

Combined Individual and Group Cognitive-Behaviour Therapy for Social Anxiety Disorder



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Social Anxiety Disorder (also known as Social Phobia) is characterised by intense fear of scrutiny by others, especially during performance- such as public speaking, or in general (eating, talking on phone, writing in front of others, and so on). This condition has historically been under recognised in primary care practice, with patients often presenting for treatment only after the onset of complications such as major depression or substance use disorders.

A consistent point emerging from studies of social anxiety disorder is the benefit of early diagnosis and treatment. Improvement is lower for those diagnosed late, with more severe social phobia and with comorbid disorders, such as avoidant personality disorder and depression. Even when treated, there are still many who, after receiving treatment, are unable to function in the long-term without anxiety symptoms.

Two forms of treatment

To-date, research has provided evidence for the efficacy of two forms of treatment available for social phobia: specific medications and a

particular form of short-term psychotherapy called cognitive-behavioural therapy (CBT), the central components being cognitive restructuring, training in social skills, and gradual exposure therapy.

Cognitive restructuring focuses on identifying dysfunctional thoughts *before, during and after* an exposure. Thoughts *before* are mainly anticipatory, assuming the worst and becoming self-fulfilling- i.e. increasing baseline arousal to such an extent that the person cannot perform by the time they enter the feared situation. Thoughts *during* the exposure tend to maximize what is going wrong, and minimizing or ignoring what is going right- e.g. losing focus once, in a 30 minute presentation, is interpreted as " I can't focus at all, I didn't focus at all through the entire thing." Thoughts *after* tend to follow the same trend, as well as obsessing about others' opinions and judgement, or small aspects of the total performance which were not quite desirable. In addition, an ongoing trend is the assumption that literally "everyone is watching me" and evaluating me negatively. Therefore the cognitive component of CBT focuses on identifying, confronting and reality testing these thoughts and assumptions.

