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CLINICAL REPORTS

Culturally Relevant Factors in the Behavioral Treatment of Social Phobia: A Case Study

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Abstract — A chronic and severe social phobic African American female was treated with social effectiveness therapy (SET) over a 4-month period of time. The exposure treatment program included racially relevant cues in the imaginal material as well as in the in vivo settings. The patient evidenced considerable improvement at posttreatment on a number of measures, including achieving an endstate functioning status similar to that of normals. These gains were maintained at a 4-month follow-up. The findings are discussed in terms of the comprehensive treatment of social phobia and the importance of sociocultural variables in treatment.

Social phobia is a chronic condition of adolescent onset that affects approximately 2% of the adult population (Robins et al., 1984). Central features include fear of negative evaluation and worry about doing or saying something that may result in embarrassment or humiliation (American Psychiatric Association, 1994). Behavioral and cognitive-behavioral treatment strategies have produced positive results that are maintained over follow-up (see Turner, Cooley-Quille, & Beidel, in press, for a review).

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In the treatment of anxiety disorders, and social phobia in particular, little attention has been devoted to the potential impact of culturally relevant factors as they pertain to the type of intervention or to outcome of treatment (Neal & Turner, 1991). Although it is fairly well known that cultural or ethnic variables can be a significant factor determining response to pharmacological agents (e.g., Lin, Poland, & Lesser, 1986), we are unaware of any studies specifically addressing the impact of these factors in behavioral or cognitive-behavioral treatment of social phobia. The current case presentation illustrates how racial factors were integral to full understanding and successful treatment of social phobia in an African American woman.

CASE HISTORY

The patient was a 39 year-old, married, African American, female physician who described a long-standing history of becoming "really nervous" in large crowds, especially if the people were unfamiliar. Although unable to recollect the specific onset, she remembered being extremely shy in elementary and junior high school. At social functions, she typically would "hide out" in the bathroom, feigning illness in order to avoid social interactions. She reported no close friends or confidants, was unwilling to get involved with people unless certain of being liked, and did not date until after college. She occasionally would consume alcohol prior to, and frequently during, social events to cope with her discomfort. When in stressful situations, she stuttered. For example, saying her name during introductions, whether to professionals or patients, was particularly difficult. Consequently, she avoided speaking on the telephone and introducing herself to others, often being perceived as brusque and somewhat rude.

A primary diagnosis of social phobia, generalized subtype, was made with the aid of the Anxiety Disorders Interview Schedule-Revised (ADIS-R; DiNardo et al., 1985). Also, she met diagnostic criteria for avoidant personality disorder by history and as assessed by the Structured Clinical Interview for DSM-III-R Personality Disorders (SCID-II; Spitzer & Williams, 1986). She complained of depressed mood, but did not meet criteria for an affective disorder. Prior to treatment at the Anxiety Prevention and Treatment Research Center (APTRC), she had received individual therapy and marital therapy in other settings. Although improvements were noted in her marital relationship as a result of marital therapy, no improvement was evidenced in her social-evaluative concerns. She was taking Zoloft[®] 75 mg per day initially, but a withdrawal regimen was begun approximately half-way through behavioral treatment, and she was medication-free at treatment termination.

METHOD

Assessment

Self-report, clinician-completed, and behavioral measures were used at pre- and posttreatment. Self-report instruments included the Social Phobia and

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