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Cognitive therapy for social phobia: individual versus group treatment

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Abstract

Cognitive-behavioural group treatment is the treatment of choice for social phobia. However, as not all patients benefit, an additional empirically validated psychological treatment would be of value. In addition, few studies have examined whether a group treatment format is more effective than an individual treatment format. A randomized controlled trial addressed these issues by comparing individual cognitive therapy, along the lines advocated by Clark and Wells (Clark, D.M. and Wells, A., 1995. A cognitive model of social phobia. In: R. G. Heimberg, M. Liebowitz, D. Hope and F. Schneier (Eds.), *Social Phobia: Diagnosis, assessment, and treatment* (pp. 69–93). New York: Guilford.), with a group version of the treatment and a wait-list control condition. 71 patients meeting DSM-IV criteria for social phobia participated in the trial, 65 completed the posttreatment assessment and 59 completed a six-month follow-up. Social phobia measures indicated significant pretreatment to posttreatment improvement in both individual and group cognitive therapy. Individual cognitive therapy was superior to group cognitive therapy on several measures at both posttreatment and follow-up. The effects of treatment on general measures of mood and psychopathology were less substantial than the effects on social phobia. The results suggest that individual cognitive therapy is a specific treatment for social phobia and that its effectiveness may be diminished by delivery in a group format.

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1. Introduction

Cognitive-behavioural group-treatment (CBGT) is considered to be the psychological treatment of choice for social phobia (DeRubeis & Crits-Christoph, 1998; Heimberg, 2001). Controlled trials have repeatedly demonstrated the effectiveness of CBGT. Favourable comparisons between CBGT and attention placebo (education-support) and pill placebo conditions have shown that CBGT is a specific treatment in the sense that its effectiveness exceeds that attributable to non-specific therapy factors such as therapist attention, a plausible rationale, goal setting and symptom monitoring. Meta-analytic studies (Fedoroff & Taylor, 2001; Feske & Chambless, 1995; Gould, Buckminster, Pollack, Otto, & Yap, 1997; Taylor, 1996) that have compared CBGT with other active psychological treatments have failed to show significantly greater efficacy for CBGT than exposure alone or social skills training. However, only cognitive-behavioural treatments (including CBGT) have achieved effect sizes which are significantly greater than placebo control conditions (Taylor, 1996). In addition, the improvements observed with CBGT are well maintained after the end of treatment. For example, Heimberg, Salzman, Holt, and Blendell (1993) found that patients who received CBGT retained their gains at 5 year follow-up and remained significantly less symptomatic than patients who had received an education-support treatment.

Despite the positive findings reported for CBGT, it is generally agreed that there is scope for further development of psychological treatments for social phobia. Two particular issues stand out. First, some patients fail to achieve optimal benefit from well-conducted CBGT. For example, in an intention-to-treat analysis Heimberg et al. (1998) reported that less than 60% of patients who received CBGT were classified as treatment responders. Using a stricter criterion of improvement, Mattick and Peters (1988) reported that only 38% of patients who completed their CBGT programme were considered optimally improved (achieved high-end state functioning). Second, the logistics of CBGT can be difficult. Patients may have to wait longer for treatment to start than in individual treatment because it takes time to assemble a group. Also there is less flexibility about when sessions can be scheduled, which may lead to less complete attendance than in individual treatment. The present study addresses both these issues by: (i) providing an evaluation of a relatively new psychological treatment for social phobia and (ii) comparing the effectiveness of the treatment when delivered in individual and group formats.

The new psychological treatment is the cognitive therapy programme developed by Clark, Wells, and colleagues on the basis of their cognitive model of social phobia. The cognitive model (Clark & Wells, 1995) largely focuses on the maintenance of social phobia and attempts to explain why patients with social phobia fail to benefit from the naturalistic exposure that is provided by their everyday interactions with other people. Four maintenance processes are particularly highlighted. First, an increase in self-focused attention and monitoring with a linked reduction in observation of other people. Second, the use of misleading internal information (particularly anxious feelings and spontaneously occurring, observer perspective and distorted images of themselves) to make excessively negative inferences about how one appears to others. Third, extensive use of safety behaviours which are intended to prevent feared catastrophes but have the consequence of maintaining negative beliefs, increasing feared symptoms, and making patients come across to others in ways that are likely to elicit less friendly responses. (Although termed 'behaviours', a substantial proportion of the safety behaviours are cognitive strategies). Fourth, negatively biased anticipatory and post-event processing. The cognitive therapy programme

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