Background
Social phobia is the most common anxiety disorder with a lifetime prevalence of 13% [1]. The impact on the life of individuals suffering from this disorder is devastating. Several studies have shown that individuals with social phobia have difficulties in almost all areas of life [1-3]. The symptoms are typically present from early adolescence, are highly resistant to treatment, fluctuating, and frequently lasting for a lifetime. As a consequence, it is important to develop effective treatments.

Research program
The aim of the project was to gather knowledge on why the prevailing different psychological treatments for social phobia, cognitive and interpersonal therapy, could be implemented in a residential setting. We wanted to investigate which factors affected the course of treatment, and for whom the treatment was most suitable.

Design and participants
80 patients who were diagnosed social phobia (SP) between November 2001 and February 2002 were randomized to residential cognitive (RCT) or interpersonal therapy (RIPT).

Psychometric assessment
Patients were measured at pre-care evaluation, at admission, at mid-treatment, at post-treatment, and at one-year follow-up. Interverview based evaluation was performed at admission, post-treatment and one-year follow-up.

Results
• Patients tolerated the treatments quite well, with a modest attrition rate of 14%.
• Effect sizes (ES) were medium to large (0.74) at post-treatment and large (1.03) at one-year follow-up.
• No significant between treatment condition differences.
• Relatively large improvements on general symptoms.
• Robust changes, patients continued to improve on all measures from post-treatment to one-year follow-up.
• The numbers of patients with co-morbid Axis II disorders were reduced from 62% at pre-treatment to 27% at one-year follow-up.
• Large improvements on avoidant (AV) and dependent (DP) personality dimensions, ESs were 0.62 and 0.76 respectively.
• Improvements in AV and DP dimensions were associated with changes in the cognitive process factors estimated probability and estimated cost.
• Early age of onset of social phobia and less positive expectancies could be associated with poorer post-treatment outcome.
• General dysfunction differentiated the treatments, indicating robust changes, patients continued to improve on all measures.
• Improvements in AvPD and DPD dimensions were associated with reduced from 62% at pre-treatment to 27% at one-year follow-up.
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RESIDENTIAL COGNITIVE AND INTERPERSONAL TREATMENT FOR SOCIAL PHOBIA

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Figure 1: Patients recovered or improved in % at pre-treatment and one-year follow-up

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