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# Self-help cognitive–behavioral therapy with minimal therapist contact for social phobia: A controlled trial

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### ABSTRACT

Due to treatment accessibility and cost issues, interest in self-help programs (e.g., bibliotherapy, telehealth) for common psychological disorders is growing. Research supporting the efficacy of such a program for social anxiety, however, is limited. The present study examined the efficacy of an 8-week self-directed cognitive behavioral treatment with minimal therapist involvement for social phobia based on a widely available self-help book. Twenty-one adults with social phobia initially received either treatment (i.e. assigned readings in the workbook with limited therapist contact) or were wait-listed. Wait-listed patients eventually received the same self-directed treatment. Results revealed that the self-help/minimal therapist contact treatment was superior to wait-list on most outcome measures. Across the entire sample, reductions in social anxiety, global severity, general anxiety, and depression were observed at posttest and 3-month follow-up. These findings provide preliminary support for using this self-help workbook for individuals with mild to moderate social anxiety in conjunction with infrequent therapist visits to reinforce the treatment principles. Study limitations and future directions are discussed.

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## 1. Introduction

Social phobia (SP) is characterized by the extreme fear of embarrassment, criticism, or negative evaluation (American Psychiatric Association, 2000). Individuals with SP frequently avoid, or endure with great difficulty, social situations such as parties, interviews, speaking in groups, and dating. These symptoms are often highly distressing and typically produce functional impairment. Empirically supported psychological treatments for SP primarily incorporate 2 cognitive-behavioral therapy (CBT) techniques: cognitive restructuring (e.g., Beck, Emery, & Greenberg, 1985) and situational (in vivo) exposure. Numerous trials indicate that CBT is an effective short- and long-term intervention for SP (Heimberg & Becker, 2002).

Despite its efficacy, the widespread use of CBT for SP is impeded by accessibility and cost issues. Only a small number of therapists are well trained to use CBT (Sholomskas et al., 2005). Individuals with SP might also be fearful of pursuing treatment because it involves social contact. Finally, many patients cannot afford treatment (e.g., due to unemployment). Accordingly, interest in self-help CBT has grown and studies with panic disorder (e.g., Gould & Clum, 1995), agoraphobia (e.g., Gosh & Marks, 1987), obsessive-compulsive disorder (Fritzler, Hecker, & Losee, 1997), and depression (Jamison & Scogin, 1995) have yielded encouraging findings. To date, however, there has been little research on self-directed treatments for SP.

The *Shyness and Social Anxiety Workbook* (SSAW; Antony & Swinson, 2000) is a CBT-based self-help resource that includes instruction in how to implement cognitive restructuring and situational exposure. Although it is based on an empirically supported approach, its efficacy has not been evaluated. The aim of the present study was therefore to examine the efficacy of an 8-week self-directed treatment for SP based on the SSAW with minimal therapist involvement. We hypothesized that patients would show significant reductions in SP and related symptoms over the 8-week treatment period, and that treatment would produce superior results compared to wait-list. We also predicted patients would maintain improvement up to 6 months following treatment. Finally, on the basis of past research (e.g., Leung & Heimberg, 1996), we predicted that symptom improvement would be associated with greater self-reported adherence to the SSAW.

## 2. Method

### 2.1. Participants

Twenty-one adults (18 years or older) participated in the study, which took place in a multidisciplinary anxiety disorders clinic housed in an academic medical center. Recruitment methods included advertisements and referrals from mental health providers. Inclusion criteria were (a) DSM-IV diagnosis of SP, (b) a score of >20 on the Brief Social Phobia Scale (Davidson, Potts, Richichi, & Ford, 1991), (c) at least an 8th grade English reading level as assessed by the Wide Range Achievement Test [WRAT], 3rd ed. – Reading subscale (Wilkinson, 1993), and (d) willing and able to attend 5 treatment sessions, and willing to receive minimal therapist contact and bibliotherapy. Individuals were excluded if they reported active suicidal ideation, a history of psychosis or bipolar disorder, substance abuse/dependence in last 6 months, met criteria for borderline personality disorder, endorsed severe depression as indicated by a Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) score of >30, or had previously received an adequate trial of CBT. Individuals on psychotropic medication were instructed to remain on their current dose and were included as long as they had been at the same dosage for 3 months or more.

Twenty-eight individuals were screened for the study. Of the 21 who met entry criteria and agreed to participate, 16 (76%) were women and all were Caucasian. The mean age was 43.4 years ( $SD = 10.8$ ; range = 23–67). Twelve (57%) were married, 5 (24%) were divorced, and 3 (14%) had never been married. Twelve patients (57%) were currently taking medication for SP, and 10 (48%) met the criteria for additional psychiatric diagnoses, including generalized anxiety disorder ( $n = 2$ ), mood disorders ( $n = 4$ ), obsessive-compulsive disorder ( $n = 1$ ), panic disorder with agoraphobia ( $n = 1$ ), and eating disorders ( $n = 2$ ).

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