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Utilizing Cognitive Behavioral Therapy and Medication in Combination to Treat Social Phobia

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**Introduction**

Social phobia affects more than 200,000 Americans every year. It is a disorder characterized by the avoidance of social interactions due to fear of scrutiny. Beginning in adolescence and continued through adult life, social phobia causes significant social impairment and lifelong disability, and has a high comorbidity with other anxiety disorders, as well as substance abuse and eating disorders (N. Brunello, et al). Although medications and cognitive therapy are roughly equally effective in social phobia treatment, there is a growing movement for combination therapy, whereby medications are prescribed along with long term cognitive or behavioral therapy for the optimal treatment of patients. In this investigation, the specific causes cited by researchers for success in pharmacological and cognitive-behavioral treatment options are considered to assess the claim that a combination of medication and cognitive-behavioral therapy will yield significantly greater clinical success outcomes. The criteria for a clinical success outcome for the sake of this paper is a treatment that succeeds in three domains: eliminating avoidance patterns, re-integrating the patient into social situations, and avoiding relapse into socially phobic avoidance patterns. Although the operational definition for social phobia supplied by the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) as well as this study involve only the re-integration criteria (specifically defining social phobia as avoidance of scenarios involving scrutiny), the criteria of elimination of avoidance patterns, as well as prevention of relapse are equally important characteristics of an effective treatment. The DSM-V’s definitions are by their nature descriptive of symptoms, not prescriptive of social disease; with this in mind the expansion of the criteria of effective treatment is outlined in order to prescribe a set of conditions by which social phobia is unlikely to cause significant distress later in a patient’s life. It is hypothesized that the benefits of medication to suppress symptoms will contribute to successful cognitive-behavioral therapy treatment, thereby resulting in significantly greater clinical outcomes.

**Elimination of Avoidance Patterns**

Eliminating Avoidance patterns involves elimination of the cognitive connection of negative experiences in social situations with future social interactions. These patterns involve operant conditioning and patterns of avoidance learning that result from the paired stimulus with the negative outcomes. Orval Mowrer, a famous behavioral Psychologist, theorized the causal link between negative behavior, such as avoidance, and its reinforcement. Mowrer’s two factor theory asserts that negative behaviors that are the result of traumatic events or unintentionally paired negative stimuli are reinforced via negative reinforcement when an individual pursues avoidant behavior (Maia, 2010). An example of such case can be illustrated by an individual with social phobia, when the individual believes that they may experience scrutiny in a certain environment. The cognition of potential embarrassment causes distress which in turn leads the individual to pursue an exit via an excuse or other form of absence. With the potentially distressing scenario avoided, the stress associated with the event disappears, thereby rewarding avoidant behavior.

Elimination of this cyclic behavior has been well documented in the behavioral sciences. Classical approaches to disrupting avoidance patterns have been based in cognitive behavioral therapy. A meta-analytic study conducted by the Agoraphobia and Anxiety Treatment Center, PA (1995), on treating social phobia with full exposure vs. cognitive-behavioral treatments found that both treatments were effective for eliminating patterns of social avoidance in social phobia, with cognitive behavioral treatments benefitting a patient in greater margins past six months. Among these treatments included cognitive tasks such as rational self-talk that were designed to prevent maladaptive thoughts that precede avoidance behavior.

Paroxetine, a Selective Serotonin Reuptake Inhibitor (SSRI), was also proven to be marginally effective in eliminating avoidance patterns. In a study conducted by Stein (2002), paroxetine treated individuals showed significant (>3 points) improvement on the Clinical Global Impressions Scale (CGIS), a clinical research tool designed to measure progress and treatment response over time (Busner & Targum, 2007). SSRIs operate on reducing or suppressing categorical symptoms of social phobia, thereby preventing maladaptive thoughts about future scrutiny that feed avoidance patterns.

**Reintegration**

Reintegration into society is the most fundamental aspect of treating social phobia; since social phobia is characterized by a removal from social environments in a manner resulting in disability, returning to social environments is key to a successful treatment plan. Reintegration also is a necessary step in an individual being descriptively socially phobic.

According to N. Brunello et al (1999), social phobia is highly comorbid with depressive disorders, other anxiety disorders, alcohol abuse, lower educational achievement, and single/divorced/separated status, illustrating that social phobia can lead to an inability to integrate with society. Effective treatments that involve reintegrating socially phobic individuals take into consideration the particular individual’s comorbidity and individual life events. It is for this reason that SSRIs, beta blockers, and benzodiazapines are prescribed with varying success on the individual.

Prognosis of recovery from social phobia via Cognitive Behavioral Therapy (CBT) is markedly good. People completing CBT training report a high success rate, compared to control groups. The social anxiety people who understand and follow the directions to be repetitive with the therapy report the most positive changes in lessening anxious feelings and thoughts. Those who learned social skills in therapy are able to apply those skills in society after treatment. Practicing social skills in an environment where the patient feels safe contributes to patient confidence in real life situations. Role playing and modeling are techniques also used to help a patient become more comfortable relating to others in a social situation.

**Relapse**

        Effective management requires early detection, education, and delivery of evidence-based pharmacotherapy and/or CBT. In the National Institute of Mental Health longitudinal studies, people continued to report progress after CBT behavioral group therapy was over.  Studies repeatedly indicate that treatment compatibility (i.e., did the person carry out the prescribed therapy?) is the key element in success. Repetition and reinforcement of rational concepts, strategies, and methods (and their implementation) is the key to alleviating social anxiety disorder on a long-term basis (Belzer,2005).

Long-term treatment is often recommended due to relapse potential. Long term treatment varies greatly from each study; it is with this in mind that long term treatment will generally refer to any treatment that continues treatment beyond the average relapse period of social phobia among patients, which is generally twelve to twenty-four months. Relapse may occur in 30% to 50% of patients following medication discontinuation (Blanco, 2003). In a study conducted by Yonkers (2003), initial relapse events were more likely to occur within the first 2 years of observation. Relapse rates may be reduced in those who have received elements of CBT (Haug, 2003). In addition, it appears that the probability of relapse may be reduced following periodic "booster" CBT sessions. The benefits of CBT tend to last longer than those of pharmacotherapy, or the sole treatment of mental disorders via pharmaceuticals. Pharmacotherapy should be continued for 12 to 24 months, with many patients requiring ongoing, long-term therapy to achieve full benefits and prevent relapse.

        In a study by Stein (2002), the efficacy of paroxetine which is a selective serotonin reuptake inhibitor in the acute treatment of social anxiety disorder was examined. Two hundred fifty-seven patients completed the study (136 paroxetine-treated and 121 placebo-treated patients). Significantly fewer patients relapsed in the paroxetine group than in the placebo group. At the end of the study, a significantly greater proportion of patients in the paroxetine group showed improvement as shown on the Clinical Global Impression global improvement rating compared with the placebo group.

        Walker (2002) evaluated the efficacy, tolerability, and effects on quality of life of sertraline, a selective serotonin reuptake inhibitor, in the prevention of relapse of generalized social phobia. Fifty adult outpatients with generalized social phobia who were rated much or very much improved on the Clinical Global Impression Scale of Improvement (CGI-I) after 20 weeks of sertraline treatment (50-200 mg/day) were randomly assigned in a one-to-one ratio to either continue double-blind treatment with sertraline or immediately switch to placebo for another 24 weeks. Sertraline was effective in preventing relapse of generalized social phobia.

        If the individual does relapse, relapse prevention is needed to overcome the episode. Relapse prevention is the term used to describe a way of identifying unhelpful thinking and behaviors and reducing them with the aim of promoting positive behaviors, thoughts, and feelings which may prevent ill health (both physical and emotional) from recurring. A relapse can occur for various reasons, including specific events, objects or thoughts that could lead to an increase in anxiety, panic or negative thinking. These situations are often called triggers because they trigger an onset of symptoms. Because some triggers will occur without conscious awareness, it is possible that an individual may not be aware of all the specific circumstances that activate their avoidance behavior.

        According to the National Phobics Society, if a relapse does occur it is important the individual try to reduce its length and intensity. This not only helps to improve the chances of a good recovery but it also helps to minimize the amount of disruption in their life. It is important that individuals develop a knowledge base; learn everything they can about the anxiety and the treatments that are available. They should try to create a balance in their life with enough time for work, family, friends, and leisure activities. Often, isolation is more likely to cause another relapse whereas asking for help and support can prevent future relapses.

**Conclusion**

Due to the high comorbidity associated with social phobia, the most effective treatment option varies greatly on the individual. As a result, prescriptively successful treatments involve pharmacological treatment as well as cognitive-behavioral treatment. In general, drugs prescribed for psychological disorders have a suppressive effect in the short term, and are not recommended for long term treatment. Treating social phobia is possible solely with drugs in mild cases of social phobia. More extreme cases result in relapse within six months. The most robust treatment option for the long term recovery of an individual is CBT. However, CBT relies greatly on the individual to desire treatment; there is no gradated option for an in vivo solution that cannot be easily replicated in a lab or other artificial environment. It is with these externalities in mind that it is recommended that an individual receive a combination therapy of CBT and pharmacological treatment via SSRI or other suppressive drug; suppressive medication that targets disabling symptoms of social phobia, such as an inability to form long term relationships due to avoidance, can greatly contribute in reducing maladaptive thoughts that are considered to be the basis of CBT failure. Combination therapy also reduces relapse rates, since medications can reduce severity of a relapse episode, while learned responses from CBT can encourage the individual to reduce its length by exercises designed to reduce maladaptive thoughts. Social Phobia remains a highly prevalent complex disorder varying greatly in comorbidity and intensity of disability from individual to individual. Recent medications for treatment such as SSRIs show incredible promise in reducing the severity of the disability, while Cognitive-behavioral approaches become more refined as research uncovers more of the emergent properties of higher mental processes and their disorders. Currently, combination therapy remains the most promising treatment option for social phobia, although further research is necessary on the effects of combination therapy for any changes to occur in the prescriptive ability of treatment.

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