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An Interview with Brian Fisak

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Interview by Peggy Nuhn
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The M.A. program in Clinical Psychology was first offered at the UCF Sanford/Lake Mary Regional Campus in Fall, 2013. Recently I had an opportunity to speak with one of the program faculty members, Dr. Brian Fisak, co-author along with Kellie Kissell, Hayley Rodriguez and Lloyd Lucas of the recently published article "Examination of the Contribution of Ruminative Thinking and Maladaptive Self-Beliefs to Social Anxiety".

Here are some highlights from our conversation:

Dr. Fisak, please tell us a little about yourself, including your research interests:

This is my second year as a faculty member of the Department of Psychology at the University of Central Florida. More specifically, I am a faculty member of the Clinical Psychology MA program, on the Sanford /Lake Mary Campus, and I also teach undergraduate courses, including clinical psychology and childhood psychopathology. Regarding my background, I received a Ph.D. in clinical psychology in 2006, and I am a licensed psychologist.

I am primarily interested in anxiety disorders, both in children and in adults, and evidence-based interventions. Regarding anxiety, I am particularly interested in worry and related forms of repetitive negative thinking, including obsessional thinking and rumination. For example, I study the variables that may lead to excessive and distressful levels of worry. I am also interested in the treatment and prevention of anxiety in young children.

The Clinical Psychology MA program was started at the Sanford/Lake Mary campus in 2013. How is the program developing, now that it's established?

I believe that the program is thriving on the Sanford/Lake Mary campus. We consistently have a high application rate, and among those offered admission into our program, we have a high acceptance rate. Our primary goal to train highly-quantified masters-level clinicians, and I believe we accomplish this goal, as graduates of our program seem well-prepared and successful in their careers. A number of community-based internships and research experiences are available to students, and we typically have a number of students each year who go on to doctoral programs.

Your most recently published article deals with an aspect of social anxiety. Can you share more about your research?

Graduate student members of my research team and I conducted a study of some of the underlying beliefs that may be related to the development and maintenance of social anxiety. To provide some background, we were particularly interested in two processes that may occur with individuals with social anxiety: post-event processing and anticipatory processing. Post-event processing occurs after social interactions. In particular, most people probably review their performance following social interactions (e.g., "did I sound smart?", "did I make a mistake?"). The problem is that individuals with elevated social anxiety, probably ruminate about their performance, more so than non-anxious individuals, and review with their performance in a negatively biased manner. For example, they focus on possible "mistakes" during the social interaction. The result is that individuals with social anxiety: (1) continue to experience distress even after the social interaction, and (2) develop a negatively biased re-interpretation of their performance during the interaction. This may lead to elevated levels of anxiety in subsequent situations.

The second process is anticipatory processing. This process is very similar to post-event processing, only it occurs before an anticipated social situation (e.g., a speech). Before social situations, individuals with social anxiety appear to ruminate about their future performance and often anticipate the worst possible outcomes. Like post-event processing this may tendency may increase levels of social anxiety.

The bottom line is that both post-event processing and anticipatory processing are believed to be related to social anxiety. Our study was among the first to examine both of these processes in the same study. In particular, we conducted a survey-based study with a large sample of UCF undergraduate students, and one of our primary findings was that post-event processing and anticipatory processing are both significant and unique predictors of social anxiety symptoms.

Major depression is one of the most common mental disorders in the U.S. yet a large segment of the population continues to go either undiagnosed, or if diagnosed, without access to adequate treatment. What are your thoughts on this issue? What should be done?

Good question. I agree that depression is one of the most common psychological disorders, and it is the case individuals with depression, along with other psychiatric disorders, often go undiagnosed and/or do not get the treatment that they need. As a society we need to work on reducing the stigma associated with psychological disorders. For example, we need to be willing to have dialogue about mental illness and pay attention our own biases. This also includes outreach and advocacy in underserved communities. In addition, we need to work as a society to improve the accessibility of mental health services. This includes the provision of adequate resources in underserved areas, and doing what we can to make treatment affordable. Further, in addition to more conventional mental health treatment, including psychotherapy and medication management, I think we need to increase the availability of prevention and early

intervention programs, including programs that target children at risk for developing depression and related problems.

<u>Stress is a given in today's world and some degree of stress can even be a good motivator – but how do we know when stress is reaching unhealthy levels and what steps might we take to get things back on a more even keel?</u>

Again good question. I agree that stress is a relatively common experience, and there are circumstances in which mild to moderate amounts of stress can be adaptive, at least for relatively brief periods of time. However, many individuals experience elevated levels of stress that is chronic in nature, and this can have an impact one's physical and mental health. For example, stress can lead to symptoms anxiety, depression, and irritability. In addition, based on the research decades of research, the link between stress and immune system function is well-established, meaning that it is true that stress can make us physically sick. There is variability regarding how stress is experienced, but as mentioned, warning signs include irritability, excessive fatigue, anxiety, and depression symptoms. Also, it is important to note that many symptoms of stress are generally considered more physical in nature, including muscle tension, headaches, changes in eating, and stomach/digestive problems.

Sources of stress vary considerably from person to person, and as a result, the benefit of specific approaches also seems to vary from person to person. Having said that, a number of strategies may be helpful. In general, I think it is helpful for individuals to pause, take a moment to evaluate the sources stress, to evaluate the impact of those stressors, and to make a commitment to stress management. Regarding more specific strategies, many individuals benefit from improvement in time management, including the development and maintenance of a reasonable schedule. Sometimes we try to do too much and forget to schedule down-time. I also recommend that individuals pay attention to their thoughts and focus on keeping perspective. Related to this, I recommend that individuals try to notice and challenge negative thoughts such as catastrophizing (assuming that the worst will happen). It is probably not surprising that exercise is and effective stress management strategy. Further, mindfulness and yoga have been found to be effective stress management activities. Having said all of that, if stress becomes difficult to manage, a mental health professional will likely be helpful!

* * *

<u>For more on Dr. Fisak's recent research, here's the full citation:</u>

Kissell, K., Rodriguez, H., Lucas, L. & Fisak, B. (2016). Examination of the contribution

of ruminative thinking and maladaptive self-beliefs to social anxiety. *Journal of*

Cognitive Psychotherapy 30(4), 253-262. https://doi.org/10.1891/0889-8391.30.4.253