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The treatment of social anxiety disorder

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Abstract

We review the available treatments for social anxiety disorder, focusing primarily on psychotherapeutic interventions for adults, but also giving briefer summaries of pharmacological treatments and treatments for children and adolescents. The most well-researched psychosocial treatments for social anxiety disorder are cognitive-behavioral therapies (CBTs), and meta-analyses indicate that all forms of CBT appear likely to provide some benefit for adults. In addition, there are several pharmacological treatments with demonstrated efficacy, and cognitive-behavioral interventions have some demonstrated efficacy for children and adolescents. We outline a number of concerns regarding this literature, including the questions of what influences treatment response and what role combinations of CBT and medication might have. Clearly, although a number of treatments appear well-established in regard to their effects on social anxiety disorder, a number of opportunities for future research remain, including the search for predictors of who will benefit from which treatment.

Keywords: Social anxiety disorder; Cognitive-behavioral therapy; Meta-analyses

1. Introduction

The scope of articles in this special issue is a testament to the interest in the problem of social anxiety disorder and the large amount of information now available regarding the disorder. However, from the point of view of people who suffer with social anxiety disorder, much of the information presented in this issue pales in comparison to one concern: What treatments can reduce their suffering? The purpose of this paper is to report on treatments for social anxiety disorder. We focus on cognitive-behavioral

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therapy (CBT), the most well-researched class of psychosocial treatments for social anxiety disorder. We also provide briefer reviews of research on pharmacotherapy for social anxiety disorder and cognitive-behavioral treatment options for children and adolescents. In surveying this field of research, we are encouraged by how far it has come and excited by the possibilities for the future.

In this review, we use the term CBT as a generic label, including a number of different techniques that are employed in various combinations. One commonality among these techniques is that most, if not all, involve systematic and repeated practice, where the term practice is defined simply as a set of behaviors that the client and therapist work on together, with the client continuing this work outside of session. This set of behaviors is initially at least partially new to the client and requires effortful and purposeful modification of existing behavioral tendencies through repetition of the new behaviors. We include exposure, applied relaxation, and social skills training in the general category of behavioral practice. In addition, most forms of CBT also include a form of cognitive restructuring practice. We describe these techniques in detail below.

1.1. Exposure

Exposure, in which a client enters and remains in a feared situation despite distress, is a key ingredient of most CBT treatments. Exposure is partially predicated on the assumption that the client must fully experience the feared situation in order for change in affective and behavioral symptoms to occur (e.g., Foa & Kozak, 1986). The mechanism underlying the effects of exposure has been debated for decades. A recent conceptualization that we find convincing is that exposure does not lead to the client unlearning fear responses, but rather generates new, more ambiguous learning that competes with, but does not fully replace, the original fear response (Bouton, 2002; Bouton & King, 1986).

The use of exposure typically begins with creation of a fear and avoidance hierarchy. The client brainstorms a list of feared situations and ranks these situations (with therapist assistance) according to the degree of anxiety they elicit. Specific ratings of anxiety and avoidance are typically collected as well. The finished hierarchy acts as a roadmap for exposure practice.

During exposure, the client is instructed to stay in the feared situation, with the expectation that an exposure of sufficient length will produce new learning or habituation and therefore reduce anxiety in that situation. To keep situations manageable, exposures begin with lower-ranked situations (e.g., moderately anxiety-provoking) and move up gradually to more highly feared situations. Exposures are typically performed both in and out of session, with in-session exposures often taking the form of role-plays that simulate, rather than directly reproduce, the feared situation. For example, the client might carry out a casual conversation with the therapist, who takes on the role of a stranger at a party. When situations are impossible to stage, exposure can also be performed using imagery. For a more in-depth discussion of the use of exposure in treating social anxiety disorder, see treatment manuals by Heimberg and Becker (2002) and Hope, Heimberg, Juster, and Turk (2000).

Although exposure is designed to overcome overt avoidance, clinicians should be aware that subtle avoidance can defeat exposure. Clients with social anxiety disorder, for example, often focus on themselves, attending to physiological symptoms of anxiety or their own internal experience, rather than the situation (e.g., Hope, Gansler, & Heimberg, 1989; Stopa & Clark, 1993). Clients may also attempt to mentally distance themselves from exposure situations (e.g., by telling themselves "It's just a role-play"; Hope et al., 2000). If active engagement with the feared situation, and not merely physical placement of the client in a spatial location, is the active ingredient of exposure, then such strategies are essentially