



Cognitive behavioural group treatment for social anxiety in schizophrenia

Patrick Kingsep^{a,*}, Paula Nathan^a, David Castle^b

^aWA Institute for Psychotherapy Research, 223 James Street, Northbridge, Western Australia 6003, Australia

^bMental Health Research Institute, 155 Oak Street, Parkville, Victoria 3052, Australia

Received 4 February 2002; accepted 24 July 2002

Abstract

Anxiety symptoms reported by individuals with schizophrenia have been traditionally seen as symptoms associated with the principal disorder and therefore not requiring special attention. The primary aim of this paper is to therapeutically target social anxiety symptoms in individuals with schizophrenia in order to determine the effectiveness of the cognitive behavioural group treatment model as an intervention for social anxiety in this participant group. Thirty-three individuals with schizophrenia and co-morbid social anxiety were allocated to a group-based cognitive behaviour (CBGT) intervention or waitlist control (WLC). Baseline, completion and follow-up ratings consist of measures of social anxiety: the Brief Social Phobia Scale (BSPS), Brief Fear of Negative Evaluation scale (BFNE) and the Social Interaction Anxiety Scale (SIAS); measures of general psychopathology: the Calgary Depression Scale for Schizophrenia (CDSS) and Global Severity Index (GSI) from the Brief Symptom Inventory (BSI); and the Quality of Life, Enjoyment and Satisfaction Questionnaire (QLESQ). Pre- and post-treatment measures were subjected to statistical evaluation. All outcome measures displayed statistical improvement in the intervention group compared with no change in the control group. These treatment gains were maintained at follow-up. CBGT for social anxiety in schizophrenia was demonstrated to be effective as an adjunctive treatment for this population.

© 2002 Elsevier Science B.V. All rights reserved.

Keywords: Schizophrenia; Social anxiety; Cognitive behavioural group

1. Introduction

Schizophrenia is a multi-dimensional disorder (Andreasen, 1995). Aspects of this disorder go further than the traditional group of positive and negative

symptoms established in diagnosis (Tollefson and Sanger, 1999). Symptoms such as anxiety and depression are frequently described by patients. Despite this, co-morbid social anxiety has received minimal attention in patient management. This is in sharp contrast with studies on depression in schizophrenia (Siris, 2000).

The clinical course of individuals with schizophrenia is characterised by higher rates of relapse, disability and suicide when sufferers concurrently experience anxiety symptoms (Roy, 1989; Hirsch and

* Corresponding author. Tel.: +61-8-92274399; fax: +61-8-93285911.

E-mail address: patrick.kingsep@health.wa.gov.au (P. Kingsep).

Jolley, 1989). Cossoff and Hafner (1998) examined the prevalence of social anxiety in individuals with schizophrenia ($n=60$), and reported a 17% prevalence. Cassano et al. (1998) reported a similar rate (16.1%). This, together with the added disability and higher rates of relapse present in people experiencing schizophrenia and social anxiety, reinforces the need to include treatment for anxiety as part of total patient management. Effective psychological treatment studies for social anxiety have been developed and evaluated (see meta-analysis by Gould et al., 1997; Taylor, 1996; and review by van Dyck, 1996). Specifically, a combined programme including exposure treatment together with cognitive therapy delivered in a group format has evidenced significant outcome when compared to a control group (e.g. Butler et al., 1984; Heimberg et al., 1990, 1995; Hope et al., 1995; Mattick et al., 1989; Turner et al., 1994). Thus, evidence-based treatment strategies are available to clinicians for the treatment of social anxiety.

These available treatments have received negligible application to the treatment of social anxiety in persons with schizophrenia, likely due to social anxiety being discounted as secondary to the central schizophrenia pathology. A recent exception to this was a study examining the efficacy of cognitive behavioural group treatment (CBGT) for social anxiety in schizophrenia (Halperin et al., 2000). This controlled pilot study demonstrated statistical and clinically significant benefits to group participants on a range of clinical outcome measurements.

The present study investigates whether CBT administered within a group format is effective in treating co-morbid social anxiety in individuals with schizophrenia. The aims of this study were to develop a clinical protocol with accompanying training manual, and to evaluate this psychological intervention to determine the statistical and magnitude of treatment effects.

2. Method

2.1. Subjects

Subjects were 33 schizophrenia patients consisting of 16 people in the treatment group (12 males and 4 females) and 17 in the waitlist control (WLC) group

(11 males and 6 females). The subjects attended a community-based living skill rehabilitation programme delivered at the Inner City Mental Health Service of Royal Perth Hospital and at Fremantle Hospital. The study was carried out by the West Australian Institute for Psychotherapy Research (WAIPR), a comprehensive clinical/research unit, with a grant received from the Mental Health Division of the Health Department of Western Australia. Eligibility criteria included a diagnosis of schizophrenia by the patient's psychiatrist, fluency in English, a co-morbid diagnosis of social anxiety on the Mini International Neuropsychiatric Interview-Plus (Sheehan et al., 1997) and a score >20 on the Brief Social Phobia Scale (Davidson et al., 1997). The exclusion criteria included organic psychosis, substance dependence (not misuse) and an IQ <70 .

2.2. Design

A between subjects, repeated measure two-factor design was used, the independent factors being treatment (CBGT vs. waitlist control (WLC)) and time (pre-treatment, post-treatment and follow-up). The dependent measures are described below.

2.3. Diagnostic measures

The diagnosis of schizophrenia had been assigned by the study participant's consultant psychiatrist. Cases of social anxiety were ascertained by the use of a structured assessment tool (Mini International Neuropsychiatric Interview-Plus MINI-Plus; Sheehan et al., 1997). The MINI-Plus is both a reliable and valid short diagnostic structured interview for axis I psychiatric disorders.

2.4. Treatment outcome measures

The six measures utilised in this study were divided into three categories.

2.4.1. Measures of social anxiety

(1) Brief Social Phobia Scale (BSPS) developed by Davidson et al. (1991). The BSPS is an 11-item observer rated assessment scale, which measures fear, avoidance and physiological symptoms associated with common social situations.

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