

Makale Türü: Derleme

COGNITIVE BEHAVIORAL THERAPY TECHNIQUES FOR THE TREATMENT OF SOCIAL PHOBIA

Arş. Gör. Nur Başer Baykal

İstanbul Sabahattin Zaim Üniversitesi, Psikoloji Bölümü, İstanbul, 34303, nur.baser@izu.edu.tr

■ **Abstract** The aim of this study is to describe the cognitive behavioral therapy techniques used in the treatment of social phobia, which is one of the most common anxiety disorders, and to examine the studies conducted on these therapy techniques. The techniques in this study include exposure, cognitive restructuring, relaxation, social skill training, updating early memories linked to negative images and traumatic memories, cognitive behavioral group therapy, internet-based cognitive behavioral therapy, mindfulness-based cognitive therapy and pure self-help. Studies on techniques used in the treatment of social phobia have found that exposure, cognitive restructuring, social skills training and updating early memories linked to negative imagery are very effective. Although cognitive behavioral group therapy is also effective, it is not as effective as individual cognitive behavioral therapy. Additionally, internet-based therapy and self-help are much less useful than other techniques. Further studies are needed on techniques used in the treatment of social phobia. It is envisaged that the comparative analysis of the techniques and examining their effects on treatment will fill a significant gap in the field of clinical psychology.

Key Words: social phobia, cognitive behavioral therapy, treatment

Sosyal Fobinin Tedavisinde Bilişsel Davranışçı Terapi Teknikleri

■ **Özet** Bu çalışmanın amacı oldukça yaygın olarak görülen kaygı bozukluklarından biri olan sosyal fobiyi tedavide kullanılan bilişsel davranışçı terapi tekniklerini açıklamak ve bu terapi teknikleriyle ilgili yapılan çalışmaları gözden geçirmektir. Çalışmada yer verilen teknikler yüzleştirme, bilişsel yapılandırma, gevşeme, sosyal beceri eğitimi, erken dönem travmatik anıları çalışma, bilişsel davranışçı grup terapisi, internet bazlı bilişsel davranışçı terapi, farkındalık bazlı bilişsel davranışçı terapi ve kendine yardım olarak belirlenmiştir. Sosyal fobi tedavisinde kullanılan tekniklerle ilgili yapılan çalışmalarda, tekniklerden yüzleştirme, bilişsel yapılandırma, sosyal beceri eğitimi ve negatif imgelerle bağlantılı olan erken dönem travmatik anıları çalışmanın oldukça etkili olduğu bulunmuştur. Bilişsel davranışçı grup terapisi etkili olmakla beraber bireysel terapi kadar etkili değildir. İnternet bazlı terapi ve kendine yardımın ise diğer tekniklere göre faydası oldukça düşüktür. Sosyal fobi tedavisinde kullanılan teknikler ile ilgili çalışmalara ihtiyaç vardır. Tekniklerin tedavide işleyişi ile ilgili çalışmaların ve etkilerinin karşılaştırmalı analizinin yapılmasının klinik psikoloji alanında önemli bir boşluğu dolduracağı düşünülmektedir.

Anahtar Kelimeler: sosyal fobi, bilişsel davranışçı terapi, tedavi

INTRODUCTION

Social phobia is one of the most common anxiety disorders (Moscovitch, 2008). There are numerous studies showing that social phobia can be effectively treated by using cognitive behavioral therapy (CBT) (Mortberg, Clark, Sundin & Wisted, 2007). Many psychologists prefer to use CBT in order to help their

patients, because cognitive behavioral therapies are the well-researched aspect of psychosocial treatments for social anxiety disorder, and findings support its efficacy (Rodebaugh, Holaway & Heimberg, 2004). There are several different techniques which CBT includes in order to treat social anxiety. These techniques can be used in different combinations and forms (Rodebaugh *et al.*, 2004). The aim of this paper is to summarize the techniques that are used for the treatment of social phobia – especially in recent years. The techniques include exposure, cognitive restructuring, relaxation, social skill training, updating early memories linked to negative images and traumatic memories, cognitive behavioral group therapy, internet-based cognitive behavioral therapy, mindfulness-based cognitive therapy and pure self-help.

Exposure

Exposure is a key element of CBT treatments for most anxiety disorders. It is applied in order to reduce anxiety in feared situations. Client should face the situation that provokes their anxiety to creating a change in emotional and behavioral symptoms (Rodebaugh *et al.*, 2004). The use of exposure begins with designing a hierarchy of fear and avoidance. The client and therapist think about situations and decide on a list of feared situations. Then, they rank these situations according to the degree of anxiety the situations create. The client starts exposure practice taking this hierarchy as a guide. While practicing exposure, the client stays in the feared situation. This makes them to habituate and helps reduce anxiety. In order to ease the situation, the client starts with low ranked exposure situations that provoke low anxiety. Exposures can be applied in sessions or outside sessions. If the situations are not appropriate for session or real life, it may be imaginary. Exposure is generally used in a group treatment format. It can be used with cognitive restructuring and also applied relaxation (Clark, Ehlers, Hackmann, McManus, Fennell, Grey, Waddington & Wild, 2006). Clark *et al.* conducted a study in 2006 to examine these techniques by creating combinations of them. According to results, cognitive therapy appears to be superior to exposure and applied relaxation in the treatment of social phobia. Also, Hofmann, Meuret, Smits, Simon, Pollack, Eisenmenger, Shiekh and Otto (2006) investigate in order to determine whether short-term treatment with d-cycloserine enhances the efficacy of exposure therapy for social phobia in 2013. They found that exposure therapy with d-cycloserine is more effective than pure exposure. Wells, Clark, Salkovskis, Ludgate, Hackmann and Gelder (1995) conducted a research and examined the effect of exposure and safety behaviors. They found that exposure and safety behaviors are more effective than exposure alone. Another study is that Gebara, Barros-Neto, Gertsenchtein, and Lotufo-Neto (2016) used three dimensional images on the computer to expose patients to phobia-inducing situations. They indicated that the exposure created by three dimensional images is effective in reducing anxiety.

Cognitive Restructuring

The aim of cognitive restructuring is to change clients' thoughts on situations that provoke anxiety. The client and therapist work on identifying and changing these thoughts that create anxiety. Cognitive restructuring can also be used with exposure. It can be applied before, during and after exposure (Rodebaugh *et al.*, 2004). Once the anxiety-inducing thoughts are elaborated, some therapeutic tools, such as intentional social mishap exposures, reality testing, and evidence gathering via observation and surveys of friends, relatives, and colleagues can be used to change thoughts (Moscovitch, 2009 cited in Hofmann, 2007; Hofmann & Scepkowski, 2006). Cognitive restructuring was found as more effective than exposure and relaxation (Clark *et al.*, 2006). Also, a study that examined the effect of cognitive restructuring investigated whether there is a decrease in post-event processing that means reviewing a past social event in detail (Antony, Kuo, & Cassin, 2014). Participants were taught cognitive restructuring, mindfulness to deal with social anxiety. It was found that post-event processing, which is a key factor for social anxiety disorder, reduced social anxiety and their effect improved compared to the control group. When they compared the effect of cognitive restructuring and mindfulness strategies, they could not find any difference. This shows that both techniques are effective at the same level and are helpful to reduce anxiety and improve effect.

Norton and Abbott (2016) conducted a study that aimed to assess the benefits of cognitive restructuring and also imagery rescripting. Participants were assigned to cognitive restructuring and also imagery rescripting and control groups. After intervention, they reported their symptoms and also completed two speech tasks. Results show that both cognitive restructuring and imagery rescripting have positive effects on reducing social anxiety. While cognitive restructuring helps patients to change dysfunctional thoughts, acceptance and commitment therapy make these thoughts acceptable. However, both of them are found effective even though their mechanisms are different (Barrera, Szafranski, Ratcliff, Garnaat, & Norton, 2016).

Relaxation

Muscle relaxation is a well-known and popular technique that is used for treating anxiety disorders. The aim of using the relaxation technique is to manage the physical arousal that appears in anxious situations. (Rodebaugh *et al.*, 2004). However, it is generally accepted that its effect is not sufficient when used alone for the treatment of social phobia (Rodebaugh *et al.*, 2004). It is combined with exposure to relax the clients. It can be seen as a coping strategy when feeling intense anxiety and this anxiety affects physical symptoms.

Clark and his friends (2006) designed a program to compare cognitive therapy with an established behavioral treatment. They randomly assigned 62 patients (meeting criteria for social phobia) to the cognitive therapy group, exposure plus applied relaxation (EXP = AR) group, or wait-list (WAIT). They found that CT and EXP = AR were more beneficial for patients on all measures. On measures of social phobia, cognitive therapy was found as superior than EXP = AR. Also, they found that patients in the exposure and applied relaxation group were more likely to seek additional treatment. So, cognitive therapy seems to be more effective than EXP = AR in the treatment of social phobia.

Klainin-Yobas, Suzanne and Lau (2015) tried to help treat depression and anxiety in older adults. They used some relaxation techniques such as progressive muscle relaxation training, music intervention, and yoga. Their results showed that older adults who received relaxation intervention reported less depression and anxiety than the control group. Relaxation with music and combined relaxation training in particular were found to be very effective. These positive effects persisted for 14-24 weeks after intervention.

Social Skill Training

In the case the therapist thinks that the inadequacy of social interaction skills is a factor for the client's social phobia, social skill training can be helpful. Some patients do not have a problem with skills but they have a hard time enacting on them due to anxiety or the negative beliefs about the behaviors. In these cases, social skill training is not so necessary. However, if the person suffers from inadequacy of social interaction skills, social skill training is a meaningful and helpful tool. Teaching and practicing social skills should be supported by corrective feedback, modeling and positive reinforcement (Rodebaugh *et al.*, 2004). Also, it is good to apply these skills by exposure.

In a study (Beidel, Alfano, Kofler, Rao, Scharfstein & Sarver, 2014) aimed to examine the effect of social skill training for social anxiety disorder, 106 participants were assigned to the exposure group (imaginal and in vivo) alone. A combination of social skill training and exposure therapy known as Social Effectiveness Therapy (SET) was applied. Both exposure and social effectiveness therapy were found as effective compared to the control group. They reduced the stress level of participants. Also, 67% of patients treated with social effectiveness therapy and 54% of patients treated with exposure therapy alone no longer met diagnostic criteria for social anxiety disorder after treatment. Comparing the scores of self-reported social anxiety measurement and measures of observed social behavior shows that social effectiveness therapy is found more effective than exposure therapy alone.

Pickard, Rijdsdijk, Happé and Mandy (2017) conducted a longitudinal study in order to clear up the relationship between social and communication problems and social anxiety. They studied 9,491 children aged 7-10-13 years. The reports of

parents on their children's social-communication problems and symptoms of social anxiety disorders were collected over time. At the end of the study, they found that there is a significant relationship between social and communication difficulties and social anxiety symptoms. If a child has social difficulties, they can probably have social anxiety symptoms. So, this indicates that social communication difficulties may be a risk factor for the onset of social phobia in the future. In order to prevent social anxiety, children's communication and social skills should be improved through social training programs.

Updating Early (Traumatic) Memories (Imagery Rescripting)

Many studies show that distorted images of the self are seen in people suffering from social phobia, and these images play a role in maintaining and worsening the disorder. (Wilda, Hackmann, & Clark, 2007). These findings led psychologists to update memories with imagery rescripting. Imagery rescripting aims to change the negative meanings of the autobiographical events that create anxiety (Norton & Abbott, 2016). It is assumed that working directly on negative events can be helpful for people with social anxiety disorder. So, using imagery rescripting aims to transform the existing negative self image into a new positive image (Holmes, Arntz, & Smucker, 2007).

According to results (Wild *et al.*, 2007), rescripting distressing memories appears to be an effective way of modifying maladaptive beliefs linked to recurrent negative imagery in people with social phobia. Also, this study (Wild *et al.*, 2007) supports that rescripting unpleasant memories linked to negative self-images is a useful tool in the treatment of social phobia.

People with social anxiety disorders indicated that negative memories related to older aversive social experiences often arise and they see them as images. Many studies showed that these negative self-images have a role in sustaining social anxiety. These images should be intervened in order to deal with anxiety. Imagery rescripting, which is a strong clinical intervention, aims to change the meaning and effect of negative experiences. Imagery rescripting is an effective technique both only used and combined with other cognitive behavioral techniques. Frets, Kevenaer and Heiden (2014) applied imagery rescripting only to patients for the treatment of social anxiety and they found that IR is a very effective tool on its own.

Cognitive Behavioral Group Therapy

Group therapies is not a technique, but because it is different to individual cognitive behavioral therapy (CBGT), it is examined separately in this paper. Many studies were conducted to compare the effect of individual therapy and group therapy in general for many disorders. For social phobia, it is also an important issue to compare group therapy to individual therapy or medication. Mörtberg, Clark, Sundin, and Aberg Wistedt (2006) aim to look at the effects of an intensive

group cognitive treatment in comparison to individual cognitive therapy and treatment as medication and standard psychiatric care in social phobia. Their results show that individual cognitive therapy is more effective than medication-focused treatment as usual or intensive group cognitive treatment. Also, they found that a three-week intensive group cognitive treatment without medication is as effective as a twelve-month medication-focused treatment but requires more therapist contact. In addition to this study, McEvoy's study (2007) strongly indicates that cognitive behavioral group therapy for social phobia is effective within real-world settings. Also, the study shows that cognitive behavioral group therapy is effective for severe, comorbid, and complex populations.

Heimberg and his friends (1998) conducted a study to compare cognitive behavior group therapy and drug therapy. They assigned 133 patients to the drug group, CBGT group, supportive group therapy and control group. Patients attended groups for twelve weeks and results demonstrated that the drug group and CBGT group experienced change on anxiety responses. On some measures, drug was found superior compared to CBGT, but both were more effective than control. One study was conducted with the aim to compare mindfulness and acceptance-based group therapy with cognitive behavioral group therapy (Kocovski, Fleming, Hawley, Huta & Antony, 2013). They worked with patients and results showed that the mindfulness-based group cognitive therapy and cognitive behavioral group therapy are both effective and one is not significantly different from the other. In addition, cognitive behavioral group therapy was compared to psychodynamic therapy (Leichsenring, *et. al.*, 2013). The total of 495 patients diagnosed with social anxiety disorder were assigned to CBGT and manual-guided psychodynamic therapy or control group. They found that psychodynamic and CBGT are more effective than control. In some measurements, CBGT was found superior to psychodynamic therapy.

Internet-Based Cognitive Behavioral Therapy

Although social phobia can be treated with cognitive behavioral therapy, some patients are unable to get the treatment for several reasons. These reasons include avoidance and fear of negative evaluation by a therapist, embarrassment that characterizes social phobia, lack of awareness about treatment options and its effectiveness, cost of the therapy and problems concerning geographical location, lack of a qualified therapist in some areas (Titov, Andrews, Schwencke, Drobny, & Einstein, 2008). Based on these reasons, internet-based cognitive behavioral therapy was developed to help boost participation and the willingness of people suffering from social phobia to get help. The aim is to decrease their embarrassment anxiety by conducting therapy from a distance. (Tillfors, Carlbring, Furmark, Lewenhaupt, Spak, Eriksson, Westling, & Andersson, 2008). Different combinations and types of therapy are available. Some studies imply that internet-based treatment is nothing but self-help, internet-delivered CBGT without

a therapist, but others can add minimal therapist help to internet-based CBGT. Therapist help can be via email or phone. (Titov *et al.*, 2008; Tillfors *et al.*, 2008).

Carlbring, Gunnarsdottir, Hedensjo, Andersson, Ekselius and Furmark (2007) conducted a study on the control group to compare the effect of a nine-week internet-based therapy plus weekly telephone calls. They found that the group participating in internet-based treatment experienced a great reduction at the general and social anxiety level, as well as in avoidance and depression. Tillfors *et al.* (2008) conducted a study looking at the effect of internet-based treatment on its own and internet-based treatment combined with exposure sessions. Their findings show that both treatment groups showed significant improvement from pre- to post-test, and from pre-test to one-year follow-up, on all measured dimensions including social anxiety, general anxiety, depression levels, and quality of life.

Mindfulness-Based Cognitive Therapy

Mindfulness training can be defined as a type of attentional training intervention using CBGT in order to increase efficacy (Piet, Hougaard, Hecksher, & Rosenberg, 2010). Mindfulness-based cognitive therapies result in a reduction of symptoms of anxiety in a large population, including clinical and nonclinical populations (Piet *et al.*, 2010).

Bogels, Sijbers and Voncken (2006) investigated the effect of a nine-session individual treatment by mindfulness training for nine participants with severe social phobia. Their results show that mindfulness training's effect on social phobia is significant. Piet *et al.* (2010) conducted a study to compare CBGT and mindfulness training. They found that mindfulness-based cognitive therapy is a useful and low-cost treatment for social phobia, but it is less efficacious than CBGT.

Pure Self-Help

Similar to internet-based treatment, pure self-help is also formed in order to reach the people suffering from social phobia who do not come to therapy. Based on its cost and the limited availability of psychologists in some areas, many people with social anxiety seek usual treatment. (Rapee, Abbott, Baillie, & Gaston, 2007). A study was conducted on self-help therapy as a possible alternative to usual treatment. Rapee *et al.* (2007) designed a study that includes two types of self-help. One was self-help through the use of bibliotherapeutic materials and no therapist contact. The other was using material with the help of therapist. These were compared through group therapy and the control group. They found that the pure self-help group's anxiety scores were lower compared to the control group, but its effect diminished in the next three months. Symptoms of social anxiety did not differ significantly between these groups. Augmented self-help was better than the control group and it did not differ significantly from group treatment. At the

end of the study, they concluded that pure self-help shows limited efficacy for social phobia.

CONCLUSION

There are many different techniques for the treatment of social anxiety disorder. Some are more effective and well researched but some are not. Exposure, cognitive restructuring, relaxation, social skill training and updating early memories linked to negative images and traumatic memories are very effective and their combinations can be used to help patients. Cognitive behavioral group therapy is also effective but some research show that its efficacy is not equal to individual therapy. Unlike these, internet-based cognitive behavioral therapy and pure self-help are less effective than previous techniques. Their effect is not as lasting and, compared to usual treatments, they are less useful. Further studies are needed on techniques used in the treatment of social phobia. It is envisaged that the comparative analysis of the techniques and examining their effects on treatment will fill a significant gap in the field of clinical psychology.

REFERENCES

- Barrera, T. L., Szafranski, D. D., Ratcliff, C. G., Garnaat, S. L., & Norton, P. J. (2016). An experimental comparison of techniques: Cognitive defusion, cognitive restructuring, and in-vivo exposure for social anxiety. *Behavioural and cognitive psychotherapy*, 44(2), 249-254.
- Beidel, D. C., Alfano, C. A., Kofler, M. J., Rao, P. A., Scharfstein, L., & Sarver, N. W. (2014). The impact of social skills training for social anxiety disorder: A randomized controlled trial. *Journal of anxiety disorders*, 28(8), 908-918.
- Bogels, S. M., Sijbers, G. F. V. M., & Voncken, M. (2006). Mindfulness and task concentration training for social phobia: A pilot study. *Journal of Cognitive Psychotherapy*, 20(1), 33-44.
- Clark, D. M., Ehlers, A., Hackmann, A., Mcmanus, F., Fennell, M., Grey, N., Waddington, L., & Wild, J. (2006). Cognitive therapy versus exposure and applied relaxation in social Phobia: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 74, 3, 568-578.
- Carlbring, P., Gunnarsdottir, M., Hedensjo L., Andersson G., Ekselius, L., & Furmark, T. (2007). Treatment of social phobia: Randomised trial of internet-delivered cognitive-behavioural therapy with telephone support. *British Journal of Psychiatry*, 190, 123-128.
- Frets, P. G., Kevenaar, C., & van der Heiden, C. (2014). Imagery rescripting as a stand-alone treatment for patients with social phobia: A case series. *Journal of Behavior Therapy and Experimental Psychiatry*, 45(1), 160-169.
- Gebara, C. M., Barros-Neto, T. P. D., Gertsenchtein, L., & Lotufo-Neto, F. (2016). Virtual reality exposure using three-dimensional images for the treatment of social phobia. *Revista Brasileira de Psiquiatria*, 38(1), 24-29.
- Heimberg, R. G., Liebowitz, M. R., Hope, D. A., Schneier, F. R., Holt, C. S., Welkowitz, L. A., ... & Fallon, B. (1998). Cognitive behavioral group

- therapy vs phenelzine therapy for social phobia: 12-week outcome. *Archives of General Psychiatry*, 55(12), 1133-1141.
- Hofmann, S. G. M. A., Smits, J. A. J., Simon, N. M., Pollack M. H., Eisenmenger, K., Shiekh, M., & Otto, M. W. (2006). Augmentation of exposure therapy with d-cycloserine for social anxiety disorder. *Arch Gen Psychiatry*, 63, 298–304.
- Holmes, E. A., Arntz, A., & Smucker, M. R. (2007). Imagery rescripting in cognitive behaviour therapy: Images, treatment techniques and outcomes. *Journal of Behavior Therapy and Experimental Psychiatry*, 38, 297–305.
- Klainin-Yobas, P., Oo, W. N., Suzanne Yew, P. Y., & Lau, Y. (2015). Effects of relaxation interventions on depression and anxiety among older adults: a systematic review. *Aging & mental health*, 19(12), 1043-1055.
- Kocovski, N. L., Fleming, J. E., Hawley, L. L., Huta, V., & Antony, M. M. (2013). Mindfulness and acceptance-based group therapy versus traditional cognitive behavioral group therapy for social anxiety disorder: A randomized controlled trial. *Behaviour research and therapy*, 51(12), 889-898.
- Leichsenring, F., Salzer, S., Beutel, M. E., Herpertz, S., Hiller, W., Hoyer, J., ... & Ritter, V. (2013). Psychodynamic therapy and cognitive-behavioral therapy in social anxiety disorder: a multicenter randomized controlled trial. *American Journal of Psychiatry*, 170(7), 759-767.
- Mcevoaya, P. M. (2007). Effectiveness of cognitive behavioral group therapy for social phobia in a community clinic: A benchmarking study. *Behaviour Research and Therapy*, 45, 3030–3040.
- Mortberg E., Clark D. M., Sundin O., Aberg Wistedt, A. (2007). Intensive group cognitive treatment and individual cognitive therapy vs treatment as usual in social phobia: A randomized controlled trial. *Acta Psychiatrica Scandinavica*, 115(2), 142-154.
- Moscovitch, D. A. (2009). What is the core fear in social phobia? A new model to facilitate individualized case conceptualization and treatment. *Cognitive and Behavioral Practice*, 16, 123–134.
- Norton, A. R., & Abbott, M. J. (2016). The efficacy of imagery rescripting compared to cognitive restructuring for social anxiety disorder. *Journal of anxiety disorders*, 40, 18-28.
- Piet, J., Hougaard, E., Hecksher, M. S., & Rosenberg, N. K. (2010). A randomized pilot study of mindfulness-based cognitive therapy and group cognitive-behavioral therapy for young adults with social phobia. *Scandinavian Journal of Psychology*, 51, 403–410.
- Pickard, H., Rijdsdijk, F., Happé, F., & Mandy, W. (2017). Are Social and Communication Difficulties a Risk Factor for the Development of Social Anxiety?. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(4), 344-351.
- Rapee, R. M., Abbott, M. J., Baillie, A. J., Gaston, J. E. (2007). Treatment of social phobia through pure self help and therapist-augmented self help. *British Journal of Psychiatry*, 191, 246-52.
- Rodebaugh, T. L., Holaway, R. M. & Heimberg, R.G. (2004). The treatment of social anxiety disorder. *Clinical Psychology Review*, 24,883–908.
- Tillfors, M., Carlbring, P., Furmark, T., Lewenhaupt, S., Spak, M., Eriksson, A., Westling, B. E., & Andersson, G. (2008). Treating university students with

- social phobia and public speaking fears: Internet delivered self-help with or without live group exposure sessions. *Depression and Anxiety*, 25, 708–717.
- Titov, N., Andrews, G., Schwencke, G., Drobny, J., & Einstein, D. (2008). Shyness 1: Distance treatment of social phobia over the internet. *Australian and New Zealand Journal of Psychiatry*, 42, 585-594.
- Wells, A., Clark, D. M., Salkovskis, P., Ludgate, J., Hackmann, A., & Gelder, M. (1995). Social phobia: The role of in-situation safety behaviors in maintaining anxiety and negative beliefs. *Behavior Therapy*, 26(1), 153-161.
- Wilda, J., Hackmann, A., & Clark, D. M. (2007). When the present visits the past: updating traumatic memories in social phobia. *Journal of Behavior Therapy and Experimental Psychiatry*, 38, 386–401.