It also can show up in ordering at restaurants: some kids it's all restaurants, some kids it could be just sit-down restaurants, or maybe it's going up to the counter to a fast food one that's extra challenging.

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Also, participating in class, and that's also not the same for every child. For some kids it's all class, other kids it could be cold calls, so when they didn't raise their hand and someone just calls on them. For other kids it's like only when they're unsure, and for some kids it's like only in the class where they're like not super engaged or interested in the subject matter, or they find the subject matter harder and so that's harder for them to participate in those classes.

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Participating extracurricular activities, that can be both in practices if it's a sport and games or practice of, you know, musical instruments and recital, sometimes it's just at the big events. Speaking in front of groups, whether it's in class or it could show up in birthday parties or larger social gatherings. Some kids may say that they only want to have plans one-on-one with someone because having more people that makes it harder for them.

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Exercising in front of others, that can be a challenge, and that could be for a variety of different reasons as well. That could be performance based, it also can be because of a worry of showing signs of physiological symptoms, like some people worry about sweating or showing, you know, redness on their face in front of others, so PE can definitely be a stressor for kids in addition to like lunch being a big one as well. So again, this is not exhaustive, these are just some examples to show that it's not just participating in class or having social conversations, it can look at a range of experiences.

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Now, before I get into predisposing factors, I want to emphasize something, and I emphasize this multiple times cause I really want this point to be clear. I am not here to blame anyone, at all, whatsoever. No one tries or causes and chooses someone to have social anxiety. No one does it. No one's like, "you know what, I want this person to have social anxiety disorder so I'm going to do this" or "I'm going to leave these genes". No one says that, right? What I'm going to talk about are some things to look out for that may show up before someone has social anxiety disorder to empower you or to empower those you may know that for whom this may be relevant. Because when you have this information, if this feels, if this resonates and this feels relevant for you or someone that you know, then I'm going to talk about what you can do about it, what you can do differently. So, this is not to blame anyone, this is to empower people, give you information to say, "hey these are things to keep an eye out for" or if they are already happening, "here are some things to do differently". Right? So just keep that in mind, not blaming anyone and here to empower people.

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Okay, so with that being said, youth are three times more likely to develop social anxiety disorder if they have a parent with a disorder. Now, by no means are you to blame if you are someone who did have social anxiety disorder or have it, and then that is something also that your child is experiencing. Absolutely you do not choose how that happened, right? The thing is though, if you know yourself that you had a history of it or you also experience it now, that's not to say that your child is going to have the same exact experience, and in fact, if you have a teenager, they will very much tell you that they're having a different experience from you. So, they're trying to separate and have a different identity. But it is something to keep an eye out for, like, if you know that, then you want to make sure you don't miss any signs for it should it show up for your child, right? So you can get ahead of that. So again, not to blame anyone, actually to empower people to be like: "oh you know what, I have that as a kid" or "you know I manage that now" or "that's something I'm experiencing now", so let me keep an eye on out for that for my child just in case they might need additional support.

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Now I'm also going to talk about a temperament in a child. Now, there's this term called behavioral inhibition, BI, and what it means is it's not just this discomfort with social situations, it's really this fearfulness or reticence of new situations, anything that's new. And a temperament is kind of like early stages right, the personality formation here. And

so, these are kids who are like slow to warm up, they may cling to a parent's leg when anything is new, meeting someone new, trying a new activity, starting a new school year, when anything is new that may be hard for them.

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And so, researchers followed children starting when they were twenty-one months old until they were six years old. They followed them and what they found was, I'm going to break down this next slide which has a lot of data but I'm just going to give you the punch line here, is that so for kids who you know whether maybe they had it at the start of the study or maybe it showed up even later, they found that like the kids who had that behaviorally inhibited temperament were basically twice as likely at some point in that study to have social anxiety compared to those who didn't have that temperament. And for those who maybe didn't have it at the start of the study, they were almost three times more likely to develop social anxiety over the course of the study if they had a behaviorally inhibited temperament. And that temperament did not predict any other anxiety disorders, it has a particular link to social anxiety disorder. Now, that's not to say that every child that is hesitant to try new things and is slow to warm up and is slightly shy is going to develop social anxiety disorder. It just shows that they may have an increased likelihood of doing so, and so that's something to keep in mind as a parent, a caregiver that if you're noticing that a child is slow to warm up and has trouble with new experiences, then there are things you can address now to help them keep the anxiety in check and at bay as they get older.

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Now, with this temperament in mind, other research has also looked at how that might interact with parenting. Now I'm just going to emphasize again, not blaming anyone whatsoever and again to empower individuals if any of this resonates with you to know that change is possible. So, there is this researcher, Baumrind, who came up four different parenting styles; and they are on the continuum, two different ones of whether you know how warm and accepting a parent is, and how demanding, like how many limits or commands that they set. And so, starting with the upper right-hand corner, like someone who is not warm and accepting but they do set limits, that would be authoritarian: so very firm but not warm. And that someone who is not warm, but they also don't set any limits, they're just non-available parent, that would be neglectful. Now, someone who is really warm and accepting but they don't set any limits, and you know there aren't really boundaries or containment there for the child, that would be permissive. And now authoritative, they are warm and accepting, they do also set commands and set limits. Now, what does the research show with the parenting styles and of a behaviorally inhibited temperament?

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So, if you have permissive parenting and a behaviorally inhibited temperament, a child was more likely to experience internalizing symptoms. So, what does that mean? Like anxiety and depression symptoms, suffering on the inside. Externalizing symptoms is like where you see behaviors on the outside like disrupted behavior, not following the rules for example. So that means like this warm and accepting but having you know, no containment in terms of a boundaries or limits set or command set, there the child has a significant amount of control in terms of like power, in terms of decision making. And then if you were to combine authoritative parenting on the other hand though, which is still warm and accepting but does set limits and commands and you have a behaviorally inhibited temperament, the researchers saw decreases in internalizing symptoms, so a reduction in that internal suffering. Now, on the flip side, there are parents who's either overly controlling or critical or actually overprotective like not letting their child try things really independently, and the child also had a behaviorally inhibited temperament. What they found is that temperament continued and then social anxiety emerged later.

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So, things to keep in mind, that if a parenting style then authoritative resonates with you and you also have a child with behaviorally inhibited temperament, then it might be something to consider whether it's trying it on your own, or we can talk about support options too, of like how to actually help support a child who has a behaviorally inhibited temperament, so that it can keep social anxiety symptoms at bay.

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Okay, another factor that's a predisposing situation, they come beforehand is modeling. Now, I'm going to talk about how it could be a predisposing factor for social anxiety. but then we're also going to turn it on its side to empower individuals of what you can do differently. Notice I'm using that word "empower" frequently and to emphasize that this is not blaming anyone, right? It's to give some information for potential change in the future. So now, researchers, they only

looked at mothers, so this is not representative of all caregivers. So, this is an example here. What they found was that mothers who were more anxious around strangers and provided less encouragement to speak, they had children who are more likely to show fearful responses to and avoidance of strangers. So, if a mother or a parent, right, is you know, less likely to ask someone for directions and they're like “you know what, I'm not going to ask that person, I'll just try to figure this out myself” or “you know what, why don't I just order through the app instead of ordering directly at the counter”, then they're modeling avoidance, and their child is going to be more likely to do the same. But on the flip side, if you model approach behaviors and bravely interact with those ,and show that you can, that then can pay a path to show children that they can as well. So, something keep in mind.

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Now, we've been talking about what social anxiety is, how it shows up, what are some predisposing factors, what may happen beforehand before its emergence; let's talk about what you can do about it. And a treatment that is evidence-based, there's research to back it, is Cognitive Behavioral Therapy (CBT) with Exposure Response Prevention (ERP). It's alphabet soup in this field. And may see terms called well established are the gold standard, so well-established means that research has shown that it can be—that it's been effective in more than one setting. Right, so it's not just in one clinic it's been shown to be effective, it's been effective, it's been shown to be effective in multiple settings when they were using a structured manual, so people were following the treatment faithfully, and it was shown to be helpful. It is that gold standard of treatment, and what does it look like?

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Well, the foundation of CBT looks at a three-component model and the three components are thought, so cognitive behaviors, behavioral, and third it includes feelings. So, thoughts, feelings, and behaviors are the components. And if you notice, the arrows are bidirectional; they go both ways. So, it's not just that a thought connects to a feeling, and then influences a behavior, or it starts with a behavior that affects a feeling, and then a thought. They all affect each other, and CBT teaches tools to manage these components, sometimes multiple components at a time.

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There also is a special type CBT which is that Exposure and Response Prevention, or ERP. And what that means is that you gradually face your fears without using any avoidance techniques, or what we call like safety behaviors, which might, you know, prevent your brain from really learning that you can handle it, whether it's like avoiding eye contact or having someone order for you. And I like to use an analogy to elucidate how this treatment works. So, this gradual approach may seem scary at first, hear me out.

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Think of a swimming pool, not on a hot summer day, but maybe on like a chilly day such as like high 60s Fahrenheit degrees. And I say, “hey, why don't you go jump in the deep end” and you may say, “hey, no thanks”, right? Okay okay, well what about dipping your big toe in the shallow end? How might that feel at first, and would you be willing? Okay and be willing, and it probably would feel about like a little chilly at first, and like okay, after like 15 minutes ,what would happen? Probably like you just realized, I could handle it. Okay, so how about dipping your next toe in, okay? Yeah, same thing, maybe a little chilly at first, then after 15 minutes, I adjust and realize that I can handle it. So, by the time you get up to your ankles, your knees, your waist, and up to your neck, if I then say “hey would you be willing to dunk your head”, perhaps you might be more willing to do so, and you got your whole body wet that way. You could have gotten your whole body wet by jumping in the deep end, but that might have felt like a shock to your system. In CBT with ERP, you start with your big toe, and the person going to treatment is the expert on their big toe, it's a collaborative treatment process, you work as a team where the clinician has ideas of how this treatment can work but really needs to partner with their child and the family is there. The experts on what their child's been experiencing to really ponder, like what is that big toe and to help them gradually ease into the swimming pool.

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Now, to come up with what's the shallow end all the way to the deep end, we use a feelings thermometer. You call it SUDS for short in terms of what we're measuring here, and it stands for Subjective, how one is feeling; Units, we're measuring it, of Distress; and it's a Scale, from zero, not any distress at all, to 10, the most distress someone can feel. And so, there's a range here, so if we asked what would your SUDS be if you're eating your favorite snack, in your cozy of pants, sitting on the couch watching your favorite movie or show, maybe you might say something along the lines of zero. And I would say what would your SUDS be if you were to sing the country's national anthem in a packed sports

stadium. Maybe you might say something upwards toward a ten, right? You can see there's a range, so we use this feelings thermometer to work with the child or team who's in treatment, and ask them like "what would your SUDS be in this situation", "what would your SUDS be in this situation".

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And you help them build a bravery ladder, or what's called a fear and avoidance hierarchy from the things they fear the least to the things they fear the most. And the thing is, after they start working on those lower rungs, what do you think happens to a ladder? Let's say it's leaning against my office door, and you start knocking off those bottom rungs because they've been mastering those situations and learning that they can handle them. That, it starts going this—ch ch ch ch ch ch—right? The top of the ladder is no longer as far away, that height of the ladder changes. So, what was feeling is one of the hardest things for them to approach now is more within reach, right? Just like that deep end of the swimming pool is now more within reach because they're no longer at the beginning of the shallow end, they've eased their way in. So, that's how that gradual process works. That top of the ladder may seem really daunting at the start, once they start to get some mastery they work the way up the ladder, it may feel more within reach.

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Now, I'm going to talk about two models that have been used for Exposure Response Prevention. Now, why am I going to talk about two? Well, the first one, the Habituation Model is what we used to use. Now, why am I talking about something that you used to use? Well, this one informs what we now use which is the Inhibitory Learning Model, and I also want people to feel like they're the best advocates for themselves. So, should you seek a clinician who's implementing CBT with ERP, I want to be able to make sure that you are having someone who implements the Inhibitory Learning Model. Let's talk about what each one is.

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So, the Habituation Model, this is a graph that I have here where time is on the X or horizontal axis, and those SUDS, that feeling thermometer, is on the y or vertical axis. And so, let's use an example for a child who's worried about going to school. Let's say they got to the school door and their SUDS are about a six out of 10. What might they have the urge to do? Go home, right? And when they go home, what happens to their SUDS? (Motions downwards movement). Thank goodness I didn't go to that scary place. What do we think happens to their SUDS when they go back to that school door the next day? Higher, lower, or the same, right? And if you said higher, you're likely right, because why? Because the brain thinks that is a scary place and they can't handle it. So, what do they have the urge to do? They go home. And what happens to their SUDS? Thank goodness I didn't go to that scary place. And then if you anticipated that this process repeats, oh yes it does, and it becomes this vicious cycle. They got to school door, their SUDS are even higher, and then they want to go home, and then their SUDS go down. Phew, but then now, they keep get—that avoidance gets strengthened and now school really does become a scary place because they're behind in their work, people may now be asking them where they've been.

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So, the Habituation Model posited that, let's say a child gets in the door and actually stays. What might happen? Well, might be a bumpy ride, but eventually emotions don't last forever. Their SUDS would come down as they learned that "you know what? we can handle it" and then what happens to their SUDS the next time they get to the school door? Higher, lower, or the same? And if you said maybe lower you likely would be right, right? And because why? Well, they learned that they could do It, and so maybe it takes a little less long for the anxiety to come down, and the next time a little less long, and then the anxiety comes down and down, but we don't want to get rid of it all together and you may be thinking why not?

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Because often people say like it's wreaking havoc, right? We need some anxiety; all humans have anxiety. It actually helps us prepare for things. Before you cross the street, what do you do? You look both ways. If you're in school, and you have a test the next day, what do you do at least the night before? I mean maybe even beforehand, you study, right? It helps you prepare. You just don't need anxiety to be the boss of you, right? It needs to be managed. So, the Habituation Model used to say, "the more you do exposures the more your SUDS come down over time". And actually, what we've learned is, that doesn't actually need to happen in order for the exposure is to be effective or to work. What actually is at play? The Inhibitory Learning Model.

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So, there are two possible outcomes with this model. You either learn that the exposures are not as bad as you expected them to be, that's that expectancy violation, it violated, or it differed from what you expected the outcome to be. Or, even if your SUDS were as high or even higher than you expected, then you know what, I learned that I could do it. So, SUDS don't have to come down in order for the exposures to be helpful. Now, going to maybe start to notice that I'm all about analogy, so I'm going to use another analogy to elucidate this point.

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So, the Inhibitory Learning Model, and to think about construction zones in your brain. So, the nerves and the neurons are like these—are these cells that talk to each other, and you can think about them as like cars. And anytime brain learns from behavior, it creates this construction zone and starts paving cement to create pathways in the brain. So, if someone gets to the school door, and it's like "get me out of here, that place is scary, I can't go there", the brain starts to pave cement on an avoid highway and that those neurons or cars are more likely to drive on this avoid highway the more that someone avoids because the more that someone avoids, the more cement gets paved, and the smoother that path is for those neurons to communicate with each other on that highway. Now, with Exposure and Response Prevention, using this Inhibitory Learning Model, this construction zone is made where you put up that "Do Not Enter", a sign on that avoid highway, and then the neurons learn "oh wait a second, that's not as bad as I thought it would be" or "oh wow, that was as hard or even harder than I thought it would be, you know what? I learned that I could handle it". And the brain starts paving cement on an approach highway, and the more that one practices the more cement that gets paved and the more likely those neurons or cars are to drive on that approach highway.

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So, the thing that I talk about with this model to keep in mind is that no highways get erased in the brain. So stressful days or windy days in this construction zone analogy, sometimes that "Do Not Enter" sign gets knocked down and the neurons or the cars are thinking, "oh what's over here? Oh, do not go to that school, that scary place, I can't handle it". All is not lost, because remember what I said: highways cannot be erased. That means that approach highway is still in the brain. So, with some extra practice and exposure, you can put that "Do Not Enter" sign back up and remind the brain "oh wait a second, I remember, it's not as bad as I thought it would be" or "at least I learned that I could handle it", right? And then the neurons are more likely the cars to drive on the approach highway. So, I emphasize this model for multiple reasons. One is to recognize it's a bumpy road in terms of the trajectory of treatment and working toward making progress. Stressors can knock down that sign and to know that all hope is not lost. And to also know, because there going be some people who struggle with perfectionism who think "oh my gosh, my SUDS were higher than I thought, I failed", you didn't fail. If you learned you could do it, did the exposure, that's a success. So, to keep that in mind, if you did the exposure and learned you could do it, that's a success.

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Okay, we've been talking about CBT with ERP, that's behavioral treatment that can help. It's not the only option, so I just want to talk about some additional options. Medication is another treatment option, one class of medications has been demonstrated to be effective are SSRIs or Selective Serotonin Reuptake Inhibitors, and research also has shown that actually even combining medication with behavioral therapy can even amplify the effectiveness of treatment. And, why do I have a picture of people playing basketball? Surprise, I have another analogy.

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So, as because I like to think of—you know, some people think about like "oh, is medication going to change me" or "why might I use medication". Now look, I don't prescribe, I'm just here to sort of use an analogy to demonstrate how it might be helpful is that think about basketball players, professional basketball players. They still have to practice to keep their skills in shape and to keep making gains there, right? So the base of the practice, the CBT or ERP is like the practicing, right? But they also don't practice barefoot, they wore basketball shoes, and the basketball shoes give them a boost to help them play and help them when they practice. And that's you can think about what medication can be like. It can help enhance or give kids a boost as they are working on this treatment.

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And medication's also not the only additional treatment option. There are also books out there, the book that I wrote is not the only option out there. I've given a website for ADAA which is the Anxiety and Depression Association of America, a website that has additional resources for youth. So, there's CBT, there's medication, there are books out there; and it's

not to say that books necessarily supplant or replace treatment options, they can help people actually get started, particularly when people might find it hard to talk to someone who's new to them. Or if you're on a waitlist, that can be also a starting point. Some people might find that like actually some of those tools give them a jump start and they're able to keep things on track, and sometimes they find it can be helpful to have an additional support person.

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Okay, so how do you find these treatment options in addition—you know if it's not in a book, if you're thinking about medication, CBT, pediatricians can be a helpful first contact. Seeing if they know any local referral options for your family or family of interest. And it's not just kids or teens who can benefit from treatment if they've got social anxiety, there also can be treatment for parents or caregivers that can address the social anxiety.

[00:34:42]
Now, I'm going to talk about some treatment modalities or types of treatment and components of them. I will not get to all of them, but I just want to give a little bit of a list here as a start. So, Behavioral Parent Training, or BPT, that is not—like it's a treatment not just for social anxiety, it's really the tool there. I think like if you're a parent and you have a child, right? I think those tools are helpful for everyone. And I'll talk about the, again another analogy that demonstrates the principle upon which this treatment is based, and I think it'd be a really great foundation or starting place when starting treatment as a caregiver for a child to a social anxiety for then when you start to implement some of the next components of treatment. Which is, you know, fostering Independence, there is this treatment called SPACE, which is Supportive Parenting for Anxious Childhood Emotions, and that treatment is actually just for parents. The kids don't go to the treatment, and it helps parents reduce accommodation, doing what the anxiety asks you to do in terms of avoidance. The thing is though, like, yes, SPACE is effective, I think actually using it in conjunction with these other components that I have on there can be—can even enhance the treatment outcomes there. And self-care is also an important topic, validation is another tool, and again I will not get to all of these, I think these are really key components. If you're seeking treatment as a parent, it'll be helpful if you have a child with social anxiety disorder.

[00:36:00]
Now, Behavioral Parent Training, I mentioned this analogy, I like to use a garden and analogy and to demonstrate the attention principle. So, the attention principle is that any behavior that gets your attention is likely to continue. Now I like to repeat that, because I think it's pretty powerful. Any behavior that gets your attention, particularly if you're a parent or caregiver, is likely to continue. And that goes for even if you yell at it, snarl at it, give a disgusted sigh at it. And you might be thinking "why? If I yell at it, why would it continue?" A parent or caregiver's attention is like gold, right? And even though it may not feel as good as like someone praising someone, it's still attention and so behavior may continue. So, if you don't want a behavior to continue, keep in mind that you don't want to give it attention. So, Behavioral Parent Training talks about how to reallocate attention to the behaviors of what you want to see more, and to gradually pull attention away from the behaviors of what you want to see fewer.

[00:37:04]
Why do I have a garden up here? Because I like to think about the rose which takes just the right amount of sunlight water and nutrients to thrive as the behaviors of which you want to see more. And the dandelions, those weeds, you so much as blink in those dandelions' direction and they're everywhere, right? They don't take much, and so the dandelions are those behaviors of which we want to see fewer. And so Behavioral Parent Training works on starting with strategies that water their rose and then talk about strategies that gradually pull attention away from the dandelion. Now, most people don't seek treatment for the rose, they're going there for the dandelion. And let's get on this, right? The thing is though, if you start with strategies that talk about taking attention away from the dandelions, it's like building a house of cards. They're likely to collapse. You need a solid foundation first. You need the child to getting attention for behaviors of which you want to see more to offset the taking attention away from the behaviors of which you want to see fewer. So, there's more of a balance there. Now, so there are whole sets of techniques that are involved in Behavioral Parent Training.

[00:38:14]
And then let's talk about another more specific technique which is fostering independence. Now, before I talk about how you can do this and the different components of that, I'm going to show a clip from a movie to demonstrate a point here. Now this is not gory, graphic at all; it can tug at the heartstrings. So, I just want to give a little heads up about that. This is a clip from the movie "Ray", and for those of you who don't know, Ray Charles was not born blind, he had an accident as

a child where he lost his vision. And this scene from the movie is when he's an adult and having a memory of when he's a child and after he's already lost his vision. So, I'm going to stop the PowerPoint for a second and I'm going to share my screen.

[00:39:06]
It looks like it's not letting me share my sound, I'm not sure if I need additional privileges for that, but the option to share my sound is not being granted if I show the video to someone.

[00:39:28]
CHIH-CHING HU: Okay, you're also a co-host, you should be able to. But maybe the webinar is not set up for that way.

[00:39:38]
DR. JACQUELINE SPERLING: I will try again just in case. Okay, I could try playing the clip and if people can't hear it, I'm not—maybe it's automatically doing that. Please let me know, send a message in the chat, and then I can just describe, I guess, what happens. Or actually, I mean the video may actually demonstrate it itself. So can see something here? You see the—

[00:40:06]
CHIH-CHING HU: Yes

[00:40:08].
DR. JACQUELINE SPERLING: Can see the screen here?

[00:40:10]
CHIH-CHING HU: Yes, I can see your screen. But there's no sound.

[00:40:26]
DR. JACQUELINE SPERLING: There is no sound. Okay, um it's not letting me grant sound. I think I could at least show the visual. So just to give you the setup, he's saying “Ow, mama help, I need you, I need you.”. He's crying for her help. And I'll also give you there won't be much dialogue until the end, so you can just see the video here, but you will miss some sounds here. I can try to describe the audio at least and I'm sorry that you can't hear it.

[00:41:28]
He hears the cowbell and also hears the heat. And he's hearing a crackling of heat.

[00:42:14]
So, a horse and carriage go by.

[00:43:00]
“Yo, mama, you're right there.” She says, “Yes, I am.” “Why you cry, Mama?”

[00:43:22]
I'm so sorry there was no audio there, take a moment, their reactions can appreciate that can pull at the heart strings. And just to recap, he trips and falls, he calls for her help, she doesn't step in. I imagine she was very much hopeful to do so, and he starts to notice things with his other senses. Now I got that is cinematography, which I just want to go back to the slides, but it's demonstrating had she stepped in, he would not have learned to fine tune his other senses, his hearing, right? And also, he could sense the temperature too in terms of touch. Was able to get that cricket, right, was able to avoid the fire, and that has been so hard for her to resist to step in. He was able to do that on his own and had she stepped in he would not have been able to do so.

[00:44:20]
So, fostering independence is huge and that with social anxiety kids often feel like they're not able to, and they may look to you as a parent or a caregiver to do things for them because they're worried about doing things on their own, particularly involve interacting with others. So, what can you do? You can both model like we talked about and also

encourage their bravery, like if you're going out for ice cream, you know that may be something that's really motivating for them and if they want it then they would need to order it for themselves.

[00:44:56]
Now, if your child has never ordered for themselves—I actually, before that situation, would role play with them, like have them learn how to do it first so that they feel equipped with the tools to order for themselves. And that could start—start with this start of the conversation of the ordering all the way to the end. Things that you might not even think about: talking to teach, you might start off with the "Hi how are you?" and then the person might say "I'm fine thanks, how are you" so that your child can learn to say "I'm fine thank you" and then say "may I please have the" in this, you know, video I was like ordering, you know, whatever a hamburger, Happy Meal, some form of a Happy Meal there . And then the person brings it back, and then they, you know, they pay and say, "thank you have a great day" and then the person may say "thank you, you too" and so they're supposed to stay and say, "thank you" and then that is from start to finish.

[00:45:48]
So, you may want to role play that with the child so that they can learn that full trajectory of the conversation and learn that they can do it. And, if you don't step in there for them, then it's up to them to get something that's motivating for them. And there may be some times where, you know what, it feels really challenging at first and they're kind of testing to see like are you actually going to step in for me and it may be really hard on your heart strings, and if you don't, they may not get it at that time but maybe the next time you go they'll realize "oh, like if I want this, I'm going to need to order it".

[00:46:20]
And then once they do, they're going to experience that sense of mastery, which is so important. So, that includes that reducing the accommodation, meaning ordering for them would be an example. That could mean like, uh you know, if a child is old enough right to communicate with a teacher, that means like they would send the email to the teacher or talk to the teacher, ask the teacher for help; or, if a child's of age it'll be like scheduling their own doctor appointments, if it's a teenager, for example; or, if it's you know, instead of using an app to order, you know someone calls and orders from a restaurant, if that's what going to do and have them learn how to do that too; or, if it's, you know, talking to a family member, having them, you know, they don't frequently see, having them do the talking and not necessarily a caregiver. So, finding ways to foster independence and also reduce accommodation can be really key in terms of addressing social anxiety or also for anyone who has a behaviorally inhibited temperament or any child really. It can help keep that anxiety from—you know social anxiety from emerging or keeping it at bay.

[00:47:30]
Okay, some things to keep in mind. I was talking about how it might tug at the heartstrings, this treatment for caregivers and for youth it goes against all of your instincts, right? When you see a child in distress, your instinct is to go help them, right? And help them feel better. The thing is, who's in distress in that moment, right? Is it the anxiety, or is it actually your child? Because the anxiety may be sounding the alarms as if there's a real threat to their danger, but there's likely no tiger there, you're not in a jungle, and there's not a fire. If there's no real threat to their danger, it's probably a false alarm that's going off in their brain, and so it would be really important for you as a parent to help them realize that they actually can handle that experience, right? And, it's going to really make you feel like, you're probably being the worst parent. You're likely being the best parent, because you're likely being the worst parent to those dandelions in the garden that I mentioned and being the best parent to the rose. Because if you want to support your child, it's—you want not to support the anxiety, right, and to help them have those experiences that allow them to see that they actually can do these things themselves, and to feel masterful, and to feel empowered, it's that word again.

[00:48:52]
And to also know, it will get worse before it gets better. And you're thinking "wait, what? Why?". The thing is, the dandelions are like bullies. Bullies are used to being in charge. If a bully has gotten lunch money every day, and then all of a sudden you say "Oop, I'm not giving you lunch money today", is the bully going to say "okay, have a great day, see you later"? No, the bully is going to up the ante, and put up a fight, right? And so, the dandelions will do the same. If they're used to getting attention for avoiding or used to help accommodating the avoidance, they will then increase the intensity and see how much you really mean that limit of actually not accommodating. And so, hang in there, because it can get better when you are consistent, and know that this treatment can help. You got this.

[00:49:46]
Okay, it's going to be time for questions so I'm going to stop my sharing here, make sure we have, okay.

[00:49:54]
CHIH-CHING HU: Thank yo, Dr. Sperling, for the wonderful presentation. Now we open up, open up to questions. I think we have more questions than we can answer today, we only have about 10 minutes left.

[00:50:10]
Okay, so the first question is, is difficulty making eye contact and difficulty with a small talk a type of anxiety?

[00:50:20]
DR. JACQUELINE SPERLING: So, great question. So, I want to be mindful that I differentiate between some things. So, it can happen that those with social anxiety may avoid eye contact, and small talk may make them feel very anxious. And there are those who are on the autism—that have autism spectrum disorder, where making eye contact can be particularly difficult, and they may not necessarily know what to say in social situations. And it's also possible to have both autism spectrum disorder and social anxiety disorder because sometimes one may feed the other if they don't know what to say and making eye contact is difficult, that may then drive anxiety about social situations. That being said, that doesn't mean that everyone has difficulty making eye contact has autism spectrum disorder. They may just have social anxiety disorder.

[00:50:10]
CHIH-CHING HU: Okay, next question. Are introverts more likely to develop social anxiety?

[00:51:18]
DR. JACQUELINE SPERLING: So, in terms of if someone may be thinking like an introvert, if I talk about, it's a behaviorally inhibited temperament that's more like to develop social anxiety. So, that may also be, you know, behavior inhibited temperament is kind of like the early stage of one may experience as a personality later on. So, yes, someone who is an introvert may have had a behaviorally inhibited temperament be more likely to develop social anxiety. It's not a one to one, that everyone who identifies as an introvert has social anxiety disorder.

[00:51:50]
CHIH-CHING HU: Okay; what skills and the strategies are useful and age appropriate as adolescence mature?

[00:52:00]
DR. JACQUELINE SPERLING: So, what skills are age appropriate for, for adolescence?

[00:52:02]
CHIH-CHING HU: What skills and the strategies are useful and age appropriate as adolescence mature?

[00:52:12]
DR. JACQUELINE SPERLING: For social anxiety disorder?

[00:52:14]
CHIH-CHING HU: Social anxiety, yes.

[00:52:16]
DR. JACQUELINE SPERLING: So, there are tools within Cognitive Behavioral Therapy with Exposure and Response Prevention that help kids and teens gradually face their fears. Ultimately, if you're thinking about like what you as a caregiver can do, it would be those components that I talked about, right, with the Behavioral Parent Training, the reducing accommodation, fostering Independence, the tools for validation and self-care. For the youth, it's really about them practicing these different situations, putting themselves out there, interacting with others, and showing that it's either not as bad as they expect it to be or even if it was, they learn that they could handle it.

[00:52:54]
CHIH-CHING HU: Okay. Can you give a couple of concrete actions that an authoritative parent in a BI situation would do.

[00:53:06]
DR. JACQUELINE SPERLING: Sure. So, you think about—in terms of like, you know, you're exuding warmth, you're kind, you're loving, supportive, right? There is that warmth, those hugs come in there, and you spent time, right, with the kid. But in terms of, there also are limits, right? So, you are, you ask them to do things, and they must follow through with those things, right? And the—the child is not necessarily in charge. So maybe, you have some like chores or responsibilities, or maybe like when they finish their homework, then this may happen, right? And so, that there are these limits or expectations, or they have to come home at a certain time, or in order to have this privilege, this needs to happen, right? That you are warm as a parent, in general as possible in the process, but also you—sorry, you're warm as a parent but also in the process of setting limits too, that they are, you know, that they maintain in place. The kids don't see that they can push or test those limits, and that they are there.

[00:54:02]
CHIH-CHING HU: Okay. How do we differentiate between a shy child and an anxious child? Is talking for the child stopping them from learning to engage socially?

[00:54:14]
DR. JACQUELINE SPERLING: Is talking for the child stopping them—sorry. Oh, talking for—you talking for them.

[00:54:18]
CHIH-CHING HU: Basically, for the child, yeah.

[00:54:20]
DR. JACQUELINE SPERLING: So, people often sort of think about like, shy can also be like, along the lines of that behaviorally inhibited temperance. As I said, it's not to say that every child with that temperament goes on to develop social anxiety disorder, and they are more likely to do so. And there are things you can do as a caregiver, right, to actually, you know, not talking for them is a great example of ways to help them practice developing those tools and realizing that they can do it.

[00:54:48]
CHIH-CHING HU: Okay. Is forcing a child to experience an anxiety trigger repeatedly helpful or harmful?

[00:54:58]
DR. JACQUELINE SPERLING: So, it's a collaborative treatment. No one forces the child to do anything. They actually are on board, and like, they are choosing "okay, like, I'm going to try doing this exposure", and they're doing them with the clinician and learning that they can do it. So, it's really a collaborative process, like the child is really empowered to know, like, you know your big toe best, right, and we partner with them to gradually work their way up to that bravery ladder with caregiver's support as well. Caregivers have priceless insight as to what can be challenging and what may not, and even if a child or team is not motivated to do the treatment, like I said, there are those parenting interventions that still can make change even if the child's not motivated. But no, no one, you know, no one forces a child to do exposures. If you reduce accommodation, like you're going out for ice cream, you're not forcing the child to order. If they want to get the ice cream though, then they would need to order. But again, you're not forcing them. If they choose not to do it, then they don't get the ice cream, but the ice cream is a, you know, a bonus, right, it's a treat. So that's something where you're not forcing someone to do something but if you reduce your accommodation, the child then has an opportunity to grow.

[00:56:10]
CHIH-CHING HU: Okay. At what stage of brain development does social anxiety usually occur? Any idea what mechanism connects anxiety to temperament?

[00:56:22]
DR. JACQUELINE SPERLING: So, the average age of onset for social anxiety is rather a start of adolescence, the teenagers. And that's, you know, because peers become especially important. That being said, I work with many young kids who

have social anxiety disorder so it's not to say that it only starts in the teenagers, it for sure can start earlier. And like I mentioned with that temperament, there are signs usually early on. In terms of areas of the brain, it's often that, you know, the amygdala, the fear center is very much so involved, and what often happens is that, you know, we have this autonomic part of our brain that happens automatically, and there are two parts of it, right? There's the sympathetic nervous system, which is, you know, sounds the alarms when there are threats to our safety, and then the parasympathetic nervous system, which calms things down. And often times with anxiety, it actually activates that alarm system because the brain actually thinks there's a threat to its safety when there actually isn't. So, the treatment is really about retraining the brain to be like "hey, wait a second, this is a false alarm, this is not a threat to your safety" and it helps settle that fear circuit in the brain to actually realize "oh, wait a second, there's no threat here, we don't need to sound these alarms, we can calm things down".

[00:57:34]
CHIH-CHING HU: What differences are highlighted between the two ERP models?

[00:57:42]
DR. JACQUELINE SPERLING: Oh, the Habituation Model used to say the more you do exposures your SUDS will come down, and with the Inhibitory Learning Model your SUDS don't need to come down in order for the exposure to work. So, if someone's SUDS were a six and they went up to a seven during the exposure, yet they still learn that they could do it, that's a success. So, for someone to know like, it really doesn't matter like your SUDS moving down. If you did it, that's a success.

[00:58:06]
CHIH-CHING HU: Okay. If the child has adapted to the anxiety situation and has no motivation to engage in therapy, what is the best parenting response?

[00:58:20]
DR. JACQUELINE SPERLING: Well, in that time, then you can do the parenting interventions, right? As I mentioned, like Space and Behavioral Parent Training, those other components with the self-care and the validation, fostering Independence, those are all parent based. The child does not have to attend treatment. There's still something you can do, even if the child's not motivated yet. Because by changing the environment, the anxiety has no choice but to adjust.

[00:58:44]
CHIH-CHING HU: Okay. Is the anxiety associated with autism different from the anxiety of someone without a comorbidity?

[00:58:54]
DR. JACQUELINE SPERLING: It can show up in different ways for different kids, so social anxiety, one kid is not, you know, not exactly the same in another kid. I'm just saying it also can happen for those who have autism spectrum disorder, but that there are many kids without autism spectrum disorder who also experience social anxiety disorder. It's not like a different type of anxiety, it's just, you know, as I show there's a, there's a whole long list of different ways that social anxiety can manifest.

[00:59:22]
CHIH-CHING HU: If the anxiety inhibits listening, what is the best method to break through?

[00:59:30]
DR. JACQUELINE SPERLING: If anxiety inhibits listening, did you say?

[00:59:34]
CHIH-CHING HU: Yes.

[00:59:36]
DR. JACQUELINE SPERLING: So, like if a child is having trouble hearing you in that moment because they're in so much distress. Yes, so there are tools, you know, in terms of, like, validation is also a tool. So, validation is a tool where you acknowledge how someone is feeling without agreeing or disagreeing, and it's not only a way to communicate but it's

also a way to help someone manage emotion. It's an emotion regulation tool. I would not be doing it justice by the short period of time because that I would need an extended period of time to demonstrate how this tool works, and that is one part, that one step, one tool that one can use. I'm all about multi-pronged approaches though, because if anxiety is trying to seek your attention, then you wouldn't want to validating it, right? That may be time where those are the dandelion, not the rose, talking to you, and there are tools to gradually pull attention away from that and to disengage, to give time for the emotions to settle until the child can hear you.

[01:00:32]
CHIH-CHING HU: Okay, how about the last question. How does social media addiction influence the development of social anxiety?

[1:00:42]
DR. JACQUELINE SPERLING: So, this is not a short response because I may say that I'm also passionate about this topic as well. There is evidence that suggest too, that, like, sometimes people may sort of like, you know, hide behind a screen and so they may have, like, less practice with in person interactions. If they're just sort of, like, you know, making comments or likes to people asynchronously online, and that may make it harder for them to interact in real life. So, the more opportunities one can have with in real life interactions, doing things in person live, that can help manage social anxiety.

[1:01:22]
CHIH-CHING HU: Okay, and thank you, Dr. Sperling, for sharing your knowledge.

[1:01:26]
DR. JACQUELINE SPERLING: Thank you so much for having me. Thank you everyone for your thoughtful questions and your participation.

[1:01:30]
CHIH-CHING HU: Yeah, and thank you to everyone for joining our webinar. We hope to see you again in the next webinar, and this webinar is being recorded the recordings will be available on Alan Hu Foundation website and Alan Hu Foundation YouTube channel in about one to two weeks. And please subscribe to Alan Hu Foundation YouTube channel, and also please take a moment to fill out a short survey. Your input is critical for us to improve our program. I will leave the donation QR code for a few more minutes, and thank you for donating to support our programs. With that, I'm closing the webinar, thank you, Dr. Sperling.

[01:02:04]
DR. JACQUELINE SPERLING: Thank you so much.

[01:02:06]
CHIH-CHING HU: Thanks everyone, take care and stay well.

[01:02:12]
DR. JACQUELINE SPERLING: And I know that you're leaving, I just wanted to say thank you again.

[01:02:18]
CHIH-CHING HU: Oh, thank you so much. Dr. Sperling. Yeah, thank you.