Social Anxiety Disorder using Cognitive Behavioral Disorder & Mindfulness

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SAD USING CBT

Abstract

This study will focus on the impact of cognitive behavioral therapy and the use of mindfulness as an interventions for social anxiety disorder using the single system AB design. The participant is a thirty-two year old single female who experiences social anxiety. Although many people feel awkward socially, for approximately 15 million Americans this anxiety leads to extensive fear and avoidance. Cognitive behavioral therapy is an accepted treatment for this disorder as research has shown the effectiveness with people suffering from social anxiety disorder. The use of mindfulness was also used to help the participant maintain calm and stay focused. Research demonstrates benefits for reducing symptoms of SAD especially when used in conjunction with CBT. This study was done over a four-week period and showed an improvement in symptoms. The research suggests Social Worker students trained in CBT can help socially anxious clients overcome their fears.

Keywords: social anxiety disorder, mindfulness, CBT

Social Anxiety Disorder using Cognitive Behavioral Disorder & Mindfulness

As stated before, approximately 15 million Americans this anxiety can lead to excessive fear and avoidance. People with SAD have an irrational fear of being watched, judged, or of embarrassing or humiliating themselves. The anxiety and discomfort can become so extreme that it interferes with daily functioning. Mindfulness is fully attending to what’s happening, to
what you’re doing, to the space you’re moving through. That might seem trivial, except for the annoying fact that we so often veer from the matter at hand. Our mind takes flight, we lose touch with our body, and pretty soon we’re engrossed in obsessive thoughts about something that just happened or fretting about the future. And that makes us anxious. CBT is a form of psychotherapy used in the treatment of mental health disorder. The concepts of CBT are based on the notion that a person’s thoughts, feelings, and perceptions influence their actions and behaviors. CBT works to help change a person’s faulty or negative thinking, and assists in shifting unhealthy thinking and behavior.

Literature Review

CBT has been shown to be effective treatment for SAD. “Within psychological approaches, the efficacy of cognitive and behavioral therapies as well as a combination of both is relatively well established” (Heinrichs, Stangier, Gerlach, Wilutzki, & Wydrich, 2010).

A study was done on the long-term effectiveness of CBT in SAD. “This study examined the effectiveness of treatment at 2-year end and 10-year follow-up assessments. In this study, they sought to evaluate the long-term maintenance of treatment gains achieved by people with social anxiety disorder who had received CBT two or ten-years earlier. A significant decrease in social anxiety and general symptomatology occurred (Willutzki et al., 2012), which proved to be stable over the posttreatment period of ten years. The results showed that treatment gains were maintained over the 2-year follow-up and on all measures. Furthermore, there was a significant improvement on 2 social anxiety measures between posttreatment and the 10-year follow-up. The results suggest that CBT treatment is effective and durable approach in the treatment of social anxiety disorder” (Willutzki, Teismann, and Schulte, 2012).
In another study, Shirottsuki, Kodama, and Nomura, 2013), “research has demonstrated the effectiveness of both individual and group cognitive behavior therapy programs for social anxiety disorder with patients in many countries. The present preliminary study reports the effectiveness of individual CBT for Japanese patients with SAD. Fifteen outpatients fulfilling the diagnostic criteria for SAD completed an individual CBT program of six 50-minute sessions with several components. The intervention consisted of psychoeducation about the nature of SAD, identification of idiosyncratic anxiety-provoking situations and their relation to specific thoughts, anxiety symptoms, safety behaviors, and level of subjective anxiety; public speaking during program sessions to reduce subjective anxiety and safety behaviors; video feedback of speech exposure to correct distorted self-perceptions with cognitive preparation, by asking patients prior to viewing their videotaped performance to predict what they expect to see in the video and to watch the video from an observer's point of view; cognitive restructuring before and after speech sessions to decrease the probability bias and distorted self-perception; and homework assignments to reduce idiosyncratic anxiety and cost and probability bias in daily lives. The results show that SAD symptoms improved after completion of the program. Large effect sizes were found for cognitive factors of SAD. In addition, repeated speech exposure was highly effective for improving the self-perception of subjective anxiety. The present findings suggest that an individual CBT program can be effective for reducing SAD symptoms with Japanese patients” (2013 p. 162-164).

Albert Ellis, an American psychologist who is considered the grandfather of cognitive behavioral therapy, identified several irrational beliefs that lead to self-defeat. Our belief system is how we perceive the world and act within it. It is developed from childhood, based on input from significant others in our lives and our own life experiences. Developing a belief system is
not always a rational process because our assumptions are often based on both logical and illogical input. Many of our emotional reactions come from how we think about things that happen. We want to understand our world, so we create stories to explain events. These stories can be rational or irrational. Before we can change our irrational beliefs, we first have to discover what they are. Detecting irrational beliefs is not an easy task because they have been internalized. In order to dispute and change our irrational beliefs, we must journey through a process of detecting and debating (Gillihan 2016; Kottler and Montgomery, 2011; Ankrom, 2018).

According to Goldin and Gross, 2010) “Effects of Mindfulness-Based Stress Reduction (MBSR) on Emotion Regulation in SAD, is an established program shown to reduce symptoms of stress, anxiety and depression. MBSR is believed to alter emotional responding by modifying cognitive-affective processes. Given that SAD is characterized by emotional and attentional biases as well as distorted negative self-beliefs, they examined MBSR related changes in the brain-behavior indices of emotional reactivity in patients with SAD.’ (2010, p. 83).

MBSR consists of “breath-focused attention, body scan-based attention to the transient nature of sensory experience, shifting attention across sensory modalities, and open monitoring of moment-to-moment experience. Mindfulness practices aims to enhance the ability to observe the immediate content of experience, specifically, the transient nature of thoughts, emotion, memories, mental images, and physical sensation. (Goldin and Gross, 2010 p. 83).

“Theorists suggest that MBSR may reduce symptoms of stress, anxiety and depression by modifying emotion-regulation abilities. This is because emotion regulation refers to a variety of strategies than can be implemented at different points during the emotion-generative process to influence which emotions arise, when and how long they occur, and how these emotions are
experienced and expressed” (Gross, 2007). “MSBR has been shown to diminish the habitual tendency to emotionally react to and ruminate about transitory thoughts and physical sensations, reduce stress, depression, and anxiety symptoms, modify distorted patterns of self-view and enhance behavioral self-regulation” (Goldin and Gross 2010, p. 83-85).

According to Tan, Lo, Ge, and Chu, 2016), “empirical researchers have suggested that mindfulness-based therapy functions as an effective intervention strategy for reducing people’s social anxiety and depression. Furthermore, socially anxious individuals’ mindfulness was found to significantly increase from pre-therapy to post-therapy, with a higher level of mindfulness then leading to a significant decrease in social anxiety. (2016, p. 1298).

**Conceptual Framework**

Based off past studies, cognitive behavior therapy and mindfulness, especially when used in conjunction with each other for use as an intervention for social anxiety disorder, a theory has been procured. This hypothesis that CBT and mindfulness are effective interventions in treating individuals diagnosed with SAD. This leads to the question of; Can CBT and mindfulness decrease the symptoms of SAD?

**Operational Definitions**

**CBT** - Cognitive-behavioral therapy is a psycho-social intervention that is the most widely used evidence-based practice for improving mental health. Guided by empirical research, CBT focuses on the development of personal coping strategies that target solving current problems and changing unhelpful patterns in cognitions, behaviors, and emotional regulation. It was originally designed to treat depression, and is now used for a number of mental health conditions.
**Mindfulness** - Mindfulness is a state of active, open attention on the present. When you're mindful, you carefully observe your thoughts and feelings without judging them good or bad. Instead of letting your life pass you by, mindfulness means living in the moment and awakening to your current experience, rather than dwelling on the past or anticipating the future.

**SAD** - Social Anxiety Disorder (SAD), also known as Social Phobia, is characterized by a strong and persistent fear of social or performance situations in which humiliation or embarrassment may occur.

**Methodology – AB System Design Overview**

In this single system AB design, the social worker used a single thirty-two year old female who displayed symptoms of SAD. An informed consent was agreed to and signed by the participant. In order to test the hypothesis and to measure the effectiveness of CBT and mindfulness had on SAD, the social worker must establish a baseline. The baseline and posttest was established using the Liebowitz Social Anxiety Scale for SAD. This measure assesses the way that social anxiety plays a role in your life across a variety of situations. Also, a baseline and posttest was established using the Mindful Attention Awareness Scale. This scale is used for measuring attention to and awareness across several domains of experience in daily life for mindfulness.

The problem as my client perceives it is that she experiences social anxieties when in a social settings and lacks self-confidence when with people she doesn’t know well. She perceives that she is not smart enough to engage in any conversation and she will be judged by her peers. Her irrational thought patterns are that she does not have anything of value to add to conversations and is in fear of humiliating herself so she usually avoids engaging in social
functions. The desired change my client wants is to feel comfortable in social situations and to have confidence in herself to successfully engage in conversations.

My client has agreed to meet with the social worker once a week for an hour over a four week period. The intervention the social worker will be using in this design in effecting change and in supporting my client to begin to meet her goals is cognitive behavioral therapy and mindfulness. The social worker will assist her in learning new skills to deal with anxiety in the moment using mindfulness with deep breathing and staying focused. The social worker will assist her in identifying and understanding the problematic irrational thought patterns and where they come from and to replace them with more realistic, rational patterns of thinking. The social worker will assign weekly homework assignments in the form of real-life experiences in between sessions to practice how we think influences how we feel, and therefore, changing how we think can change our behavior. The social worker will have the client start out in less stressful situations and work up to more anxiety provoking social situations and the social worker will attend a couple of the assignments to observe her behavior.
Weekly Activity Log:

Week 1 – Thursday, March 8, 2018

The social worker met with her client for one hour and collected information on what she wanted to change and her expectations and administered the Liebowitz Social Anxiety Scale and the MAAS to obtain a baseline.

Liebowitz Social Anxiety Scale scores: 38(fear) + 36(avoidance) = 74. 74 = marked social anxiety.

MAAS scores: Mean of 15 items – 34/15 = 2.27. Higher scores reflect higher levels of dispositional mindfulness.

The client talked about how she feels in social situations and she stated that she feels “stupid” when people are talking about things she doesn’t really have knowledge or experience in. The social worker assisted the client with cognitive restructuring, the process of learning to identify and dispute irrational thoughts by using Socratic, thoughtful questioning. With this type of questioning, it enables the client to be able to determine the validity of her thoughts. The social worker asked her client if this thought was realistic and what is the evidence, is this based on fact or rather from fear of judgment or humiliation? If you know more on a certain topic than someone else, does that make the other person less intelligent? The social worker discussed with the client about deep breathing and to just focus on her breath going in and out when feeling anxious. Homework: Have client go out to a grocery store with a friend or by herself and pick anyone to start any conversation with on any topic and hold the conversation for at least one
minute. Also, to continue to examine her thoughts and determine if realistic and to provide evidence and to use the deep breathing method as needed.

**Week 2 – Thursday, March 15, 2018**

The social worker discussed how her homework went and how she was feeling. The client stated that she felt more anxiety just thinking about talking to a stranger than she actually did talking to them. She stated she felt good about herself for completing the assignment and actually talked to the stranger for approximately three minutes. The social worker had the client discuss her thoughts and how she had used the thoughtful questioning on her thoughts over the past week. The client stated she used this in more of her situations she was experiencing and found it helpful. Homework assigned: The social worker and the client attended a play at the local campus, so the social worker could observe at a distance, and asked the client to start a conversation with a stranger on a topic of her choice and maintain the conversation as long as she could.

**Week 3 – Thursday, March 22, 2018**

The social worker discussed the homework assignment with the client and asked how she felt before, during and after the assignment. The client stated that she felt more anxiety on this assignment than the previous one because she was in a setting she was not familiar with. The client stated that she could not maintain a conversation with the stranger because her anxiety level was very high and she did not feel confident. The social worker observed the client during her assignment and noticed through her body language that she was experiencing high levels of anxiety and didn’t use the deep breathing to try to bring her anxiety level down. The social worker continued having the client discuss her thoughts and how she had used thoughtful questioning on her irrational thoughts. The social worker had the client practice the deep
breathing exercise and had her download an app on her phone to practice deep breathing every hour. Homework assignment: Considering the client did not accomplish the previous week’s assignment, the social worker had the client pick the venue and to engage in conversation with people she did not know and see if she could maintain the conversation, using deep breathing when needed.

**Week 4 – Thursday, March 29, 2018**

The social worker discussed with the client the assignment. The client attended a dog training class and she was able to engage freely in conversation without signs of anxiety with several other members in the class. The client stated she felt more comfortable in the social situation because they all had something in common to talk about: their dogs. The social worker discussed that would be a good place to start being in more social situations and she could look into other activities to attend. The social worker discussed with the client how she felt and if she feels if she made any progress over the last four week period. The client stated that she felt she had more tools to use to get her started in feeling less anxious in social situations.

Liebowitz Social Anxiety Scale post-test: 32(fear) + 32(avoidance) = 64; Moderate social anxiety.

MAAS post-test: mean of 15 = 37/15 = 2.47

The client did very well during this four-week period. She has begun identifying and questioning her irrational thought patterns. The interventions were effective during this period, more so on the cognitive behavior that with the mindfulness. For continued success, the client may consider continuing working with a therapist who is proficient in CBT and to maintain a journal of her feelings and progress.
Limitations:

The limitations of this study are that I am a student and not a licensed social worker, so the results of the post-test are not reliable. The fact that the social worker knew the client also could have had an effect on the results of the scores.
References


# Social Anxiety Disorder Intervention using Cognitive Behavioral Therapy & Mindfulness

Your name | Teacher's name | School

## Research Topic
Social Anxiety Disorder (SAD) intervention effectiveness.

## Abstract
This study will focus on the impact of cognitive behavioral therapy and the use of mindfulness as interventions for social anxiety disorder (SAD) using the single system AB design. The participant is a thirty-two year old single female who experiences social anxiety. Research demonstrates effectiveness of using a combined treatment of CBT and mindfulness to reduce symptoms of SAD. This study was done over a four-week period and showed an improvement in symptoms. The research suggests Social Worker students trained in these techniques can help socially anxious clients overcome their fears.

## Conceptual Framework & Hypothesis
Although many people feel awkward socially, for approximately 15 million Americans this anxiety leads to extensive fear and avoidance. The study hypothesis is that SAD symptoms are reduced with an intervention combining Cognitive Behavioral and Mindfulness-based therapies.

## Operational Definitions

### Term
- **Cognitive-behavioral therapy (CBT)** focuses on the development of personal coping strategies that target solving current problems and changing unhelpful patterns in cognitions, behaviors, and emotional regulation.
- **Mindfulness** is active, open attention to the present. When you’re mindful, you carefully observe your thoughts and feelings without judging them good or bad.
- **Social Anxiety Disorder (SAD)** is also known as Social Phobia, is characterized by a strong and persistent fear of social or performance situations in which humiliation or embarrassment may occur.

## Research Design

### Step 1
**Baseline**
- Liebowitz Social Anxiety Scale scores: 38(fear) + 36(avoidance) = 74, 74 = marked social anxiety.
- Mindfulness Attention Awareness Scale (MAAS) scores: Mean of 15 items = 34/15 = 2.27. Higher scores reflect higher levels of dispositional mindfulness.

### Step 2
**Intervention of CBT & Mindfulness therapy**
- Post Test Liebowitz Social Anxiety Scale post-test: 32(fear) + 32(avoidance) = 64, Moderate social anxiety.
- MAAS post-test: mean of 15 = 37.95 2.47, Higher mindfulness.

### Step 3
**Improvement**
- More confident and less anxious

## Variables / Research
- **Independent variable**
  - Cognitive Behavioral Therapy
  - Mindfulness-based Therapy
- **Dependent variable**
  - Social Anxiety Disorder symptoms

## Works Cited

## Data Collection & Analysis

<table>
<thead>
<tr>
<th>Week One</th>
<th>Thought</th>
<th>&quot;I feel stupid in social situations&quot;</th>
<th>Feeling</th>
<th>Anxious about social interactions</th>
<th>Intervention</th>
<th>Distorted thinking challenged</th>
<th>Taught deep breathing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week Two</td>
<td>&quot;I was anxious about talking&quot;</td>
<td>Somewhat fearful about interaction</td>
<td></td>
<td></td>
<td>Client taught to question illogical thought patterns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week Three</td>
<td>&quot;The setting was unfamiliar&quot;</td>
<td>Lack of confidence &amp; anxious in new setting</td>
<td></td>
<td></td>
<td>Verbalize thoughts in the session. Practice deep breathing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week Four</td>
<td>&quot;I am confident talking in familiar places&quot;</td>
<td>More confident and less anxious</td>
<td></td>
<td></td>
<td>Administered post test. Showed improvement.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Thought**
- **Feeling**
- **Intervention**
- **Homework**
  - One short conversation with a stranger for 1-3 minutes.
  - Attend a play and initiate conversation with stranger.
  - Pick any venue to initiate a conversation. Client chose a dog training.
  - Reinforced continued use of CBT & deep breathing. Terminated.

## Limitations
The limitations of this study are that I am a student and not a licensed social worker, so the results of the post-test are not reliable. The fact that the social worker knew the client could have had an effect on the results of the scores. Additionally, four weeks is a limited amount of time for intervention.

By Debra Bowen, Social Work Student