

Rehabilitation Proposal for Social Anxiety

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Overview

- Rehabilitation Proposal
- Definitions
- Background of the disorder
- Methodology
- Outcome measures
- Ethical considerations



What is social anxiety?

- Fear of social situations.
- Judgement by others.
- Humiliation.
- Negative evaluation.
- Physical symptoms.

(APA,2013).



criticism avoidance isolated sweating
overanalyze blushing worry passive slow to warm
social phobia overthinking fear
depression
embarrassed shy reserved nervous awkward
shaking anxiety inhibited reticent
timid panic bashful quiet hesitant humiliation lonely
shame cautious

Background Literature

- 12% of individuals from the UK.
- Genes and environmental factors.
- Women are more prone to SAD.
- 90% of cases occur during adolescence.



Methodology: Participant

- Participant - Bonnie.
- Avoiding social situations.
- Not engaging with friends.
- Skipping school.
- Isolating herself.



Measures

- Liebowitz Social Anxiety Scale for Children and Adolescence (LSAS-CA) (1987).
- Measures fear and avoidance in different social situations.

Using:

- "None"
- "Mild"
- "Moderate"
- "Severe."
- Used at the beginning, during and at the end of the 12-week programme.



Procedure- Identifying goals

- Goals and values of the client.
- Gradually get back into the school routine.
- Engage with friends.
- Start regular exercise.



Procedure-

Steps towards achieving goals

Attend school for short periods.

Check in with staff members.

Reconnect with friends weekly.

Exposed to shared space at home.

Start regular exercise.

Track daily achievements.





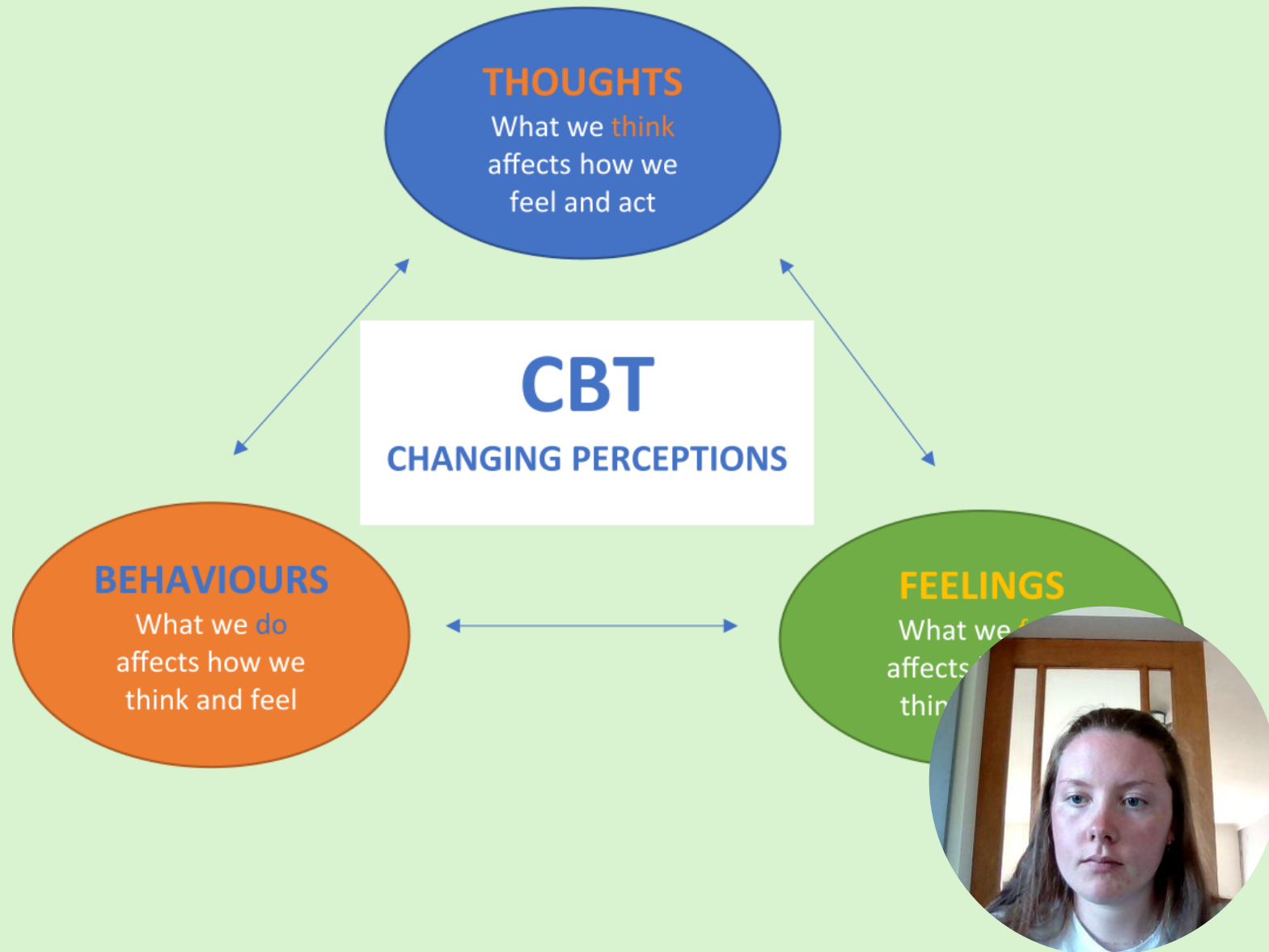
Cognitive Behavioral Therapy

- Create manageable steps.
- Understand thoughts, feelings and behaviour (Chand et al., 2023).
- Anxiety management techniques.
- Challenge negative thoughts.
- Exposure therapy.
- Track her progress.



Supporting evidence - CBT

- Helps individuals challenge negative thoughts and beliefs about social situations.
- Relaxation techniques and gradual exposure to reduce anxiety.
- Morina et al. (2022) supported CBT for social anxiety disorder.
- Kindred et al. (2022) conducted a multivariate meta-analysis.





CBT vs Medication

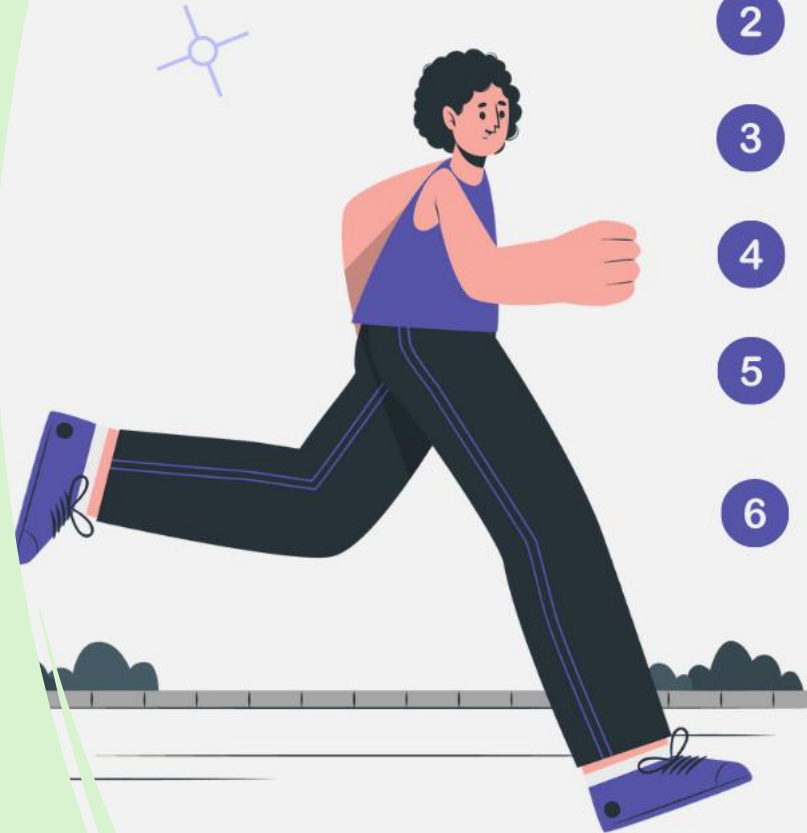
- Selective serotonin reuptake inhibitors (SSRIs).
- Quick relief from the symptoms.
- Siddique et al. (2012) conducted a study.
- Both methods were effective.
- Medication was more effective short term.
- Therapy was more effective long term.
- Teaches individuals how to challenge negative thoughts and replace realistic and positive ones.



Supporting evidence - Exercise

- Reducing stress hormones like cortisol.
- Distracting the individuals from negative thoughts.
- Boosting confidence and self-esteem through noticeable physical changes.
- Enhancing mood by releasing endorphins (Zika & Becker, 2021).
- Exercise reduces anxiety by raising body temperature.

Mental Health Benefits of Exercise



- 1 Improved Mood
- 2 More Energy
- 3 Higher Self-Confidence
- 4 Better Brain Health
- 5 Healthy Distraction
- 6 Reduced Anxiety and Depression





Progress evaluation

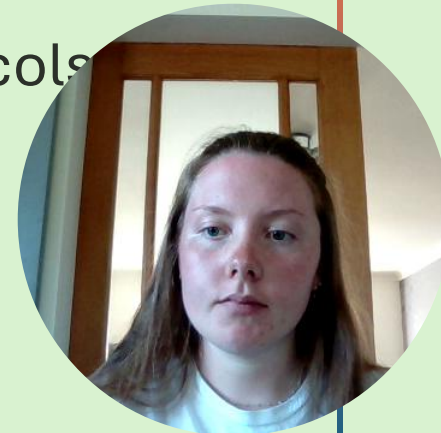
- Liebowitz Social Anxiety Scale being completed three times.
- Exercise log throughout the programme.
- Track her physical activity, noting the duration, type, and any changes in mood or anxiety
- Help monitor progress
- Bonnie is benefiting both physically and psychologically.





Ethical considerations

- Informed consent.
- Confidentiality.
- Child protection protocols





Conclusion



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Basic Acknowledgement format of AI tool use

I acknowledge the use of Grammarly <https://www.grammarly.com/> on 24 April 2025 to check my work by using the following prompt.

I used the prompt(s):

- Please check the following text for readability and grammar.

I confirm that I have not presented any AI generated text as my own work. I confirm I have copies of my drafts, notes, and other resources I used before, and after the use of AI tools which I may be asked to provide in evidence.

I acknowledge the use of Google scholar <https://scholar.google.com/> on 20 April 2025 to access reliable and suitable papers for my work by using the following prompts:

I used the prompts:

- The effectiveness of CBT on social anxiety
- Medication versus CBT for social anxiety.
- Studies using exercise to help with social anxiety disorder.

I confirm that I have not presented any AI generated text as my own work. I confirm I have copies of my drafts, notes, and other resources I used before, and after the use of AI tools which I may be asked to provide in evidence.

Script

2. Good morning. Today, I will be presenting a strengths-based rehabilitation plan for 16-year-old Bonnie, who is experiencing symptoms of social anxiety. This plan has been specifically designed for Bonnie, with the therapist setting personal goals to help her overcome her anxiety. The presentation will cover several key components: a definition of social anxiety, background literature on the disorder, a proposed methodology for treatment, outcome measures, and ethical considerations, as social anxiety can be a sensitive topic, particularly for young adults. The programme uses a social anxiety assessment tool and Cognitive Behavioral Therapy (CBT), while also being inspired by the Good Lives Model (Ward & Gannon, 2006), which focuses on improving personal well-being through the pursuit of meaningful and personal goals.
3. What is social anxiety? According to the DSM-5, Social Anxiety Disorder (SAD), also known as social phobia, involves a persistent fear of social situations in which individuals may be observed or judged by others (APA, 2017). This includes anxiety related to the fear of negative evaluation or potential humiliation. Examples of this disorder include an intense fear of being watched or judged, a fear of public speaking, avoidance of social gatherings, overanalyzing previous social interactions or concerns of their appearance. When faced with these situations, individuals with social phobia may experience physical symptoms such as sweating, a rapid heart rate, shaking, or blushing.
4. According to Kessler et al. (2013) 12% of individuals from the UK will experience Social Anxiety in their lifetime, as it is one of the most common forms of anxiety, with Generalized Anxiety Disorder being the most common. Studies state that genes play a role in increasing the likelihood of developing the disorder, but it could be a complex combination of both genes and environmental factors, including childhood trauma or negative social experiences (Mayo Clinic, 2021). Additionally, studies suggest that women are more likely to suffer with Social Anxiety disorder, compared to men. Asher et al. (2017) suggested that there is a mixture of possible reasoning behind why women are more prone to social anxiety. Including biological differences such as hormonal fluctuations throughout a woman's life, especially during menstruation, pregnancy, and menopause, which are linked to changes in mood and anxiety levels. As well as external factors such as societal expectations and gender stereotypes, which can strongly influence how a woman acts or reacts in a social situation. Furthermore, research states that 90% of cases of social anxiety begin during adolescence, with most cases occurring by the age of 23 years old, which is why the therapist decided to select this specific age group. (Klecko, 2024).
5. Methodology. This approach that supports Bonnie with social anxiety is influenced by the principles of the Good Lives Model, aiming to promote overall well-being and personal growth, while also addressing and managing the symptoms of social anxiety (Appiah & Billen, 2024). Bonnie was referred to a therapist by her concerned parents as she had been isolating herself from social environments and people for the last 6 months. Her parents suspected something was wrong as she was frequently skipping school and not engaging with her friends anymore. The initial visit to the therapist was to build trust, complete the Liebowitz Social Anxiety Scale for children and adolescence (LSAS-CA) and provide Bonnie with a safe environment, as this was the first time she had left the house in a couple of weeks due to her social anxiety.
6. The Liebowitz Social Anxiety Scale for Children and Adolescents (LSAS-CA) is a 24-item self-report questionnaire designed to assess social anxiety symptoms in individuals aged 7 to 18 years. It evaluates levels of fear and avoidance in both social and performance situations, such as eating in public or participating in small group activities. Respondents rate their experiences using a four-point scale: “none,” “mild,” “moderate,” or “severe.” According to Masia-Warner et al. (2003), this scale is a reliable and valid tool for assessing social anxiety in children and adolescents. This will provide a baseline assessment of her social anxiety symptoms, which will be tracked throughout the program. Bonnie will also complete the assessment again at week 6, and at the end of the 12-week programme. This will allow the therapist to monitor any changes in her anxiety levels and adjust the treatment plan if needed.
7. After completing the scale, the therapist would discuss Bonnie’s goals for therapy and explore which areas are most important for her to improve. This approach is inspired by the Good Lives Model, as it addresses values that make life meaningful to that individual. While the therapist doesn't use the model directly, they use guidance from the model to support well-being alongside managing social anxiety symptoms. Bonnie was encouraged to create goals to achieve by the end of her rehabilitation proposal. Social anxiety can make everyday tasks feel overwhelming, therefore, by setting goals, it can help to break things down into clear, manageable steps, which will help reduce Bonnie’s symptoms.

Bonnie wants to return to school, but her fear of being judged by others makes it very difficult for her. She often overthinks her social interactions and feels mentally drained as a result. Bonnie worries about things like how she looks, how she eats, or how she speaks, and believes that others are constantly watching and judging her. Because of this, she chooses to stay in her room, where she feels safe and less exposed. As part of her rehabilitation, Bonnie aims to gradually return to school, re-engage with friends, and begin a regular exercise routine by the end of the programme.

8. Bonnie's plan includes manageable steps to help her return to school, reconnect with others, and build confidence through daily routines and exercise. She aims to attend school for short periods, starting with one class per week, and gradually increasing her attendance. To reduce isolation, she will reconnect with a friend weekly and spend 10 minutes a day in a shared space at home. Additionally, Bonnie will start running three times a week for 10 minutes, gradually increasing her time to 20 minutes. She will track her achievements, including running progress and social connections, to boost her confidence and sense of accomplishment. In CBT, setting realistic and measurable goals is crucial as it provides direction and motivation for the client. Having specific goals to aim for gives the client a sense of purpose and a feeling of accomplishment when those goals are achieved (Riopel, 2019).

Geurtzen et al. (2020) conducted a study to examine the effectiveness of goal setting during therapy. The study found that patients with clear treatment goals experienced improved mental health, felt more connected to their therapists, and saw better progress. This supports the effectiveness of goal setting, showing that clear, well-defined goals in therapy are linked to better outcomes. When patients understand their goals and collaborate with their therapists to achieve them, they feel more engaged and connected, which enhances their overall progress.

9. These steps follow principles of Cognitive Behavioral Therapy (CBT), which helps individuals identify the connection between their thoughts, emotions, and behaviors. CBT helps individuals identify and change unhelpful thought patterns and behaviors and is highly effective for treating anxiety and depression (Chand et al., 2023). For example, Bonnie practices anxiety management techniques like deep breathing and challenging negative thoughts, helping her see that fears, such as being judged, are often unrealistic. She also gradually faces challenges, such as returning to school, using exposure therapy to reduce anxiety over time. Exposure therapy is a CBT technique in which individuals are gradually exposed to fearful situations or activities in a controlled and safe environment (Racz et al., 2024). By tracking her progress and using these strategies, Bonnie is managing her anxiety and building healthy habits.

10. CBT is effective for social anxiety because it helps individuals challenge negative thoughts and beliefs about social situations. It teaches practical strategies like relaxation techniques and gradual exposure to reduce anxiety. By facing feared situations, rather than avoiding them, individuals build confidence and improve social interactions, leading to better control over their anxiety (Kaczurkin & Foa, 2015). Morina et al. (2022) conducted a study that explored the effectiveness of CBT with 231 patients with social anxiety disorder. The results suggested that 60% of the patients experienced a significant decrease in depressive symptoms and psychological distress since the beginning of the therapy, which suggests that CBT is an effective treatment for social anxiety.

Additionally, Kindred et al. (2022) conducted a meta-analysis, which is a statistical method used to combine and analyze results from multiple studies on a topic, evaluated the long-term effectiveness of Cognitive Behavioral Therapy (CBT) for Social Anxiety Disorder (SAD). It found significant reductions in SAD symptoms, with improvements maintained for 6-12 months post-treatment. CBT also helped reduce other symptoms like depression and general anxiety. The research confirmed that CBT is an effective long-term treatment for SAD, with benefits lasting even after treatment ends.

11. When it comes to treating social anxiety, another common treatment would be medication, particularly selective serotonin reuptake inhibitors (SSRIs). They are a type of anti-depressant medication that works by increasing serotonin levels in the brain by stopping it from being reabsorbed, which can help enhance mood and reduce symptoms of depression (Mayo Clinic, 2024). Although it is an effective method of treating social anxiety, as it provides a quick relief from the symptoms, it does not address the underlying causes of anxiety (Morrow, 2015). Moreover, Siddique et al. (2012) conducted a study that compared the effectiveness of medication versus cognitive behavioral therapy (CBT) for treating depression and anxiety. The study found that both methods were effective when it came to treating the disorders, however, medication was more effective short term and therapy was more effective long term as it aimed to teach individuals how to challenge negative thoughts and replace them with more realistic and positive ones. Which is why the therapist chose therapy as opposed to medication for Bonnie's rehabilitation programme, as therapy teaches individuals ways to manage their symptoms and cope with challenges, even after therapy ends.

12. While CBT helps individuals challenge negative thoughts and manage anxiety, it's also important to support mental health through physical well-being by exercising regularly. Research shows that physical activity can improve social anxiety by reducing stress hormones like cortisol, distracting the individuals from negative thoughts, boosting confidence and self-esteem through noticeable physical changes, and enhancing mood by releasing endorphins, which reduce feelings of worry (Becker., 2021). Becker et al. (2021) conducted a study evaluating the effectiveness of physical activity in lowering social anxiety symptoms. The study found that regular exercise helps reduce symptoms of the disorder and explained that exercise reduces anxiety by raising body temperature, which signals the brain to trigger calming effects. This supports the therapist's decision to incorporate exercise into the programme alongside CBT, as Bonnie will benefit both psychologically and physically.

13. To monitor Bonnie's progress throughout the programme, as mentioned earlier, she will complete the Liebowitz Social Anxiety Scale three times. In addition, Bonnie will maintain an exercise log to track her physical activity, including the duration, type, and any changes in mood or anxiety following each session. This will help assess her progress and ensure that she benefits both physically and psychologically from the exercise component of the programme.
14. Ethical considerations. The first consideration would be informed consent. As Bonnie is 16 years old, it's essential to obtain informed consent from a parent or guardian, as well as from Bonnie herself. Both should be clearly informed about the nature and purpose of CBT, what the therapy will involve, any potential risks, and their right to withdraw at any time (American Psychological Association, 2017). Additionally, Bonnie's privacy must be protected throughout the programme. Information she shares in therapy must remain confidential and only be shared with others such as parents, teachers, or other professionals if necessary for her safety or wellbeing (American Psychological Association, 2017). Furthermore, given that Bonnie is 16, the therapist must follow the child protection protocols to ensure her safety. If any concerns regarding potential abuse, neglect, or harm arise during therapy, the therapist is legally and ethically obligated to report these to child protective services. This ensures that Bonnie's welfare is prioritized and that she is protected in line with child protection guidelines (Ratnayake, 2020).
15. To conclude, this 12-week rehabilitation programme has been designed to support Bonnie in reducing her social anxiety by combining evidence-based CBT techniques with regular physical activity. Through clear goals and continuous progress monitoring with the Liebowitz Social Anxiety Scale for Children and Adolescents and an exercise log, the programme aims to improve both her psychological and physical well-being. By the end of the intervention, Bonnie is expected to feel more confident in social situations, have better control over her anxiety, and experience an overall improvement in her mental and physical health, enabling her to lead a more fulfilling life.