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The Clinical and Theoretical Basis for Integrated Cognitive Behavioral Treatment of Comorbid Social Anxiety and Alcohol Use Disorders

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Social anxiety and alcohol use disorders are commonly comorbid, with each condition doubling to tripling the risk of the other. When these conditions do co-occur, they tend to be more severe and respond poorly to standard treatment approaches. Models of social anxiety disorder and alcohol use comorbidity suggest these disorders are mutually reinforcing; thus, improved treatment outcomes may be observed with an integrated treatment approach that targets both disorders and the interconnections between them. In this paper we describe the development of an integrated approach that combines CBT and motivational interviewing to target both social anxiety and alcohol use disorders. We review the theoretical and empirical background of this treatment and provide a detailed description of the treatment protocol and clinical application in this population.

Anxiety disorders and alcohol use disorders, among the most prevalent and debilitating of mental health problems, frequently co-occur (Mathers, Vos, Stevenson, & Begg, 2001; Wittchen et al., 2011). Social anxiety disorder (social phobia) is an anxiety disorder characterized by excessive fear and avoidance of negative evaluation in social and performance contexts. As alcohol is widely considered a "social lubricant" and confidence enhancer, it follows that socially anxious individuals may be particularly at risk of developing a reliance on alcohol as a means of coping with anxiety in social contexts. Indeed, epidemiological studies indicate a high rate of comorbidity between social anxiety and alcohol use disorders, with each condition doubling to tripling the risk of the other. In samples diagnosed with social anxiety disorder, the 12-month prevalence of alcohol use disorders ranges between 13% and 17% as compared to a base rate of 4% to 9% in the general population (Burns & Teesson, 2002; Grant et al., 2005; Hasin, Stinson, Ogburn, & Grant, 2007; Teesson et al., 2010). Conversely, individuals diagnosed with an alcohol use disorder are twice as likely as the general population to receive a social anxiety disorder diagnosis (Hasin et al., 2007; Teesson et al.). When social anxiety disorder and alcohol use disorders co-occur, they tend to be more severe and are associated with greater impact on quality of life than either disorder alone (Randall, Thomas, & Thevos, 2001; Schneier, Martin, Liebowitz, Gorman, & Fyer, 1989).

The co-occurrence of social anxiety disorder and alcohol use disorders has important theoretical and practical implications for treatment. As will be elaborated in this paper, two factors point to the potential benefit of targeting both disorders in an integrated treatment package. First, there is evidence that comorbid presentations are associated with poorer outcomes using standard treatment approaches, possibly because the presence of one disorder interferes with treatment for the comorbid disorder (Kushner et al., 2006; McEvoy & Shand, 2008). Second, there appears to be a clinically important reciprocal relationship between these disorders that would be beneficial to explicitly conceptualize and target in treatment. Over the past decade, our group has developed a theory-driven psychological treatment approach that combines motivational interviewing and cognitive behavioral therapy (CBT) to target social anxiety disorder and alcohol use disorders in an integrated manner. We are currently conducting a randomized controlled trial (RCT) to evaluate the efficacy of this treatment compared to treatment for

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alcohol use disorders only (Baillie et al., 2013). In this paper we provide a background and treatment rationale for the approach adopted in the clinical trial. Such an explicit rationale and specification of each treatment component is essential for the development and refinement of treatments (Mahoney, Beck, Goldfried, & Meichenbaum, 1977).

Relationship Between Social Anxiety and Alcohol Use

Increasingly, comorbidity of social anxiety and alcohol use disorders is understood as a clinically important relationship involving mutually reinforcing connections between disorders (Baillie & Sannibale, 2007; Kushner, Abrams, & Borchardt, 2000). Some authors suggest anxiety should be conceptualized as a consequence of alcohol use or withdrawal rather than a separate disorder (Schuckit & Hesselbrock, 1994); however, in the case of social anxiety, onset typically predates the alcohol use disorder (Schneier et al., 1989), and symptoms persist during periods of abstinence from alcohol (Driessen et al., 2001; Sclafani, Finn, & Fein, 2007). To explain the interrelationship between alcohol and anxiety disorders, early comorbidity models proposed that alcohol is negatively reinforcing for anxious individuals because it alleviates tension (Conger, 1951; Sher & Levenson, 1982). Studies examining the direct pharmacological effects of alcohol on anxiety yielded mixed results (for a review, see Greeley & Oei, 1999); thus, subsequent models have focused on the indirect impact of alcohol via the key cognitive processes that underlie anxiety. Some have explored attentional processes, arguing that alcohol affects cognitive capacity and results in perceptual narrowing, decreased self-awareness and self-evaluation (Hull, 1981; Steele & Josephs, 1988). Alternative models have examined how alcohol might influence the inflated threat appraisals that underlie anxiety. Sayette (1993) proposed that the pharmacological effects of alcohol may interfere with initial threat appraisals by limiting cognitive processing and the activation of information in long-term memory. As a result, drinking alcohol before encountering a social stressor may result in less threatening appraisals by limiting associated recollections of past failures and inadequacies.

More recently, researchers have conceptualized alcohol as a "safety behavior" that is used during stressful social encounters in an attempt to prevent feared negative outcomes (Baillie & Sannibale, 2007; Tran & Haaga, 2002). Safety behaviors are subtle and idiosyncratic avoidance strategies, such as avoiding eye contact or remaining silent, that ameliorate subjective discomfort by decreasing the perceived likelihood of negative evaluation (Rapee & Heimberg, 1997; Wells et al., 1995). These behaviors often have a paradoxically negative effect on social performance, and contribute to the maintenance of social anxiety by preventing disconfirmation of unrealistic social fears (Rapee & Heimberg; Wells et al.). For example, a person with social anxiety who consumes alcohol prior to social interaction may attribute any success or positive feedback to the safety behavior (drinking alcohol), rather than personal attributes or social skills. In this way, a self-perpetuating cycle can result, whereby individuals with social anxiety develop a reliance on alcohol, thus perpetuating maladaptive beliefs about their capacity to function socially without it.

Any exploration of the interrelationship between alcohol and anxiety must consider the influence of individual expectancies about the effects of alcohol. This follows from empirical studies incorporating a placebo-alcohol condition to show that the expectation of consuming alcohol (in the absence of actual consumption) dampens anxious affect during a social interaction (Wilson & Abrams, 1977). The perception that alcohol alleviates tension and facilitates social interaction is widely held, although individuals with alcohol use disorders tend to endorse this belief with greater conviction (Goldman, Brown, & Christiansen, 1987). These beliefs may represent post hoc justifications for drinking, although a growing body of longitudinal evidence indicates that alcohol expectancies play a causal role in the development and maintenance of harmful drinking (Christiansen, Smith, Roehling, & Goldman, 1989; Kilbey, Downey, & Breslau, 1998; Oei, Foley, & Young, 1990; Rather & Sherman, 1989; Sharkansky & Finn, 1998). It follows that alcohol expectancies may play a critical role in the relationship between social anxiety and alcohol use disorders, whereby socially anxious individuals are especially susceptible to and motivated by the perceived social benefits of alcohol. In a test of this hypothesis, Tran, Haaga, and Chambless (1997) found evidence that alcohol expectancies specific to social situations moderated the relationship between social anxiety and drinking in an undergraduate sample.

In sum, explanatory models have proposed that (a) alcohol is negatively reinforcing because it dampens anxious responding; (b) alcohol reduces self-awareness and self-evaluation by restricting attention processes and may perpetuate cognitive biases underlying social anxiety disorder; (c) alcohol consumed before social interaction interferes with initial threat appraisals; (d) alcohol functions as a safety behavior that reduces perceived danger; and (e) positive expectancies about the social benefits of alcohol may be particularly salient and motivating for those with social anxiety. Paradoxically, it is likely that alcohol actually exacerbates anxiety by directly inducing symptoms, generating additional psychosocial stressors, and/or perpetuating threat expectancies, thus resulting in a vicious cycle of increasing anxiety and alcohol use that sustains these comorbid disorders