



DISMANTLING COGNITIVE-BEHAVIORAL GROUP THERAPY FOR SOCIAL PHOBIA

DEBRA A. HOPE,¹ RICHARD G. HEIMBERG² and
MONROE A. BRUCH²

¹Department of Psychology, University of Nebraska-Lincoln, Lincoln, NE 68588-0308, U.S.A.

²University at Albany, State University of New York,
Albany, NY 12222, U.S.A.

(Received 31 October 1994)

Summary—The efficacy of Heimberg's (1991) Cognitive-Behavioral Group Therapy (CBGT) [Unpublished manuscript] for social phobia has been demonstrated in several studies in recent years. However, little is known about the mechanisms underlying the treatment's success. In order to determine whether the cognitive restructuring component of CBGT is essential, this study compared CBGT to an exposure-based treatment without formal cognitive restructuring. A wait-list control was also included. In general, *Ss* in the active treatment conditions improved and control *Ss* did not improve on a variety of self-report, clinician, and behavioral measures. Limited evidence indicated that *Ss* in the non-cognitive treatment may have made somewhat greater gains on some measures. Although CBGT *Ss* reported more improvement than exposure-alone *Ss* in subjective anxiety during an individualized behavioral test at posttreatment, this difference disappeared at 6-month follow-up. Surprisingly, CBGT was less effective than in previous controlled trials, and possible reasons for this are discussed. Implications of the results for cognitive theory and cognitive-behavioral therapy for social phobia are addressed.

INTRODUCTION

Since social phobia was first officially acknowledged with the publication of DSM-III (American Psychiatric Association, 1980), there has been increasing recognition that social phobia represents a significant mental health problem affecting approximately 13% of the general population sometimes in their lives (Kessler, McGonagle, Zhao, Nelson, Hughes, Eshleman, Wittchen & Kendler, 1994). Social phobics' fear and avoidance inhibits the attainment of career and educational goals as well as interferes with social functioning (Turner, Beidel, Dancu & Keys, 1986). Despite a mean age in the early 30s, half of the social phobics in one clinic sample had never married (Sanderson, DiNardo, Rapee & Barlow, 1990), and nearly one-fifth used benzodiazepines on a daily basis to control their social anxiety. Significant numbers of social phobics may rely on alcohol to reduce their anxiety and eventually receive treatment for alcoholism (Chambless, Cherney, Caputo & Rheinstein, 1987; Mullaney & Trippett, 1979; Smail, Stockwell, Canter & Hodgson, 1984). Undoubtedly the chronicity of social phobia contributes to the impairment in functioning. Most social phobics date the onset of the disorder to early adolescence and many report being socially anxious as long as they can remember (Bourdon, Boyd, Rae, Burns, Thompson & Locke, 1988).

Fortunately, several effective treatments have been developed for social phobia ranging from pharmacotherapy to cognitive and behavioral interventions (see Hope, Holt & Heimberg, 1993 for a review). One treatment in particular, Heimberg's (1991) Cognitive Behavioral Group Therapy (CBGT), has been the subject of several investigations and, as will be shown below, appears to be an effective intervention for social phobia. CBGT consists of cognitive restructuring integrated around in-session roleplayed exposure to feared situations and homework for *in vivo* exposure. Studies investigating the efficacy of CBGT are reviewed briefly below.

The initial evaluation of CBGT (Heimberg, Becker, Goldfinger & Vermilyea, 1985) involved 7 social phobics who were treated in a multiple baseline design with an early version of the treatment package that included imaginal exposure in addition to the roleplayed and *in vivo* exposure. (The imaginal exposure component was later deleted due to procedural difficulties.) Subjects demon-

strated significant improvement on a broad range of self-report, behavioral, and physiological measures and treatment gains were maintained at 6-month follow-up for 6 of 7 Ss.

Next, Heimberg, Dodge, Hope, Kennedy, Zollo and Becker (1990) compared CBGT to a credible attention-control treatment consisting of education about social phobia and supportive group therapy. Although Ss in both treatments improved on most measures, Ss receiving CBGT were more improved than control Ss on clinicians' ratings and several measures derived from an individualized behavioral test. Eighty-one percent of CBGT Ss and 47% of control Ss were judged by clinicians to have made clinically significant gains and to have sub-clinical levels of social anxiety at 6-month follow-up. At a 5-yr follow-up, CBGT Ss were more likely to have maintained their gains and continued to be more improved than Ss who had received the attention-control treatment (Heimberg, Salzman, Holt & Blendell, 1993). The latter finding should be viewed with some caution, however, as substantial attrition occurred during the long follow-up period and the 5-yr follow-up sample consisted primarily of Ss who had been somewhat less impaired at the last assessment point. On the other hand, this attrition pattern was similar for both treatment conditions.

Lucas and Telch (1993) essentially replicated Heimberg, Dodge *et al.* (1990), but with the addition of an individually administered adaption of CBGT. As in the 1990 study, Ss receiving CBGT and the attention-control treatment improved on most measures with CBGT Ss demonstrating more improvement on some indices. Interestingly, the individual and original group format for CBGT procedures were equally effective although the group format was more cost-effective.

In a recently completed large-scale multi-center study CBGT was being compared to the monoamine oxidase inhibitor (MAOI) phenelzine (Nardil), pill placebo, and the attention-control psychotherapy used in Heimberg, Dodge *et al.* (1990). Preliminary data (Heimberg, Juster, Brown, Holle, Makris, Leung, Schneier, Gitow & Liebowitz, 1994) on a global improvement rating made by independent assessors who were blind to treatment condition indicated CBGT and phenelzine are equally effective and both active treatments are more effective than pill placebo or the attention-control treatment.

Gelernter, Uhde, Cimbalic, Arnkoff, Vittone, Tancer & Bartko (1991) compared CBGT to phenelzine, alprazolam (Xanax), and pill placebo. All Ss also received encouragement to expose themselves to feared situations. In general, all Ss improved with very few differences among the treatment conditions. CBGT appeared to be somewhat less effective than phenelzine initially but there was some evidence that CBGT Ss continued to improve over a 2-month untreated follow-up period. The poorer than expected showing for CBGT may be partially attributable to the fact that Ss received less individual attention than in previous studies because the treatment groups were significantly larger (10 vs 6-7 per group). The authors hypothesized that the unexpected improvement among placebo Ss might be due to their self-paced exposure efforts.

Finally, in two studies examining treatment outcome for various nosological dimensions of social phobia, Hope, Herbert and White (1995) and Brown, Heimberg and Juster (in press) reported that social phobics receiving CBGT improved on a wide variety of measures relative to baseline. In the Hope *et al.* study, 85% of Ss made clinically significant gains as judged by an independent clinician. Limited measures available at 1-yr follow-up indicated most Ss continued to be improved relative to their pretreatment status. Using a different clinician's rating, Brown *et al.* reported that 56% of their Ss were judged to be positive treatment responders.

These studies offer convincing evidence that CBGT is an effective treatment for many social phobics. However, little is known about the mechanism by which CBGT promotes change. It seems likely that the roleplayed and *in vivo* exposures in CBGT are important to the change process because exposure to feared stimuli has become a generally accepted treatment for a broad range of anxiety disorders (Barlow, 1988). In fact, in their recent review of the treatment outcome literature for social phobia, Heimberg and Juster (in press) noted that "[e]very study of exposure treatment reported significant reductions in social phobia and related impairments, in comparison to baseline levels or the response of various control groups".

Despite the strong evidence for the efficacy of exposure, the cognitive theory on which CBGT is based (e.g. Beck & Emery, 1985) hypothesizes that cognitive change, defined as remediation of dysfunctional self-statements and biased information processing, is essential to reduction of the fear and avoidance that characterizes social phobia. According to the theory, cognitive change is

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات