PHOTOTHERAPY:

Addressing social anxiety in the chronically homeless population

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1. Chronic Homelessness

2. Social Anxiety

3. Phototherapy

1. CHRONIC HOMELESSNESS

What makes someone chronically homeless?

What additional factors are at play?

What about stressors?

WHAT MAKES SOMEONE CHRONICALLY HOMELESS?

An individual who is chronically homeless has been unhoused for at least two years.

In addition to actual barriers, individuals who are chronically homeless are at a greater risk for poor mental health.

This population often experiences issues relating to substance abuse, mental illness, and are repeat criminal offenders.

WHAT ADDITIONAL FACTORS ARE AT PLAY?

In the city of Seattle, one fifth of chronically homeless individuals have committed crimes, 26% have mental illness, and 30% have substance abuse problems.

Individuals who are homeless are more likely to experience social isolation, diminished self-efficacy, and estranged social relationships.

WHAT ABOUT STRESSORS?

Major stressors that contribute to chronic homelessness are lack of human capital, social alienation, psychiatric pathology, and exposure to stressful life events.

The stress of being homeless can increase anxiety, fear, and depression.

2. SOCIAL ANXIETY

What is social anxiety?

Why are chronically homeless individuals more prone to social anxiety?

What treatments are available?

WHAT IS SOCIAL ANXIETY?

Social anxiety is identified as a chronic mental health condition where social interactions cause irrational anxiety.

Third most prevalent disorder behind depression and alcohol dependence.

These individuals are more hesitant to seek treatment

WHY ARE CHRONICALLY HOMELESS INDIVIDUALS MORE PRONE TO SOCIAL ANXIETY?

Individuals who experience chronic homelessness are also at a greater risk of experiencing social anxiety.

Repetitive rejection can sensitize individuals to fear social interactions and increase the chances for the development of social anxiety. Repeated acts of rejection are common among individuals who are homeless and explains how this population could tend to become socially anxious.

WHAT TREATMENTS ARE AVAILABLE?

Cognitive behavior therapy (CBT) has been found to be the most effective.

Exposure, both imaginal and in vivo, cognitive restructuring, social skills training, and symptom management skills are the most common CBT intervention techniques.

3. PHOTOTHERAPY

What is phototherapy & how does it work?

What are some similar studies related to this topic?

Why might phototherapy work with this population?

WHAT IS PHOTOTHERAPY & HOW DOES IT WORK?

Three ways that phototherapy can benefit participants:

- It can diffuse rationalizations and bypass defense mechanisms by serving as concrete evidence of events.
- It can provide an alternative form of expression and communication that is non-threatening and allows participants to engage in self-exploration.
- It can develop perception and understanding, allowing participants to reflect upon experiences, express emotions, and facilitate feelings.

WHAT ARE SOME SIMILAR STUDIES RELATED TO THIS TOPIC?

No research has been conducted addressing the use of phototherapy to reduce social anxiety in the chronically homeless population, however studies have been conducted with:

- Incarcerated individuals using phototherapy to reduce aggression and to decrease recidivism
- Individuals who have schizophrenia using phototherapy to reduce negative symptoms and ground them in reality
- Juvenile offenders using phototherapy to increase self-esteem and positive action

WHY MIGHT PHOTOTHERAPY WORK WITH THIS POPULATION?

Phototherapy helps individuals reduce social anxiety by serving as a barrier between subject and object. CBT has also been found to be easily incorporated with phototherapy. Therefore, phototherapy could help people who are chronically homeless work with and reduce their social anxiety.

RESEARCH & PARTICIPANTS

Where was the research conducted?

Who were the participants?

How were they selected?

WHERE WAS THE RESEARCH CONDUCTED & WHO WERE THE PARTICIPANTS?

The research took place at a local men's shelter.

To meet inclusion criteria, adult males 18 or older at the shelter were interviewed in a pre-group setting and given an assessment to determine whether their social anxiety was at a critical level.

No one with a willingness to participate was excluded from the study unless their behavior in group became problematic.

INSTRUMENTATION

Severity Measure for Social Anxiety Disorder (Social Phobia)—Adult

Name:_____ Age: _____ Sex: Male ☐ Female ☐ Date:_____

Instructions: The following questions ask about thoughts, feelings, and behaviors that you may have had about *social situations*. Usual social situations include: public speaking, speaking in meetings, attending social events or parties, introducing yourself to others, having conversations, giving and receiving compliments, making requests of others, and eating and writing in public. **Please respond to each item by marking (✔ or x) one box per row.**

	During **the PAST 7 DAYS**, I have...	Never	Occasionally	Half of the time	Most of the time	All of the time	Clinician Use Item score
1.	felt moments of sudden terror, fear, or fright in social situations	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
2.	felt anxious, worried, or nervous about social situations	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
3.	had thoughts of being rejected, humiliated, embarrassed, ridiculed, or offending others	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
4.	felt a racing heart, sweaty, trouble breathing, faint, or shaky in social situations	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
5.	felt tense muscles, felt on edge or restless, or had trouble relaxing in social situations	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
6.	avoided, or did not approach or enter, social situations	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
7.	left social situations early or participated only minimally (e.g., said little, avoided eye contact)	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
8.	spent a lot of time preparing what to say or how to act in social situations	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
9.	distracted myself to avoid thinking about social situations	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
10.	needed help to cope with social situations (e.g., alcohol or medications, superstitious objects)	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
						Total/Partial Raw Score:	
					Prorated Total Raw Score: (if 1-2 items left unanswered)		
						Average Total Score:	

INSTRUMENTATION

Severity Measure for Social Anxiety Disorder (Social Phobia) —Adult: A series of 10 questions assessing social situations including public speaking, attending social events, introducing yourself to others, having conversations, giving and receiving compliments, making requests of others, and eating and writing in public.

Note. The Liebowitz Social Anxiety Scale: A 24-item set used to measure social anxiety. The instrument is considered the most valid scale for assessing social anxiety in individuals, however many of the questions are not inclusive to individuals that do not have a home or a job. For this reason, the SAS was intentionally not utilized in this study, despite its proven validity with other populations.

PROCEDURE

Two six week groups

First six weeks: Cognitive Behavioral Therapy (CBT) only

Second six weeks: Phototherapy plus CBT

Both groups focused on insession exposures

FIRST SIX WEEK GROUP: CBT ONLY

Focused on a six step process using in-session exposures. The steps were as follows:

1. Review the situation.
2. Identify automatic thoughts (ATs) / Rate belief in ATs.
3. Identify thinking errors in ATs and emotions experienced in response to ATs.
4. Develop challenges to ATs.
5. Develop rational response (RR) / Rate belief in RR.
6. Set achievable behavioral goal.

SECOND SIX WEEK GROUP: PHOTOTHERAPY PLUS CBT

Participants were asked to take photographs of people, places, or objects that caused them social anxiety outside the group on disposable cameras that were provided. The same six in-session exposures were then used, the idea being that the camera would provide a level of safety between the participant and their social anxiety, allowing them to remove themselves from the social situation and cognitively evaluate the social anxiety.

DATA ANALYSIS AND RESULTS

So what happened?

DATA ANALYSIS

Out of 24 participants, only nine attended at least two CBT groups AND two phototherapy plus CBT groups. The average was found for each participant's responses during the CBT group and then again during the phototherapy plus CBT group. In addition, an overall average of each group was calculated.

RESULTS

	Average of CBT Scores	Average of Phototherapy with CBT Scores	Amount of Change
Participant A	2.88	2.95	0.07
Participant B	2.54	2.16	-0.38
Participant D	2.93	2.75	-0.18
Participant E	4	2.82	-1.18
Participant F	2.05	2.83	0.78
Participant H	0.07	0.1	0.03
Participant I	0.33	2.41	2.08
Participant J	3.6	3.2	-0.4
Participant K	2.18	1.6	-0.58
Overall Average	**2.287**	**2.313**	**0.026**

DISCUSSION & LIMITATIONS

What does it all mean?

Why might the data have

turned out this way?

DISCUSSION

Increased Outcomes (4 of 9 participants)

- ○ Heightened social anxiety in group situations should be taken into account:
    - ■ Initial stage of group development leads to more guarded answers
    - ■ Universality / Group Cohesiveness leads to more honest answers
    - ■ This makes some data appear to indicate an increase but actually signifying greater validity

DISCUSSION

Decreased Outcomes (5 of 9 participants)

- Could be a result of less social anxiety experienced with phototherapy plus CBT groups vs. CBT groups alone.

One notable result:

- There was an increase in participants of the phototherapy plus CBT group versus CBT alone. 14 of the 24 participants attended CBT only groups and 21 of the 24 participants attended the phototherapy plus CBT groups. This information suggests individuals are more likely to participate in groups with phototherapy plus CBT than CBT alone.

LIMITATIONS

- Chronically homeless males are not ideal research participants in regards to coming back to group.
- Unmedicated mental illness and active substance abuse could affect reporting accuracy.
- Some members would have benefited from individual as opposed to group settings.
- Some members would have benefited from a more private meeting space.

Let's Recap...

We need more research!

LET'S RECAP...

Chronically homeless individuals unhoused for greater than two years often experience mental illness, substance abuse and are criminal offenders. These individuals are also at a greater risk of experiencing social anxiety. Phototherapy has been shown to be an effective intervention with a number of similar populations including those with mental illness, substance abusers, and inmates, so it is plausible that phototherapy could reduce social anxiety in the chronically homeless population. Research on the matter showed a decrease in social anxiety in five of nine participants, however the degree of change was nominal. More research needs to be done before the effectiveness of reducing social anxiety in the chronically homeless population using phototherapy can be more acutely determined.

Questions?

Thanks for attending.

Participant Photographs

1A

5A

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