

Anticipatory Processing, Maladaptive Attentional Focus, and Postevent Processing for Interactional and Performance Situations: Treatment Response and Relationships With Symptom Change for Individuals With Social Anxiety Disorder

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Anticipatory processing, maladaptive attentional focus, and postevent processing are key cognitive constructs implicated in the maintenance of social anxiety disorder (SAD). The current study examined how treatment for SAD concurrently affects these three cognitive maintaining processes and how these processes are associated with each other as well as with

symptom change from pre- to posttreatment. The sample consisted of 116 participants with SAD receiving group cognitive behavioral therapy. All three cognitive maintaining processes were measured relative to a speech task and again relative to a conversation task. Across both tasks, the three cognitive process variables demonstrated decreases from pre- to posttreatment. Within the same task, a slower rate of decrease in a specific cognitive process variable from pre- to posttreatment was predicted from higher pretreatment levels of either one or both of the other cognitive process variables. Additionally, higher levels of pretreatment conversation-related anticipatory processing and maladaptive attentional focus predicted a slower rate of decrease in social anxiety symptoms from pre- to posttreatment. Results are consistent with cognitive models of SAD and have important implications for enhancing existing treatments.

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ANTICIPATORY PROCESSING, maladaptive attentional focus, and postevent processing are key cognitive constructs implicated in the maintenance of social anxiety disorder (SAD; Clark & Wells, 1995; Heimberg, Brozovich, & Rapee, 2010; Rapee & Heimberg, 1997; Wong & Rapee, 2016). Prior to a social-evaluative situation, an individual with SAD typically engages in anticipatory processing, which involves a negatively biased assessment of what might happen in the upcoming situation as well as thinking about past social failures and negative aspects of the self. Once an individual with SAD enters a social-evaluative situation, he/she typically engages in maladaptive attentional processes such that attention is directed to aspects of the self or externally to indicators of evaluation from others. After exiting the situation, an individual with SAD is likely to engage in postevent processing, which involves a negatively valenced analysis of what happened in the situation, with past social failures and negative self-perceptions again coming to the fore. According to theoretical models of SAD, these cognitive processes maintain SAD by ultimately reinforcing distorted and maladaptive perceptions of the self and social-evaluative situations (e.g., Clark & Wells, 1995). Theoretical extensions to these models have emphasized that these cognitive processes are unlikely to operate in isolation, but rather exacerbate each other, in addition to maintaining the disorder (see combined cognitive bias hypothesis; Hirsch, Clark, & Mathews, 2006).

Since the proposal of these three cognitive processes in early models of SAD (e.g., Clark & Wells, 1995), a large body of research has examined the causes, consequences, and correlates of anticipatory processing, maladaptive attentional focus, and postevent processing (for recent reviews, see Norton & Abbott, 2016; Penney & Abbott, 2014; Schultz & Heimberg, 2008; Wong, 2016). For example, it has been shown that trait social anxiety has consistent positive associations with anticipatory processing (e.g., Mills, Grant, Lechner, & Judah, 2013; Vassilopoulos, 2004), maladaptive attentional focus (e.g., Gaydukevych & Kocovski, 2012; Sposari & Rapee, 2007), and postevent processing (e.g., Kocovski, Endler, Rector, & Flett, 2005; Wong, 2015). Furthermore, a majority of experimental studies have shown that the induction of anticipatory processing (e.g., Mills, Grant, Judah, & White, 2014; Wong & Moulds, 2011), maladaptive attentional focus (e.g., Bögels & Lamers, 2002; Gaydukevych & Kocovski, 2012), and postevent

processing (e.g., Kocovski, MacKenzie, & Rector, 2011; Wong & Moulds, 2009) results in higher levels of social anxiety and more negative cognitive outcomes (e.g., more negative social-evaluative thoughts) for socially anxious individuals (for contrasting results, see e.g., Brown & Stopa, 2006; Jakymin & Harris, 2012). Despite this body of research, there are relatively few studies that have examined the interplay between these cognitive processes (for an exception, see e.g., Gaydukevych & Kocovski, 2012), particularly in the context of SAD treatments.

The most studied and established therapeutic treatment for SAD is cognitive behavior therapy (CBT; Mayo-Wilson et al., 2014). A number of studies have examined how CBT influences maladaptive attentional focus or postevent processing. Following CBT, individuals with SAD are less likely to engage in both maladaptive attentional focus (e.g., Bögels, Wijts, Oort, & Sallaerts, 2014; Hedman et al., 2013; Hofmann, Moscovitch, Kim, & Taylor, 2004; Rapee, Gaston, & Abbott, 2009; for a review, see Gregory & Peters, 2017) and postevent processing (e.g., Abbott & Rapee, 2004; McEvoy, Mahoney, Perini, & Kingsep, 2009; McEvoy & Perini, 2009; Price & Anderson, 2011). To our knowledge, only two studies have examined the impact of treatment on anticipatory processing, and both found significant reductions in the cognitive process variable either over the course of treatment (Hedman et al., 2013) or from pre- to posttreatment (McEvoy & Perini, 2009). In sum, CBT reduces anticipatory processing, maladaptive attentional focus, and postevent processing. However, there is a paucity of empirical research examining how these processes might operate together during CBT for SAD (for exceptions, see Hedman et al., 2013; McEvoy & Perini, 2009). Examining the interplay between the processes would increase our understanding of how they collectively influence the maintenance of SAD.

Some of the aforementioned studies have also shown that reductions in the cognitive process variables are linked to better treatment outcomes. For example, reductions in postevent processing have been associated with reductions in social anxiety, but not changes in depression (McEvoy et al., 2009). Reductions in maladaptive attentional focus have also been shown to be related to social anxiety reduction (for a review, see Gregory & Peters, 2017). Interestingly, one study showed that individuals with SAD who had greater levels of postevent processing over the course of CBT had smaller reductions in social anxiety symptoms (Price & Anderson, 2011). This latter finding is important because it raises the possibility that individual differences in anticipatory processing, maladaptive

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