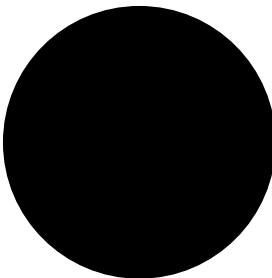




Rehabilitative Proposal for Social Phobia (Social Anxiety Disorder)

Module: ECAP6006 –
Psychopathology
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What is Social Phobia?



Undrey, n.d)

➤ As described by Scholten et al., (2023), “social phobia, also referred to as social anxiety disorder, is marked by a persistent fear of facing criticism, negative judgment, or humiliation in social settings.”

➤ Srisayekti et al., (2023) allude that SAD affects approximately 7–13% of the general population at some point in their lives.

➤ It typically begins in adolescence and, if unattended to, can persist into adulthood, significantly impairing educational, occupational, and social functioning.

Types of Social Phobia



(*Understanding Anxiety Disorders*, 2024)

Generalised Social Anxiety Disorder

- Fear of multiple social settings (Evans et al., 2020).
- Disrupts daily life and relationships (Hutchins et al., 2021).



(Bicbt-Cc, 2024)

Specific (Performance-Only) Social Anxiety

- Anxiety in public speaking or performing (Aune et al., 2023).
- Comfortable in casual social situations (Nicholl & Abbott, 2024).



(*Performance Anxiety*, 2021)

Situation Social Phobia

- Fear in certain contexts (e.g. work, or dating) (Zsido et al., 2021).
- Reactions vary depending on the situation (Šipka et al., 2023).



(Anxiety Centre, 2024)

Nonverbal/Physical Symptom Anxiety

- Fear of visible anxiety (e.g. blushing) (Rüfenacht et al., 2023).
- Visible fear the other people will notice or judge (Kukoyi-Maiyegun, 2024).

Symptoms of Social Phobia



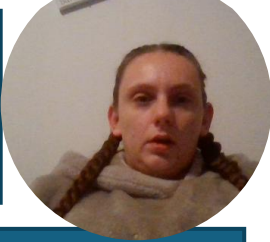
Social Anxiety Disorder Symptoms



(Cuncic, 2023)

- People with social anxiety frequently experience intense and continuing fear of being the focus of attention in social situations, fueled by the notion that their perceived flaws will be exposed (Himle et al., 2024).
- Saleh et al., (2023) outlined physical symptoms of social phobia to include racing heart, blushing and sweating, avoidance of social interactions, trembling, and escaping public interactions.

DSM-5 Criteria for Social Anxiety Disorder



The DSM-5 criteria for Social Anxiety Disorder (SAD) includes a marked and persistent fear or anxiety about one or more social situations in which the individual is exposed to potential scrutiny by others, leading to the fear of negative evaluation.



DSM-5 Criteria for Social Anxiety Disorder

- A** Marked fear or anxiety about one or more social situations (e.g., meeting new people, being observed, performing in front of others)
- ↓
- B** Fear that actions or visible anxiety symptoms will be negatively evaluated (embarrassed, humiliated, or rejected)
- ↓
- C** Social situations almost always provoke fear or anxiety
- ↓
- D** Social situations are avoided or endured with intense fear or anxiety
- ↓
- E** The fear or anxiety is out of proportion to the actual threat posed
- ↓
- E** The fear, anxiety, or avoidance is persistent – typically lasting 6 months or more
- ↓
- G** The fear, anxiety, or avoidance causes significant distress or impairment in important areas of functioning (social, occupational, academic)

Evaluating CBGT for Social Anxiety Disorder: Evidence from Three Studies



(Koszycki et al.,
2020)

CBGT,
psychodrama &
CBPT
outperformed
waitlist
CBGT reduced fear
of negative
evaluation

(Wojtaszek et al.,
2024)

CBGT effective for
Bangladeshi
undergraduates
No gender or SES
bias in outcomes

(Hossain et al.,
2021)

CBGT significantly
reduced SAD
symptoms in 8-
week intervention
Positive outcomes
maintained at 3-
month follow-up

Rehabilitation Strategy for SAD

- Pattiasina et al., (2024) proposed a cognitive-behavioural group therapy (CBGT) rehabilitation plan designed to reduce social anxiety symptoms and enhance social functioning.
- The approach integrates exposure techniques, cognitive restructuring, and social skills training.
- The intervention will be evaluated through validated outcome measures like the Liebowitz Social Anxiety Scale (LSAS) and post-treatment interviews.
- Ethical considerations, including informed consent and participant well-being, are also addressed to ensure the proposal aligns with best practice guidelines in mental health research and treatment.



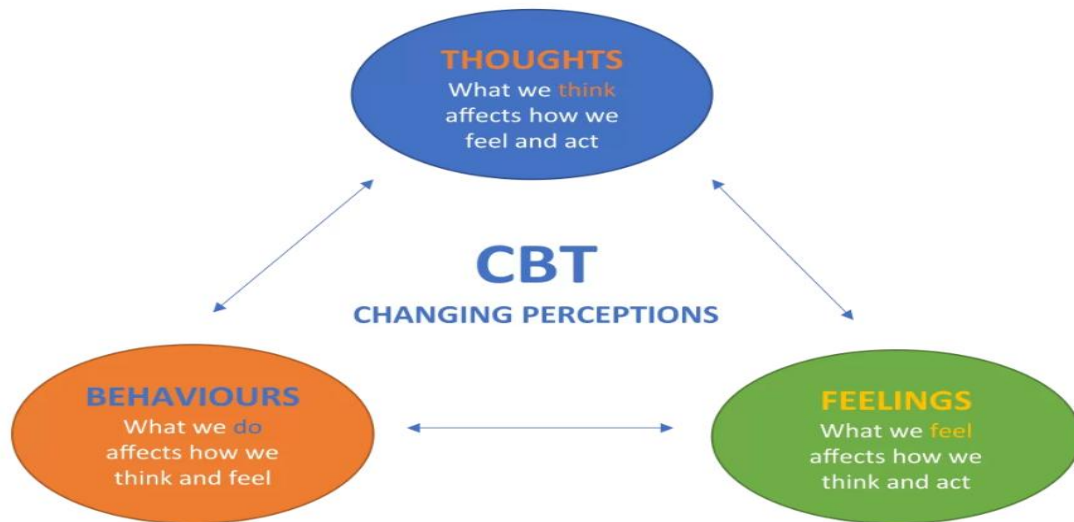
(Direct-Therapy, 2025)



Cognitive-Behavioural Group Therapy

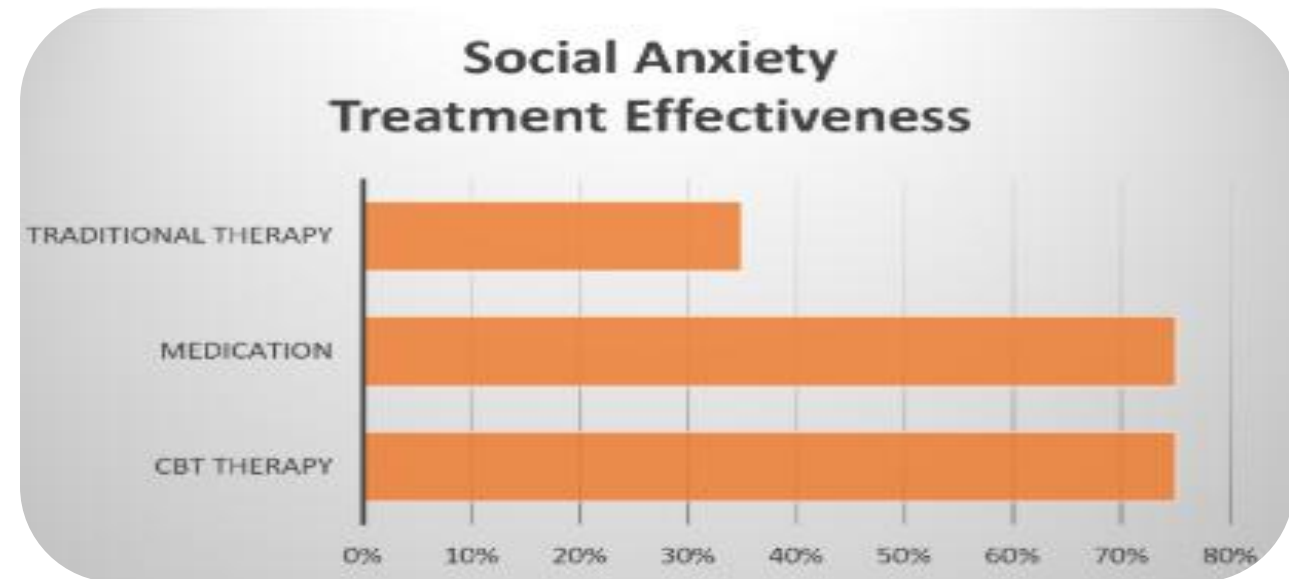


- Pan, (2023) cognitive model of SAD suggests that individuals misinterpret social cues, focus excessively on themselves, and engage in safety behaviours (for example avoiding eye contact) that maintain anxiety. CBT targets these cognitive distortions and avoidance patterns as shown in the image below.



(Therapist, 2023)

- Lepage et al., (2023) Journal on Cognitive Psychotherapy displayed a bar chart of a comparison between traditional therapy, Medication, and CBT therapy. As presented below, on a close recovery rate as medication, CBT proved to be an effective treatment for social anxiety with a recovery rate of 70%.



(Eng et al., 2001)

CBGT Proposed Plan



Duration and Setup

- The therapy will run for 10 weeks, with weekly sessions conducted in person, each lasting 90 minutes. Each group will consist of 6 to 8 participants, promoting a safe, supportive, and interactive environment conducive to healing. The sessions will be facilitated by two trained clinical psychologists, ensuring professional oversight and effective therapeutic delivery.

Session Structure and Content

The CBGT program is systematically divided into four key phases

Weeks 1–2: Psychoeducation and Goal Setting

➤ Participants are introduced to the nature of SAD, its symptoms, and how it affects their thoughts, behaviors, and emotions. Personal goals for the program, fostering a sense of ownership and motivation are set.

Weeks 3–5 : Cognitive-restructuring

➤ Through group discussions, role-play, and therapist feedback, participants learn to replace irrational beliefs (e.g., “I’ll embarrass myself” or “People will judge me”) with more realistic, positive thoughts.

Weeks 6–9: Graduated Exposure

➤ Through group discussions, Participants engage in graded exposure to anxiety-provoking social situations within the group setting including; giving presentations, initiating conversations, or role-playing social interactions, helping participants gradually build confidence.

Week 10: Relapse Prevention and Evaluation

➤ The final session consolidates learning, highlights progress and teaches strategies for relapse prevention. Therapists and participants reflect on individual growth and discuss how to maintain improvements beyond the group setting.

Outcome Measures

Mixed Method Approach

- This approach is ideal for providing a well-rounded understanding of both symptom change and participant satisfaction.

Primary Outcome Measure

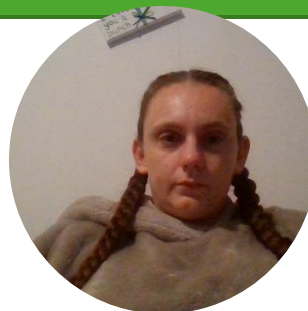
- Liebowitz Social Anxiety Scale (LSAS): A widely used 24-item scale measuring fear and avoidance in social and performance situations (Srisayekti et al., 2023).
- Administered before the first session, after the final session, and at 3-month follow-up.
- It will be given at three points: before the first session, after the last session, and 3 months later to measure long-term impact.

Secondary Outcome Measures

- Social Phobia Inventory (SPIN)
Measures the overall severity of social anxiety symptoms.
- Client Satisfaction Questionnaire (CSQ-8)
Captures how satisfied participants are with the therapy and whether they found it helpful.
- Session Evaluation Forms
Completed each week to get real-time feedback on what's working and where adjustments may be needed.

Qualitative Data

- End-of-Program Interviews
Participants will discuss their experiences in a one-on-one interview. Their responses will be analysed to identify common themes, helping us understand what worked well and why.



Ethical Considerations



Ethical integrity is paramount when working with vulnerable individuals. The proposed intervention will adhere to the British Psychological Society ethical guidelines (Bjarke et al., 2025) .

Informed Consent

- All participants will receive a detailed information sheet and consent form outlining the aims, structure, risks, and benefits of the programme.
- Participation will be voluntary, with the right to withdraw at any time without penalty.

Confidentiality

- Personal data will be anonymised and stored securely.
- Group members will be required to sign a confidentiality agreement to protect the privacy of discussions.

Managing Risk

- Participants will be screened for co-morbid conditions (e.g., major depression, substance abuse) that may interfere with therapy.
- Therapists will monitor distress levels and provide additional support or referrals if needed.
- Any adverse events will be documented and reviewed by the ethics board.

Debriefing

- Upon completion, participants will be debriefed and given referrals for continued support if necessary. A post-treatment support resource booklet will be provided.

Conclusion and Recommendations

- This proposal outlines a structured and evidence-based cognitive-behavioural group therapy programme for individuals with Social Anxiety Disorder.
- By integrating psychoeducation, cognitive restructuring, and behavioural exposure, the intervention aims to significantly reduce social anxiety symptoms and improve quality of life.
- The use of validated outcome measures and adherence to ethical standards ensures the intervention's credibility and client safety.
- Future adaptations could include online delivery or integration with mindfulness techniques to enhance accessibility and treatment retention.
- In summary, the approach offers a practical and research-informed solution to one of the most prevalent anxiety disorders globally.



(Guy-Evans, 2024)



Frequently Asked Questions (FAQ) and their answers



1. How is Social Phobia different from shyness?

- While shyness is a personality trait, social phobia is a clinical condition that significantly interferes with daily life, relationships, work or education (Ilyas & Dawood, 2024).

2. What are the symptoms of Social Phobia?

- Symptoms include blushing, trembling, sweating, nausea, difficulty speaking, rapid heartbeat, and an overwhelming fear of social or performance situations (Alsamghan, 2020).

3. What causes Social Phobia?

- It can be caused by a combination of genetic, environmental, and psychological factors, including childhood experiences, temperament, and brain chemistry (Farhan & Atif, 2024).

4. Can I attend a CBT session individually instead of in a group setting?

- Yes. Some people prefer or require individual CBT. A therapist can help decide which format best suits your needs (Nordh et al., 2021).

5. Do I need a diagnosis to attend a rehabilitation programme?

- No. A screening or assessment is often sufficient to determine if the programme is appropriate (Comer et al., 2021).

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