EVALUATE THE EFFICACY OF COGNITIVE-BEHAVIORAL THERAPY ON COGNITIVE, BEHAVIOURAL AND EMOTIONAL SYMPTOMS IN SOCIAL PHOBIC PATIENTS

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ABSTRACT
The aim of present study was to evaluate the efficacy of cognitive-behavioral therapy on cognitive, behavioral and emotional symptoms in social phobic patients. The study sample included all patients who were diagnosed with social phobia and referred to clinics psychological and psychological counselling centers of the region 1 of Tehran, which their numbers are 90 patients in a 6 month period. Forty (40) patients with higher scores in social phobia were selected and randomly divided into two groups (experimental and control). For experimental group we used cognitive-behavioral therapy protocol based on Hofmann and Otto in 12 sessions, and control group received no any treatment. For data collection we used social phobia inventory that structured by Moshaveri (2002). This inventory has three subscales as cognitive, behavioral and emotional. Data analyzed with descriptive and MANCOVA test in SPSS software, version 16. Our results showed that cognitive-behavioral therapy has significant effect on total score of social phobic in experimental control at 99% confidence level. Other results showed significant effect on cognitive, behavioral and emotional subscales at 99% confidence level. These results suggestion that cognitive-behavioral therapy can use for treatment the social phobic patient as non-damage and without opposed.

Keywords: Social Phobic, Cognitive, Behavioral, Cognitive-Behavioral Therapy

INTRODUCTION
Social anxiety disorder also known as social phobia, the first time was introduced in late 1960 as a specific diagnostic test. The main characteristic of this disorder is exaggerated fear of social situations in the presence of unfamiliar individuals; patients with this disorder being evaluated negatively in social situations with other people are embarrassed or scared. Social phobia is an anxiety disorder that remained practically unidentified until the mid-1980s (Liebowitz et al., 1985), despite attaining prevalence rates of between 3% and 13% (Kessler et al., 1994). This phobic disorder is usually complicated by work absenteeism, drug and/or anxiolytics abuse, alcoholism and depression (Barlow et al., 1986; Bowen et al., 1984; Chambless et al., 1987; Liebowitz et al., 1989). In some cases these problems are the expression of an undiagnosed social phobia, so that the prevalence of this clinical condition may be greater than estimated (Stravynski et al., 1986). The central characteristic of social phobia is excessive and persistent fear of social situations in which the patient is exposed to the observation or scrutiny of others (American Psychiatric Association, 1994). These social fears can attain diverse degrees of generalization. The DSM-IV distinguishes a generalized subtype of social phobia that is applicable to those people who fear the majority of social situations. However, Heimberg et al., (1993) distinguish two additional subtypes: circumscribed subtype, applicable to those who fear only one or two discrete situations, and non-generalized subtype, applicable to those that, demonstrating adaptive functioning in some social areas, feel anxiety in a minimal number of interactive situations. Social phobia presents a high level of comorbidity with other disorders of axis I (Turner et al., 1992). Among the situations that cause anxiety these people include public speaking, social gatherings, meeting new people, eating in public, fear of disagreement with others and worry about talking to the authorities (Browin, 2004). According to the reports, 13.3 percent of the world population suffers from social phobia in their life. This issue causes that social phobia include the most common psychiatric disorders. Social phobia typically starts in adulthood and its highest prevalence is among young people aged 18 to 29 years (Barlow and Durand, 2011).
Efficient psychological and pharmacological treatments are available for social phobia, at present its drug therapy is Phenelzine and choice psychological treatment for this particular disorder is generalized type of cognitive behavioral group therapy (Heimberg, 2002). Cognitive-behavioral therapy is a type of psychotherapy that helps patients to understand the thoughts and feelings that are influences on their behavior. Cognitive-behavioral therapy currently used to treat a number of disorders including phobias, addiction, depression and anxiety. Cognitive behavioral therapy generally is short-term and is focused on assistance to patients for deal with a specific problem. During the treatment period, the person learns how destructive or disturbing, identify and change thought patterns that have a negative impact on his behavior (Seraji and Dadfar, 2009).

In CBT, for therapists cognitive processing is considered more important than physiological factors and negative thinking about a particular activity and exacerbate the symptoms are persistent, therefore discovery of negative self-hypnosis can help in analyzing the problems (Araoz, 2005). In relation to social phobia, cognitive behavioral approaches are based primarily on the assumption that the disorder is maintained and persist by two factors. The first pattern of thinking that is largely attributable to erroneous items; wrong self-hypnosis is illogical maladaptive style of thinking that this is treatment with cognitive restructuring. The second factor is the lacks of enough time for someone with phobias realize there is nothing to fear, because it is a result of fear of escape or avoid a situation that evokes anxiety, this issue carried out through therapy based on confrontation (Clark, 2004). The main characteristic of social phobia is consistently feared of social situations or performance that may result in embarrassment (Sadock and Sadock, 2007). However, the aim of present study was to evaluate the efficacy of cognitive-behavioral therapy on cognitive and behavioral symptoms in social phobic patients.

MATERIALS AND METHODS
This pilot study has expanded to include a pre-test - post-test with two groups. In this study, a treatment method of CBT and a class of non-intervention (control) as the independent variable and the variables of cognitive, behavioural and emotional as dependent variables were considered.

The statistical population of present study was including all social phobia patients that referred to psychiatry clinics of region 1 of Tehran city, and their social phobia was endorsement by psychiatrists. In a 6 month survey, all of them population was 90 patients. Sample study was selected by purposeful method and 40 patients was selected based on acquire the higher score of social phobia test. All of the participants sign and certify the moral adaptive. Those of the 40 people who meet the entry criteria were randomly selected in both experimental (n=20) and control (n=20) groups, respectively.

Instrument
Social phobia questionnaire: this test including 38 items that divided to three subscales as cognitive, behavioural and emotional. This test is constructed by Moshaveri (2002) based on Davidson social phobia test (2002) in Persian form. The answers in this questionnaire are scored through a Likert scale with five choices ranging from “completely disagree” to “completely agree.” Maximum and minimum scores of this questionnaire are 152 and 0, respectively. People that acquire score more than 60, are suffered from social phobia. Items 1-12 are for cognitive subscale, 13-26 are for behavioural subscale and 27-36 are for emotional subscale. The Persian version of the questionnaire had acceptable reliability and validity. Moshaveri (2002) examined the reliability of the questionnaire through the test-retest and reported the reliability index of 0.83.

For experimental group we used cognitive-behavioral therapy protocol based on Hofmann and Otto in 12 sessions, and control group no received any treatment.

The result distributions are presented and basic descriptive parameters (arithmetic mean ± standard deviation) were calculated. The differences between the groups were tested by MANCOVA. The level of statistical significance was set at P<0.05 by SPSS software, version 16.

RESULTS AND DISCUSSION
Age characteristics of participants showed in table 1.
Results showed that three subscales of social phobia at pre and post-test in experimental and control groups is significant at 95% confidence level, and a period of CBT can predict the decrease of 66.2% of change in social phobic patients (Table 2).

Table 2: Multivariate analysis of social phobia at pre and post-test

<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
<th>Df1</th>
<th>Df2</th>
<th>F</th>
<th>Sig</th>
<th>η²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wilks' lambda</td>
<td>0.338</td>
<td>3</td>
<td>33</td>
<td>21.52</td>
<td>0.000</td>
<td>0.662</td>
</tr>
</tbody>
</table>

Results showed that cognitive subscale of social phobia at pre and post-test in experimental and control groups is significant at 95% confidence level, and a period of CBT can predict the decrease of 52.4% of change of cognitive variable in social phobic patients (Table 3).

Table 3: Analysis of cognitive subscale at pre and post-test

<table>
<thead>
<tr>
<th>Test</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Sig</th>
<th>η²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive</td>
<td>857.191</td>
<td>1</td>
<td>857.191</td>
<td>38.5</td>
<td>0.0005</td>
<td>0.524</td>
</tr>
<tr>
<td>Error</td>
<td>4512.03</td>
<td>35</td>
<td>188.001</td>
<td>42.17</td>
<td>0.0005</td>
<td>0.546</td>
</tr>
</tbody>
</table>

Results showed that behavioural subscale of social phobia at pre and post-test in experimental and control groups is significant at 95% confidence level, and a period of CBT can predict the decrease of 52.4% of change of behavioural variable in social phobic patients (Table 4).

Table 4: Analysis of behavioural subscale at pre and post-test

<table>
<thead>
<tr>
<th>Test</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Sig</th>
<th>η²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioural</td>
<td>791.59</td>
<td>1</td>
<td>791.59</td>
<td>42.17</td>
<td>0.0005</td>
<td>0.546</td>
</tr>
<tr>
<td>Error</td>
<td>4512.03</td>
<td>35</td>
<td>188.001</td>
<td>26.22</td>
<td>0.000</td>
<td>0.381</td>
</tr>
</tbody>
</table>

Results showed that emotional subscale of social phobia at pre and post-test in experimental and control groups is significant at 95% confidence level, and a period of CBT can predict the decrease of 52.4% of change of emotional variable in social phobic patients (Table 5).

Table 5: Analysis of emotional subscale at pre and post-test

<table>
<thead>
<tr>
<th>Test</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Sig</th>
<th>η²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>565.96</td>
<td>1</td>
<td>565.96</td>
<td>21.58</td>
<td>0.000</td>
<td>0.381</td>
</tr>
<tr>
<td>Error</td>
<td>917.87</td>
<td>35</td>
<td>26.22</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

With 99% probability suggests that cognitive-behavioural training on social phobia and its subscales (cognitive, behavioural and emotional) has significant effect. Heimberg et al., (1994) in Australia on 49 patients with social phobia, social phobia showed that CBT compared with the control group significant effect in reducing social anxiety in individuals with impaired. Bear and Garland (2005) Effects of cognitive behavioural group therapy in 13 adolescents with social phobia were examined in comparison...
with a waiting list. The results indicate a significant and substantial improvement in the experimental group compared with the control group. Research of Garcia (2004) in Spain on 44 patients suffering from anxiety states, including social phobias in eight weekly sessions of 90 minutes showed the effects of cognitive behavioural group therapy in the treatment of anxiety disorders as compared to the control group. Andrew et al., (2014) reports the results of a survey of CBT therapists who have used CBT in the treatment of social phobia (SP). The survey was designed primarily to document how often certain potential problems, identified by expert researchers and CBT manuals, actually act as barriers to successful treatment when CBT is employed in no research environments. The participants were 276 psychotherapists responding to email, online, and print advertisements completing the online survey. Participants varied considerably in psychotherapy experience, work environment, experience in using CBT for SP, and in some ways varied in their usual CBT techniques when treating SP. Among the most prominent barriers identified by many of the participants were patient motivation, comorbidity, logistical problems (especially with exposures), patient resistance, and severity and chronicity of SP symptoms. These findings may be useful for psychotherapy researchers as areas for potential study. The results may also suggest topics requiring clinical guidelines, innovations within CBT, and dissemination of successful techniques to address the barriers identified here. Michael et al., (2007) examined group cohesion ratings made by individuals at the midpoint and endpoint of CBT groups for social phobia. Symptom measures were also completed at the beginning and end of treatment. We found that cohesion ratings significantly increased over the course of the group and were associated with improvement over time in social anxiety symptoms, as well as improvement on measures of general anxiety, depression, and functional impairment. In conclusion, findings are consistent with the idea that changes in group cohesion are related to social anxiety symptom reduction and, therefore, speak to the importance of nonspecific therapeutic factors in treatment outcome. Judith et al., (2011) examine cognitive and symptom correlates of PEP, as well as stability of PEP, in the context of videotaped exposures that occurred during treatment at sessions four and eight. Before treatment, 75 individuals with DSM-IV diagnosed social phobia completed measures of social anxiety, anxious rumination, fear of causing discomfort to others, and negative interpretation of positive social events. They rated their peak anxiety during the taped exposure. Then, they completed a measure of PEP one week after each videotaped exposure exercise. Results revealed that baseline social anxiety symptoms, state anxiety during the videotaping, anxious rumination, fear of causing discomfort to others, and negative interpretation of positive social events were all positively associated with PEP for the first taped exposure. Regression analyses demonstrated that unique predictors of PEP over and above baseline social anxiety were state social anxiety during the exposure, and anxious coping-focused rumination. This was largely replicated in the second taped exposure. In addition, PEP following two videotaped exposures separated by four weeks showed a moderate-to-large positive correlation. These findings highlight symptom and cognitive correlates of PEP, and underscore importance of state anxiety in social situations, as well as general anxiety focused rumination in social phobia. an Dam-Baggen and Kraaimaat (2000) 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. 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 quasi-experimental 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. Carlbring et
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al., (2009) in this 30-month follow-up we contacted 57 participants from the original study of which 77.2% (44/57) responded to the Internet-administered outcome measures and 66.7% (38/57) completed a telephone interview. Results showed large pretreatment to follow-up within-group effect sizes for the primary outcome measures (Cohen's d 1.10–1.71), and a majority (68.4%; 26/38) reported improvements in the interview. The findings suggest that the long-term effects seen in previous live treatment CBT trials can occur in Internet-delivered treatment as well. Affected individuals fear that they will be evaluated negatively or that they will act in a manner that resulting in their humiliation or embarrassment whenever they are expected to go into the phobic situations; they develop severe anticipatory anxiety. They utilize various excuses to avoid phobic situations.

This avoidance usually affects their lives quite adversely. Many of these patients exhibit psychological symptoms of poor self confidence, show anxiety on trifles and may be very conscious of some physical or psychological defect in them; as a result, they may develop secondary depression. Exposure to social situations can produce physical symptoms such as sweating, blushing, muscle tension, pounding heart, dry mouth, nausea, urgency of masturbation, shaky voice or trembling. Social phobia is the third most common mental disorder in adults worldwide, with a lifetime prevalence of at least 5% (depending on the threshold for distress and impairment). There is an equal gender ratio in treatment settings; but in catchment area surveys, there is a female preponderance of 3:2. Affected individuals are more likely to be unmarried and have a low socioeconomic status. Although common, social phobia is often not diagnosed or effectively treated. There have however been a number of developments in our understanding and treatment of social phobia over the past decade. Cognitive and behavioral interventions for social phobia appear to be more effective than wait-list controls and supportive therapy. Cognitive behavioral treatment involving cognitive restructuring plus exposure appears to be an effective treatment and exhibits a larger effect than either exposure or social skills training or cognitive restructuring alone. The sessions of CBT for social phobia are devoted to training clients in the basic tenets of cognitive therapy, especially the link between faulty assumptions or irrational thinking about social situations and anxiety experienced in those situations (Albano and DiBartolo, 2007; David, 2003; Leichsenring et al., 2009). The case report highlights the fact that combination of cognitive, emotional and behavioral approaches is effective and is the initial choice of treatment for social phobia.

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REFERENCES


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