

Computer-Assisted Cognitive Behavioral Group Therapy for Social Phobia

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We investigated the usefulness of a hand-held computer as a therapeutic adjunct to cognitive-behavioral group treatment (CBGT) for social phobia. Social phobics ($n = 54$) were randomly assigned to a 12-session CBGT, 8-session CBGT utilizing a hand-held computer (CaCBGT) to facilitate homework assignments, or to a wait-list control group (WL). At posttreatment, CBGT was significantly better than WL on all self-report measures and most measures of a behavioral assessment test. CaCBGT was significantly better than WL on most measures of the behavioral assessment test, but there were no significant differences on self-report measures. At posttreatment and at follow-up there were no significant differences between CBGT and CaCBGT except that participants in the CaCBGT had significantly more positive thoughts than did participants in the CBGT at posttreatment (but not follow-up). CBGT initially appeared to have stronger effects than CaCBGT on reducing social phobia symptoms. However, by follow-up, CBGT and CaCBGT appeared to be

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equally effective in reducing symptoms and improving behaviors associated with social phobia.

As health care management organizations have limited the expenditure for treatment of psychological disorders, the need for designing cost-effective treatment plans has become increasingly apparent. One promising approach to increase treatment efficiency and decrease cost may be through the use of electronic devices, such as computers, as an adjunct to treatment.

Because cognitive-behavioral treatment procedures are systematic in their approach and well delineated, they can be readily translated into computer programs (Newman, Consoli, & Taylor, 1997). Used between treatment sessions, computers can reiterate and reinforce specific cognitive-behavioral techniques and skills taught in sessions, and help transfer these skills into participants' real-life situations (see Newman et al.). As a consequence, overall treatment efficiency can be enhanced, allowing for a reduction in the number of face-to-face treatment sessions while maintaining overall treatment efficacy.

Numerous studies have demonstrated that an exposure-based treatment version or a combination of behavioral and cognitive techniques appear to be highly effective treatment modalities for reducing the symptoms of social phobia (Heimberg, Salzman, Holt, & Blendell, 1993; Newman, Hofmann, Trabert, Roth, & Taylor, 1994; Turner, Beidel, & Jacob, 1994; Feske & Chambless, 1995). Based on these encouraging results, a computer program implementing cognitive-behavioral techniques was designed to give systematic guidance on coping with social phobia. We hypothesized that computer-assisted cognitive-behavioral therapy would be as effective as traditional cognitive-behavioral therapy, both at posttreatment and follow-up, on self-report measures of social phobia and directly measured behavioral interactions, and both would be more effective than no treatment.

Method

Participants

Participants were initially recruited by newspaper advertisement offering free treatment for social phobia. After informed consent was obtained, the Anxiety Disorders Interview Schedule (ADIS-R; Di Nardo & Barlow, 1988) was administered to establish *DSM-III-R* criteria (American Psychiatric Association, 1987). All participants needed to have a primary diagnosis of social phobia. Individuals were excluded for having concurrent anxiety disorder judged to be more severe than the social phobia, a history of psychosis, major depression that involved suicidality, or active drug or alcohol abuse. Participants taking psychotropic medication needed to be willing to remain on a stable medication plan during the study.

Fifty-four individuals, 26 men and 28 women, signed consent forms for this treatment study. Their ages ranged from 25 to 60 years ($M = 41.7$, $SD =$

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