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Evaluation of a DVD-Based Self-Help Program in Highly Socially Anxious Individuals—Pilot Study

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High social anxiety is a risk factor for the incidence of social anxiety disorder (SAD). Early diagnosis and intervention may prevent more severe psychiatric courses. Self-help programs may be a convenient, accessible, and effective intervention. This study examined the efficacy of a newly developed self-help program for SAD in individuals with subthreshold social anxiety. A total of 24 highly socially anxious individuals were randomly assigned to a DVD-based self-help program or to a wait-list control group. The self-help program is based on the cognitive model according to Clark and Wells (1995; adapted to German by Stangier, Clark, & Ehlers, 2006) and comprises eight sessions. ANOVAs based on an intention-to-treat model were used for data analyses. The self-help program was well accepted; just one person withdrew during the intervention. There were significant Time × Group interactions on all primary outcome measures. For the intervention group moderate to high within-groups effect sizes up to Cohen's $d = 1.05$ were obtained. Between-groups effect sizes ranged from 0.24 to 0.65 in favor of the active intervention. The newly developed DVD-based self-help program seems to be a promising intervention for highly socially anxious individuals as it reduces social anxiety symptoms.

Social anxiety disorder (SAD) has a lifetime prevalence ranging from 7% to 13% of the population in Western countries (Furmark, 2002). It is one of the most frequent psychiatric disorders (Kessler, Berglund, Demler, Jin, & Merikangas, 2005; Murphy, Hirsch, Mathews, Smith, & Clark, 2007; Schneier, 2006; Stein, 2006). SAD is characterized by a marked and persistent fear of at least one social or performance situation and by the fear to act in an embarrassing or humiliating way (American Psychiatric Association, 1994).

Subthreshold anxiety is also associated with significant impairment that might warrant treatment. Affected individuals are comparable to those who meet DSM-IV threshold SAD regarding disability (Davidson, Hughes, George, & Blazer, 1994; Fehm, Beesdo, Jacobi, & Fiedler, 2008; Stein, Torgrud, & Walker, 2000) and development of co-occurring or subsequent anxiety disorders, depression, and substance use disorders (Crum & Pratt, 2001; Merikangas, Avenevoli, Acharyya, Zhang, & Angst, 2002; Zhang, Ross, & Davidson, 2004). Furthermore, subthreshold social anxiety is associated with an increased risk for a progression into DSM-IV-diagnosed SAD (Acaturk et al., 2009; Costello, Angold, & Keeler, 1999; Ialongo, Edelsohn, Werthamer-Larsson, Crockett, & Kellam, 1995). Prevalence rates of subthreshold social anxiety vary up to 25% in general population samples (e. g. Fehm et al., 2008; Ruscio et al., 2008).

Early awareness of risk indicators and early intervention may prevent more severe psychiatric prognosis, which has been shown for several psychiatric disorders like psychosis (overview by Salokangas & McGlashan, 2008), depression (overview by Horowitz & Garber, 2006), and anxiety disorders in general (Dadds, Spence, Holland, Barrett, & Laurens, 1997; Gardenswartz & Craske, 2001; Schmidt et al., 2007; Seligman, Schulman, DeRubeis, & Hollon, 1999; Swinson, Soulios, Cox, & Kuch, 1992). Due to the imminent impairments and disabilities it seems to be reasonable to make convenient, accessible, and effective interventions available for individuals who are at risk of developing SAD. This could be materialized by the use of self-help programs, which are standardized psychological treatments the patient can operate him- or herself.

There has been little research on SAD regarding nontechnological self-help programs such as bibliotherapy (Abramowitz, Moore, Braddock, & Harrington, 2009). But to our knowledge there are three research groups that independently evaluated Internet-based self-help treatments for SAD: a Swedish, an Australian, and a Swiss group (Andersson et al., 2006; Berger, Hohl, & Caspar, 2009; Carlbring, Furmark, Steczko, Ekselius, & Andersson, 2006; Carlbring, Gunnarsdóttir, Hedensjö, Ekselius, & Furmark, 2007; Tillfors et al., 2008; Titov, Andrews, Choi, Schwencke, & Mahoney, 2008; Titov, Andrews, & Schwencke, 2008; Titov, Andrews, Schwencke, Drobny, & Einstein, 2008). All programs were based on cognitive–behavioral therapy (CBT) or cognitive therapy (CT). Overall, all three groups found significant improvements for treated SAD patients in contrast to untreated controls on social anxiety measures with medium to large within-groups effect-sizes (Cohen's $d > 0.76$) and medium to large between-groups effect sizes (Cohen's $d > 0.5$). All of these studies provided additional therapist contact via e-mail, telephone, and/or in-person meetings in at least one treatment group. The results concerning the role of therapist contact while using self-help programs are heterogeneous. There is some evidence that Internet-based self-help programs are more effective when combined with some additional therapist assistance than when applied as pure self-help (Rapee, Abbott, Baillie, & Gaston, 2007; Titov, Andrews, Choi et al., 2008). On the other hand, one study showed similar effects for therapist-augmented versus pure self-help (Furmark et al., 2009) and another study (Tillfors