

# **Cognitive Therapy for Social Anxiety Disorder.**

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## Abstract

Social anxiety disorder is common and remarkably persistent in the absence of treatment. It frequently leads to occupational and educational underachievement. Interpersonal relationships are impaired, and the condition is often lifelong in the absence of treatment. Dissatisfaction with the way that life is progressing is common and often triggers depressive episodes.

Clark and Wells (1995) proposed a cognitive model that aims to explain why social anxiety disorder is so persistent. A distinctive form of cognitive therapy that targets the maintenance processes classified in the model was developed. Randomised controlled trials in the UK, Germany, Norway, Sweden, Japan and Hong Kong have demonstrated that the new treatment is highly effective. Comparisons with other active treatments have established that cognitive therapy is superior to: two forms of group CBT, exposure therapy, interpersonal psychotherapy, psychodynamic psychotherapy, SSRIs, medication-focussed treatment as usual, attention placebo and medication placebo. Such a comprehensive demonstration of differential effectiveness is extremely rare in psychotherapy.

This workshop presents the Clark & Wells model and illustrates the key treatment procedures that have been developed from the model. These include: the self-focused attention and safety behaviours experiential exercise, video-feedback, externally-focused attention training, behavioural experiments, and procedures (discrimination training and memory re-scripting) for addressing early traumatic experiences that influence patients' current behaviour in social situations. All the treatment procedures are vividly illustrated with case material and videos clips. In-person and remote delivery are both covered. Guidance on the use of the most appropriate measures for identifying therapy targets and monitoring progress is also provided. Meeting strangers is a common difficulty for people with social anxiety. As one's therapist is initially a stranger, this adds an extra layer of complexity to treatment. Ways of finessing this issue are illustrated. Finally, the workshop explains why some procedures that are common in other CBT programs (e.g. thought-records, positive self-talk in a phobic situation, exposure hierarchies) are NOT used in Clark & Wells' cognitive therapy program. As social anxiety disorder usually starts in adolescence, the workshop discusses how to use the treatment in adolescents as well as adults.