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Social phobia is a mental disorder characterized by clinically significant anxiety which predisposes before or manifests during feared social situations (American Psychiatric Association, 2000). Treatment of social phobia includes both individualized and group therapy. Just like individualized therapy, group therapy needs empirically-supported research to support using therapy. Various therapeutic techniques are researched and applied to group therapy to increase the effectiveness of treating individuals with social phobia.

A large body of research exists examining various therapeutic techniques to effectively treat individuals with social phobia. The following sections address social phobia in adults, various forms of group therapy for treating individuals with social phobia, and the implications from and limitations of the literature reviewed. Suggestions for future research are also included to pinpoint how limitations can be addressed.

Social Phobia

Of all mental disorders, social phobia (i.e., social anxiety disorder [SAD]) is the third most commonly diagnosed and the most common anxiety disorder diagnosed (American Psychiatric Association, 2000; Hofmann & Bögels, 2006). Anxiety manifests from fear of being scrutinized, embarrassed, humiliated, or observed in social or performance-related situations (American Psychiatric Association, 2000). A certain amount of anxiety is expected in social situations to help prepare individuals for the future and avoid negative consequences (American Psychiatric Association, 2000). For individuals with social phobia, anxiety is significant enough to lead to dysfunctional occupational, interpersonal, and personal lifestyles (American Psychiatric Association, 2000).

Social phobia tends to develop in childhood or adolescence and can be a lifelong disorder if never properly treated. Critical social impairments usually develop between the ages of fifteen and twenty-five, among both males and females (Piet, Hougaard, Hecksher, & Rosenberg, 2010). The prevalence of social phobia in adults is around thirteen percent, with no significant difference between sexes (American Psychiatric Association, 2000). Adults with social phobia are usually aware their anxiety and fear are excessive and unreasonable, but do not know how to address it. If medical conditions, medications, drugs or alcohol, or other mental disorders predispose an individual's social phobia, attending to the predisposing problem may help remediate the social phobia (American Psychiatric Association, 2000).

Social phobia in adults is found to be mediated by three common behaviors; hypervigilance, attentional avoidance, and heightened self-focused attention (Bögels & Voncken, 2006; Piet et al., 2010; Hofmann & Bögels, 2006). Hypervigilance includes constantly scanning the environment for signs of danger and exaggerated sensitivity to others' behaviors (Bögels & Voncken, 2006). Attention avoidance and self-focused attention decrease the ability to focus on the present situation, and increase attention on negative self-evaluation, negative evaluation from others, rumination of being socially impaired or embarrassed, and exaggeration of embarrassment (Hofmann & Bögels, 2006; Hope, Burns, Hayes, Herbert, & Warner, 2010).

Other common characteristics of individuals with social phobia include perfectionism, shyness, introversion, poor achievement, little social support, and low self-esteem (American Psychiatric Association, 2000; Anthony & Swinson, 2008). Individuals with social phobia may set perfectionistic expectations for themselves. These expectations may be impossible to meet or individuals may consistently doubt their abilities to "perform" socially. Performance may also be hindered by feeling shy or introverted. Shy individuals may want to interact with others but

appear uncomfortable, while introverts appear quiet and withdrawn, but prefer being alone (Anthony & Swinson, 2008).

Another common but not always present characteristic of individuals with social phobia is a lack of achievement. Lack of achievement may be related to fear of social participation required at work or school, or excess anxiety about how one's work and performance will be evaluated by others. A lack of social support and low self-esteem are also common characteristics that both cause and develop from social phobia (American Psychiatric Association, 2000).

Medications are also recommended for some individuals with social phobia, in addition to psychotherapy (Acarturk et al., 2009; Koszycki, Benger, Shlik, & Bradwijn, 2007). Franklin, Andrew, Carmen-Rosa, Randall, Arturo, and Michael (2003) conducted a meta-analysis of research on the effectiveness of medications used for social phobia and concluded that the largest effect sizes were demonstrated in individuals who took phenelzine [effect size, 1.02; 95% Confidence Interval (CI), 0.52–1.52], clonazepam (effect size, .97; 95% CI, 0.49–1.45), and gabapentin (effect size, .78; 95% CI, 0.29–1.27). Unfortunately Clonazepam is known to cause withdrawal effects, dependence/addiction, and over-sedation (Zohar & Westenberg, 2000). Selective serotonin reuptake inhibitors (SSRIs) are more likely recommended because there are fewer side effects and SSRIs can be used to treat other mental disorders commonly diagnosed with social phobia (substance abuse and depression; Frankline et al., 2003; Koszycki et al., 2007; Zohar & Westenberg, 2000). Psychopharmacotherapy is commonly suggested for individuals with social phobia, and can be mentioned in group therapy as recommendations and useful psychoeducation (Zohar & Westenberg, 2000).

The etiology of social phobia pinpoints multiple causes and no single treatment can successfully treat social phobia in all diagnosed individuals. There is a large amount of information on and available resources for individuals with social phobia, but only 10-19% of individuals with social phobia seek treatment (Hofmann & Scepkowski, 2006; Piet et al., 2010). There are different treatments available for individuals who decide to seek help for social phobia, one of them being group psychotherapy. This is a unique kind of treatment, because it provides naturalistic exposure to social groups during therapy (Kocovski, Fleming, & Rector, 2009).

Effectiveness of Group Therapy for Individuals with Social Phobia

Research on therapies for individuals with social phobia consists of around half individualized therapy and half group therapy (Acarturk, Cuijpers, van Straten, & de Graaf, 2009). The majority of research includes comparison groups (i.e., wait-list or placebo groups) for evaluations of effectiveness. Acarturk et al. (2009) conducted a meta-analysis of 29 studies and concluded that group therapies for individuals with social phobia yield an overall effect size of .70. Of the numerous group psychotherapies applied to individuals with social phobia, the therapies with the most empirical support currently are cognitive-behavioral group therapy, social self-reappraisal therapy, task-concentration training, mindfulness-based stress reduction training, and acceptance and commitment therapy (Bögels & Voncken, 2006; Butler, Fennell, Robson, & Gelder, 1991; Dalrymple & Herbert, 2007; Davidson et al., 2004; Heimberg, 1991; Hofmann & Bögels, 2006; Hofmann & Scepkowski, 2006; Hope et al., 2010; Kocovski et al., 2009; Piet et al., 2010).

Cognitive-Behavioral Group Therapy

Cognitive-Behavioral Group Therapy (CBGT) has the most empirical support for effectiveness in treating individuals with social phobia (Butler et al., 1991; Davidson et al., 2004;

Heimberg, 1991; Hofmann & Bögels, 2006; Hofmann & Scepkowski, 2006; Hope et al., 2010; Piet et al., 2010). CGBT is based off of Beck and Emery's Cognitive Therapy for anxiety disorders, and has other variations that include mindfulness training, exposure therapy, and task concentration training (TCT; Bögels & Voncken, 2006; Hofmann & Scepkowski, 2006). The main goals and tasks of CBGT are to challenge irrational automatic thoughts, use exposure to provide disconfirming evidence, teach relaxation and safety behaviors, and apply social skills training (Hofmann & Bögels, 2006; Hope et al., 2010). CBGT is found to be more effective than placebo controlled groups, medication alone, wait-lists, and behavioral therapy alone (Butler et al., 1991; Hofmann & Bögels, 2006; Hope et al., 2010).

Social Self-Reappraisal Therapy

CBGT is often questioned because a majority of participants with social phobia do not achieve optimal benefits (Hofmann & Scepkowski, 2006; Bögels & Voncken, 2006). An advanced type of CBGT, called Social Self-Reappraisal Therapy (SSRT), focuses on what patterns associated with social phobia, sets and evaluates realistic goals, and modifies an individual's sense-of-self in social situations (Hofmann & Scepkowski, 2006). Individuals with social phobia tend to have a negative sense-of-self and see themselves as social objects with little control (Bögels & Voncken, 2006; Hofmann & Scepkowski, 2006). Unique strategies and goals of SSRT include video and group feedback, monitoring avoidance behaviors, and estimating and challenging maladaptive beliefs (Hofmann & Scepkowski, 2006). Hofmann and Scepkowski (2006) found an effect size of 1.54 when using SSRT for individuals with social phobia, but overall there is still a small amount of research currently supporting SSRT.

Task Concentration Training

Another kind of therapy used in groups for the treatment of social phobia is task concentration training (TCT). TCT focuses on shifting the focus in social situations from the self to the task at hand (Bögels & Voncken, 2006). Besides being exposed to social situations, TCT helps individuals with social phobia confront one of the main mediators of social phobia; the heightened self-focus (Bögels & Voncken, 2006; Hofmann & Scepkowski, 2006; Piet et al., 2010). TCT helps reduce social blushing and negative cognitive beliefs, and is found to be more effective than relaxation training alone (Bögels, 2006; Bögels, Mulken, & De Jong, 1997).

Mindfulness-Based Stress Reduction Training

Mindfulness-Based Stress Reduction Training (MBSR) is also commonly used in group therapy for individuals with social phobia (Bögels & Voncken, 2006; Piet et al., 2010). Mindfulness teaches participants nonjudgmental awareness in the present moment and complete awareness of and separation from physical sensations, feelings, and thoughts (Kocovski et al., 2009; Piet et al., 2010). Strategies include relaxation, meditation, focused attention, challenging pre and post-event rumination, and increasing awareness of (negative) thoughts and emotions (Bögels & Voncken, 2006; Piet et al., 2010). MBSR is found to be more effective than social skills training, with an effect size of .80, and has yielded increased improvements in a two-month follow-up (Bögels & Voncken, 2006).

Acceptance and Commitment Therapy

An emerging therapy that incorporates mindfulness for social phobia group therapy is Acceptance and Commitment Therapy (ACT). Mindfulness and acceptance make up ACT, which targets avoidance behaviors that individuals with social phobia use to eliminate or avoid socially distressful thoughts and feelings (Dalrymple & Herbert, 2007). The ‘acceptance’ part of

ACT helps individuals recognize anxiety as a functional reaction and exposes individuals to socially anxious situations without flooding (Dalrymple & Herbert, 2007). Block (2002) compared ACT group therapy with CBGT and found individuals in ACT group therapy more willing to experience anxiety. There are not significant differences in effectiveness between groups using CBGT OR ACT, but ACT uses different mechanisms of change (e.g., avoidance reduction strategies; Kocovski et al., 2009). Kocovski et al., (2009) did a three-month follow up on a study of nine participants attending an ACT group therapy for social phobia, and found that participants had maintained states of normal functioning. Further research can help identify the strengths and weaknesses ACT and CBGT present.

Analysis of Literature on Group Therapy for Individuals with Social Phobia

Group therapy for individuals with social phobia is becoming a common research topic and is being used more as a treatment for social phobia. Cognitive-Behavioral Group Therapy (CBGT) has the most support for effectiveness in treating social phobia (Butler et al., 1991; Davidson et al., 2004; Heimberg, 1991; Hofmann & Bögels, 2006; Hofmann & Scepkowski, 2006; Hope et al., 2010; Piet et al., 2010). There are strengths and weaknesses among the research on group therapy for social phobia that can be addressed in future research.

One of the strengths of the literature is the abundance of articles supporting the effectiveness of group therapy for social phobia. Ethically, group leaders need empirical support that the therapy they use is effective (Gladding, 2012). In addition, the majority of research implements measurements to assess the effectiveness of therapy. The measurements used were recent and represented the construct (i.e., social phobia) being observed. Examples include the Social Interaction Anxiety Scale (SIAS; Mattick & Clark, 1998) and the Mindfulness Attention and Awareness Scale (MAAS; Brown & Richard, 2003; Glinski & Page, 2010; Kocovski et al.,

2009). Follow-ups after therapy also used measures to further assess treatment effectiveness. Replication of studies, use of measurements, and statistical analyses provide the needed support and evidence for utilizing group therapies for individuals with social phobia.

Of the limitations, there is a lack of cultural variation among participants in research on group therapy for individuals with social phobia. The majority of participants were female and Caucasian American, even though there is not a significant difference between sexes for number of individuals diagnosed with social phobia (American Psychiatric Association, 2000). Some research even lacked specifying cultural/ethnic demographics. In addition, the ethnicity of the group leader(s) was never mentioned, although this can affect the outcome of studies. If cultural variation and sensitivity are not addressed in research, the application of group therapies for multicultural individuals with social phobia may further hinder their social functioning.

Social phobia may be presented differently by individuals of other cultures. Suk Choo (1997) found that individuals from East Asian cultures develop anxiety related more to offending others, compared with individuals from Western cultures, who develop anxiety related to fear of being scrutinized by others. Culture and ethnicity are important variables in group therapy because they set up norms and positions of power, and can both enhance and distance a group (Gladding, 2012). Groups often replicate cultural norms members practice outside of the group. Within the group, members can use their cultural differences to enhance group growth and effectiveness, and apply what they have experienced and learned to their lives outside of group (i.e., social microcosm; Gladding, 2012). Suggestions for future research to help increase social microcosm include incorporating more males and cultural/ethnic variations of group participants and leaders, running groups specifically for ethnic minorities, and using non-Western group therapies for multicultural individuals with social phobia.

In addition to the limitations of demographic information, attrition rates were often high. Kocovski et al., (2009) applied ACT group therapies to 29 individuals with social phobia, and 13 individuals had dropped out of the study before it was completed. Attrition not only limits the amount of data collected, but may affect the experiences, motivation and viewpoints of the leaders and remaining participants. The majority of studies have small sample sizes and the attrition rates further decrease who the results can generalize to. Suggestions for future research are to collect larger sample sizes, do follow-ups with participants who dropped out, and include information on how remaining participants and leaders process group attrition.

A final weakness of the research on group therapy for individuals with social phobia is the lack of attention to co-morbid diagnoses of individuals with social phobia. Co-morbidity is common for individuals with social phobia, with the most common co-morbid diagnosis being depression (Kocovski, 2009). The presence of another disorder or the use of medication can affect the outcome of research.

Individuals seeking help for social phobia may benefit from the most empirically-supported treatments, learning through naturalistic exposure in groups, and eventually bringing what they into their lives outside of therapy. Group therapies for social phobia need continued support through research, especially for larger and more ethnically diverse populations, co-morbid diagnoses and psychopharmacotherapy. Continued research can help further support the group therapies for social phobia mentioned, address weaknesses, and generalize group therapy for social phobia to diverse populations.

References

- Acarturk, C., Cuijpers, P., van Straten, A., & de Graaf, R. (2009). Psychological treatment of social anxiety disorder: A meta-analysis. *Psychological Medicine*, 29, 241-254.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders*, (4th ed., text rev.). Washington, DC: American Psychiatric Association.
- Anthony, M. M., & Swinson, R. P. (2008). *The shyness of social anxiety workbook: Proven, step-by-step techniques for overcoming your fear*. Oakland, CA: New Harbinger Publications.
- Block, J. A. (2002). Acceptance or change of private experiences: A comparative analysis in college students with public speaking anxiety. *Dissertation Abstracts International: Section B: The Sciences & Engineering*, 63, 4361.
- Bögels, S. M. (2006). Task concentration training versus applied relaxation combination with cognitive therapy, for social phobia patients with fear of blushing, trembling, and sweating. *Behavior Research and Therapy*, 44, 1199-1210.
- Bögels, S. M., Mulkens, S., & De Jong, P. J. (1997). Task concentration training and fear of blushing. *Clinical Psychology & Psychotherapy*, 4, 251-258.
- Bögels, S. M., & Voncken, M. (2006). Mindfulness and task concentration training for social phobia: A pilot study. *Journal of Cognitive Psychotherapy*, 20, 33-44.
- Butler, G., Fennell, M., Robson, P., & Gelder, M. (1991). Comparison of behavior therapy and cognitive behavior therapy in the treatment of generalized anxiety disorder. *Journal of Consulting and Clinical Psychology*, 59, 167-175.
- Dalrymple, K. L., & Herbert, J. D. (2007). Acceptance and commitment therapy for generalized anxiety disorder: A pilot study. *Behavior Modification*, 31, 543-568.

- Davidson, J. R. T., Foa, E. B., Huppert, J. D., Keefe, F., Franklin, M., Compton, J., . . . Gadde, K. M. (2004). Fluoxetine, comprehensive cognitive behavioral therapy, and placebo in generalized social phobia. *Archives of General Psychiatry*, 61, 1005-1013.
- Franklin R., S., Andrew, S., Carmen-Rosa, B., Randall, D. M., Arturo, S., & Michael, R. L. (2003). Pharmacological treatment of social anxiety disorder: A meta-analysis. *Depression & Anxiety*, 18, 29-40.
- Gladding, S. T. (2012). *Group work: A counseling specialty*. Upper Saddle River, NJ: Merrill Prentice Hall.
- Heimberg, R. G. (1991). Cognitive behavioral treatment of social phobia in a group setting: A treatment manual. Unpublished manuscript, Center for Stress and Anxiety Disorders, State University of New York at Albany.
- Hofmann, S. G., & Bögels, S. M. (2006). Recent advances in the treatment of social phobia: Introduction to the special issue. *Journal of Cognitive Psychotherapy*, 20, 3-5.
- Hofmann, S. G., & Scepkowski, L. A. (2006). Social self-reappraisal therapy for social phobia: Preliminary findings. *Journal of Cognitive Psychotherapy*, 20, 45-57.
- Hope, D. A., Burns, J. A., Hayes, S. A., Herbert, J. D., & Warner, M. D. (2010). Automatic thoughts and cognitive restructuring in cognitive behavioral group therapy for social anxiety disorder. *Cognitive Therapy & Research*, 34, 1-12.
- Koszycki, D., Benger, M., Shlik, J., & Bradwijn, J. (2007). Randomized trial of a medication-based stress reduction program and cognitive behavior therapy in generalized social anxiety disorder. *Behavior Research and Therapy*, 45, 2518-2526.

- Kocovski, N. L., Fleming, J. E., & Rector, N. A. (2009). Mindfulness and acceptance-based group therapy for social anxiety disorder. *Cognitive and Behavioral Practice, 16*, 276-289.
- Piet, J., Hougaard, E., Hecksher, M. S., & Rosenberg, N. K. (2010). A randomized pilot study of mindfulness-based cognitive therapy and group cognitive-behavioral therapy for young adults with social phobia. *Scandinavian Journal of Psychology, 51*, 403-410.
- Suk Choo, C. (1997). Social anxiety (phobia) and East Asian culture. *Depression & Anxiety, 5*, 115-120.
- Zohar, J. J., & Westenberg, H. M. (2000). Anxiety disorders: A review of tricyclic antidepressants and selective serotonin reuptake inhibitors. *Acta Psychiatrica Scandinavica, 101*, 39-49.