

Behavioural components

The behavioural components of CBT include social skills training, and gradual exposures to feared situations.

While many patients do show improvement with these techniques, they are still reluctant to engage in the exposures, and cannot always apply the techniques in an unexpected situation. It is not always possible to set up an appropriate exposure situation, either.

In the late 90's, David Barlow and Stefan Hoffman (Boston University) proposed that exposure exercises in a group context would provide the appropriate safe, structured environment for accurate exposure – to the thoughts, autonomic and emotional reactions usually experienced by the socially anxious. This has been researched thoroughly and proven to be far more effective in terms of functioning as well as reduced relapse rates, than individual CBT for Social Anxiety. I was trained in this method in 2000, have used it extensively since, and it has proven to have rapid as well as lasting results.

Group approach

There are several hypotheses for the efficacy of the Group approach. Barlow has suggested that the group provides a level playing field, as everyone must have a diagnosis of Social Anxiety. In addition, the group provides for accurate exposure to the feared situation, in a controlled (by the therapist) and safe environment. Patients can practise the skills they have learnt for initiating and maintaining a conversation with a stranger, as well as familiar people; how to join as well as exit a group; how to handle a conflict situation; how to handle

various types of audience during a presentation, board meeting, and so on.

Incorrect assumptions

The group also provides evidence to contradict incorrect assumptions – most of the patients who have attended these groups have verbalized responses such as “but everyone looks so normal!” and accepted positive feedback from group members more than they will from others (family, friends, even the therapist). By the third group, speeches or social skills practise exercises are recorded on video, and while the thought of being recorded is frightening, by then most will consent. Watching the recording is consistently met with the response of “I felt like I was blushing/ stumbling over my words/ pausing for a really long time, but actually I wasn't.”

Generally, any anxiety disorder has a large component of avoidance – what people do (e.g substances, safety cues) or don't do (e.g. excuses to avoid work presentations or socials, not going to family events, not eating in public) to avoid the anxiety. In the group context, the therapist introduces this concept in the first session to make all participants aware of it. Typically, participants will point out their own avoidances as well as those they observe in others, and therefore what could have been a sabotaging factor to a proper exposure is avoided.

Conclusion

In conclusion, while the concept of “group” for someone with Social Anxiety seems counter-intuitive, it is in fact a highly effective, relatively rapid “phase 2” intervention (after phase 1 of individual CBT to lay the ground work). ◆

