

# Engaging and Retaining Socially Anxious Clients in Treatment

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Disclosure:

There Are No Conflicts of Interest

# Epidemiology of SAD

- 5% – 20% of people with SAD receive treatment, (Grant et al., 2005)
- Median duration of 16 years from onset to treatment, (Wang et al., 2005)

# Rates Of Delayed Treatment

Disorders	Median Years of Delay from Onset to Treatment	Treatment Contact Made within first year of onset
Specific Phobia	20	1.5%
<b>Social Anxiety</b>	<b>16</b>	<b>3.4 %</b>
PTSD	12	7.1 %
Agoraphobia	12	15.1%
Panic Disorder	10	33.6%
GAD	9	33.3%
MDD	8	37.4%

Wang, P.S., Berlund, P., Olfson, M. *Arch Gen Psychiatry*. 2005;62(6):603-613.

# The Challenges for Mental Health

1. How can we reach more people with SAD?
2. How do we motivate them (or their family member) to enter treatment?
3. How do we retain patients in treatment long enough to derive the benefits?

***Reach -- Motivate -- Retain***

# Who are we talking about?

Typical focus of clinicians

**Non-Seekers**

[Goal: Increase awareness & treatment options]

**Treatment Refusers**

[Goal: Help family & friends]

**Ambivalent Inquirers:**

[Goal: Provide information to allow choice]

**Treatment Drop-outs/  
Non-motivated**

[Goal: Be engaged in & complete treatment]

Pre-contemplation

Contemplation

Preparation

Action

Prochaska, J. O., & DiClemente, C. C. (1983)

# The Non-Seekers

*“We can’t treat those who don’t come to our offices”*

- Disseminate information to the public
  - ✓ **Articles, blogs, produce videos, and talks for consumers and healthcare providers**
- Advocate for greater visibility and access to services
  - ✓ National Alliance on Mental Illness (NAMI)
  - ✓ Mental Health America (MHA)
  - ✓ Elected public officials

# The Treatment Refusers (1 of 2)

Working with those who have contact with the client

## For the severe and persistent:

- Provide therapy to participating family members (PFM)
- Brief Family Consultation (BFC) (Van Dyke, Pollard, et al., 2015) adapted from treatment for OCD TR's.
  1. Family assessment
  2. Cognitive restructuring to developing attainable goals
  3. Psychoeducation: nature of recovery avoidance (RA), accommodating, and minimizing
  4. Skills development: Assertion and contingency management training



# The Treatment Refusers (2 of 2)

Working with those who have contact with the client

## For the less severe or resistant:

- Provide consultation to family, friends, teachers, healthcare providers
- Non-therapy resources: [Appendix A]
- Internet-based CBT: (Boettcher, et al., 2013); [thiswayup.org.au](http://thiswayup.org.au) [Appendix B];
- Communicate to the “client” by nontraditional means, i.e. text messages, online chat, email, tele-therapy.

# The Ambivalent Inquirers

Working with those who make contact on their own

Motivation Enhancement Therapy (MET): (Buckner, et al., 2009) & (Titov, et al., 2010 [internet-based])

1. What to expect from CBT
2. Explore ambivalence using cost-benefit analysis
3. Resolve discrepancy between values and symptoms
4. Enhance self-efficacy for change and developing change plan

Adjusting our stance

- No hard sales pitch
- Emphasizing choice
- Meeting them where they are
- A trial versus long term commitment
- Client can slow things down

# The Treatment Drop-outs/Non-motivated (1 of 6)

Addressing those prone to attrition

“No pre-treatment patient variables predicted drop-out from CBT for social phobia in reviewed studies.” (Eskildsen, et al., 2010)

Possible explanations for premature termination:

1. Treatment Expectations & Lack of Progress
2. Comorbidity
3. Therapeutic alliance
4. Challenge of Exposure therapy
5. External circumstances

# The Treatment Drop-outs/Non-motivated (2 of 6)

Addressing those prone to attrition

## Expectations & Lack of Progress

- Assess for unrealistic expectations and low confidence in treatment effectiveness
- Set clear and reasonable goals
- Regularly evaluate progress
- Collect progress monitoring, i.e. Liebowitz Social Anxiety Scale, Social Phobia Inventory [Appendix C]
- Get feedback on satisfaction with progress

# The Treatment Drop-outs/Non-motivated (3 of 6)

Addressing those prone to attrition

## Comorbidity:

- Depression
- Substance abuse
- Personality disorders
- Autism spectrum

# The Treatment Drop-outs/Non-motivated (4 of 6)

Addressing those prone to attrition

## Therapeutic Alliance:

- Solicit feedback (example of written feedback):

How well did you feel heard & understood in group (or individual) therapy?

0 - not at all 1 - slightly 2 - moderately 3 - extremely

How well did the session provide you with ideas & tools to help meet your goals?

0 - not at all 1 - slightly 2 - moderately 3 - extremely

- Address therapy-interfering behaviors

# The Treatment Drop-outs/Non-motivated (5 of 6)

Addressing those prone to attrition

## Exposure is overwhelming:

- Solid rationale
- Client's values
- Aim for the fear edge
- Model exposure

# The Treatment Drop-outs/Non-motivated (6 of 6)

Addressing those prone to attrition

## External factors:

- Change in finances
- Relocation
- Schedule changes
- Satisfied with progress





The core fears in social anxiety play into some of the interventions we use with these clients.

How can we adapt interventions to better serve this population?

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# Appendix A

- Bibliotherapy: Hope & Heimberg (2010), Shannon & Shannon (2012), Antony & Swinson (2017) [See references]
- Cinematherapy
- Online support: learntolive.com, aitherapy.com, cci.health.wa.gov.au
- Phone apps: iPromptU, Mood Kit, What's Up, Self-help for Anxiety Management

# Appendix B

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**Table 8.2** Content of programs for social anxiety disorder

Program, country of origin, target condition	Duration and number of modules	Main contents	Mode of presentation	Reference supporting use
<i>SOFIE program</i> Sweden Social anxiety disorder	9 to 15 weeks Nine modules	Psychoeducation Cognitive restructuring Exposure and attention-shifting exercises Social skills relapse prevention	Downloadable pdf files and text on screen Secure contact handling system for homework and guidance via that system Also available in a shorter version as web-app for smartphones	Andersson et al., 2006
<i>Social phobia self-help program</i> Switzerland	Five sessions that are available for 10 weeks	Psychoeducation Cognitive restructuring Exposure and attention-shifting exercises Social skills relapse prevention	57 web sites Therapist contact and homework within the portal	Berger et al., 2011
<i>Shyness</i> Australia Social anxiety disorder	10 weeks Six online lessons	Psychoeducation Exposure cognitive restructuring Information on relapse prevention	Lessons online with illustrated case stories and printable summary Therapist support via email and participation in online discussion forum Different versions exist	Titov et al., 2008

# Appendix C

<https://psychology-tools.com/test/spin>

<https://psychology-tools.com/test/liebowitz-social-anxiety-scale>

## Social Phobia Inventory (SPIN)

## Liebowitz Social Anxiety Scale

Liebowitz MR. Social Phobia. Mod Probl Pharmacopsychiatry 1987;22:141-173

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate how much the following problems have bothered you during *the past week*. Write the number that best matches your experience in the box to the right of each statement.

**Instructions:** Choose a number that best reflects your feeling of anxiety and the degree to which you avoid situations. If the situation is not something you regularly experience, imagine how it would be if you were in the situation in this moment.

0 = Not at all    1 = A little bit    2 = Somewhat    3 = Very much    4 = Extremely

Fear or Anxiety:	Avoidance
0 = None	0 = Never (0%)
1 = Mild	1 = Occasionally (1 – 33%)
2 = Moderate	2 = Often (34 – 66%)
3 = Severe	3 = Usually (67 – 100%)

1. I am afraid of people in authority	
2. I am bothered by blushing in front of people	
3. Parties and social events scare me	
4. I avoid talking to people I don't know	
5. Being criticized scares me a lot	
6. Fear of embarrassment cause me to avoid doing things or speaking to people	
7. Sweating in front of people causes me distress	
8. I avoid going to parties	
9. I avoid activities in which I am the center of attention	
10. Talking to strangers scares me	
11. I avoid having to give speeches	
12. I would do anything to avoid being criticized	
13. Heart palpitations bother me when I am around people	
14. I am afraid of doing things when people might be watching	
15. Being embarrassed or looking stupid is among my worst fears	
16. I avoid speaking to anyone in authority	
17. Trembling or shaking in front of others is distressing to me	
<b>Total</b>	

The SPIN is copyright Jonathan Davidson © 1995, 2008, 2013.

	Fear or Anxiety	Avoidance
1. Telephoning in public.		
2. Participating in small groups.		
3. Eating in public places.		
4. Drinking with others in public places.		
5. Talking to people in authority.		
6. Acting, performing or giving a talk in front of an audience.		
7. Going to a party.		
8. Working while being observed.		
9. Writing while being observed.		
10. Calling someone you don't know very well.		
11. Talking with people you don't know very well.		
12. Meeting strangers.		
13. Urinating in a public bathroom.		
14. Entering a room when others are already seated.		
15. Being the center of attention.		
16. Speaking up at a meeting.		
17. Taking a test.		
18. Expressing a disagreement or disapproval to people you don't know very well.		
19. Looking at people you don't know very well in the eyes.		
20. Giving a report to a group.		
21. Trying to pick up someone.		
22. Returning goods to a store.		
23. Giving a party.		
24. Resisting a high pressure salesperson.		
<b>Subtotal:</b>		
<b>Total:</b>		

# My contact information



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