

Breaking Barriers: Confronting Social Phobia

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Did you know...

Social phobia, also referred to as social anxiety disorder, is one of the most common anxiety disorders. One-year prevalence rates range from 3% to 6.7%.¹

Point #1

The central feature of social phobia is excessive anxiety in social or performance situations. This anxiety leads to avoiding or enduring situations with significant distress due to the concern of being negatively perceived by others.

Commonly feared situations include:

- public speaking,
- performing,
- writing,
- eating or drinking in front of others,
- using public washrooms,
- making conversation,
- meeting strangers,
- dating,
- speaking to authority figures,
- attending parties, meetings or interviews,
- being assertive and
- being in crowds.

Point #2

Onset of social phobia typically occurs in childhood and adolescence. If untreated, the course of social phobia is typically a chronic one, associated with significant impairment in social and occupational functioning.

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Social phobia is often comorbid with other disorders, such as other anxiety disorders, depression and substance use disorders, most often preceding their development.

Point #3

Social phobia tends to be under-recognized in both primary-care and psychiatric settings.

One study found that only 0.5% of patients with social phobia were accurately diagnosed, even though more than 44% had visited a mental health specialist or had been prescribed antidepressants.

CBT fact...

Cognitive behaviour therapy for social phobia typically consists of 12 to 15 sessions lasting from 50 minutes to 90 minutes. Longer sessions are typically used for therapist-assisted exposure practices.

Point #4

There is a range of effective treatments for social phobia, including both pharmacotherapy and cognitive behaviour therapy (CBT) that may be used alone or in combination.

Pharmacotherapy

Selective serotonin reuptake inhibitors are considered first-line pharmacologic treatment. Early termination of pharmacotherapy has been associated with greater risk of relapse leading to the recommendation that treatment be continued for at least one year.

Cognitive behaviour therapy

CBT is considered the first-line psychosocial treatment. Although group treatment has typically been the format of choice, recent studies comparing individual to group treatment delivery suggest that individual CBT is more effective than group CBT.

CBT involves a combination of clinical strategies: individualized assessment of social phobia symptoms and self-monitoring, exposure strategies, cognitive strategies and social skills training.

Point #5

Exposure strategies involve gradual exposure to the feared situations or physical sensations (e.g., shakiness, sweating, blushing) in a gradual and controlled manner.

Exposure practices are often therapist-assisted and may take place in actual situations or simulated situations using role play.

Exposure strategy practices

- Returning an item to the store (assertiveness)
- Making conversation with a neighbour (informal social contact)
- Making an impromptu speech or toast (public speaking)
- Spilling a drink in public (being the centre of attention)
- Going to a crowded mall (being around strangers)
- Having lunch with a coworker (eating in front of others)



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Point #6

Cognitive strategies involve correction of anxious misperceptions about feared situations.

One of the most common misperceptions that individuals with social phobia have is that others are noticing them and evaluating them in a negative way. They also tend to misappraise ambiguous

social situations as threatening. For example, “If coworkers are laughing, they are laughing at me.” In this case, cognitive strategies focus on helping the individual consider alternative appraisals that are less threatening and more realistic (e.g., the coworkers are laughing because one of them told a joke).

Point #7

Social skills training may include a variety of techniques relevant to the individual’s needs, such as:

- training in effective communication skills (including the differences between assertive, passive and aggressive communication styles, as well as active listening skills);
- education regarding body language and other cues (e.g., tone of voice, volume of speech, eye contact);
- development of conversation skills (making small talk);
- development of public speaking and interviewing skills and
- assertiveness training.

Treatment tip

CBT manuals for social phobia, such as *The Shyness and Social Phobia Workbook* (Antony & Swinson, 2000), are valuable resources. They can be recommended to patients interested in a self-help approach or used in conjunction with therapy sessions to guide treatment and provide psychoeducation.

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References

1. Offord DR, Boyle MH, Campbell D, et al: One-year prevalence of psychiatric disorder in Ontarians 15 to 64 years of age. *Can J Psychiatry* 1996; 41(9):559-63.