Cognitive Behavioral Group Treatment for Social Phobia: Comparison with a Credible Placebo Control

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Forty-nine patients participated in a study comparing cognitive-behavioral group treatment (CBGT) for social phobia with a credible placebo control. CBGT consisted of exposure to simulated phobic events, cognitive restructuring of maladaptive thoughts, and homework for self-directed exposure and cognitive restructuring between sessions. Control patients received a treatment package consisting of lecture-discussion and group support that was comparable to CBGT on measures of treatment credibility and outcome expectations. At pretest, posttest, and 3- and 6-month follow-ups, patients completed assessments that included clinician ratings, self-report measures, and behavioral, physiological, and cognitive-subjective measures derived from a behavioral simulation of a personally relevant phobic event. Both groups

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improved on most measures, but, at both posttest and follow-up, CBGT patients were rated as more improved than controls and reported less anxiety before and during the behavioral test. At follow-up, CBGT patients also reported significantly fewer negative and more positive self-statements than controls on a thought-listing task following the behavioral test. Regardless of treatment condition, follow-up changes in clinician-rated phobic severity were significantly related to changes on the thought-listing measure.

KEY WORDS: social phobia; cognitive-behavioral group treatment; social anxiety; group treatment; anxiety disorders.

Social phobia is defined as a persistent fear of situations in which the person is exposed to possible scrutiny by others and fears that he or she may do something that will be humiliating or embarrassing (American Psychiatric Association, 1987). Recent epidemiological studies (Myers et al., 1984) put the 6-month prevalence of social phobia at 0.9%-1.7% for men and 1.5%-2.6% for women. Despite its prevalence, social phobia has received less research attention than agoraphobia or the simple phobias and hence has been dubbed the "neglected anxiety disorder" (Liebowitz, Gorman, Flyer, & Klein, 1985).

Exposure has played a major role in the treatment of phobic disorders and is often viewed as the treatment of choice (Barlow & Beck, 1984). Although reports of exposure treatments for social phobia have just begun to appear, initial data suggest that exposure is also effective for social phobia (Heimberg, 1989; Heimberg, Dodge, & Becker, 1987). However, as Butler (1985) has noted, the variable and uncontrolled nature of social situations makes exposure treatments for social phobia more difficult to conduct than for other phobic patients. Furthermore, Emmelkamp (1982) and Butler (1985) have also speculated that social phobia may have a larger cognitive component than other anxiety disorders and that cognitive treatment, alone or in combination with exposure, may produce the most positive results. Studies that have examined cognitive restructuring packages such as rational-emotive therapy or self-instructional training have reported positive results (Emmelkamp, Mersch, Vissia, & van der Helm, 1985; Jerremalm, Jansson, & Ost, 1986; Kanter & Goldfried, 1979), but it is unclear whether cognitive techniques enhance exposure treatments. Two studies reported that a combined package was superior to exposure alone (Butler, Cullington, Munby, Amies, & Gelder, 1984; Mattick & Peters, 1988) and one did not (Biran, Augusto, & Wilson, 1981). We have speculated elsewhere (Heimberg & Barlow, 1988) that Biran's negative findings may be attributable to the fact that the cognitive procedures and exposures were administered separately. Arranging treatment procedures so that cognitive interventions immediately precede and follow behavioral procedures in the treatment session and in the natural environment should provide a stronger test.