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Efficacy of a Manualized and Workbook-Driven Individual Treatment for Social Anxiety Disorder

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Social anxiety disorder is a prevalent and impairing disorder for which viable cognitive-behavioral therapies exist. However, these treatments have not been easily packaged for dissemination and may be underutilized as a result. The current study reports on the findings of a randomized controlled trial of a manualized and workbook-driven individual cognitive-behavioral treatment for social anxiety disorder (Hope, Heimberg, Juster, & Turk, 2000; Hope, Heimberg, & Turk, 2006). This treatment package was derived from an empirically supported group treatment for social anxiety disorder and intended for broad dissemination, but it has not previously been subjected to empirical examination on its own. As a first step in that examination, 38 clients seeking treatment for social anxiety disorder at either the Adult Anxiety Clinic of Temple University or the Anxiety Disorders Clinic of the University of Nebraska-Lincoln were randomly assigned to receive either immediate treatment with this cognitive-behavioral treatment package or treatment delayed for 20 weeks. Evaluation at the posttreatment/postdelay period revealed substantially

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greater improvements among immediate treatment clients on interviewer-rated and self-report measures of social anxiety and impairment. Three-month follow-up assessment revealed maintenance of gains. Clinical implications and directions for future research are discussed.

SOCIAL ANXIETY DISORDER IS a highly prevalent and impairing disorder. In the recently completed National Comorbidity Survey Replication, a lifetime prevalence rate of 12.1% was reported (Kessler et al., 2005). In the original National Comorbidity Survey, diagnosis of social anxiety disorder was negatively related to educational attainment and income, and rates of social anxiety disorder were significantly higher in people who, at the time of the study, were not working or in school (Magee, Eaton, Wittchen, McGonagle, & Kessler, 1996). Social anxiety disorder has also been repeatedly associated with impairment in both romantic relationships and friendships (e.g., Antony, Roth, Swinson, Huta, & Devins, 1998; Schneier et al., 1994; Whisman, Sheldon, & Goering, 2000).

Despite the prevalence and impairment associated with social anxiety disorder, most people with the disorder do not seek treatment (Erwin, Turk, Heimberg, Fresco, & Hantula, 2004; Kessler, Stein, & Berglund, 1998; Olfson et al., 2000). Importantly, when they do seek treatment, individuals with social anxiety disorder are unlikely to receive empirically supported cognitive-behavioral therapies (Goisman, Warshaw, & Keller, 1999; Rowa, Antony, Brar, Summerfeldt, & Swinson, 2000). This is unfortunate since the efficacy of cognitive behavioral treatment for social anxiety disorder is well established. Most notably, cognitive-behavioral group therapy (CBGT; Heimberg & Becker, 2002) has been thoroughly studied. CBGT has been shown to be more efficacious than a control psychotherapy (Heimberg et al., 1990; Heimberg et al., 1998) and as efficacious as the monoamine oxidase inhibitor, phenelzine (Heimberg et al., 1998). Furthermore, CBGT is associated with lower rates of relapse upon treatment discontinuation than phenelzine (Liebowitz et al., 1999). Other studies that have employed CBGT, or group treatments similar to it, provide added support for the efficacy of this treatment approach (e.g., Davidson et al., 2004) and its effectiveness in community and clinical settings as well (Gaston, Abbott, Rapee, & Neary, 2006; McEvoy, 2007).

There has been much discussion about the relative advantages and disadvantages of group versus individual treatment for social anxiety disorder (e.g., Huppert, Roth, & Foa, 2003). Group treatment for social anxiety disorder is inherently sensible since the group format provides exposure to much of what clients fear (e.g., casual interaction before the group begins, sharing personal information, doing things in front of other people) in a safe, therapeutic environment. Heimberg and Becker (2002) identified a number of other advantages of group treatment, including learning that others have similar problems, the opportunity to learn from other members of the group, and encouragement through observation of others' successes.

However, in many clinical settings, group treatment is simply not feasible. In a typical clinical practice, it may take several months to gather a sufficient number of clients with social anxiety disorder to form a group. Individual treatment may also be better tolerated by clients with social anxiety disorder (particularly those with severe symptoms), allows the therapist to better tailor treatment to each client's idiosyncratic concerns, and permits flexibility to tailor treatment when clients present with comorbid conditions. Furthermore, both meta-analyses (Fedoroff & Taylor, 2001; Gould, Buckminster, Pollack, Otto, & Yap, 1997; Powers, Sigmarsson, & Emmelkamp, 2008; Taylor, 1996) and randomized trials (Lucas & Telch, 1993; Scholing & Emmelkamp, 1993) have shown that individual treatment is as efficacious as group treatment. In one randomized trial, individual treatment was somewhat more efficacious than group treatment (Stangier, Heidenreich, Peitz, Lauterbach, & Clark, 2003). These factors have led to an increasing emphasis on the development of individual treatments for social anxiety disorder, but currently, these are not widely available (e.g., Clark et al., 2003, 2006).

With these concerns in mind, the current study examined the efficacy of a manualized individual treatment for social anxiety disorder. This treatment program, *Managing Social Anxiety: A Cognitive-Behavioral Therapy Approach*, was designed to be easily integrated into clinical practice. It includes both a therapist guide (Hope, Heimberg, & Turk, 2006) and a client workbook (Hope, Heimberg, Juster, & Turk, 2000). The material included in both the therapist guide and client workbook was drawn from the manual for CBGT, which, as noted above, has been shown to be efficacious and effective in numerous studies (Rodebaugh, Holaway, & Heimberg, 2004). No previous empirical examination of this treatment has been conducted, and it is important to avoid the assumption that it would be efficacious or effective simply because the group treatment from which it