

Clinical utility of cognitive-behavioral therapies in social phobia



Fernández Arias, I., Olivera Pérez-Frade, H., Rodríguez Ruano, B.,
García-Vera, M.P., and Sanz, J.

Clinical and Health Psychology Unit, Complutense University of Madrid, Spain



INTRODUCTION

Although a number of cognitive-behavioral therapies (exposure, applied relaxation, social skills training, and cognitive restructuring) appear well-established in regard to their efficacy on social phobia (Chambless & Hope, 1996; Rodebaugh, Holaway & Heimberg, 2004; Sánchez Meca et al., 2004), it is not clear whether the positive effects found in ideal and controlled research conditions are generalizable to usual clinical practice. Investigation of the clinical utility of these therapies when provided in conditions that match those of habitual clinical practice is lacking and much needed.

AIM

- To determine the effectiveness or clinical utility of cognitive-behavioral therapies for social phobia when provided in habitual clinical practice.

METHOD

- **Participants:** Adult patients with a primary DSM-IV diagnosis of social phobia who were treated in the Clinical and Health Psychology Unit at Complutense University of Madrid, an outpatient setting.

Table 1. Characteristics of participants in this study and comparison with those of participants in the average efficacy study

	This study	Meta-analysis of efficacy studies	
		Bados et al.'s (2003)	Sánchez Meca et al.'s (2004)
N	34	33	19
Mean age (years)	27.4	30-41	30
Sex (% of females)	58.8	54.4	No data
Mean number of 1-hour treatment sessions	15.8	20	16
Mean duration of the phobia social (years)	13.3	13-20	14.5
Mean FNE score at pre-treatment (range 0-30)	24.5 *	No data	No data
Mean SAD score at pre-treatment (range 0-28)	20.2 *	No data	No data

Note. * For FNE and SAD scores, $n = 15$ and 12 , respectively.

- **Procedure:** Patients were treated with multicomponent programs based on cognitive-behavioral techniques.

Cognitive-behavioral techniques	% of treated patients
Psychoeducation + relaxation + cognitive restructuring + exposure + social skills training	91.2
Psychoeducation + relaxation + cognitive restructuring + exposure	2.9
Psychoeducation + relaxation + cognitive restructuring	5.9

- **Measures of social anxiety symptomatology:**

➢ For 44,1% of patients, there were pre- and post-treatment measures on standardized self-report tests of social anxiety: the Fear of Negative Evaluation scale (FNE; Watson & Friend, 1969), the Social Avoidance and Distress scale (SAD; Watson & Friend, 1969), and Factor II (interpersonal anxiety) of the Inventory of Situations and Responses of Anxiety (ISRA; Miguel Tobal & Cano Vindel, 1994).

➢ For the remaining patients (55,9%), there were pre- and post-treatment measures of the number of DSM-IV criteria met for a diagnosis of social phobia as assessed by a clinical interview (range = 0-5; criteria: persistent fear, exposure provokes anxiety/panic, avoidance, interference, and marked distress).

➢ To analyze conjointly all measures, they were converted into 0-100 scales where 100 is the maximum score of the instrument.

- **Indices of treatment effectiveness:**

➢ **Effect size:** standardized mean difference (d) defined as the difference between pre- and post-treatment mean social anxiety scores divided by the standard deviation of the pre-treatment scores.

➢ **% of improved patients at post-treatment:** % of patients with a 50% reduction in social anxiety symptomatology.

RESULTS

Figure 1. Treatment effectiveness as a function of effect size

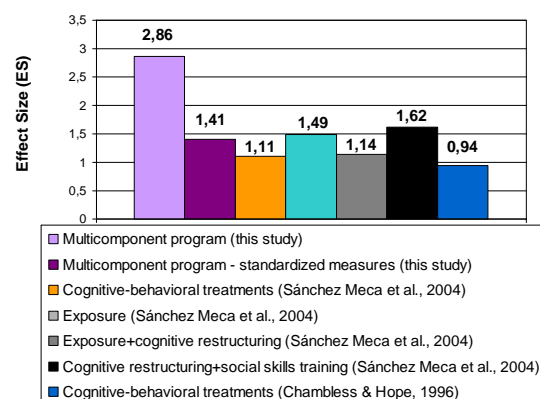
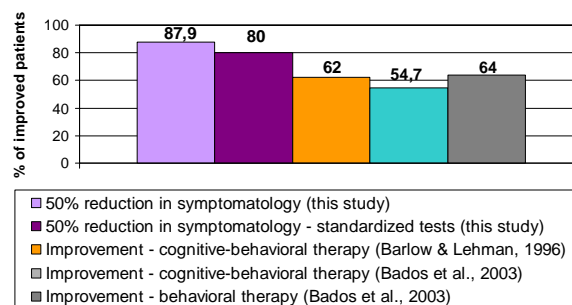


Figure 2. Treatment effectiveness as a function of the percentage of improvement



CONCLUSION

- The multicomponent cognitive-behavioral programs for social phobia administered in our clinic, a regular outpatient setting, showed to be effective in terms of both effect size and clinical significance.
- We found large pre-post effect sizes (d) ranging between 1.41 and 2.86 and suggesting that the average social phobic patient at post-treatment would be at 92th or 100th centile of the distribution of patients at pre-treatment. We also found that between 80% and 88% of social phobic patients showed a clinically significant improvement at post-treatment.
- In sum, the results of the multicomponent programs for social phobia based on empirically supported cognitive-behavioral techniques seem to be as good in habitual clinical practice as in efficacy studies.

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Address for correspondence: María Paz García-Vera, Unidad de Psicología Clínica y de la Salud, Universidad Complutense de Madrid, Campus de Somosaguas, 28223 Madrid, Spain. E-mail: mpgvera@psi.ucm.es