



A Cognitive Behavioral Approach to Social Phobia

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What is social Phobia?

- Definition: Persistent fears of situations involving social interaction or social performance or situations where there is potential scrutiny by others (Rapee & Heimberg, 1997)
- Two types
 - Specific-fear of certain social situations like public speaking
 - Generalized-fear of most social situations

Who does it effect?


- Prevalence of 13%
- Age of onset is typically between 11 and 19
- More females than males



DSM Criteria


- 1) A marked and persistent fear of one or more social or performance situations in which the person is exposed to possible scrutiny by others. The individual fears that he or she will act in a way that will be humiliating or embarrassing.
- 2) Exposure to the feared social situation almost invariably provokes anxiety, which may take the form of a situationally bound predisposed panic attack.
- 3) The person recognizes that the fear is excessive or unreasonable.
- 4) The feared social or performance situations are avoided or else endured with intense anxiety or distress.

(American Psychiatric Association)



Co-morbidity

- Social phobia is co-morbid with several other disorders
 - Anxiety disorders including specific phobia or generalized anxiety disorder
 - Depression
 - Substance abuse
 - Avoidant Personality Disorder (APD)




Social Phobia and Avoidant Personality Disorder

- APD: is characterized by inhibition in social situations as well as being sensitive to evaluations by others.
- Are APD and Social Phobia different or are they two disorders on the same spectrum?
- In a study by Cox et al. (2009) those with the severest diagnosis of Social Phobia were more likely to also have a diagnosis of APD



Social Phobia and the Audience

- Individuals primarily fear negative evaluations from the audience
- However the audience is often difficult to interpret because of how ambiguous social situations can be and because other people's thoughts are not open to direct examination.
- Individuals also doubt their abilities but believe that the audience has high standards
 - This discrepancy increases anxiety



Mental Representations

- Individuals with social phobia have very negative mental representations about the self.
 - They focus on aspects of the self that could be evaluated negatively such as blushing or trembling.
 - They may even make generalizations about the self.
 - Instead of “He or she is bored” they would think “I’m a boring person”



Probability and Cost Beliefs

- Probability

- Individuals believe that they are likely to perform poorly and that their feared outcome is also likely to occur

- Cost

- Individuals believe that if they perform poorly the consequences will be extremely harsh and disastrous.



Safety Behaviors

- Safety behaviors: behaviors implemented in the situation that make the situation seem less threatening.
- Individuals believe that by using these behaviors they are avoiding a catastrophe
- However, Wells et al. (1995) argue that, “safety behaviors play an important role in the maintenance of anxiety because they prevent phobic people from experiencing an unambiguous disconfirmation of their unrealistic beliefs about feared catastrophes.”(p. 154)
- Example:
 - An individual who trembles might hold onto something tightly and will attribute this action to the lack of catastrophe in the situation rather than seeing the reality of it.



Cognitive Behavioral Therapy

- Cognitive Behavioral Therapy (CBT)
 - Uses both cognitive restructuring and exposure therapy to help patients
- Other methods of therapy may enhance CBT
 - Eliminating Safety Behaviors
 - Social Skills Training

CBT v. Medication

- Social Phobia is often treated with antidepressants like SSRI's
- Studies show mixed results on which treatment is most effective
 - Combination of both worked as well as either alone
 - Patient's should start with medication and progress to CBT.



Limitations to Successful Treatment

- Co-morbidity of Avoidant Personality Disorder
 - Patients show improvement with therapy but still have more severe symptoms compared to those without APD
- Child Abuse
 - Patients who were victims of child abuse have a hard time forming a trusting relationship with the therapist.

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