Pergamon

Journal of Anxiety Disorders, Vol. 14, No. 5, pp. 437–451, 2000

0887-6185/00 $–see front matter

PII S0887-6185(00)00038-4

Group Social Skills Training or Cognitive Group Therapy as the Clinical Treatment of Choice for Generalized Social Phobia?

Rien van Dam-Baggen, Ph.D.

University of Amsterdam, Amsterdam, The Netherlands

Floris Kraaimaat, Ph.D.

University of Nijmegen, Nijmegen, The Netherlands

Abstract—This study focused on determining whether group social skills training (SST) or cognitive-behavioral group therapy (CBT) works best to treat social anxiety in psychiatric patients. Participants were psychiatric outpatients with a *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.) diagnosis of generalized social phobia (GSP). A matching procedure was used to obtain two equivalent samples in both conditions ($N = 48$). It was shown that both SST and CBT were effective in reducing social and general anxiety, decreasing the severity of psychopathology and increasing social skills and self-control. As for differential effects, patients participating in SST experienced a significantly greater reduction of social anxiety and a greater increase in social skills than those in CBT. Moreover, it was shown that social anxiety and social skills scores of the SST group at follow-up reached the level of a normal reference group, whereas those of the CBT participants improved only to that of nonsocially anxious patients with anxiety disorders. Finally, it was revealed that commitment to and satisfaction with treatment of participants in both conditions did not differ. Keeping in mind that this was a quasiexperimental study, the authors concluded that in a clinical setting, group SST may be the best way to treat psychiatric patients with GSP, where comorbidity is the rule rather than the exception.

Keywords: Social anxiety; Social skills training; Cognitive-behavioral therapy; Psychiatric outpatients

---

The authors thank Arnold van Emmerik for his help with data entry and Ger Hanewald for his advice on the statistical analyses.

Requests for reprints should be sent to Rien van Dam-Baggen, Department of Clinical Psychology, University of Amsterdam, Roetersstraat 15, 1018 WB Amsterdam, The Netherlands. E-mail: dambaggen@psy.uva.nl

From the very inception of behavioral therapy, there has been considerable emphasis on using social skills training (SST) to achieve a reduction of social anxiety. Effectiveness of this approach has been demonstrated in individual and group formats in several populations of socially anxious adults (e.g., Corrigan, 1991; Donahoe & Driesenga, 1988; Goldsmith & McFall, 1975; Hayes, Halford, & Varghese, 1995; Monti, Curran, Corriveau, DeLancey, & Hagerman, 1980; Van Dam-Baggen & Kraaimaat, 1986). Notwithstanding this bulk of SST studies, it should be noted that there have been few well-controlled SST studies for social phobia. Most studies on SST with persons with social phobia have failed to include adequate control conditions (Heimberg & Juster, 1995). There are several reasons for the limited attention to SST as the treatment of choice for social phobia. One is that many authors state that persons with social phobia possess adequate social skills but are inhibited in applying them in social situations (e.g., Heimberg & Juster, 1995; Scholing & Emmelkamp, 1995). From the very start of social phobia in the U.S. psychiatric nomenclature (American Psychiatric Association, 1980), anxiety reduction techniques such as exposure have been used to treat the marked and persistent fear in social situations, which according to the *Diagnostic and Statistical Manual of Mental Disorders*, 3rd edition (*DSM-III*), and subsequent editions (American Psychiatric Association, 1980, 1987, 1994), characterizes social phobia. Another reason for diminishing attention to SST for treating social anxiety is that the focus on cognitive techniques for treating social anxiety increased tremendously in the 1980s. In those years, Butler (1985) and Emmelkamp (1982) asserted that cognitive factors are more significant to development and continuation of social phobia than to other anxiety disorders. They also suggested that it is especially important to focus interventions on distorted thoughts and perceptions of persons with social phobia. This resulted in treatments for social phobia in which cognitive methods were emphasized, often in combination with exposure, whereas SST remained undervalued. Recent studies, however, have failed to show the differential effects of exposure and cognitive methods for social phobia, regardless of whether they are in combination with exposure in vivo and SST (Feske & Chambless, 1995; Heimberg & Juster, 1995; Mersch, 1995; Wlazlo, Schroeder-Hartwig, Hand, Kaiser, & Munchau, 1990). One of the explanations given for these equivocal results was that cognitive-behavioral therapy's (CBT's) weaker than expected effects may be attributable to the poor quality of treatment, because CBT requires considerable therapeutic skill (Feske & Chambless, 1995). It should be noted, however, that a contamination of conditions might have occurred in these studies, because instructions on overt behavior were not explicitly excluded from the cognitive procedures used with persons with social phobia. This hindered insight into the differential effects of the procedures applied