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Under the gaze of others: mechanisms of action of cognitive behavioral therapy techniques in social anxiety disorder

Sob o olhar do outro: mecanismos de ação das técnicas da terapia cognitivo-comportamental no transtorno de ansiedade social

Bajo la mirada del otro: mecanismos de acción de las técnicas de la terapia cognitivo-conductual en el trastorno de ansiedad social

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Abstract:
This article aimed to analyze how cognitive restructuring, gradual exposure, and social skills training are integrated into Cognitive Behavioral Therapy (CBT) protocols for Social Anxiety Disorder (SAD), discussing the benefits and limitations of this integration. A narrative literature review with a qualitative approach was conducted, prioritizing publications from 2016 to 2026 and including earlier studies relevant to the theoretical framework and comparison of techniques. The studies examined indicate that cognitive restructuring addresses interpretations related to negative evaluation, exposure promotes engagement with feared situations and the revision of expectations, and social skills training helps develop and refine interpersonal skills. They also suggest overlap among change processes, as behavioral interventions may be accompanied by cognitive changes. Some comparisons identified additional benefits of integration for specific outcomes, whereas others found no advantage from adding particular components. The review concludes that these techniques may offer complementary contributions to SAD treatment, but their combination has not demonstrated overall superiority across all patients and outcomes. The selection and integration of interventions should consider individual difficulties, therapeutic goals, and available evidence. Differences among studies and the narrative nature of the review limit the generalizability of the findings.

Keywords:
Cognitive Behavioral Therapy; Social Anxiety Disorder; Cognitive restructuring; Gradual exposure; Social skills training.

Resumo:
Este artigo teve como objetivo analisar como a reestruturação cognitiva, a exposição gradual e o treino de habilidades sociais são articulados nos protocolos de Terapia Cognitivo-Comportamental (TCC) para o Transtorno de Ansiedade Social (TAS), discutindo os benefícios e os limites dessa integração. Realizou-se uma revisão narrativa da literatura, com abordagem qualitativa, priorizando publicações entre 2016 e 2026 e incluindo estudos anteriores relevantes para a fundamentação teórica e a comparação das técnicas. Os estudos examinados indicam que a reestruturação cognitiva trabalha interpretações relacionadas à avaliação negativa, a exposição favorece o enfrentamento das situações temidas e a revisão de expectativas, e o treino de habilidades sociais contribui para desenvolver e aperfeiçoar recursos de interação. Também apontam sobreposição entre os processos de mudança, uma vez que intervenções comportamentais podem acompanhar mudanças cognitivas. Algumas comparações identificaram benefícios adicionais da integração em desfechos específicos, enquanto outras não demonstraram vantagem do acréscimo de determinados componentes. Conclui-se que as

técnicas podem oferecer contribuições complementares ao manejo do TAS, mas sua combinação não apresenta superioridade geral demonstrada para todos os pacientes e resultados. A seleção e a articulação das intervenções devem considerar as dificuldades individuais, os objetivos terapêuticos e as evidências disponíveis. As diferenças entre os estudos e o caráter narrativo da revisão limitam a generalização dos achados.

Palavras-chave:
Terapia Cognitivo-Comportamental; Transtorno de Ansiedade Social; Reestruturação cognitiva; Exposição gradual; Treino de habilidades sociais.

Resumen:
Este artículo tuvo como objetivo analizar cómo se articulan la reestructuración cognitiva, la exposición gradual y el entrenamiento en habilidades sociales en los protocolos de terapia cognitivo-conductual (TCC) para el trastorno de ansiedad social (TAS), y discutir los beneficios y los límites de esta integración. Se realizó una revisión narrativa de la literatura con enfoque cualitativo, que priorizó las publicaciones entre 2016 y 2026 e incluyó estudios anteriores relevantes para el marco teórico y la comparación de las técnicas. Los estudios examinados indican que la reestructuración cognitiva aborda las interpretaciones relacionadas con la evaluación negativa, que la exposición favorece el afrontamiento de las situaciones temidas y la revisión de las expectativas, y que el entrenamiento en habilidades sociales contribuye al desarrollo y perfeccionamiento de recursos de interacción. También señalan un solapamiento entre los procesos de cambio, pues las intervenciones conductuales pueden ir acompañadas de cambios cognitivos. Algunas comparaciones identificaron beneficios adicionales de la integración en resultados específicos, mientras que otras no mostraron ventajas al añadir determinados componentes. Se concluye que las técnicas pueden ofrecer aportes complementarios al abordaje del TAS, aunque no se ha demostrado una superioridad general de su combinación para todos los pacientes y resultados. La selección y articulación de las intervenciones deben considerar las dificultades individuales, los objetivos terapéuticos y la evidencia disponible. Las diferencias entre los estudios y el carácter narrativo de la revisión limitan la generalización de los hallazgos.

Palabras clave:
Terapia cognitivo-conductual. Trastorno de ansiedad social. Reestructuración cognitiva. Exposición gradual. Entrenamiento en habilidades sociales.

1. Introduction

According to the Diagnostic and Statistical Manual of Mental Disorders, 5th edition, revised text (DSM-5-TR), individuals with Social Anxiety Disorder (SAD) usually have their social communication skills preserved, but no longer use them due to anxiety, fear or suffering in the face of social interactions (AMERICAN PSYCHIATRIC ASSOCIATION, 2023).The nucleus of the disorder, according to the manual, is in fear of being evaluated:

> The individual is fearful, anxious or avoids interactions and social situations that involve the possibility of being evaluated. Social situations such as meeting people who are not familiar,

> situations in which the individual can be observed eating or drinking and performance situations in front of other people are included. The associated cognitive ideation is to be negatively evaluated by others, to be embarrassed, to be humiliated or rejected or to offend others (AMERICAN PSYCHIATRIC ASSOCIATION, 2023, p. 190).

According to the World Health Organization (WHO), it is estimated that 4.4% of the world population currently suffer from some anxiety disorder (WORLD HEALTH ORGANIZATION, 2025). In 2021, 359 million people worldwide had some anxiety disorder, making them the most common of all mental disorders (INSTITUTE FOR HEALTH METRICS AND EVALUATION, 2024). In addition, among the symptoms described by the WHO are fear and excessive concern regarding specific situations, which persist for prolonged periods and interfere directly in the routine, at work, studies and relationships of the individual (WORLD HEALTH ORGANIZATION, 2025).

Despite this prevalence, studies indicate that there is a significant global gap in access to the treatment of these disorders (ALONSO et al., 2018), which makes the examination of psychotherapeutic interventions structured and supported by evidence especially relevant. This is because SAD has been shown to be a very challenging condition in the contemporary clinical scenario, especially in relation to daily life, interpersonal relationships, academic performance and participation in social activities (STEIN; STEIN, 2008), which leads to a persistent cycle of avoidance and suffering.

As for its frequency, an analysis with more than 140 thousand people in 28 countries showed that about 4% of the population has SAD at some point in their lives, and that the Americas, a region that includes Brazil, Colombia, Mexico and Peru, are among those that concentrate the highest rates of the disorder (STEIN et al., 2017). In Brazil, a survey conducted with 5,037 adults in the Metropolitan Region of São Paulo found a prevalence of 5.6% throughout their lives for social phobia, a name by which SAD was known until then. The picture was more frequent among women and young adults, aged 18 to 34 years, and usually appears in adolescence, around 14 years of age (VIANA; ANDRADE, 2012).

In this scenario, Cognitive-Behavioral Therapy (CBT) has been consolidated as one of the most structured clinical responses to this situation. Developed by Aaron Beck, it is a brief, structured and present-focused psychotherapy aimed at modifying dysfunctional thoughts and behaviors (BECK, 2022). In this approach, the therapist helps the patient to recognize that his own beliefs sustain his suffering and work to change them (HOFMANN, 2014).

Among the interventions available for the treatment of TAC, CBT is among those of first choice, alongside pharmacotherapy, and stands out for the maintenance of gains after the

end of treatment (ISOLAN; PHEULA; MANFRO, 2007).The approach acts on the avoidance behaviors that maintain the disorder, which makes it a relevant alternative and supported by evidence for its management. Analyzing how some techniques work in the treatment of individuals with SAD contributes, therefore, to a more humanized clinical practice and aligned to the real needs of those who live daily with this diagnosis.In this sense, this article is part of the following research problem: how cognitive restructuring, gradual exposure and training of social skills are articulated in the Cognitive-Comportoral Therapy protocols for the Disorder of Social Anxiety, and what benefits and limits of this integration are pointed out in the literature?

It is based on the assumption that these techniques can complement the management of SAD, when working on the interpretations of social situations, coping with fear and the repertoire of interaction of the individual. However, this complementarity needs to be examined in the light of the studies, considering whether the association offers additional benefits and in what aspects these benefits are observed. Thus, the analysis seeks to understand the contributions and limits of the integration of these techniques, taking into account the needs of each patient and the characteristics of the investigated protocols.

Therefore, the general objective of this article is to analyze, from a narrative review of the literature, such as cognitive restructuring, gradual exposure and training of social skills are articulated in the CBT protocols for the SAD, discussing the benefits and limits of this integration. The specific objectives are: to map the historical evolution of the CBT and its contemporary applications; to analyze the effects of cognitive restructuring on the beliefs that maintain the disorder; to examine the role of gradual exposure in coping with the feared situations; to describe the contribution of training of social skills; and to discuss what the literature indicates about the additional benefits and limitations of the combination of these techniques.

2. Theoretical framework

2.1 Cognitive-behavioral therapy (CBT)

Cognitive-Behavioral Therapy (CBT) was developed by Aaron Temkin Beck (1921-2021), between the 1960s and 1970s, and originally called "cognitive therapy." Beck studied medicine and psychiatry and worked for a period as a psychoanalyst, but, dissatisfied with traditional approaches, developed his own theory. For this, he resorted to several theoretical and conceptual influences, among which stand out the first philosophers, such as Epictetus, and

theorists such as Karen Horney, Alfred Adler, George Kelly, Albert Ellis, Richard Lazarus and Albert Bandura (BECK, 2022).

When attending individuals with depression, Beck identified that they reported two types of thought: a strand of free association and another part of quick thoughts, with assessments about themselves. Thus, the author realized that everyone had negative "automatic" thoughts, intimately linked to their emotions. Later, by helping their patients identify, evaluate and respond to these unrealistic and ill-adaptive thoughts, he observed that they improved rapidly (BECK, 2022).

Then, psychiatrist A. John Rush, then chief resident of the University of Pennsylvania, discussed with Beck the possibility of conducting a scientific research to demonstrate the efficacy of the so-called cognitive therapy. The randomized controlled clinical trial with depressed patients, published in 1977, found that cognitive therapy was as effective as imipramine, a common antidepressant (BECK, 2022).

By the end of the 1970s, Beck and his postdoctoral colleagues at the University of Pennsylvania used the same process to study anxiety, substance abuse, personality disorders, couples problems, hostility, bipolar disorder and other issues. First, they made clinical observations about the disorder and described the maintenance factors and the main cognitions, that is, underlying thoughts and beliefs, emotions and behaviors. After that, they tested their theories, adapted the treatment and performed controlled and randomized clinical trials (BECK, 2022).

In these research, Beck named as automatic thoughts the flows of negative thoughts that seemed to arise spontaneously and that contributed to an ill-adaptative cognitive assessment of the situation or event, leading to an emotional response. Such thoughts are based on central beliefs that the person has about himself, the world and the future, and determine how the individual interprets a specific situation (BECK, 2022; HOFMANN, 2014).

These studies also resulted in the development of CBT as a brief, structured and present-oriented psychotherapy aimed at solving current problems and modifying dysfunctional thoughts and behaviors (BECK, 2022).According to Hofmann (2014), the therapist helps the patient to recognize that their own beliefs can contribute significantly to the maintenance and even to the origin of their psychological problems.This approach seeks to lead the individual to perceive the irrationality and rigidity of his thoughts, encouraging the active modification of beliefs and dysfunctional behaviors.

As highlighted by Judith Beck (2022), daughter of Aaron T. Beck, renowned American clinical psychologist, teacher and one of the world's greatest references in CCT today, the

therapist seeks, in various ways, to produce cognitive change, that is, the modification of the thinking and belief system of the patient, aiming to promote lasting emotional and behavioral change. The author also points out that the approach was adapted to people of different socioeconomic and educational levels and to various age groups, from children to the elderly. In the following decades, Aaron Beck and researchers from all over the world continued to study, theorize, adapt and test treatments for a growing list of problems. CBT has been applied in hospitals, clinics, schools, vocational programs, prisons and other contexts, in individual and group formats, including couples and families, and today is among the most commonly practiced therapies in the world (BECK, 2022).

Therefore, it is understood that Cognitive-Behavioral Therapy represents a significant milestone in the history of clinical psychology, not only by the solidity of its scientific bases, but by the way it brought therapeutic practice closer to the daily reality of the patient. By focusing on automatic thoughts and dysfunctional beliefs, CBT offers the individual concrete tools to transform their relationship with suffering, which makes it a highly relevant approach to contemporary clinical performance.

2.2 Social Anxiety Disorder (SAD)

The Social Anxiety Disorder (SAD) was recognized for the first time as a psychiatric condition in 1980, with the publication of the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III), by the American Psychiatric Association (HOFMANN, 2024). The DSM defines mental disorders by listing a set of criteria that identify the most important characteristics of each picture. The most recent version is the revised text of the fifth edition, the DSM-5-TR, published in the United States in 2022 and translated in Brazil in 2023 (AMERICAN PSYCHIATRIC ASSOCIATION, 2023). In addition to the fear of being evaluated by others, the manual states that, for diagnosis, this fear should be disproportionate to the real threat, persists generally for six months or more and cause significant suffering or loss in the social, professional or other important areas of life. The manual also provides for the "performance only" specifier for cases where fear is restricted to speaking or acting in public (AMERICAN PSYCHIATRIC ASSOCIATION, 2023).

The World Health Organization also publishes a diagnostic manual, currently in its 11th review, called the International Classification of Diseases (ICD-11). The ICD-11 criteria for SAD are very similar to those of the DSM-5-TR. Among them are the acute and excessive fear or anxiety that occur consistently in one or more social situations, the concern to act in a certain

way or to demonstrate anxiety symptoms that are negatively assessed by others, the avoidance of relevant social situations, the persistence of symptoms for a long period of time, and the suffering or significant harm in the personal, family, social, educational, occupational or other important area of operation (WORLD HEALTH ORGANIZATION, 2022).

It is therefore a disorder characterized by the excessive fear of being judged or evaluated.

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PSYCHIATRIC ASSOCIATION, 2023, which can significantly impact interpersonal relationships, daily tasks and social and academic functioning (SPENCE; RAPEE, 2016; STEIN; STEIN, 2008). Furthermore, it differs from shyness due to severity, persistence, impairment and suffering resulting from anxiety symptoms (SCHNEIER, 2006). Individuals with social anxiety tend to maintain selective and self-focused attention, because they believe they are under constant observation and judgment. This self-perception intensifies the memory of negative experiences, usually resulting from distorted interpretations of social interactions (HOFMANN, 2007; LEIGH; CLARK, 2018).

Although the diagnostic criteria of DSM-5-TR and ICD-11 offer important parameters for the identification of SAD, the clinical delimitation between the disorder and culturally expected manifestations of shyness or social reserve remains a challenge. Therefore, caution is necessary in the application of these criteria, considering that sociocultural factors can influence both the expression of symptoms and the perception of functional impairment, which points to the need for contextualized and sensitive assessment of the reality of the individual. SAD goes far beyond the fear of social situations. It is a deeply subjective experience, which affects the way the individual perceives himself and is related to the world around him. Recognizing this human dimension of the disorder is fundamental for a welcoming clinical practice, able to see behind the symptoms a subject who seeks to belong, accept and safety in their relationships.

2.3 Maintenance models of social anxiety disorder

To understand how the techniques of CBT act in SAD requires, rather, to look at the processes that maintain the disorder. Knijnik and Trachtenberg (2015) describe these processes

as a cycle of social anxiety, formed by distorted perceptions, behaviors of avoidance and negative reinforcement, which perpetuate the fear of social evaluation. In this cycle, automatic thoughts of self-depreciation and social threat increase physiological activation and reinforce flight. To interrupt this pattern, the authors propose cognitive-behavioral intervention and what they call the alternative cycle of social anxiety, in which the patient learns to reinterpret social situations, test dysfunctional beliefs and face discomfort to the few. For them, therapeutic change involves, in addition to reducing social fear, the construction of more adaptive ways to interpret and face social situations.

Cognitive maintenance models offer a theoretical basis for understanding the processes on which CBT techniques can act. In the Clark and Wells model (1995 apud LEIGH; CLARK, 2018), the person with SAD, when entering a social situation, turns his attention to himself. It resorts to safety behaviors, such as avoiding visual contact or mentally testing sentences, and ruminates before and after the event. Thus, it fails to perceive the real reactions of others, and its negative predictions do not come to be denied.

Leigh, Chiu and Clark (2021) tested this hypothesis in an experiment with 57 adolescents. When oriented to focus attention on themselves and to use safety behaviors during a conversation, the participants reported more anxiety, seemed more anxious in the eyes of the observers and had worse performance in the interaction. That is, the strategies that bring immediate relief are the same that maintain fear over time.

3. Material and method

This is a narrative review of the literature, a modality that allows to describe and discuss the state of the art of a theme from the theoretical and contextual point of view, without the application of systematic search and analysis protocols (ROTHER, 2007).As for the purpose, the research was characterized as basic, because it aimed to expand scientific knowledge about Cognitive-Behavioral Therapy (CBT) in the management of the Social Anxiety Disorder (SAD).The research sought to gather theoretical foundations to understand the performance of cognitive restructuring, gradual exposure and training of social skills, as well as the benefits and limits of its integration.

With regard to the nature of the research, this is a bibliographic research, based on previously published materials, such as books and specialized scientific articles, in which the researcher does not manipulate variables or conduct experiments.The research adopted a

qualitative approach, focused on the interpretation of how the techniques of CBT are described, articulated and evaluated in the studies on SAD.

As for the objective, the research was exploratory, as it sought to map and discuss the contributions of the CBT to the management of the SAD, with attention to the mechanisms of action of the techniques and the benefits and limits of their integration.The cut-off of the publications prioritized the period from 2016 to 2026, with the inclusion of previous studies considered relevant for the theoretical basis and for the discussion of the investigated combinations.

To conduct the bibliographic survey, studies that investigated the application of CBT in adolescents, young adults and adults with symptoms of social anxiety were prioritized. The following databases were consulted: Scientific Electronic Library Online (SciELO), Electronic Journals in Psychology (PePSIC), Latin American and Caribbean Literature in Health Sciences (LILACS), Portal de Periodódicos da CAPES e PubMed/MEDLINE. The searches were conducted with the descriptors: “Transtorno de Anxiedade Social”, “Terapia Cognitivo-Behavioral”, “CBT”, “social anxiety”, “social phobia”, “cognitive restructuring”, “gradual exposure”, “adults”, “young adults” and “adults”, combined by the Boolean operators AND and OR. In addition, studies identified in additional searches and in the references of the selected studies were included, according to their relevance to the research objectives.

Scientific articles, systematic reviews, dissertations and theses published between 2016 and 2026, available in Portuguese or English, were also included in studies prior to this period considered classic or reference for the theme, in addition to official books and documents used for the theoretical foundation. Studies on isolated techniques, their application in protocols with multiple components and comparisons that investigated the additional benefits of the association between cognitive and behavioral interventions were also accepted, studies with samples that covered children and adolescents, because they included the age range in which the disorder usually starts, and theoretical studies on the mechanisms of change of the CBT applicable to SAD.

On the other hand, the analysis of the materials was carried out through critical reading of the texts in full and qualitative interpretation, according to the proposal for a narrative review.The studies were organized into thematic axes related to Cognitive-Behavioral Therapy, the Social Anxiety Disorder, the models of maintenance of the disorder, the mechanisms of action of the techniques and the benefits and limits of their integration.In the discussion of the combinations, information on the techniques used, the characteristics of the populations, the format of the treatment, the conditions of comparison, the outcomes evaluated and the periods

of follow-up were considered, when available, to be considered, the distinction between the results on the effectiveness of the complete protocols and those related to the additional contribution of certain components.The findings are presented in the Results and Discussion section.

4. Results and discussion

4.1 Cognitive restructuring in SAD management

Cognitive restructuring works on the interpretations that contribute to fear of negative assessment in social situations. In SAD, the person can anticipate that he will make mistakes, demonstrate anxiety or be rejected, treating these predictions as if they were certain events. Therapeutic work involves recognizing these automatic thoughts, examining possible interpretation errors and building more realistic alternatives (HOFMANN, 2007). This process requires the active participation of the patient and the therapist, who investigate together the difficulties experienced in social interactions. This collaborative posture guides the treatment presented by Hope, Heimberg and Turk (2019), in which the intervention is conducted from the understanding of each case.

In practice, the patient learns to observe the relationship between his/her thoughts and anxiety, to question the conclusions he/she draws from the situations and to formulate alternative answers.In the protocol described by Hofmann (2007), this learning is articulated with the experiences of exposure, and interpretations are examined before and after coping with the feared situations, both in the sessions and in the activities carried out during the week.For example, the prediction that a pause in conversation will cause rejection can be compared to what occurred in the interaction. Thus, cognitive restructuring offers a way to evaluate the predictions themselves based on the experiences, favoring less rigid interpretations about the performance and reactions of others (HOFMANN, 2007).

Among the processes investigated is the estimated social cost, that is, the severity that the person attributes to the consequences of a possible error or negative judgment.In a randomized clinical trial with 90 participants, Hofmann (2004) compared group CCT, group exposure without explicit cognitive intervention, and a group of participants on waiting list for treatment.The two treatments reduced social anxiety and did not differ between themselves at the end of the intervention.However, only the CCT group showed additional improvement in the follow-up of six months, associated with the reduction of the estimated social cost during

treatment.The study also identified changes in this estimate among the participants who received exposure.These results support the importance of cognitive changes in the management of the SAD, but show that they can also occur without explicit cognitive restructuring. Therefore, the contribution of this technique should be understood in relation to the protocol used and the other treatment components (HOFMANN, 2004).

4.2 Gradual exposure in coping with social situations

The gradual exposure consists in the planned confrontation of social situations that provoke fear and are usually avoided by the person with SAD. In cognitive-behavioral protocols, this work can start with situations considered less difficult and advance to greater challenges, including exercises in sessions and activities in everyday life. In the protocol described by Hofmann (2007), the patient participates in simulated social situations and subsequently practices coping in real contexts. A person who avoids talking to strangers, for example, can work different situations of interaction, according to their difficulties and the objectives of the treatment. These experiences allow us to observe what happens during social contact and compare the events to the negative predictions that preceded the interaction (HOFMANN, 2007).

Although exposure has traditionally been explained by habituation, understood as the decrease of anxiety throughout the contact with the feared situation, Craske et al. (2014) highlight the importance of inhibitory learning.In this perspective, coping favors new learnings that compete with previous associations of threat, without necessarily erasing them. Experience allows us to verify whether the feared consequences happen as expected. Therefore, the immediate reduction of anxiety is not the only criterion to evaluate exercise, because it is possible to learn even when discomfort remains. The authors also propose to vary situations and contexts of exposure and reduce safety behaviors that may hinder this learning. Thus, planning considers both the difficulty of the task and the expectation that will be put to the test and what the patient can learn from experience (CRASKE et al., 2014).

In addition to favoring the coping of avoidance, exposure may be associated with changes in the way of interpreting social situations. Kampmann, Emmelkamp and Morina (2019) investigated 60 adults with SAD who received exposure in real situations or in virtual reality. Participants who presented greater reduction of the estimated social cost during treatment also reported greater improvement of symptoms at the end of the intervention. This result indicates an association between the review of the consequences attributed to feared

situations and clinical improvement, although it does not demonstrate, in isolation, a cause and effect relationship. The finding also helps to understand that the effects of the techniques may overlap, since an intervention focused on behavioral coping can follow cognitive changes. This approach is relevant to discuss the integration of techniques, but it is not enough to conclude that their combination will always be superior to the isolated exposure (KAMPMANN; EMMELKAMP; MORINA, 2019).

4.3 Training of social skills in the management of SAD

The training of social skills seeks to develop and improve resources for interpersonal relationships, considering the difficulties and needs of each patient. Its application in the SAD requires distinguishing the lack of a skill from the difficulty to use it in the face of anxiety. Some people know how to start a conversation or express an opinion, but the fear of negative evaluation interferes in its performance; others also present difficulties in the repertoire of interaction itself. Herbert et al. (2005) discuss this diversity and highlight the importance of adjusting the emphasis of training to the identified difficulties, without assuming that all people with SAD have social skills deficits.

Among the procedures used are the orientation on the ability, the demonstration of how to perform it, the behavioral essay and the feedback. In the protocol of Beidel et al. (2014), conversation skills, friendship building, assertiveness and speech were worked in public, with activities to practice them in daily life. Thus, a difficulty to express disagreement can be worked through a simulation, followed by observations about the interaction and new attempts. Training offers opportunities to practice and improve behaviors relevant to the patient's objectives (BEIDEL et al., 2014).

In a randomized clinical trial with 106 adults, Beidel et al. (2014) compared exposure, exposure associated with social skills training and waiting list.The combination showed advantage in social skills and general clinical status.However, the difference between treatments in the proportion of participants who no longer met the diagnostic criteria for SAD was not statistically significant.The results indicate possible additional benefits in specific aspects of social functioning, without demonstrating superiority in all outcomes.This reinforces the importance of evaluating both symptoms and difficulties of interaction when discussing the contribution of the technique.

4.4 Integration of techniques in CBT protocols

The integration of techniques in the CBT protocols allows working difficulties that are related in the daily life of the person with SAD. When facing a social situation, the patient can examine their negative predictions and practice forms of interaction relevant to their objectives. This articulation appears in the study by Herbert et al. (2005), which compared the CBT in a group, composed of cognitive restructuring and exposure, with a version that incorporated training of social skills. The two treatments produced improvement, but the integrated protocol presented greater gains in evaluated measures. The study therefore offers favorable evidence to the association of the three techniques in that context, without establishing that all patients need the same components or obtain equivalent benefits with their combination.

Comparisons between cognitive and behavioral interventions also appear in previous studies. Mattick, Peters and Clarke (1989) investigated exposure, cognitive restructuring and the combination of these techniques in a study with 43 participants and control by waiting list. The combined intervention surpassed exposure in two measures of phobia. However, the results varied according to the outcome and the time of evaluation: isolated cognitive restructuring showed lower results in the measures of approaching the situations feared at the end of the treatment, but continued to produce improvement during the follow-up. These findings show that the discussion about combinations has existed for decades and that its interpretation requires considering which changes were evaluated and for how long the participants were followed (MATTICK; PETERS; CLARKE, 1989).

The investigation of the components remains current. Šipka et al. (2025) conducted a clinical trial with 464 adults, distributed among 16 conditions of CBT over the internet, to examine the contribution of psychoeducation, cognitive restructuring, attention training and exposure.The conditions that included psychoeducation and exposure showed greater reduction of symptoms at the end of treatment compared to conditions without these components.The inclusion of cognitive restructuring and attention training, in turn, did not show additional advantage at this time.In the follow-up, the advantage of psychoeducation and exposure was no longer statistically significant.As the study investigated an intervention on the internet and did not include training of social skills, its results do not directly respond to the combination of the three techniques discussed in this article, but show that adding components does not guarantee greater benefit at all times of the evaluation.

As presented in the previous section, Beidel et al. (2014) found advantages of the association between exposure and training of social skills in aspects of social functioning, with

no statistically significant difference in the proportion of participants who no longer met the diagnostic criteria for SAD. Thus, reducing symptoms, improving the performance in interactions and failing to meet the criteria of the disorder are related but distinct results. The literature examined supports the discussion of integration according to the difficulties of the patient, the components of the protocol and the objectives evaluated, rather than assuming that the meeting of the techniques produces, by itself, superior results (BEIDEL et al., 2014; HERBERT et al., 2005; ŠIPKA et al., 2025).

5. Final considerations

This narrative review analyzed how cognitive restructuring, gradual exposure and training of social skills are articulated in the Cognitive-Behavioral Therapy protocols for Social Anxiety Disorder, considering the benefits and limits of this integration.The course through the literature allowed contextualizing the fundamentals of the approach and relating interventions to the processes of maintaining the disorder.Cognitive restructuring works the interpretations associated with negative evaluation; exposure favors coping with feared situations and the review of expectations; and training of social skills offers opportunities to develop and improve interaction resources, according to the difficulties identified in each case.

In response to the research problem, the literature examined indicates that these techniques can be articulated in protocols that work both fear and avoidance as well as the difficulties present in interpersonal relationships. However, their effects are not entirely separated, because exposure experiences can also accompany cognitive changes, while the practice of social skills involves contact with feared situations. Integration can therefore offer complementary learning opportunities, but the contribution of each component needs to be understood in the context of the treatment in which it was used.

The assumption of complementarity found support in the studies discussed, although the results do not allow us to affirm a general superiority of the combination of the three techniques. Some studies identified additional benefits in specific measures, while others did not show the advantage of the addition of certain components. The interpretation of these findings depends on the population, the format of the intervention, the outcomes and the follow-up period. Thus, the efficacy of a complete protocol should not be taken alone as a demonstration that all its components are indispensable or produce additional benefits for all patients.

Among the limitations of this study, we highlight the narrative character of the review, whose selection and interpretation of the materials did not follow a systematic protocol, which limits the scope of the conclusions and may favor selection biases.In addition, the differences between the studies regarding the samples, the procedures and the forms of evaluation hinder direct comparisons.The inclusion of research from different periods contributed to understanding the development of the interventions, but also required caution in the face of changes in the diagnostic criteria and treatment protocols. Nor does the review allow establishing causal relations between each technique and the proposed mechanisms of change.

Future studies can contribute through direct comparisons between isolated and combined components, with clear description of the procedures and follow-up of the results over time.It is also relevant to investigate which characteristics of the patients are associated with the greatest benefits of each combination, considering both the reduction of symptoms and participation and social functioning.For clinical practice, the findings reinforce the importance of understanding the difficulties and objectives of each person when selecting and articulating the techniques.More than gathering interventions, it is about building a treatment based on evidence and sensitive to the needs of those living with the SAD.

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