

Usability and Utility of a Computerized Cognitive-Behavioral Self-Help Program for Public Speaking Anxiety

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This study describes the use of a cognitive-behavioral computer-administered self-help program with minimal therapist contact for public speaking anxiety. Participants (N = 10) with social phobia, as measured by a structured clinical interview, completed the self-help program in an open clinical trial. The program was delivered via a CD-ROM during individual sessions at an outpatient clinic, including 4 sessions of psychoeducation/cognitive therapy and 4 sessions of exposure therapy using a virtual audience presented on a computer screen. A therapist was available in another room to answer questions and to debrief for up to 10 minutes after each session. Participants completed standardized self-report questionnaires assessing social anxiety at pretreatment, posttreatment, and 3-month follow-up. Participants also completed measures of computer usability. Results showed decreases on all self-report measures of social anxiety from pre- to posttreatment, which were maintained at follow-up (n = 8). Participants also reported that they were satisfied with treatment, that they felt improved after treatment, and that the computer program was user-friendly. This study provides preliminary evidence that a computer-administered cognitive-behavioral-based program that includes minimal therapist contact may reduce public speaking anxiety and suggests that further research with a controlled design is needed.

COMPUTERIZED self-help programs are a popular alternative and supplement to psychotherapy and offer several advantages for consumers, including increased availability, convenience, and cost-effectiveness (Mains & Scogin, 2003; Tate & Zabinski, 2004). A recent poll of psychologists predicted that computerized therapies and self-help techniques will substantially increase in the next 10 years (Norcross, Hedges, & Prochaska, 2002). However, the commercialization and dissemination of unproven self-help materials has prompted concerns by many (Finch, Lambert, & Brown, 2000; Marrs, 1995; McKendree-Smith, Floyd, & Scogin, 2003; Rosen, 1987; Scogin, 2003). The empirical literature examining the effectiveness of computer-assisted self-help programs is limited, though findings to date are encouraging. Studies have demonstrated good compliance with treatment and have found no differences in dropout rates and equal levels of satisfaction between traditional and technology-administered approaches (Ghosh & Marks, 1987; Ghosh, Marks, & Carr, 1988; Newman, Consoli, & Taylor, 1997; Newman, Kenardy, Herman, & Taylor, 1997).

Self-help programs vary widely with regard to concomitant contact with a therapist. Glasgow and Rosen (1978) characterized self-help programs as either self-administered (therapist contact for assessment at most), predominantly self-help (therapist contact for check-ins, teaching clients how to use self-help program), minimal contact (active involvement of therapist, though less than in traditional therapy), and predominantly therapist-administered (self-help is used to augment regular therapy sessions) and concluded that minimal-contact therapies have been most successful for the greatest variety of anxiety disorders. The current study examined a “predominantly self-help” program. Next, we present a rationale for the potential benefit of computerized self-help programs that target social anxiety, review the data on computerized self-help programs for anxiety disorders, particularly social anxiety, and present data from an open clinical trial testing the usability and utility of a self-help program for public speaking anxiety.

The development of effective self-help programs for social anxiety is important because social anxiety (especially public speaking anxiety) is quite common and the vast majority of people do not receive treatment. Data from a community sample suggest that 34% of individuals have substantial public speaking fears and that these fears are associated with lower income, decreased likelihood of

achieving post-secondary education, and increased likelihood of unemployment (Stein, Walker, & Forde, 1994). Social phobia has the third lowest rate of treatment among the major mental disorders, following drug and alcohol use disorders, and between 72% and 95% of individuals with social phobia report that they have never received mental health treatment (Robins & Reiger, 1991; Schneier, Johnson, Hornig, Liebowitz, & Weissman, 1992). Socially phobic individuals participating in National Anxiety Disorders Screening Day indicated that the most common barriers to treatment were uncertainty over where to go for treatment, financial barriers, and fear of what others might think (Olfson et al., 2000). Usable and effective self-help programs for social anxiety have the potential to address some of these barriers. For example, self-administered, predominantly self-help, or minimal contact programs may represent a treatment option that minimizes embarrassment and that is less costly.

A handful of studies have examined computerized self-help programs as applied to anxiety disorders. One group of researchers tested the use of computer-aided self-help programs—viewed as “clinician extenders,” not “clinician replacers”—for both depression and anxiety within the framework of a primary care clinic (Gega, Marks, & Mataix-Cols, 2004; Marks et al., 2003). Results showed that program completers reported clinical improvement and feeling “fairly satisfied” with treatment. Two studies have examined the use of Internet-delivered self-help programs for panic disorder and found that the self-help program was as effective as therapist-administered treatment for many patients (Carlbring, Ekselius & Andersson, 2003; Carlbring, Westling, Ljungstrand, Ekselius, & Andersson, 2001). However, results from another study suggested that self-help treatments for panic disorder are no more effective than a wait-list control condition when they are used without therapist contact to monitor progress and treatment compliance (Febbraro, Clum, Roodman, & Wright, 1999).

There are very few published studies describing the use of computerized self-help programs for social anxiety. One study compared CBT group therapy led by a therapist supplemented with or without palmtop computer-assisted therapy. The palmtop computer was used to facilitate effective between-session exposure homework. Gruber, Moran, Roth, and Taylor (2001) found that the addition of the palmtop computer to 8 sessions of group therapy was comparable to 12 sessions of group therapy without computer assistance at follow-up. Another study adapted a computer program developed to treat generalized anxiety disorder (GAD) for use among individuals with social anxiety (Przewski & Newman, 2004). The role of the computer during treatment included relaxation training, imagery retraining, cognitive restructuring, and imaginal desensitization, in which the client imagined coping with an anxiety-provoking situation in an adaptive way. In a case

study of a socially phobic college student, the researchers reported success with this program as measured by compliance with homework, enthusiasm about the incorporation of a computer into treatment, and no longer meeting criteria for social anxiety.

While the previous studies have examined computerized self-help in conjunction with some therapist contact, one group of researchers designed a program for public speaking anxiety that is completely self-administered and delivered over the Internet (Botella et al., 2000). The “Talk to Me” treatment protocol includes structured modules for psychoeducation, cognitive restructuring, exposure, and homework assignments. The exposure sessions include recordings of various social situations that are presented on the computer. A case report described the successful six-session treatment of an individual with generalized social phobia as indicated by the client’s rating of satisfaction with treatment, utility of treatment, as well as decreased ratings of fear and avoidance of the exposure scenarios at posttreatment and follow-up (Botella, Hofmann, & Moscovitch, 2004).

In summary, although several computer-assisted self-help programs have been developed using cognitive-behavioral techniques, few programs have directly targeted social phobia and been evaluated. Given the prevalence of social phobia and public speaking anxiety, its impact on quality of life, and the low rates of treatment among those who suffer, further research of such programs seems warranted. The current study describes the use and utility of a self-help program to address public speaking anxiety. As detailed below, the program includes many of the traditional cognitive-behavioral approaches to anxiety, such as providing a treatment rationale, psychoeducation, and cognitive restructuring. In this way it is very similar to the Botella program, although this program currently cannot be delivered over the Internet. A relatively unique aspect of the program includes the use of a Webcam with playback to challenge cognitions. This self-help program also differs from other programs that use a virtual audience for exposure (Anderson, Zimand, Hodges, & Rothbaum, 2005) in that the exposure is not conducted by a therapist and a head-mounted display is not used. Instead, the participant guides herself through exposure by viewing an audience on a computer monitor. This paper presents preliminary data regarding the program’s usability (as measured by the user-friendliness of the software, primarily) and utility (as measured by changes in measures of public speaking anxiety) among a clinical sample within an open clinical trial at posttreatment and 3-month follow-up.

Method

This study was monitored by the Emory University Human Assurance Committee.

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