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Exposure Therapy in the Brief Treatment of Social Anxiety Disorder

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ABSTRACT

Research on Social phobia (stage) and its treatment, particularly using exposure therapy emphasizes reducing symptoms. However, this case study is to highlight the social anxiety disorder's intervention. A single subject case study research design was used. A formal and informal assessment was conducted on a female client who is 22 years old. Formal assessments include the Human Figure Drawing (HFD) test, APA DSM-5 Severity Measure for Social Anxiety Disorder for Adults and Beck Anxiety Inventory (BAI). Informal assessment includes client history taking, clinical interview, behavioral observation and mental status examination. Analyses lead to the diagnosis of 300.23 (F40.10) Social Anxiety Disorder. There were eight sessions that lasted forty-five minutes apiece. The findings showed that treating negative beliefs leads to improvements in the emotional and behavioral aspects of social situations, and that exposure therapy is a successful treatment strategy for social anxiety disorder.

Keywords: *Social Anxiety Disorder, Social Phobia, Exposure Therapy*

Introduction

Social anxiety disorder (SAD) is a debilitating mental health condition characterized by intense fear and avoidance of social situations. SAD can be highly distressing, and it can interfere with daily life functioning as sufferers avoid social or performance situations (Schneier & Goldmark, 2015). Cognitive behavioral therapy (CBT) has been shown to be effective for a

wide variety of mental health disorders, including anxiety disorders. Cognitive-behavioral therapy (CBT) has been established as an effective intervention for SAD, focusing on modifying maladaptive thought patterns and behaviors (Kaczurkin & Foa, 2018).

Recent research has highlighted the bidirectional relationship between Social Anxiety Disorder and overprotective parenting styles (Bögels & Brechman-Toussaint, 2006). Overprotective parents, driven by genuine concern for their children, inadvertently contribute to the development and maintenance of social anxiety by limiting exposure to social situations (Spence et al., 2018). This protective stance may hinder the achievement of crucial social skills and exacerbate anxiety in unfamiliar social contexts like in get to gathers, stage etc (Beesdo et al., 2007).

Cognitive Behavior Therapy (exposure) has emerged as a leading therapeutic approach for treating Social Anxiety Disorder (Hofmann, 2014). CBT interventions focus on restructuring maladaptive thought patterns, addressing negative self-perceptions, and gradually exposing individuals to anxiety-provoking situations (Clark & Wells, 1995). Recent meta-analyses support the effectiveness of exposure techniques in reducing social anxiety symptoms and improving overall functioning (Mayo-Wilson et al., 2014). The current research based on a case study is to highlight the social anxiety disorder's intervention specifically exposure therapy.

Objectives of the Study

Objectives of the study were to investigate the potential of exposure therapy in mitigating social anxiety disorder in the context of stage anxiety.

Hypotheses of the Study

Exposure therapy will significantly reduce/mitigate the symptoms of Social Anxiety or Social Phobia.

METHOD

Research Design

A single-subject case study research design was used in the study to know the efficacy of exposure therapy for social anxiety disorder.

Participant's Illness Recount

The 22 years old female student came to psychiatric center with presenting complaints of extreme anxiety in social situations (presentations, stage etc), increased heart rate, and sweating, intense worry about being judged or embarrassed by others, pervasive fear of making social mistakes or being negatively evaluated, lack of confidence. All these symptoms caused excessive anxiety in social situations with a fear of negative evaluation by others. This anxiety resulted in avoiding going to university. She started experiencing all of these symptoms after entering to university six months back. There was no history of any significant medical condition and seeking any psychotherapy or pharmacotherapy. There was no history of any significant family psychopathology.

Background Information & Childhood Experiences

The client is 2nd born among 2 sisters and four brothers. Father behavior toward her is warmth, kind, soft hearted and always pampered her and tries to fulfill all the wishes. Family always over pampered her and overprotected her that's why she find difficult to be in social situation and she never face criticism or negative comment in her home. Her introverted tendencies were evident even in her early school years. In the fifth grade, a teacher requested her to read aloud in class, which led to her becoming extremely nervous and tearful but still she managed to read. Subsequently, her parents intervened and discussed with the school's principal, explaining that she was not comfortable with public speaking due to her reserved disposition. Consequently, she was allowed to provide written responses to her teacher's questions instead of participating in oral tests or readings. Due to lack of confidence and overprotectiveness of parents she completed her college but when she got admission in university, she faced difficulty in introducing herself, giving presentation and interacts with other. The precipitating factor was her most recent presentation. When she was giving presentation, some students made fun out of that presentation which triggered her social phobia all again.

Analysis of Life Conditions

The client grew up in a family environment characterized by overprotective parents. She received extra care and sheltering from her parents, leading to a childhood where her every request was promptly fulfilled and she was shielded from experiencing sadness or distress.

However, this excessive protection ultimately contributed to the development of social anxiety disorder. Her parents' tendency to restrict her exploration of the world and participation in social activities meant that she was unaccustomed to facing criticism or adversity. Consequently, when she entered school, she struggled with coping mechanisms when confronted with negative feedbacks, often resulting in sadness or feeling of worthlessness and her parents intervening to shield her from consequences.

Upon entering university after successfully completion of intermediate, she encountered challenges that exacerbated her anxiety. Difficulties in navigating the campus on her first day heightened her stress, and the prospect of introducing herself in front of classmates triggered physical symptoms such as a rapid heartbeat, sweating, and a fear of ridicule. This experience led her to avoid attending classes for a week.

Her anxiety continued to escalate, causing her to withdraw from social interactions and view herself as unworthy of acceptance. This self-perception hindered her ability to participate in classroom discussions despite her thorough preparation, as anxiety symptoms like trembling legs and breathlessness intensified. Even when completing assignments proficiently, the thought of presenting her work to others induced overwhelming anxiety, leading to avoidance from those anxiety provoking situations.

Recognizing her deteriorating mental health, her parents sought professional help from a clinical psychologist after 4 to 5 months of enduring these distressing symptoms, including avoidance of social gatherings and communication breakdown with loved ones.

ASSESSMENT

Disorder Specific Diagnostics

Tool			Obtained Score	Total Score	Severity Level
APA	DSM5	Severity Measure for Social Anxiety Disorder for Adult	39	40	Severe
		Beck Anxiety Inventory	50	63	Severe

APA DSM 5 Severity Measure for Social Anxiety Disorder for Adult

APA DSM 5 Severity measure for Social Anxiety Disorder was used to measure the severity of social anxiety. Severity measure for Social Anxiety Disorder was a self-report measure of social anxiety with total 10 questions. She scores a total raw score of 39 out of 40 which depicted that she was suffering from “Severe Social Anxiety”. These scores were evidence of her social anxiety.

Beck Anxiety Inventory (BAI)

Beck anxiety inventory was used to assess the severity of anxiety experienced by the client. BAI was a self-report measure of anxiety with total 21 questions. She scored 50 out of 63 which depicted “Severe Anxiety”. These scores were evidence of her anxiety.

Human Figure Drawing Test

Client drew a person and emphasized hair with heavy shading represents anxiety. The head clearly indicated feeling of anxiety and inferiority. Dim face reflected shyness and low self-esteem. The Mouth drawn by the client showed heavy line represented sadism. Narrow neck showed depression the figure of client. Arm pressed by sides reflected difficult in social contact whereas long legs showed need of autonomy. Small foot represented insecurity.

INTERVENTION

When the client initially began therapy, she showed reluctance in discussing her significant experiences. During the initial sessions, the main focus was on rapport building with the client which achieved through identifying shared interests, commending her decision to seek therapy and create a safe environment for the client so that she can discuss openly and feels comfortable. Throughout the sessions, client’s comfort was making sure.

Following assessment utilizing standardized tests such as APA DSM5 Severity Measure for Social Anxiety Disorder for Adult, Beck Anxiety Inventory and HFD, a longitudinal case conceptualization was employed to help her recognize the root causes and perpetuating factors of her challenges. A connection was developed about her current condition. Maladaptive thought

patterns were identified during assessment, focusing on replacing them with adaptive thoughts. For example initially she thought that everyone make fun out of her everything, leading to her lack of confidence and worthlessness, avoidance of social situation etc. This maladaptive thought was replaced by adaptive ones that it might be the possibility that everyone want to deal it with the laughter and make the situation light tensed.

More over eight sessions, 45 minutes each incorporated cognitive behavior therapy majorly focusing on exposure therapy were conducted. In the systematic desensitization, the client was first exposed to imaginary public speaking in a controlled setting, gradually increasing exposures to social situations under therapist supervision. Activity Scheduling helped establish a structured routine while mastery and pleasure technique aided in adjusting her expectations regarding outcomes. In addition to these, follow-up sessions focused on implementing exposure techniques in daily activities progressively challenging situations causing anxiety. Through these therapeutic techniques, the client experienced gradual improvement in managing social anxiety symptoms and developing coping strategies.

Results & Conclusion

This case study highlighted the effectiveness of exposure therapy in treating social anxiety disorder. Through a combination of cognitive restructuring, activity scheduling, systematic desensitization, the client experienced significant improvement in managing social anxiety symptoms. The therapeutic intervention not only targeted the core beliefs underlying her fears but also equipped her with the practical skills to navigate social interactions with increased confidence. This underscores the value of exposure therapy as a valuable tool in the comprehensive treatment of social anxiety disorder, offering hope and tangible outcomes for individual struggling with this challenging condition.

Table 1*Representing Therapy Goal and Treatment Plan*

	Therapy Goal	Treatment plan
1	Development of a strong therapeutic relationship	Supportive psychotherapy, Rapport building In sum, effective listening, validating, reflecting, and complimentary behavior by the therapist.
2	Developing a model of the Client's problems	To help the client understand predisposing, precipitating, and perpetuating factors of her problem
3	ABC model of CBT	ABC model would be told to the client to make her aware of the connection between belief system, thinking and consequences of behavior.
4	Cognitive Restructuring	Cognitive restructuring of her dysfunctional beliefs identified by the client and beliefs about negative evaluation by others.
5	Providing rationale of the treatment of social anxiety Disorder	Moving the focus of treatment of social anxiety. Helping her understand the fact that her social anxiety
7	Systematic desensitization	It involves a gradual and structured exposure to anxiety-provoking social situations in order to reduce the fear and discomfort associated with them
8	Exposure therapy	Successive exposure to anxiety provoking situations to help her reduce avoidance

Table 2*Representing pre and post assessment of participant*

Pre-Assessment			Post-Assessment		
Test	Obtained Score	Total Score	Test	Obtained Score	Total Score
APA DSM 5 Severity Measure for Social Anxiety Disorder for Adult	39	40	APA DSM5 Severity Measure for Social Anxiety Disorder for Adult	17	40
Beck Anxiety Inventory	50	63	Beck Anxiety Inventory	10	63

Graphical Representation of Client Pre and Post Assessment

Following graph represented the pre and post assessment of client

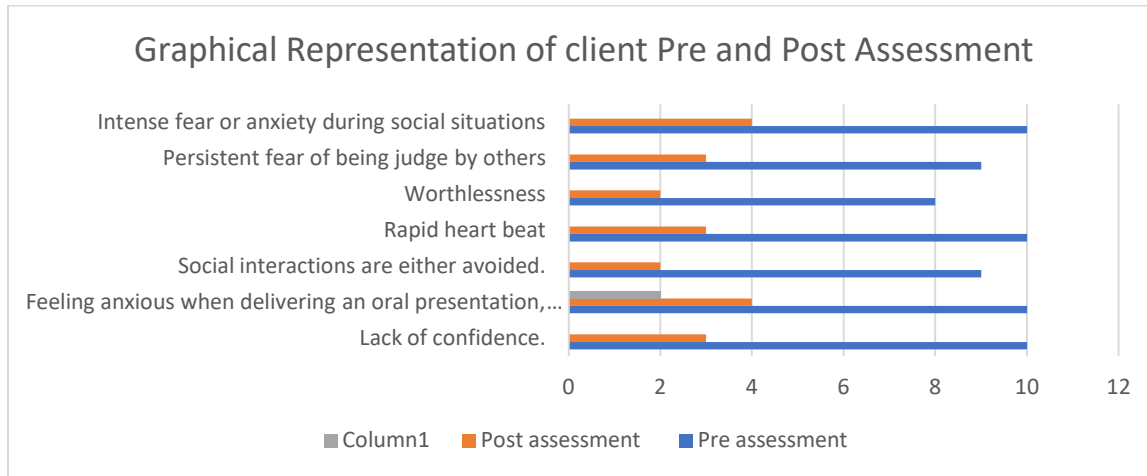


Figure 1: Longitudinal Case Conceptualization

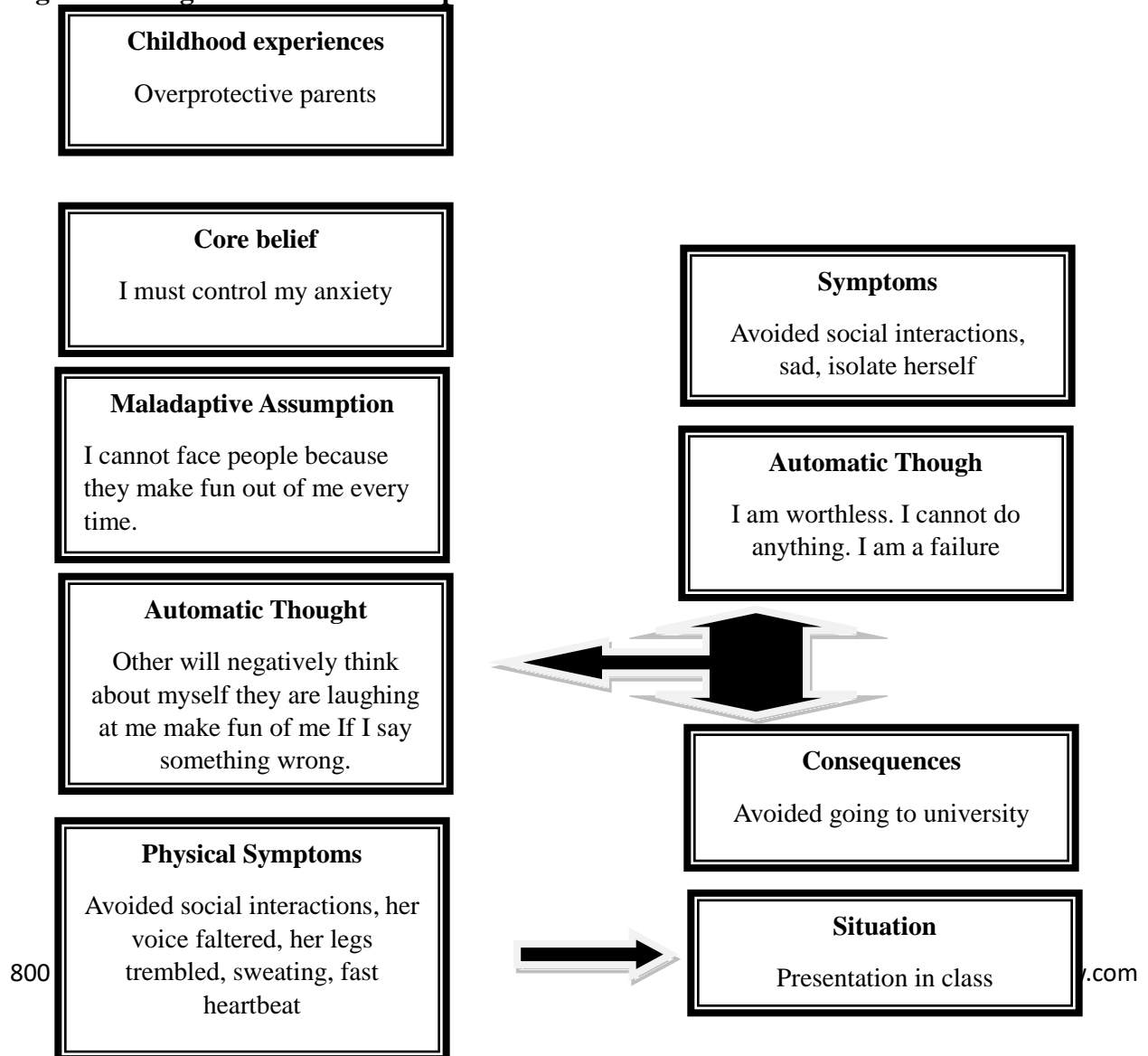


Figure 2

Clarks and Wells, 1995 - A Cognitive Model of Social Anxiety Disorder

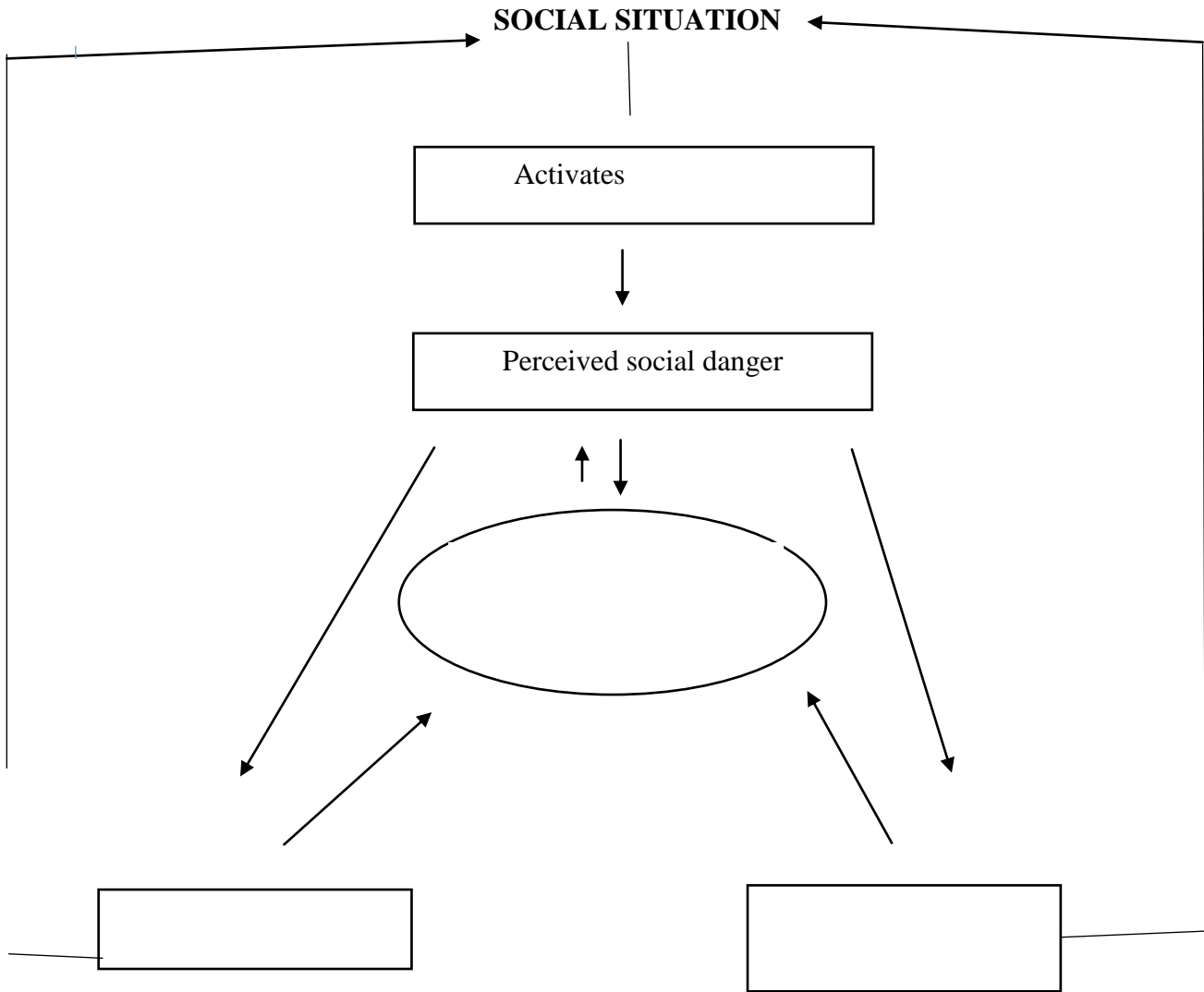
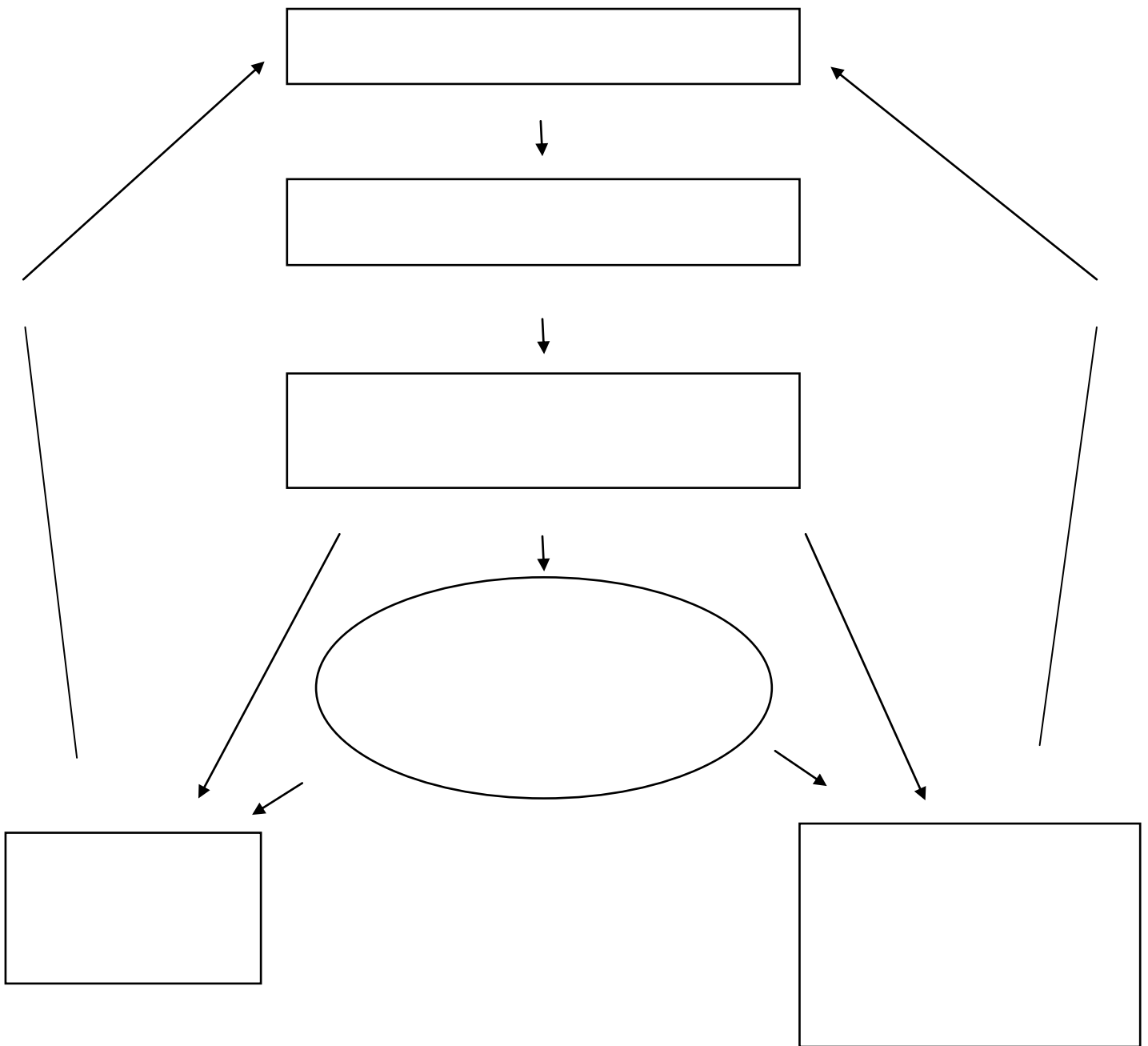


Figure 3

Client's Situation



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