J. Behav. Ther. & Exp. Psychiat. 41 (2010) 6–10

Contents lists available at ScienceDirect

Journal of Behavior Therapy and Experimental Psychiatry

journal homepage: www.elsevier.com/locate/jbtep

Video feedback with peer ratings in naturalistic anxiety-provoking situations for social anxiety disorder: Preliminary report

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ARTICLE INFO

Article history:
Received 1 November 2008
Received in revised form
6 August 2009
Accepted 11 August 2009

Keywords:
Social anxiety disorder
Video feedback
Perception of performance
Anticipatory anxiety
Peer feedback
Predictors

ABSTRACT

The present study aimed to examine how video feedback can affect perceived performance and anticipatory anxiety in various naturalistic social anxiety-provoking situations among clinical patients diagnosed with social anxiety disorder (SAD) and to examine predictors that might influence response to video feedback. Participants were 52 consecutive patients with DSM-IV SAD who participated in a group-based CBT program. Our results demonstrated that video feedback was associated with a decrease in the underestimation of own performance as well as the perception of feared outcomes. Moreover, anticipatory anxiety decreased after video feedback combined with peer feedback. Male sex, comorbidity with other anxiety disorders, and benzodiazepine prn, as well as patients' initial anxiety and avoidance were negative predictors of the effect of video feedback.

1. Introduction

Video feedback (VF) of one's own appearance and performance is said to be an effective method to modify self-imagery and allow individuals with social anxiety disorder (SAD) to obtain more accurate self-perceptions (Clark, 2001).

To date, a number of studies have provided support for the effect of VF (Harvey, Clark, Ehlers, & Rapee, 2000; Kim, Lundh, & Harvey, 2002; Rapee & Hayman, 1996; Rodebaugh, 2004). However, there is still some room for further investigation with regard to process of VF. First, most studies have been carried out using analogue populations and most have restricted the procedure to speech tasks rather than other kinds of social tasks (Harvey et al., 2000; Rapee & Hayman, 1996; Rodebaugh, 2004).

Second, at least some research has failed to demonstrate effects of VF with cognitive preparation on speech anxiety despite showing improvements in self-perceptions of performance (Rodebaugh, 2004). Further, whether videotape feedback with cognitive preparation affects other social anxiety symptoms such as anticipatory anxiety and idiosyncratic cognitions in connection with specific role play tasks remains to be investigated.

In this connection, Rapee and Hayman (1996) suggested that changes in anxiety may need stronger feedback including the possibility of combining video with other methods of feedback such as input from a therapist, group, or significant other. In a similar fashion, Hirsch and Clark (2007) suggested that it may be therapeutic to obtain objective feedback on the socially anxious individual's social performance from other people by asking them to rate the client's performance and then to have the socially anxious individuals compare these independent ratings with their self-ratings. Given evidence that people high in social anxiety show a bias in the way they interpret and remember feedback provided by others (Edwards, Rapee, & Franklin, 2003), it may be important for socially anxious individuals to get immediate feedback about their performance and to understand that their symptoms are not as noticeable to other people as they thought.

Lastly, no research to date has investigated whether any demographic variables and intrapersonal characteristics can affect

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0005-7916/$ – see front matter © 2009 Elsevier Ltd. All rights reserved.
doi:10.1016/j.jbtep.2009.08.005

response to VF. Potential hypotheses may be found in related literature on predictors of response to CBT such as pretreatment symptom severity, comorbid depression, or age of onset (Cameron, Thyer, Feckner, Nesse, & Curtis, 1986; Scholing & Emmelkamp, 1999). Moreover, benzodiazepines used on an as-needed basis may exert particular influence on performance anxiety (Davidson, 2006; Stahl, 2002). As VF is an important component of CBT which works on beliefs regarding one's own performance, it appears warranted to examine the influence of certain demographic and pretreatment variables on response to VF.

The present study aimed to replicate and extend previous research by examining how VF with cognitive preparation can affect perceived performance, feared outcomes and anticipatory anxiety in various naturalistic social anxiety-provoking situations among SAD patients. Furthermore, we also evaluated the influence of several predictors of the effect of VF.

2. Method

2.1. Participants

Participants were 52 patients with DSM-IV SAD who participated in a group-based CBT program at Nagoya City University Hospital. The study's protocol was approved by the Ethics Committee of Nagoya City University Graduate School of Medical Sciences.

2.2. Procedure

A VF experiment based on the procedures reported by Harvey et al. (2000) is introduced around Session 7 within the CBT program (see Chen et al., 2007). Patients are asked to perform a 5-min role play of a moderately anxiety-provoking situation (subjective unit of disturbance: 75) with 3 min of preparation.

Before the role play, patients are asked to rate their anticipatory anxiety and to describe their feared outcome (to elicit idiosyncratic cognitions) in behavioral terms (e.g., hands would tremble while drinking from a cup with a friend, a sneer can be seen on the face of the company) as well as their degree of certainty of this outcome (Assessment 1, see Fig. 1).

Following the role play, patients are asked to rate their overall performance in terms of "how you *felt* you performed during the role play." and complete the modified Social Performance Rating Scale (mSPRS: see below) (Assessment 2, Fig. 1).

On completion of the questions, patients are given VF. Firstly, patients are instructed to watch the video as though they are watching a stranger, making a judgment based on how they *looked* and what they *did*, not on how they *felt*. Following this cognitive preparation, the patients watch the videotape and conduct the same measures except for the anticipatory anxiety ratings. Meanwhile, the other group members also complete the mSPRS for each other (Assessment 3, Fig. 1). Patients' own ratings of mSPRS before and after VF, as well as those by the other group members are then presented graphically on a computer screen. In addition, each of the patients is instructed to summarize what he/she learned from the experiment. Finally, patients are asked to predict how anxious they would feel if they were asked to perform another round of the role play they had just finished (Assessment 4, Fig. 1).

2.3. Assessment and measures

2.3.1. Diagnosis and assessment before treatment

Diagnoses of SAD and comorbid disorders were ascertained through the Structured Clinical Interview for DSM-IV (First, Spitzer,

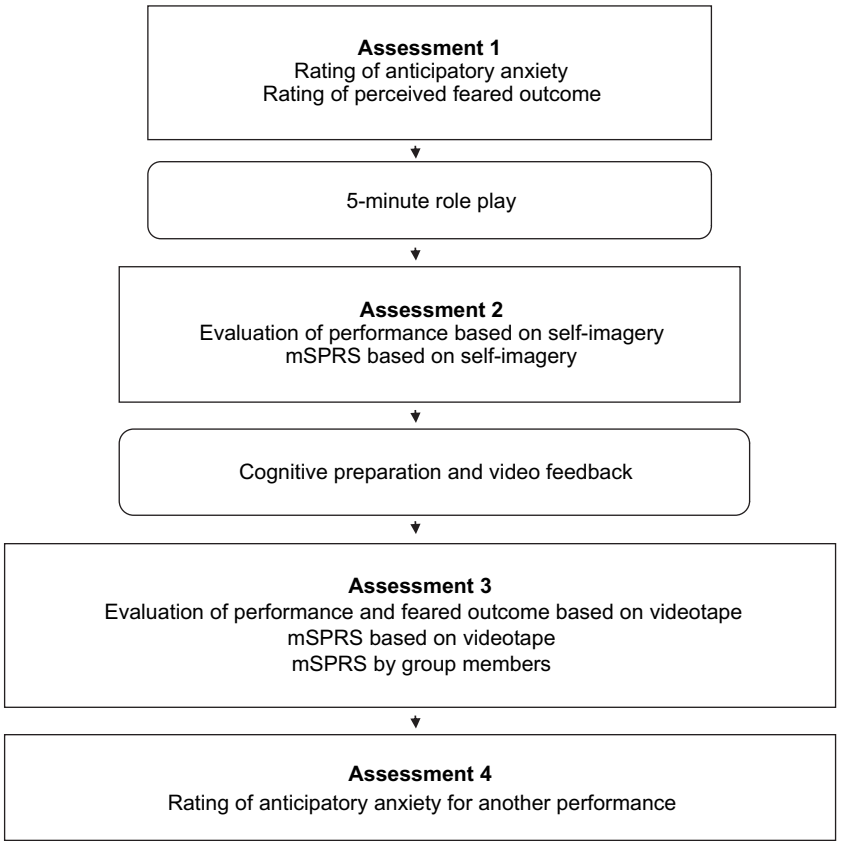

Fig. 1. Procedure of video feedback in group CBT for patients with SAD.