Behaviour Research and Therapy 63 (2014) 169–176

Contents lists available at ScienceDirect

Behaviour Research and Therapy

journal homepage: www.elsevier.com/locate/brat

Shorter communication

Work-related CBT versus vocational services as usual for unemployed persons with social anxiety disorder: A randomized controlled pilot trial

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ARTICLE INFO

Article history:
Received 26 November 2013
Received in revised form
14 October 2014
Accepted 22 October 2014
Available online 30 October 2014

Keywords:
Social anxiety
CBT
Employment
Group
Underserved populations

ABSTRACT

We designed and pilot-tested a group-based, work-related cognitive-behavioral therapy (WCBT) for unemployed individuals with social anxiety disorder (SAD). WCBT, delivered in a vocational service setting by vocational service professionals, aims to reduce social anxiety and enable individuals to seek, obtain, and retain employment. We compared WCBT to a vocational services as usual control condition (VSAU). Participants were unemployed, homeless, largely African American, vocational service-seeking adults with SAD ($N = 58$), randomized to receive either eight sessions of WCBT plus VSAU or VSAU alone and followed three months post-treatment. Multilevel modeling revealed significantly greater reductions in social anxiety, general anxiety, depression, and functional impairment for WCBT compared to VSAU. Coefficients for job search activity and self-efficacy indicated greater increases for WCBT. Hours worked per week in the follow-up period did not differ between the groups, but small sample size and challenges associated with measuring work hours may have contributed to this finding. Overall, the results of this study suggest that unemployed persons with SAD can be effectively treated with specialized work-related CBT administered by vocational service professionals. Future testing of WCBT with a larger sample, a longer follow-up period, and adequate power to assess employment outcomes is warranted.

Introduction

Social anxiety disorder (SAD) has been linked to deficits in occupational functioning (Bruch, Fallon, & Heimberg, 2003). Over 90% of people with SAD report significant impairment in one or more areas of occupational functioning (Turner, Beidel, Dancu, & Keys, 1986) including turning down job offers or promotions (Stein & Kean, 2000), reduced work performance and productivity, and high rates of absenteeism (Wittchen, Fuetsch, Sonntag, Muller, & Liebowitz, 2000). Occupational success in individuals with SAD is also limited by their lowered educational achievement (Stein & Kean, 2000). Two recent longitudinal studies provide further support for the significant relationship between social anxiety and protracted unemployment (Moitra, Weisberg, Keller, & Martin, 2011; Tolman et al., 2009).

We postulate that SAD interferes with job attainment and retention for several reasons including but not limited to: reduced job qualifications related to less education and training; job interview-related anxiety and avoidance; limited social networks to provide job leads; and problems retaining work due to limited social connections with co-workers. It is also likely that lowered self-esteem and embarrassment related to unemployment often increase social evaluative concerns, which likely results in a negative feedback loop that further strengthens the relationship between social anxiety and unemployment.

The main evidence-based psychosocial treatment for SAD is cognitive-behavioral therapy (CBT). The efficacy of CBT for SAD has

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http://dx.doi.org/10.1016/j.brat.2014.10.005
0005-7967/

been well documented in meta-analytic reports and it can be delivered in both group and individual formats with similar outcomes (Acarturk, Cuijpers, van Straten, & de Graaf, 2009). Of particular relevance to the current investigation is that while the primary benefits of CBT for SAD involve reductions in social anxiety symptoms, occupational and other functional targets are often left in need of further improvement (Blanco et al., 2010). Further, many individuals with SAD do not receive CBT (Wang et al., 2005). Treatment utilization is even lower among minorities (Neighbors et al., 2007) and the poor (Alegria, Bijl, Lin, Walters, & Kessler, 2000).

One potential method of improving access to CBT is to offer it in non-mental health venues that are less stigmatizing and often more accessible than traditional mental health centers. Relevant to the present investigation, vocational service centers offer a promising site to treat individuals whose job attainment has been compromised by SAD. CBT targeting both mental health symptoms and employment problems has been successfully implemented in vocational rehabilitation settings (Brewin, Collins, & Papageorgis, 2011; Della-Posta & Drummond, 2006; Vinokur, Schul, Vuori, & Price, 2000). Among the most thoroughly evaluated of these programs is the Winning New Jobs Program (JOBS; Vinokur et al., 2000), a short-term, group intervention designed to improve job acquisition and retention and to prevent the development of depression among recently unemployed workers. The JOBS program has significantly improved employment outcomes and prevented depression among participants (Vinokur et al., 2000). It is important to note that the JOBS program and most other similar programs focus on prevention of mental health problems and/or reducing symptoms (Vinokur et al., 2000) in comparison to the very few programs that target job-seekers with diagnosed mental disorders (Lagerveld & Blonk, 2012). Finally, no existing programs targeting mental health barriers to employment focus on SAD or are delivered exclusively by vocational service professionals.

This project involves pilot-testing of a group-based, work-related cognitive-behavioral therapy (WCBT) for unemployed individuals with SAD. WCBT is informed by the JOBS intervention and is designed for delivery in a vocational service setting by vocational services professionals. In the present investigation, mostly minority, homeless, impoverished job-seekers with SAD were randomly assigned to either standard vocational services accompanied by WCBT or to a vocational service as usual (VSAU) control condition. We predicted that participants assigned to the WCBT(+VSAU) group would experience reduced social anxiety and improved employment-related outcomes compared to VSAU alone.

Method

Design

Fifty-eight participants with SAD were randomized to either WCBT or VSAU at a vocational rehabilitation center (Jewish Vocational Services Detroit – JVSD). WCBT sessions were provided concurrently with vocational services but were scheduled during the business day when standard vocational services were not offered. Participant enrollment took place between May, 2010, and December, 2011. Participants completed structured diagnostic interviews and assessments at baseline (BL), immediately post-treatment (PT), and 3-months post-treatment (FU). Final follow-up interviews were completed in March, 2012. Assessment personnel were blinded to participants' treatment condition. As required by the human subjects committee, the consent document informed participants that they could be assigned to one of two conditions, usual services or usual services plus CBT sessions.

Participants

Participants were unemployed, vocational service-seeking adults with SAD. Human subjects approval was granted through the Institutional Review Board. Written informed consent was obtained, and all participants received $40 for each assessment; WCBT participants also received $10 for each group session attended to offset transportation costs and as an incentive to complete weekly symptom and WCBT adherence ratings. Participants were excluded if they met criteria for current substance dependence, used opiates or freebase cocaine, had active psychotic or manic symptoms deemed to interfere with group participation, or reported suicidal/homicidal ideation with imminent risk.

Eligible participants were recruited and assembled into cohorts of approximately 6 individuals. Once a cohort was assembled, cohort members were directed to meet together at JVSD to learn if they were randomized to WCBT or VSAU alone. Of the 85 eligible individuals recruited into cohorts, 58 (68.2%) attended the randomization meeting and were randomized to condition using opaque sealed envelopes drawn by a research associate noting either WCBT or VSAU. For cohorts randomized to WCBT, the first session immediately followed the randomization meeting. Reasons for failing to attend the randomization meeting are summarized in Fig. 1. Individuals who did not attend the randomization meeting did not significantly differ from those who did attend on any demographic or clinical characteristic. The number of individuals in each cohort who attended the randomization meeting ranged from 2 to 7 ($M = 4.14$, $SD = 2.39$) and did not differ by condition. Table 1 presents baseline characteristics of the 58 successfully randomized participants.

Treatment conditions

Seven cohorts ($n = 29$) received WCBT and seven cohorts ($n = 29$) received VSAU. WCBT cohorts received eight, two-hour sessions held twice weekly over the course of four weeks in addition to standard vocational services. VSAU participants received standard vocational services which included, but were not limited to, career assessment, résumé construction, job interviewing skills, and job placement assistance. As a result of participating in the WCBT sessions, WCBT participants received up to 16 hours of additional professional contact compared to those assigned to VSAU.

Intervention

WCBT design efforts began with Heimberg and Becker's (Heimberg & Becker, 2002) manualized group CBT for SAD. We also utilized the JOBS program manual (Vinokur et al., 2000) to inform our intervention. WCBT involves psychoeducation, cognitive restructuring, and exposure exercises. WCBT also includes limited social skills training related to the work environment.

Session 1 of WCBT involves psychoeducation related to SAD and its effect on employment. Session 2 primarily involves instruction in the identification of automatic thoughts. Session 3 involves further discussion about how SAD relates to the world of work and instructs participants in constructing rational responses to their automatic thoughts. Sessions 4 through 8 include a psychoeducational topic related to the world of work, in-session exposure as well as cognitive restructuring, and homework exercise planning (contact corresponding author for a full description of WCBT and the study protocol).

Therapists

Three vocational services employees served as WCBT group leaders. There were two leaders for each WCBT session. Two leaders completed approximately 50 hours and the third received 30 hours