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CASE REPORT

Can Cognitive Behavioral Therapy be Effective for Social Anxiety Disorder with Dissociative and Self-Harm Behaviors in a 15-Year-Old Adolescent?

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ÖZET

Sosyal anksiyete bozukluğu ergenler için oldukça zorlayıcı olabilir ve bu bozukluk sosyal etkileşimlerden kaçınma, yoğun kaygı ve zaman zaman disosiasyon semptomlarına yol açabilen bir klinik tabloya sahiptir. Bu vaka çalışmasında sosyal anksiyete bozukluğu, disosiasyon belirtileri ve kendine zarar verme davranışları olan 15 yaşındaki bir kız hastanın tedavi sürecini inceledik. Başlangıçta anksiyete, sosyal durumlardan kaçınma ve disosiasyon belirtileri gösteren hastanın Bilişsel Davranışçı Terapi (BDT) ile önemli bir ilerleme kaydettiği görüldü. Bu vakanın dikkate değer bir yönü, hastanın hayali arkadaşlarla etkileşim olarak ortaya çıkan disosiasyon deneyimiydi. Bu deneyim, sosyal anksiyete bozukluğu bağlamında disosiatif semptomların daha sık düşünülmesi ve araştırılması gerekliliğini vurgularken semptomların temel kökenlerinin ele alınmasının önemine de dikkat çekmektedir. Terapide ana odak noktamız başlangıçta sosyal kaygıyı azaltmak olsa da hastanın disosiatif semptomlarının ve kendine zarar verme davranışlarının BDT ile önemli ölçüde düzelmiş olması, BDT'nin sosyal anksiyete bozukluğu, disosiasyon ve kendine zarar vermeyi yönetmek için etkili bir tedavi seçeneği olarak önemini vurgulamaktadır.

Anahtar kelimeler: Bilişsel davranışçı terapi, Disosiasyon, Kendi kendine zarar veren davranış, Sosyal fobi

ABSTRACT

Social anxiety disorder can be quite a challenge for adolescents, often leading to intense fear of social situations and sometimes even dissociation. In this case study, we explored the experiences of a 15-year-old girl who was dealing with social anxiety disorder, dissociation, and self-harm. Despite initially showing symptoms of anxiety, avoiding social situations, and experiencing dissociation, the patient made significant progress through Cognitive Behavioral Therapy (CBT). One notable aspect of this case was the patient's experience of dissociation, which manifested as interactions with imaginary friends. This highlights the need for further research and consideration of dissociative symptoms in the context of social anxiety disorder. It also emphasizes the importance of addressing the root causes of these symptoms. While our main focus in therapy was on reducing social anxiety, it's worth noting that the patient's dissociative symptoms and self-harming behaviors significantly improved with CBT. This underscores the effectiveness of CBT as a powerful treatment option for managing social anxiety disorder, dissociation, and self-harm.

Keywords: Cognitive behavioral therapy, Dissociation, Self-injurious behavior, Social phobia

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INTRODUCTION

Social anxiety disorder (SAD), frequently encountered during adolescence, affects approximately 3% to 11% of teenagers. This condition typically arises during the teenage years or early adulthood and is characterized by an overwhelming and unfounded fear of social interactions, often resulting in efforts to avoid such situations (1).

Coping strategies utilized by individuals with SAD include escapism, avoidance, and engagement in safety behaviors within anxiety-inducing scenarios (2). Dissociation, defined as the disruption of the cohesive integration of consciousness, memory, identity, or environmental perception, might also manifest as an additional coping mechanism in response to episodes of heightened anxiety. While dissociation has traditionally been linked with trauma-related conditions, some literature suggests its occurrence in anxiety disorders (3,4). Despite limited research exploring the correlation between SAD and dissociative symptoms, there is evidence suggesting that cognitive behavioral therapy (CBT) may be beneficial in cases where social anxiety disorder and dissociation coexist (5).

Self-harm, defined as the deliberate act of causing harm to oneself, represents another concerning aspect frequently observed among adolescents. Low levels of family function, deficiencies in parent-adolescent communication, reduced family cohesion, and a lack of support have been associated with the prevalence of self-harm among adolescents (6). In the literature, anxiety disorders have been linked to self-harm behaviors as well. Specifically, a study has revealed that both social anxiety disorder and generalized anxiety disorder are correlated with more concerning manifestations of self-harm (7).

This case report aims to contribute to the existing literature by offering a comprehensive evaluation and treatment plan for a patient presenting with social anxiety disorder, concurrent dissociative symptoms, and self-injurious behavior. While there is some literature discussing the co-occurrence of anxiety and dissociative symptoms, there remains a gap in understanding the specific treatment approaches and outcomes in cases where these conditions overlap, especially in adolescents. By presenting this case, we aim to highlight the importance of assessing and addressing dissociative symptoms in the context of social anxiety disorder and provide insights into the effectiveness of CBT in managing these comorbid conditions.

CASE PRESENTATION

A 15-year-old female patient presented to our outpatient clinic, exhibiting symptoms of social withdrawal, including difficulty making friends and feeling shy in public for the last three years. She expressed concerns such as 'What if I embarrass myself?' or 'What if I look foolish?'. She lacked close friendships and reported experiencing somatic symptoms, including palpitations, trembling, and sweating in anxiety-inducing scenarios. Additionally,

she rarely engaged in self-harming behaviors, such as scratching herself with a razor.

Upon clinical evaluation, she displayed cooperation, clear and coherent speech and reported a predominantly anxious mood, characterized by increased restlessness and tension. Her affect appeared consistent with an anxious mood. Her thought process was coherent and goal-directed, and she expressed concerns about potentially embarrassing situations and displayed a heightened sensitivity to the opinions of others. Her cognition was intact, with regular attention, concentration, and memory, indicating normal intelligence. Sleep and appetite were within normal limits. Based on the evaluation, the patient met DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) criteria for social anxiety disorder.

The patient also described having imaginary companions, particularly a male companion of similar age, over the past three years. These interactions involved solitary dialogues, serving as a surrogate for genuine social connections, given her lack of authentic friendships because of social anxiety disorder. Additionally, the patient experienced feelings of detachment from their surroundings and physical sensations such as faintness and dizziness, consistent with depersonalization symptoms. The engagement with imaginary companions can be interpreted as a manifestation of dissociation. Furthermore, the occurrence of severe parental conflicts, such as the incident involving the father displaying a knife to the mother in the past may have played a traumatic role in precipitating the onset of dissociative experiences in the patient. The patient mentioned that the onset of self-harming activities was influenced by her imaginary male friend, eventually becoming a habitual behavior. Importantly, the patient denied any suicidal ideation or plans.

Due to the persistence of anxiety symptoms despite three months of treatment with fluoxetine 40 mg/day and risperidone 1.5 mg/day, cognitive behavioral therapy was started as the chosen treatment approach upon the patient's presentation to our clinic. The decision to add CBT was prompted by the partial response observed with the prior medication regimen. CBT was conducted by a licensed child and adolescent psychiatrist with CBT certification, who is an expert in treating child and adolescent anxiety disorders and also provides supervision to new therapists.

Table 1. Formulation for the presented case

Predisposing factors:
Father's anxiety, significant family stress
Precipitating factors:
Adolescence and severe parental conflicts
Perpetuating factors:
Cognitive distortions, maladaptive coping mechanisms
Protective factors:
The patient’s high motivation, consistent attendance, family involvement

Throughout treatment, the patient's situation, emotions, thoughts, and behaviors were explored. Predisposing factors and cognitive distortions were addressed. Specific treatment goals were established, including initiating conversations with teachers, using the restroom at school or in public places, raising her hand in class, asking for help when needed, placing orders independently, and openly expressing her thoughts. The patient rated the target list, and exposure homework was assigned to her. She started with the lowest-scoring things on the list and worked on them until they were done. After the exposure task, she raised her hand in class to say what she thought. The family also noted her high level of motivation, which was consistently observed during the sessions.

The patient reported that her imaginary friends were present exclusively when alone, but she came to realize that these experiences were merely visualizations. In addition to the patient's treatment, her parents received psychoeducation on SAD, dissociation, and self-harm. During the therapy sessions, family conflicts were addressed. Their significant marital issues were also investigated, and both parents participated in extended sessions.

After six sssions of CBT, the patient experience a significant reduction in social anxiety symptoms and complete remission of dissociative and self-harm behaviors. Parental conflicts also decreased. Consequently, risperidone was gradually discontinued, and the dosage of fluoxetine was reduced to 20 mg/day.

DISCUSSION

The co-occurrence of anxiety and dissociative symptoms is not uncommon. Dissociative symptoms, traditionally linked with trauma-related disorders, have also been recognized in individuals with anxiety disorders (3,4,8). The patient's dissociative experiences could be viewed as a coping mechanism, possibly serving as a temporary escape from distressing emotions, situations, and the pervasive feeling of loneliness. The remission of dissociative symptoms following

treatment could be attributed to the patient's improved ability to cope with anxiety through adaptive strategies, thereby reducing the need for dissociation as a maladaptive coping mechanism.

There has been limited research on the relationship between social anxiety disorder and dissociative symptoms. However, a study by Michal et al. 2005 found a significant link between increased anxiety levels and depersonalization and derealization in individuals diagnosed with SAD (9). Our case supports these findings, highlighting the importance of assessing dissociative symptoms when dealing with SAD. Additionally, another study by Hoyer et al. in 2013 showed that people with SAD often experience depersonalization and derealization during social performance situations, compared to those without the condition. This study also emphasized the significant association of depersonalization and derealization with processes that sustain SAD, such as safety behaviors and post-event processing (10).

The selected treatment approach of CBT aligns with scientific literature, consistently demonstrating its effectiveness in reducing social anxiety disorder symptoms and improving overall functioning (2). The decision to prioritize social anxiety symptoms over addressing self-harm behavior was based on several factors. Firstly, the frequency of self-harm incidents was relatively low, and the patient was already receiving risperidone treatment, which may have contributed to its management. Additionally, the patient demonstrated greater motivation to address social anxiety symptoms, indicating that it was a primary concern for her. Therefore, the treatment approach was tailored to target the symptoms that were most distressing and impairing for the patient.

By including the family in therapy sessions, we aimed to address potential stressors and conflicts within the family system that may contribute to the patient's symptoms. Additionally, involving the family provided an opportunity to strengthen support networks and make it easier to apply therapeutic strategies in the patient's daily life.

The clinical progress observed after six sessions of CBT, including the reduction of social anxiety symptoms, and remission of dissociative and self-harm behaviors underscores the potential efficacy of the chosen intervention. The shorter duration of CBT sessions may have yielded positive results for several reasons. Firstly, the therapist leading the sessions possessed specialized expertise in treating anxiety disorders in children and adolescents, holding certifications in CBT, and providing guidance to new therapists. Secondly, the positive treatment outcome was further enhanced by the patient's own high motivation. Furthermore, the active participation of her family, along with their efforts in conflict resolution, played a significant role in achieving successful treatment outcomes.

It is important to note that cognitive therapy for social anxiety disorder does not target depersonalization and derealization symptoms. However, it is worth mentioning that Schweden et al. observed a significant

reduction in self-reported experiences of these symptoms after treatment (5), which is consistent with our case and underscores the efficacy of cognitive therapy for SAD and associated dissociative symptoms.

This case report has certain limitations. The use of CBT as an add-on to medication makes it challenging to isolate its unique effects. While suggestive, this case study alone does not allow for conclusions about a direct causal relationship between the improvement in social anxiety and the reduction in dissociative and self-harm symptoms. Longitudinal follow-up would be necessary to determine the long-term stability of the improvements observed.

The findings of this case report emphasize the importance of specifying the primary focus area in treatment plans. Addressing the root cause of symptoms can help prevent additional comorbid problems from arising. The primary goal of therapy in this particular case was to treat social anxiety. However, the successful resolution of dissociative symptoms and self-harming tendencies through CBT demonstrates that this treatment method can effectively manage anxiety disorders with these problematic symptoms. Nevertheless, additional research is necessary to investigate the underlying mechanisms of these improvements.

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