TREATMENT OF GENERALIZED SOCIAL PHOBIA:
RESULTS AT LONG-TERM FOLLOW-UP*

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Summary—This study investigated the long-term follow-up effectiveness of (cognitive-)behavioural group and individual treatments for generalized social phobia. Patients were reassessed 18 months after they had finished one of the following treatment packages: (1) exposure \textit{in vivo}; (2) cognitive therapy followed by exposure \textit{in vivo}; or (3) a cognitive–behavioural treatment in which both strategies were integrated from the start. Half of the patients were individually treated, the other half in a group. Self-report assessments were held before and after treatment and at 3-month and 18-month follow-ups. Repeated measures MANOVAs on the patients who completed the long-term follow-up (n = 50) demonstrated significant time effects, indicating lasting improvement compared with the pretest. Between the posttest and the 18-month follow-up no significant changes were observed. ANCOVAs either with the pretest or the posttest as covariate showed a significant interaction at 18-month follow-up between treatment package and treatment modality on three of the four compound outcome variables. The group treatment with exposure \textit{in vivo} alone had been the most effective in the longer term, the integrated group treatment the least effective, while the individual treatments had given improvements in-between. Results are qualified in view of numbers of dropouts, additional treatments in the respective treatment conditions, and clinical relevance. Copyright © 1996 Elsevier Science Ltd.

INTRODUCTION

The short-term effectiveness of cognitive and behavioural treatments for social phobia has been demonstrated in several studies (for a review see Feske & Chambless, 1995). Less information is available about results in the longer term. Reviews of follow-up studies (e.g. Mersch, 1994) showed that most of them contained follow-ups of 6 months or less. The 3 controlled studies that reported follow-ups longer than 12 months (Wlazlo, Schroeder-Hartwig, Hand, Kaiser & Munchau, 1990; Mersch, Emmelkamp & Lips, 1991; Heimberg, Salzman, Holt & Blendell, 1993) correspond in showing that the effects of treatment are generally maintained at the long-term follow-up, with marginal (nonsignificant) changes between the end of the treatment and the follow-up. The studies differ in the treatments they compared and their attempts to establish the generalizability, validity, and clinical relevance of their findings, for example, in view of a possible selection bias at follow-up or additional treatment following the protocol treatment. Up till now, no long-term follow-up comparison has been made between exposure \textit{in vivo} and cognitive behaviour therapy. The present study aimed to evaluate the long-term effectiveness (including the need for additional treatment and the clinical relevance of the results) of the following treatment conditions: (1) exposure \textit{in vivo} alone; (2) cognitive therapy followed by exposure \textit{in vivo}; and (3) an integrated cognitive–exposure treatment, and of two treatment modalities, i.e. group vs individual treatment. It was decided to determine the so-called CS-index (third criterion) according to Jacobson and Truax (1991), and a more traditional measure (percentages of improvement) instead of their RC-index. The short term results of the treatments were described in Scholing and Emmelkamp (1993), where detailed information about other aspects of the study were given.

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Subjects
Fifty-nine patients (81% of the 73 who started), all fulfilling DSM-III-R criteria for generalized social phobia, completed the treatment. Fifty patients (further referred to as ‘participants’) participated in the long-term follow-up, 1.5 yr later (further indicated with ‘LT FU’); 3 of them could not come to our department because of time constraints, but agreed to fill in the questionnaires at home. From the remaining 9 patients (further referred to as ‘nonparticipants’), 3 did not respond to our invitation, 2 refused any cooperation, 1 had died in a car accident, and 3 could not be traced after they had moved.

Measures
In line with the previous assessments the following measures were used: Fear Questionnaire (FQ: Marks & Mathews, 1979)—Social Phobia subscale; Social Cognition Inventory (SCI: Van Kamp & Klip, 1981); Lehrer–Woolfolk Anxiety Symptom Questionnaire (LWASQ: Scholing & Emmelkamp, 1992)—Somatic and Behavioural subscales; Symptom Checklist (SCL90: Arrindell & Ettema, 1986)—total score and subscales Depression and Somatic Complaints; Social Anxiety Self-Statements Inventory (SASSI: Mersch, Bögels, Hofman, Van Hout, Scholing & Arntz, 1996)—negative subscale (SASSI-neg); 5 idiosyncratic target situations, the content of which was established in the first treatment session.

RESULTS

Statistical analyses
Four compound variables were used for testing the hypotheses: (1) avoidance of target situations; (2) avoidance of social situations (mean of standardized scores on FQ–Social Phobia and LWASQ–Behaviour); (3) social phobic cognitions (mean of standardized scores on SCI and SASSI-neg); and (4) somatic complaints (mean of standardized scores on SCL90– and LWASQ–Somatic Complaints). Other variables (e.g. depression and SCL90 total) will be presented for descriptive purposes. Repeated measures MANOVAs (on the 4 variables) were conducted for testing within-group effects between pretest–posttest, pretest–LT FU, and posttest–LT FU. Between-groups effects for the same intervals were tested with univariate ANCOVAs, each time with the first assessment of the interval as covariate.

Participants vs non-participants
Multivariate analyses on the 4 compound variables showed that participants and non-participants did not significantly differ on severity of complaints at the pretest \([F(4,54) = 1.0, \text{NS}]\), nor at the posttest \([F(4,54) = 1.8, \text{NS}]\). In contrast, at ST FU the non-participants reported significantly more severe complaints than the participants \([F(4,53) = 2.8, P < 0.03]\), although none of the univariate comparisons reached significance. In addition, they were significantly more depressed than the non-participants \((t = 2.13, P < 0.04)\). Compared with the pretest, only the non-participants had hardly improved on depression.

Overall effect of treatment
The MANOVAs showed highly significant overall improvements from pretest to posttest \([F(4,46) = 24.9, P < 0.001]\) and from pretest to LT FU \([F(4,45) = 21.2, P < 0.001]\), that were also reflected on univariate comparisons. Between posttest and LT FU no significant changes were found \([F(4,45) = 1.6, \text{NS*}]\).

Differential treatment effects
At LT FU, either with the pretest or with the posttest as covariate, a significant interaction between treatment package and treatment modality was found on all compound variables except

*Because the target situations of one patient were not assessed at LT FU, all df with respect to this assessment deviate.
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