



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

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(Received 11 September 1995; in revised form 9 January 1996)

**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 *in vivo*; (2) cognitive therapy followed by exposure *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 *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 *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 *in vivo* alone; (2) cognitive therapy followed by exposure *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.

\*Parts of this study were presented at the *World Congress of Behaviour and Cognitive Therapies*, Copenhagen, Denmark, 10-16 July 1995.

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## METHOD

### *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 [ $F(4,54) = 1.0$ , NS], nor at the posttest [ $F(4,54) = 1.8$ , 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 [ $F(4,45) = 1.6$ , 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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