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Research Paper

The Therapist's Effect in Cognitive - Behavioral Group Therapy for Social Anxiety Disorder

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Abstract

Aims and objectives: This study examined the therapist's effect in cognitive - behavioral group therapy (CBGT) for social anxiety disorder. Method: The study design was pre-test - post-test in which 24 students with social anxiety disorder were selected and randomly assigned to one control group and two experimental groups. The tools used in this study included the social phobia inventory, the clinical interview and the brief fear of negative evaluation scale. The experimental groups attended 12 treatment sessions based on Heimberg`s Model held by two different groups of two therapists. Finally, all participants were re-examined by the aforementioned questionnaires. The data was statistically analyzed using multivariate covariance analysis. Results: The multivariate analysis covariance revealed the effects of cognitive - behavioral group therapy on Social Phobia (p =0.006) and Fear of Negative Evaluation (p=0.001). Also Data analysis suggested that there were no statistically significant differences in the effectiveness of CBT for social anxiety disorder between two experimental groups (P=0.64 for the SPIN and P= 0.51 for the BFNE). discussion: The findings indicated that cognitive-behavioral group therapy based on Heimberg`s Model was effective on social anxiety in Iranian sample and different therapists do not play important roles in this intervention.

Keywords: Social anxiety, Cognitive - Behavioral Group Therapy, therapist effect.

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Introduction

Social anxiety disorder (SAD) is characterized by a persistent and overwhelming fear of being embarrassed or humiliated in social situations, in conjunction with avoidance of (or distress in) situations in which this fear is activated [1]. Social phobia has the third highest prevalence after major depressive disorder and alcohol addiction [2] The study in Iran indicated that students with social anxiety reported significantly lower quality of life, particularly in general health, social functioning, and mental health dimensions [3]. Cognitive-behavioral therapy was found to be very effective in treating the client's social anxiety [4]. Thereby, it is considered an essential strategy for the treatment of anxiety disorders [5]. Cognitive Behavioral Therapy (CBT) delivered individually (CBIT) or in groups (CBGT) has proven effective within research and 'real world' settings [6, 7]. Cognitive-behavioral group treatment has received robust empirical support [8].

Fedoroff and Taylor [9] also have founded cognitive-behavioral group therapy has a fewer rate of relapse in follow up. As it was mentioned before the prominent opinion is that group treatment is the treatment of choice in social anxiety[10]. The group format has possible advantages, session exposures may be more anxiety provoking and effective (i.e., exposure in the presence of the group as opposed to the presence of the therapist), and group members also provide additional help, support, and encouragement to each other [11].

Other components also influence cognitive-behavioral therapy. Heimberg [12] has shown that these components can be related to social anxiety symptom severity before treatment; adherence to homework and patient's expectation of the effectiveness of treatment.

As it was noted, social anxiety is the most prevalent anxiety disorders [13] and the efficacy of Cognitive-Behavioral Therapy (CBT) in social anxiety has been demonstrated in several

controlled trials [14]. The present study aimed at investigates the therapist's impact on cognitive-behavioral group treatment on social anxiety.

Methods

Design

The study design was pre-test - post-test in which 24 students with social anxiety disorder were selected and randomly assigned to one control group and two experimental groups. The tools used in this study included the social phobia inventory, the clinical interview and the brief fear of negative evaluation scale. The experimental groups attended 12 treatment sessions based on Heimberg`s Model held by two different groups of two therapists. Finally, all participants were re-examined by the aforementioned questionnaires. The data was statistically analyzed using multivariate covariance analysis.

Participation

The Twenty-four students randomly were selected from Universities in Tehran. All participations were screened by "Social Phobia Scale" (SPIN.) After that, the probable cases were interviewed by Clinical Interview for DSM-
2. Participants who had a prior diagnosis of bipolar disorder, psychotic disorder, drug dependence or avoidant personality disorder were excluded. The sample of 3 males and 21 females diagnosed with a DSM-5 social anxiety. The participants randomly assigned to the two experimental and one waitlist groups, they completed "Social Phobia Inventory" and "The Brief Fear of Negative Evaluation" before and after the treatment.

Therapists

Two experimental groups were treated by four clinical psychologists (two therapists, a male and a female in each group). The average age of the therapists was 29 years. All therapists were trained and were competent to conduct the treatment of social anxiety disorder prior to participation in the active phase of treatment.

Measures

Social Phobia Inventory

Connor et al. [15] developed Social Phobia Inventory (SPIN) to measure social anxiety distress, fear, physiological symptoms and avoidance of social situations. The SPIN contains 17 items and consists of three subscales: fear, avoidance and physiological symptoms. Each of the 17 items is rated on a scale from 0 to 4: not at all, a little bit, somewhat, very much, and extremely; with higher scores corresponding to greater distress. The full-scale scores thus range from 0 to 68. The authors reported internal consistencies ranging from 0.87 to 0.94 in people with social phobia and 0.82 to 0.90 in control groups, and a test– retest reliability of 0.89 in the social phobia group. The SPIN shows satisfactory divergent, convergent and construct validity [15]. Preliminary results of a recent study confirmed the satisfactory reliability and validity of this scale in Iranian population [16].

Brief Version of the Fear of Negative Evaluation Scale

Brief version of the Fear of Negative Evaluation Scale (BFNE) measures anxiety associated with perceived negative evaluation. This scale is composed of 12 items describing fearful or worrying cognitions. Eight of the twelve items describe the presence of fear or worrying, while the remaining four items describe the absence of fear or worrying. The factor structure is uncertain, with some studies suggesting a unitary factor structure (Leary 1983), while others, using a clinical sample, suggesting a two-factor structure with positive and negative items loading on two separate factors [8]. Cronbach's alpha of this scale in the present sample was .78, indicating acceptable internal consistency. Furthermore, the BFNE exhibited a positive and significant correlation with SPIN ($r = .42$, $P<0.0001$), supporting the convergent validity of the BFNE.

Procedures

The manual of the Hope, Heimberg, Juster, and Turk [18], "Managing social anxiety: Client Workbook" and "Managing Social Anxiety: A Cognitive - Behavioral Therapy Approach: Therapist Guide" by Hope, Heimberg, and Turk [11] were employed in this study. Based on the manual, the sessions of treatment were conducted for two experimental groups, whereas no treatment was given to participants in the control group. Cognitive-behavioral group therapy was provided in 12 weekly sessions, each lasting about two hours. It has six elements: cognitive-behavioral explanation of social phobia; structured exercises to recognize maladaptive thinking; exposure to simulations of situations that provoke anxiety; cognitive restructuring sessions to teach patients to control maladaptive thoughts; homework assignments in preparation for real social situations; and a self-administered cognitive restructuring routine [11].
The participants were not taking psychotropic medication. They had filled out the consent forms after the objectives of the study were explained to them.

Results

All groups consisted of eight subjects (seven females and one male). Moreover, there was no significant difference between the severity of social anxiety between the three groups. All participants

were single and the average age was 20.7. There were no significant differences among groups in terms of age and gender. (Table 1).

Table 1: Results of the three groups before and after the CBT (all participants)

variables			
	CBT 1	**CBT 2**	**control**
SPIN			
Pre-intervention	37(7.12)	36.85(6.43)	36.16(5.96)
Post-intervention	23.42	20.78	35.89
BFNE			
Pre-intervention	49.11	46.64	48
Post-intervention	37.32	36.41	47.64

The multivariate analysis covariance revealed the effects of cognitive - behavioral group therapy on Social Phobia ($p < 0.0001$) and Fear of Negative Evaluation ($p<0.0001$). Also Data analysis suggested that there were no statistically significant differences in the effectiveness of CBT for social anxiety disorder between two experimental groups ($P=0.34$).(Table 2).

Table 2: Results of MANCOVA on post-treatment scores of measures

variables	Sum of square	df	F	sig	Partialeta square
SPIN	750.23	2	5.93	0.006	0.38
BFNE	830.32	2	6.08	0.001	0.32

Table 3: P values of pair wise posthoc comparisons

variables	CBT 1 vs. CBT2	CBT 1 vs. control	CBT2 vs. control
SPIN	0.64	0.007	0.015
BFNE	0.51	0.002	0.009

Discussion

The aim of the present study was to examine the therapist‘s impact on the cognitive-behavioral group therapy on social anxiety. The results indicated that in cognitive-behavioral group therapy on social anxiety, therapist variation dese not influence the effectiveness of the CBT program.

One controversial issue is that of therapist effects on the outcome of psychotherapy or the importance of differences in outcome among therapists [19, 20, 21]. These issues have been less explored in CBT for anxiety disorders, and specifically in the treatment of social anxiety. Studies of CBT for anxiety disorders often utilize structured treatment manuals, which potentially diminish therapist effects[22].

The findings revealed that social anxiety symptoms was significantly reduced by cognitive-behavioral group therapy. These results were consistent with other studies that confirmed the effectiveness of cognitive-behavioural group therapy [23]. This study significantly proved that cognitive-behavioral group therapy based on Heimberg’s manual reduced social anxiety in an Iranian sample.

This was examined through an evidence-based manual for the treatment of social anxiety. The findings showed no therapist effect, in terms of response to the treatment. This means cognitive-behavioral group based on Heimberg's manual, was effective regardless of therapist effect. This confirms Siemer and Joormann's theory [24] that mentioned that the therapist is a constant factor. Thus, if the therapeutic manual is well - designed and standardized, the therapist factor should be considered at first, but omitted later from the analysis and design" [24]. In addition, this finding is in conformity with Heimberg's review [12]. However, it contradicts Siemer and Joormann `s theory or studies such as Crits - Christoph and Mintz [22] which emphasized the inclusion of the therapist factor in the design. It was different from other studies determining the impact of the therapist in the psychotherapy.

The present study had both some strengths and limitations. Among its strong points was the consideration of the therapist effect on evidenced-based therapy. While the use of a general population instead of a clinical sample which may restrict the generalizability of the outcome can be mentioned as the study limitations. Hence, further studies with clinical samples are suggested. Moreover, it is desirable to include the therapist's specific characters, his or her personality and the level of emotion express in the research related to "Cognitive – Behavioral Group Therapy".

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