

## Effectiveness of Eclectic Intervention (Cognitive Restructuring and Cognitive-behavioral Coping skills) on Social Skills, Interpersonal Self-Efficacy, and social anxiety among University of Isfahan Students

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### ABSTRACT

People with social anxiety don't show enough social skills and interpersonal self-efficacy in the social situations, so the aim of this study is to evaluate the effectiveness of Eclectic Intervention (Cognitive Restructuring, Cognitive-behavioral coping skills) on social anxiety, social skills and interpersonal self-efficacy among Students.

This study is experimental in design and is conducted through a pre-test, post-test with experimental and control group. The target sample was 32 students who were selected through several stages of cluster sampling among 287 students of university of Isfahan. At the beginning 3 questionnaires of social anxiety, social skills and interpersonal self-efficacy scales were distributed between students. Then among those those students with high social anxiety, low interpersonal, and low self-efficacy were randomly selected. Then they were randomly assigned into experimental and control group the experimental group went through 10 sessions of eclectic intervention in spring 2012. Questioners were completed in 3 stages: pre-test and post-test and follow-up after 1 month.

Results of covariance analysis represented significant differences in social anxiety between experimental and control group ( $P < 0.001$ ,  $F = 23.74$ ) and significant differences in social skills between experimental and control group ( $P < 0.004$ ,  $F = 10.03$ ) and significant differences in interpersonal self-efficacy between experimental and control groups ( $P < 0.008$ ,  $F = 8.254$ ) in post-test stages. These results continued in follow-up stages.

The findings of this study revealed that Eclectic Intervention (Cognitive Restructuring and Cognitive-behavioral coping skills) is effective for increasing self-assertiveness and interpersonal self-efficacy in students.

**KEY WORDS:** Eclectic Intervention, Self-assertiveness, Interpersonal Self-Efficacy

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### INTRODUCTION

Anxiety disorders are the most prevalent mental disorders. Social anxiety is a kind of anxiety disorder. Anxiety implies to emotions, thoughts, motor behaviors and unpleasant physical reactions that causes prostrations and dysfunction in person's life. Individuals with social anxiety have some sensations such as inefficiency, danger, threat and losing control of their behavior. They fear to be criticized and worry about losing o their relatives or think of the dead ones, (Beogls et al, 2000). Social anxiety disorder that was first described in 1960, implies obvious and continuous fear of social or functional situations and which is due to a belief that they will act embarrassingly and humiliatingly in these situations, (Rheingold, Herbert et al, 2003). When such a person is in social or functional situations, he immediately shows anxiety reaction. Individuals with social anxiety worry about being considered anxious, disabled and weak by others (American Psychological Association, 2000). According to Epidemiological studies, prevalence of social anxiety is 2% to 13% put this disorder in third rank of psychiatric disorders following depression and alcohol dependency (Kessler et al, 1994). Usually this disorder leads to long-term disability (Bruce et al, 2005) and such patients suffer from major impairment in daily functions such as social and career functions (Reich et al, 2004).

Although the emotional dimension of social anxiety is concern and fear and even shock, its cognitive dimension, such as negative thoughts and thoughts about impending damage is really

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important as well. Surveys based on Clark and Wells (1965) showed that when socially anxious people face a scary situation, they develop their negative thought and negative sensation (Zue et al, 2007). Another characteristic of socially-anxious individual is disability to use social skills to initiate and continue social communication.

Long history of social avoidance may restrict the individual's opportunities to learn appropriate social skills. Teaching social skills to socially anxious individuals would help them learn strategies to cope with stress so that they have more self-confidence and tranquility. (Halgin et al, 2004). According to Gersham and Elliott (1984) social skills are a set of learned and acceptable behaviors that an individual's use to have an effective communication and avoid unreasonable social reactions. Cooperating with others, initiating communications, asking for help, and praising others are examples of social skills. Human growth consists of psychological, social, cognitive, behavioral and emotional growth. Each of these fields needs skills and ability. Indeed we could say evolution is the growth stages dependent on social skills. When individuals acquire social skills, they improve their functions. Teaching social skills and using them play an important role in psychic health (Gersham et al, 1990). Social skill training is a widespread and usable intervention for the range of psychological problems such as loneliness or low social skills. This intervention is used for clients with psychological and interpersonal problems and has been taught by different techniques such as role playing, modeling, reinforcement and giving feedback (Segrin, 2009).

Another variable that is affected by social anxiety is interpersonal self-efficacy. In the other words, there is a significant correlation between social anxiety and interpersonal self-efficacy (Kheir et al, 2008). Interpersonal self-efficacy is an ability to have special interpersonal behavior (for example order or follow the order). Among various behaviors, individuals usually do things that believe they can do them (Lock et al, 2007). Based on Bandura's Theory (1997) individuals that have high level of social anxiety usually feel they don't have enough skills and ability for interpersonal behavior and have low expectation of success, which leads to anxiety.

The core characteristic of social anxiety is cognitive variable (fear of negative assessment) (Turk et al, 1999). So cognitive restructuring which emphasizes on decreasing negative thoughts could be effective to decrease signs of social anxiety. Cognitive restructuring could help individuals change their negative beliefs by challenging between therapist and client (Antony, 1997). Coping skills training is a cognitive-behavior technique which could help people increase positive thoughts. On the other hand, coping skills training is effective for self-esteem and social adjustment (Heimberg et al, 2000), as well as self-efficacy improvement (Meijersusan, 2010).

Cognitive-behavioral coping skills training for increasing self-efficacy and social adjustment can be used. Therefore in this research cognitive restructuring and cognitive coping skills were used as supplement techniques, because cognitive restructuring emphasize on decreasing negative thoughts but cognitive-behavioral coping skills training emphasize on increasing appropriate thoughts. This technique helps people to first find problematic situations and recognize the most appropriate thoughts and then find positive self-talking that lead to reinforcing appropriate thoughts. Then they rehearse and practice this process by behavioral techniques such as role-playing. (Toseph, et al, 2010). Role playing is a technique to show or do a special role or play a role and is a useful technique to recognize automatic thoughts and learn new behavior. Also, it is widely usable in psychotherapy and teaching (Froedinadl, 1994). Bandura (1997) believed that the most effective strategy to increase interpersonal self-efficacy is setting situations that individuals could have successful experience to feel self-confident. Especially role playing and skill training to face anxiety could be effective (Kheir et al, 2008). Using role-playing has some advantages which other behavioral therapies don't have; such as: 1. In playing incorrect behavior no one is hurt but this is not so in real society. 2. they get feedback from the members of group about the effectiveness of the behavior they experienced. 3. There is possibility for repeating the behavior until the people get satisfactory results (Blatner, 1996).

So in this research, the combination of cognitive restructuring and cognitive-behavioral coping skills have used for determining the problematic situations and irrational thoughts, emotions and behaviors which arise from irrational thoughts, finding logical thoughts and replacing them by self-talking and behavioral skills training such as role playing.

. In previous research, cognitive techniques have been used just for decreasing negative thoughts but persons with social anxiety need to change cognitive distortion and they also suffer from lack of positive thoughts, so in this research the Effectiveness of Eclectic Intervention (Cognitive Restructuring and Cognitive-behavioral coping skills) on Social Skills, Interpersonal Self-Efficacy, and social anxiety has been evaluated.

## METHOD

This study is experimental in design and is conducted through a pre-test, post-test with experimental and control group. The target sample was 32 students who were selected through several stages of cluster sampling among 287 students of university of Isfahan. So 2 faculties from university of Isfahan were randomly selected then from them several classes were randomly selected and 3 questionnaires of social anxiety, social skills and interpersonal self-efficacy scales were distributed among students. Then these students with high social anxiety, low interpersonal and low self-efficacy were randomly selected. They were randomly assigned into the experimental and control group 10 sessions of Eclectic intervention in 2012, spring were offered to the experimental group the questioners were completed in 3 stages: pre-test and post- test, follow-up after 1 month.

### Setting

During This study, the subjects in experimental group received Cognitive Restructuring and Cognitive-behavioral coping skills training program but the control group received no introversion during this period. After this period the control group received the same introversion that was done for the experimental group.

### Program

Eclectic intervention in this study consists of 2 approaches which include: Cognitive Restructuring and cognitive-behavioral coping skills. These approaches included various goals: table 1 shows the program of eclectic intervention.

For example the session about Defending rights was set as below:

Experimental group was divided to 4 groups and the member of each group remembered a situation in which they couldn't defend their rights. Then one situation was selected by voting. The selected situation was about a member of group who wanted to park her car in a parking lot. The car park was crowded and she wanted a driver who was behind her car let her put displace his car and place her car in parking lot. The man opposed her request and after she asked for the reason, he answers because I didn't like to move. She kept quiet and had to find another parking lot. She as protagonist and another person as driver played this situation. Then the therapist asked the protagonist to express her thoughts and feelings in this situation. She said that in this situation she suffered humiliation and thought that if she had been boy she could have defended her rights. She felt very upset. First these thoughts were challenged by cognitive restructuring. She was asked which evidence supported that she was humiliated and which ones rejected this thought? What are the advantages and disadvantages of this thought? Replying these questions, protagonist noticed rejecting evidences are more than supportive evidences and disadvantages of this thought are more than the advantages. Then another thought was challenged. She was asked if in other social situations she had wished she was a boy. Is there any situation in which she liked being a girl? Replying these questions, the protagonist noticed that just being boy doesn't lead to achievement, and regardless of sex, having skills leads to achievement and success. Then cognitive-behavioral skills training were used. So instead of focusing on negative thought, she got familiar to appropriate thoughts. Appropriate thought in this situation was that I can easily request my addressee. Then protagonist learned that repeat appropriate thought by self-talking. For rehearsing this self-talking role-playing was used. Role-playing of this situation couldn't help the person request her addressee effectively.

Symbolic distance technique of role playing was used. In this technique, the protagonist first tries to play a very different role then she gets near to her role for example in this situation protagonist played the role of a friend who could effective request effectively.

Therapist asked if any person could play this role instead of the protagonist play role. After one member played the role, the protagonist was asked to role play like that. Then she played the role based on her personality. She played this situation for several times until she could ask her request effectively and could dominate the situation. Then the therapist asked about her thoughts and emotions. She didn't have the previous negative thoughts. She said that, she thought that she could control the situation and could show effective behavior which could make her able to have more positive effect on her addressee and get positive reaction for her request. So positive thoughts replaced the previous negative thoughts and the person could eventually dominate the situation.

### Instruments:

#### 1) Liebowitz Social Anxiety Scale

2) This scale is prepared by Liebowitz in 1987. It consists of 24 questions each question. Each question tests fear and avoidance behavior and rates from 0 to 3(in sequence never, rarely,

sometimes and always). Scores of 55 to 65 represent mild social anxiety, Scores of 66 to 80 represent intermediate social anxiety, Scores of 81 to 95 represent severe social anxiety, and Scores over 96 represent very severe social anxiety. Cronbach's Alpha of this scale was reported 0.95. To investigate contingency validity, this scale was compared to Social Interaction Scale to Mattic and Clark and correlations was between 0.31 to 0.72. Scores of non-anxious subjects were higher. Reliability of this questionnaire was calculated 0.72.

- 3) **Yazdkhasti-Kuraki Social Skills Scales:** This scale is prepared by Yazdkhasti and Kuraki in 2010. It consists of 20 questions. Kuraki has distributed this questioner in 2010 on 200 students in university of Isfahan. Cronbach's Alpha of it has been reported 0.88. Content validity of this questionnaire has been approved by several psychology professor of university of Isfahan. In this research. Cronbach's Alpha of the questionnaire in this equaled to 0.75.

#### 4) Scales of Interpersonal Efficacy

This scale was constructed by Kenneth D. Locke in 2000. It contains 16 questions. Replies to these questions are rated on likert scale from 1 to 10. Therating is based on how much confident is the person to react to other people in that way. Score zero represents no confidence to questions and score 10 represents large confidence to each question. Higher scores represent higher interpersonal Efficacy. Reliability of this questioner was 0.79. It's the first time this questionnaire has been used in Iran. Reliability of it was calculated about 0.71 and content validity of this questioner has been approved by several psychological professor of university of Isfahan.

## RESULTS

Descriptive characteristics; the numbers of participants, mean and standard deviation of Social anxiety, Social skills and Interpersonal self-efficacy have been shown in table 2.

Findings of covariance analysis have been shown in table 3. These results showed that after control post-test scores, there are significant differences in social anxiety between the experimental and control group in post-test stage(Sig< 0.001), and follow up stage(sig< 0/002) and in social skills between the experimental and control group in post-test stage (Sig<0/004) and follow up stage(sig<0/005), and in interpersonal self-efficacy between the experimental and control group in post-test stage(Sig< 0.008), and follow up stage (Sig<0/013)(see table 3).

Table 2. Descriptive statistics of Social Anxiety, Social skills, and Interpersonal self-efficacy

## DISCUSSION

This study represents the effectiveness of Eclectic Intervention (Cognitive Restructuring, Cognitive-behavioral coping skills training Approach) on Social Skills, Interpersonal Self-Efficacy and social anxiety among the students of university of Isfahan.

Findings of this study showed that Eclectic Intervention (Cognitive Restructuring and Cognitive-behavioral coping skills Approach) has decreased social anxiety in post-test among the experimental group but these changes haven't been significant in the control group. This finding has been approved by Ghafarzade Study (2008) which was on the effectiveness of cognitive therapy on social anxiety. Its result sowed that there was a significant difference between pre-test and post-test in the experimental group in comparison to control group. The study of Calantari, Molavi and Neshatdust (2006) represented that group behavioral therapy could decrease signs of social anxiety and increase assertiveness in students. According to Moshaveri study (2001) cognitive-behavioral training could decrease social anxiety.

The Present study showed that eclectic therapy (Cognitive Restructuring and Cognitive-behavioral coping skills Approach) could significantly increase social skills. This finding has been approved by Skian, Sanayi and Navabi (2008) and Molazamani-Ashtiani study (2008). In all of these studies role-playing had been an effective technique to increase social skills.

Also thew finding of this present has been approved by Herbert, Gaudiano, Rheingold, Myers, Dalrymple and Nolan Study (2005) and Vakilian and Ghanbari Study (2009). In these studies it has been expressed that cognitive-behavioral therapy that had been compounded to social skill training is more effective than cognitive-behavioral therapy to decrease social anxiety.

Also the research of Khamene (1995) implies that assertive training compounded with cognitive restructuring is more effective than assertive training.

The findings of this research revealed that eclectic therapy (Cognitive Restructuring and Cognitive-behavioral coping skills Approach) could increase interpersonal self-efficacy in the experimental group in post-test but these changes haven't been seen in the control group. This finding has been approved by Gaudiano and Herbert's Study. They understood that role playing would significantly increase self-efficacy in social situations and this self-efficacy would

independently predict decreasing social anxiety. In another study Mas'odnia (2008) expressed that self-efficacy could predict 20.1 variance of social anxiety.

It seems that the necessary element for of participating in social situations and not avoiding them, is having social skills to face these situations and recognize them and not to distort believes (Vakilian et al, 2010). In this research, cognitive restructuring was used for changing negative thoughts, so the people's thoughts were challenged by evaluating the acceptance and rejection evidences and evaluating the advantage and disadvantage of these thoughts, then appropriate thoughts replaced. Cognitive-behavioral coping skills training in this research by determining problematic situations and appropriate self-talking lead to replacing appropriate thoughts, finding insight into inappropriate interactions and increasing the ability for emotional control in social situations. Actually, by using problem-solving and interpersonal interaction training, self-esteem and self-efficacy improvement, and avoiding cognitive distortion in verbal and nonverbal communications, this approach helped social skills and interpersonal self-efficacy. Also this approach by providing executional situations, paved the way for accomplishment of activities that they avoided in the past. Providing the executional situations and comparing their sensation and interpretation with other's idea and receiving feedback led to correcting these interpretations and as a result reinforced the subject's beliefs that they can successfully do an activity in social situations, it means they improved their interpersonal self-efficacy and could control their on social skills. The most important advantage of cognitive-behavioral coping skills is that it's a practical and executional approach, as in the behavioral section by using role- playing, the persons instead of just talking about the problem, can play and revise the problem and find a practical solution. Role- playing leads to increasing interpersonal interactions and exchanging thoughts and emotions which lead to increasing social skills and decreasing social anxiety. So cognitive restructuring and cognitive-behavioral coping skills training led to decreasing social anxiety and increasing social skills and interpersonal self-efficacy.

Among the restrictions of this research is unavailability of the required facilities for better management of the sessions such as not having space to be used as a stage, shortage of sessions can be mentioned. So for better evaluation of eclectic therapy, planning for more sessions, and a more appropriate place is required. It is suggested that the effectiveness of eclectic interventions on social skills, interpersonal self-efficacy and social anxiety be compared to with another intervention in future research.

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Characteristic of individuals	Session	Goal of session	General Program
Social skills in low level	Session 1	Initiating speech	1. Recognizing the situation which
Interpersonal self-efficacy in low level	Session 2	Defending your rights	2 Diagnosing the emotions which
Social anxiety In high level	Session 3	Verbalizing the sensation	3.Taking notes of thoughts which
	Session 4	Conflict management	4.evaluating acceptance and
	Session 5	Saying "No"	advantage and disadvantage of the
	Session 6	Anger management	most appropriate thoughts 6.F
	Session 7	Request for help	reinforces appropriate thoughts
	Session 8	Apologizing	these self-talking's by behavioral
	Session 9	Express opposite view	playing

Table (2): Descriptive statistics of Social anxiety, Social skills and Interpersonal self-efficacy

Variables	Stages	Sum of squares	df	Mean Squares	F	Significance	Partial squares	eta	Observed Power
Social Anxiety	Post-test	4876/625	1	4876/625	23/714	0/000	0/45		0/997
Social skills	Follow-up	5481/176	1	5481/176	12/547	0/002	0/33		0/926
	Post-test	427/375	1	427/375	10/03	0/004	0/26		0/86
Interpersonal self-efficacy	Follow-up	407/806	1	407/806	9/387	0/005	0/27		0/84
	Post-test	2989/580	1	2989/580	8/254	0/008	0/22		0/80
	Follow-up	2637/532	1	2637/532	7/094	0/013	0/22		0/73

Table (3): Covariance analysis of Social anxiety, Social skills and Interpersonal self-efficacy

Variables	Groups	Pre-test			Post-test			Follow-up		
		Numbers	Mean	Std. Deviation	Numbers	Mean	Std. Deviation	Numbers	Mean	Std. Deviation
Social Anxiety	Experimental	16	77/80	1/61	16	46/07	1/78	16	39/47	2/19
	Control	16	77/69	1/57	16	72/08	2/11	16	67/46	2/27
Social skills	Experimental	16	60/40	7/44	16	69/53	6/96	16	71/73	7/50
	Control	16	62/38	7/05	16	60/61	6/73	16	64/92	7/03
Interpersonal self- efficacy	Experimental	16	89/33	1/21	16	106/87	2/06	16	108/33	1/68
	Control	16	90/61	1/67	16	84/31	2/01	16	89/38	2/29