

# Acknowledgements • Saskatchewan Health Research Foundation • No other financial conflicts • University of Regina • Justin Weeks, Ph.D. • Richard G. Heimberg, Ph.D.

## Background

#### Social anxiety disorder (SAD)

- Impairing anxiousness, discomfort, and fear, experienced before, during, and after social interaction or performance situations
- Somatic, cognitive, and behavioural symptoms
- 4<sup>th</sup> most prevalent psychiatric disorder, affecting between 7-13% of the population



#### **Related Constructs**

- Fear of Negative Evaluation
   Watson & Friend, 1969
- Fear of Positive Evaluation
   Weeks et al., 2008
- Anxiety Sensitivity Social Subscale
   Deacon & Abramowitz, 2006
- Intolerance of Uncertainty Inhibitory Subscale
   Carleton et al., 2010



- Growing evidence that IU is ubiquitous in anxiety and mood disorders
- McEvoy & Mahoney, 2011; Carleton et al., 2012; Mahoney & McEvoy, in press; McEvoy & Mahoney, in press

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## IU and SAD

- Inherent uncertainty of social situations
- Conceptually congruent with cognitive models
- Performance ratings worse in ambiguous situations
  - Moscovitch & Hofmann, 2007

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#### IU and SAD

#### • Carleton et al., 2010

- A community sample (n=286)
- Examined affect, fear of negative evaluation, anxiety sensitivity, IU, and social anxiety symptoms
  - IU predicted variance comparable to fear of negative evaluation
- Inhibitory IU

# IU and SAD

#### • IU and SAD symptoms - Inhibitory IU

- McEvoy and Mahoney, 2011
  - Carleton et al., 2012
  - McEvoy and Mahoney, in press

 Reducing IU facilitates SAD symptom improvement · Mahoney and McEvoy, 2012

# The Current Study

- Replicate and extend Carleton et al. (2010)
   A clinical sample meeting diagnostic criteria for SAD
  - Fear of Positive Evaluation
- Each of the measured constructs will account for significant variance in SAD symptoms

#### Participants

#### • Eligibility

- 18-65 years of age
- Meet DSM-IV diagnostic criteria for SAD
- Identify SAD as a primary psychological concern
- Self-report clinically significant symptom levels as measured by the Social Interaction Phobia Scale
- Not be actively engaged in psychotherapy for SAD
- If taking prescription psychotropic medication, be on a stable dosage for at least the past month

#### Participants

#### • Participants (n=193)

- 65 men, 18-64 years, (*M*<sub>age</sub>=37.3; *SD* = 12.8)
- 128 women, 18-65 years (M<sub>age</sub>=39.0; SD =13.0)
- 89% Caucasian
- Completed a web-based questionnaire battery
  - Fear of Negative Evaluation
  - Fear of Positive EvaluationAnxiety Sensitivity
  - IU
  - 10
  - Social anxiety symptoms

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# Measures Analyses Social Anxiety Symptoms • Theorized Relationships Social Interaction Phobia Scale Pearson correlations SIPS; Carleton et al., 2009 Social Avoidance and Distress Scale SADS; Watson & Friend, 1969 • Sex Differences Related Constructs • Independent *t*-tests Brief Fear of Negative Evaluation Scale, Straightforward BFNE-S; Carleton et al., 2012 Fear of Positive Evaluation Scale FPES; Weeks et al., 2008 • Predictive Nature of the Related Constructs Anxiety Sensitivity Index-3 ASI-3; Taylor et al., 2007 • Multiple hierarchical regressions Intolerance of Uncertainty Scale, Short Form IUS-12; Carleton et al., 2007

#### **Regression Analyses**

• SIPS and SADS each as dependent variables

#### • Set 1

- Block 1: IUS-12 (IU)
- Block 2: ASI-3 (Anxiety Sensitivity)
- Block 3: BFNE-S & FPES (Fears of Evaluation)

#### • Set 2

- Block 1: IUS-12 subscales
- Block 2: ASI-3 subscales
- Block 3: BFNE-S & FPES

#### Results

• Positive statistically significant correlations

#### Sex differences

- Women scored slightly higher than men on
   Inhibitory subscale of the IUS-12 (r<sup>2</sup> = .02)
- Prospective subscale of the IUS-12 (r<sup>2</sup> = .04)
- BFNE-S (*r*<sup>2</sup> = .05)
- FPES ( $r^2 = .02$ )
- SADS (*r*<sup>2</sup> = .02)



Model step	0	Coeffici	ent statis	tics			Mode	el step	
Total Scores		β			t Part r		$\Delta R^2$		
	М	W	м	W	м	w	м	W	
1 IUS-12	.40	.26	3.44+	3.05**	.40	.26	.16*	.07**	
2 ASI-3	01	.10	10	1.02	01	.09	<.01	<.01	
3 BFNE-S	.37	.11	2.98**	1.13	.33	.09	.12	.07**	
FPES	.07	.24	.58	2.66*	.06	.22			
Subscale Scores									
1 IUS-12 Prospective	16	.15	99	1.25	11	.11	.25*	.07*	
IUS-12 Inhibitory	.60	.14	3.83**	1.17	.42	.10			
2 ASI-3 Somatic	19	05	-1.51	42	16	04	.08	.03	
ASI-3 Cognitive	07	.03	50	.24	05	.02			
ASI-3 Social	.25	.18	2.24*	1.78*	.24	.15			
3 BFNE-S	.20	.10	1.45	.90	.15	.08	.05	.06*	Γ
EPES	.15	.24	1.27	2.61*	.13	.22			

		S	IPS	S	ADS	
N	Nodel Step	Men	Women	Men	Women	
Ţ	otal Scores	$\Delta R^2$	$\Delta R^2$	$\Delta R^2$	$\Delta R^2$	
1	IUS-12	.28+	.17*	.16 <sup>+</sup>	.07**	
2	ASI-3	.12*	.10*	<.01	< .01	
3	BFNE-S	.18+	.11*	.12	.07**	
	FPES	1				
S	ubscale scores					
1	IUS-12 Inhibitory	.29*	.17*	.25	.07*	
ĺ	IUS-12 Prospective	1				
2	ASI-3 Social	.16**	.14*	.08	.03	
1	ASI-3 Cognitive					
ĺ	ASI-3 Somatic	1				
3	BFNE-S	.14*	.08*	.05	.06*	
	EDEC					

#### Discussion

- Partial support for hypotheses
- Differential variance accounted for in social anxiety symptoms
  - Fear of Negative Evaluation
  - Fear of Positive Evaluation
  - Anxiety Sensitivity
  - IU

#### Discussion

- Pattern and strength of the relationships varied by sex and symptom measure
- IU particularly Inhibitory IU significantly predicted SAD symptoms
- Fears of negative and positive evaluation predicted SAD symptoms differently for men and women

#### Discussio

- Fear of negative evaluation predicted more variance in symptoms for men
- Fear of positive evaluation predicted more variance in symptoms for women
- Comparable endorsement rates suggests a potential complex interaction of psychosocial variables

#### Implications

- Support for the role of IU in SAD
- Support for the role of fearing positive evaluation and anxiety sensitivity
- Cognitive factors contributing to SAD may differ based on symptom-type and sex • Treatment ramifications

#### Limitations and Future Directions

- First indications of a potentially important sex difference, contrasting previous research
- Twice as many women as men, primarily Caucasian
- Clinical sample focus results in range restrictions





