The Effectiveness of Cognitive Behavioural Intervention in Alleviating Social Avoidance for Blind Students

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Abstract—Social Avoidance is one of the most important problems that face a good number of disabled students. It results from the negative attitudes of non-disabled students, teachers and others. Some of the past research has shown that non-disabled individuals hold negative attitudes toward persons with disabilities. The present study aims to alleviate Social Avoidance by applying the Cognitive Behavioral Intervention.

24 Blind students aged 19–24 (university students) were randomly chosen we compared an experimental group (consisted of 12 students) who went through the intervention program, with a control group (12 students also) who did not go through such intervention. We used the Social Avoidance and Distress Scale (SADS) to assess social anxiety and distress behavior. The author used many techniques of cognitive behavioral intervention such as modeling, cognitive restructuring, extension, contingency contracts, self-monitoring, assertiveness training, role play, encouragement and others. Statistically, T-test was employed to test the research hypothesis.

Result showed that there is a significance difference between the experimental group and the control group after the intervention and also at the follow up stages of the Social Avoidance and Distress Scale. Also for the experimental group, there is a significance difference before the intervention and the follow up stages for the scale. Results showed that, there is a decrease in social avoidance. Accordingly, cognitive behavioral intervention program was successful in decreasing social avoidance for blind students.

Keywords—Social avoidance, cognitive behavioral intervention, blind disability, disability.

I. INTRODUCTION

MANY people (specially disabled) have problems with social interaction. Social avoidance is one of several personality disorders that have been shown to be associated with disabilities and is common among the blind students on campus, university society, during lectures and activities. Recently there has been a serious increase in such problem among blind students at the university. Such social avoidance affects students in many aspects; academically, psychologically and socially. It also affects both their families and regular students leading to strengthen the negative attitudes towards them and might lead to depression among them. Cognitive Behavioral Intervention is a very useful intervention in Social Anxiety Disorder (SAD) and Personality

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Disorder (PD). Reviewing literature of the subject, it was clear that the treatment improves symptoms of social anxiety disorder, avoidance of social situations, and overall well-being [1], [2].

Previous studies find that the treatment works for both adults and adolescents [3].

A. Purposes of the Study

The present study examines the effectiveness of cognitive-behavioral intervention in alleviating Social Avoidance for blind Students.

B. Social Avoidance

Avoidant personality disorder or Social Avoidance appears to be as frequent in males as in females. It affects between 0.5% and 1.0% of adults in the general North American population, but it has been diagnosed in approximately 10% of clinical outpatients [4]. No statistics is available in Arab countries or Gulf countries due to the Customs and traditions, but from literature review, we can definitely say that it is more widespread among disabled than regular people.

There are a significant number of people who suffer from the personality disorder called Social Avoidance. Social Avoidance Disorder is sometimes mistaken for Social Phobia. The difference between an anxiety disorder and social phobia is that avoidant personality disorder has to do with the nature of personality disorders. A personality disorder is a lifelong pattern of behavior that causes problems with work and personal relationships. The fact that this is a lifelong pattern of behavior makes treatment extremely difficult [5].

Social Avoidance or Avoidant personality disorder is characterized by marked avoidance of both social situations and close interpersonal relationships due to an excessive fear of rejection by others. Persons with this disorder exhibit feelings of inadequacy, low self-esteem, and mistrust toward others [6], [7]. It consists of a marked and persistent fear of encountering other people, usually in small groups; or doing certain acts in a public place, like eating, public speaking or encounters with normal people [8]. Notably that, exposure to social situations can produce physical symptoms such as sweating, blushing muscle tension, pounding heart, dry mouth, nausea, shaky voice or trembling [5].

1. Description, Causes and Symptoms

Many researchers tried to explain the natural of social avoidance, its reasons, symptoms, and methods of treatment.

Previous studies [10]-[13] showed that people who are diagnosed with Social Avoidance or avoidant personality disorder desire to be in relationships with others but lack the skills and confidence that are necessary in social interactions. In order to protect themselves from anticipated criticism or ridicule, they withdraw from other people. This avoidance of interaction tends to isolate them from meaningful relationships, and serves to reinforce their nervousness and awkwardness in social situations.

The behavior of people with avoidant personality disorder is characterized by social withdrawal, shyness, distrustfulness, and emotional distance. These people tend to be very cautious when they speak, and they convey a general impression of awkwardness in their manner. Most are highly self-conscious and self-critical about their problems relating to others [9]-[14].

If we look particularly at the disabled especially blind disabled, we can say that the two main reasons for social avoidance may be due to first the disability itself [10]. The second reason is the negative attitudes from the regular people toward them. Researches showed that:

Nondisabled students experienced more negative affect and thinking about interacting with students who have disabilities than with able-bodied peers; the nature of the disability made little difference [15].

Difficulties between college students with and without disabilities during casual social interactions are due, primarily, to the nature of nondisabled individuals' cognitions and affect [16].

Many nondisabled people are uncomfortable with those who have disabilities [16], [17] and casual social interaction between individuals with and without disabilities, when they do not know each other well, is often problematic[18], [19]. In the college context, data indicate that nondisabled students have negative attitudes toward peers with disabilities, which can lead to problems in interaction.

Interacting with someone who has a visual impairment raises different issues, including concerns such as problems studying together and borrowing each other's notes. Awkwardness over using everyday words and phrases such as "Look here" and "Do you see my point?" can also pose difficulties, as can conversational disruptions due to communication via body language, facial cues, and gestural expressions.

American Psychiatric Association specified the following criteria for avoidant personality disorder [7]:

- The person avoids occupational activities that require significant interpersonal contact.
- The person is reluctant to participate in social involvement without clear assurance that he will be accepted.
- The person fears being shamed or ridiculed in close relationships.
- The person is preoccupied with being criticized or rejected. Much mental and physical energy is spent brooding about and avoiding situations perceived as "dangerous."

- The person is inhibited in unfamiliar social situations due to feelings of inadequacy.
- The person regards him- or herself as socially inept.
- The person is reluctant to take social risks, in order to avoid possible humiliation.

C. Cognitive-Behavioral Intervention

When evidence-based practice has become so important to the social work profession, cognitive-behavioral therapy (CBT) has become one of the most frequently used forms of intervention [20]. It is one of the most widely researched and published model of therapy.

Cognitive Behavioral Therapy (CBT) is a form of treatment that focuses on examining the relationships between thoughts, feelings and behaviors. By exploring patterns of thinking that lead to self-destructive actions and the beliefs that direct these thoughts [21].

The CBT approaches have three basic assumptions: (1) cognitive processes and content are accessible and can be known. (2) Our thoughts and beliefs mediate the way we process information and consequently affect our emotional and behavioral responses. (3) Maladaptive cognitions can be intentionally targeted and changed in a more rational and realistic direction, thus relieving symptoms and increasing functionality [22].

CBT approaches promote professional competence through the pursuit of evidence-based models of treatment and ongoing research to validate its use with various disorders and populations [23]. These disorders include Social Anxiety Disorder (SAD), and avoidance disorders (Social Avoidance is considering one of them). CBT is more effective with the social phobias and avoidant disorders because the emphasis is on changing thinking patterns as well as modifying behavior. The emphasis is on helping the blind students face and become desensitized to the stimuli (social situations) that cause them most troubles. Behavior modification includes learning the social skills necessary to function in society [5].

CBT may be helpful in treating individuals with avoidant personality disorder. This approach assumes that faulty thinking patterns underlie the personality disorder, and therefore focuses on changing distorted cognitive patterns by examining the validity of the assumptions behind them. If a blind student feels, he is inferior to his peers, and socially unacceptable, a cognitive therapist would test the reality of these assumptions by asking the student to name their friends and who enjoyed their companies and those who do not. By showing the patient that social situations can be enjoyable, the irrationality of his social fears and insecurities are exposed. This process is known as *cognitive restructuring* [4].

Many studies indicated the effectiveness of this approach in dealing with Avoidant personality disorder. A study conducted among adolescents indicated the effectiveness of cognitive-behavioral therapy in significantly reducing the levels of hyperactivity, impulsivity and aggression [24]. Intervention programs, based on applying cognitive and behavioral strategies in order to increase the level of self-control, problem solving, social skills and anger management, indicated

positive effect in dealing with different Social, Personal disorders and anxiety disorders such as Social Phobia and Social Avoidance [25]-[27].

D. Cognitive-Behavioral Intervention and Sad (Including Social Avoidance)

It was stated that [1] CBT understands SAD as being the result of distorted thoughts about how one thinks they will be perceived by others. These thoughts, along with memories, and feelings, which lead individuals to think that engaging in social situations, will lead to embarrassment, failure, and greater anxiety. The belief in these negative consequences then leads individuals to avoid social situations as a means of avoiding anxiety. This avoidance is reinforced because the individual is often able to escape the anxiety produced by social situations by avoiding them; however, this avoidance also means that the individual does not have an opportunity for new learning, which may lead to disconfirmation of their beliefs. Therefore, CBT for social anxiety seeks to teach individuals skills to enhance their ability to perform well in social situations, challenge distorted cognitions, and reduce avoidance of social situations [1].

II. Methodology

A. Research Type and Research Methods

The study is considering a quasi-experimental study, which aims to identify the impact of independent variable, which is cognitive behavioral intervention on dependent variable, which is social avoidance.

B. Hypothesis of the Study

The present study involved one main hypothesis and four sub-hypothesizes. The main hypothesis is "There is a statistical significant differences between experimental and control group in Social Avoidance after using Cognitive behavioral intervention".

C. Fields of Study

1- Place of the study: College of Arts& Social sciences, Sultan Qaboos University.
2- Duration of the study: The study lasted for 3 months and half (Mid of Feb. to the First of June, 2015).

D. The Population of the Study

The population of the study means the population, which the sample will be taken from. In the study, the population includes the students in College of Arts& Social sciences, Sultan Qaboos University, Muscat, Oman the total number of blind students were 38.

E. The Sample

All participants completed the Social Avoidance and Distress Scale Large print or audiotape or Brail versions of the scale were included (38 students). A choice of 25 students who had higher grades in the scale were chosen and considered social avoidance. One student withdraws from the semester. The sample divided randomly into two groups:

control group (12 students), and experimental group (12 students).

F. Tools

1. Social Avoidance and Distress Scale:

This scale attempts to determine the level of anxiety people feel in social situations and the extent to which they avoid such situations. It measures people's aversion to social interaction. The scale includes 28 true/false items. This instrument was developed to quantify social anxiety (which social avoidance is part of it). The questionnaire was handed out to students (using the proffer method of reading for both of the experiment group and the control group, before and after intervention. The present study calculated the internal consistency index, which proved to be high and significant (Cronbach's Alfa) (r = 0.78).

The SADS instrument has been valued at high reliability with its internal consistency at .94 and the test-reliability ranging from .68 to 84. This result was found to be close to what Watson and Friend found using SADS on a sample of student groups [28].

TABLE I
STUDENTS' DISTRIBUTION BY DEMOGRAPHIC VARIABLES

Group	Variable	Categories	n	Percent
Control Group N=12	Grade	Grade 1	2	16.66
		Grade 2	3	25.00
		Grade 3	5	41.66
		Grade 4	2	16.66
	Age	Average= 21.7		
	Gender	Male	5	41.66
		Female	7	58.33
Experimental Group N=12	Grade	Grade 1	1	8.33
		Grade 2	4	33.33
		Grade 3	3	25.00
		Grade 4	4	33.33
	Age	Average= 21.3		
	Gender	Male	4	33.33
		Female	8	66.66

G. Intervention Description

1. Objectives of the Intervention

The main objective of the intervention is improvement of self-esteem and confidence. As the blind student's self-confidence and social skills improve, he will be able to face social situations.

The researcher achieved the main goal through achieving the following sub-objectives:

- Preparing blind students to face social situations in a gradual, systematic way rather than avoiding them.
- Reduce the anxiety.
- Increase self-esteem.
- To modify negative thoughts.
- Learn how to control the physical symptoms of social avoidance.
- Challenging negative, unhelpful thoughts

2. Description of the Intervention

The intervention lasted for 3 months and half, working with different parties. Seventeen sessions of cognitive behavior intervention were conducted over a period of 15 weeks to achieve the main objective. Each Interview lasted for around 1 hour. First, the blind students were explained the basic nature and purpose of cognitive intervention. They were also informed about the nature, symptomatology, causative factors, and course and maintaining factors of the social avoidance. In the next sessions, the intervention strategies were planned, and the behavioral and cognitive techniques were implemented as a process of treatment for the purpose of recovery from social avoidance. In the next sessions, (to reducing anxiety) training muscular relaxation technique was given to the students. It started with breathing exercise, and then the students underwent muscular relaxation process. Social skills were taught and training was given in several sessions, and instructed to practice the process at home. In the following, sessions, discussions were held with the blind students, systematic desensitization was done, which involves gradual exposure to social stimulus, and was continued until the patient was habituated the situation and avoidance response was extinguished. In addition, regular students (friends) were requested to monitor the exposure and response prevention and keep an eye on noticeable changes in the behavior. In subsequent sessions, in order to modify the negative thoughts and faulty cognition, cognitive restructuring was done, in which attempts were made to restructure all the negative and wrong beliefs they had developed. The students were taught how to challenge the negative thoughts in a rational, objective and analytical manner by themself.

TABLE II
CLARIFIED THE PARTIES, THE CORRESPONDING NUMBER OF INTERVIEWS, AND ITS TYPE

Parties	Blind students		Staff	Regular Students
Numbers of Interviews	20		3	3
	17	3		
Type of interview	Individual interviews	Group sessions	(one each month)	Group sessions (one each month)

3. Steps of the Intervention

a. Challenge Negative Thoughts

Challenging the negative thoughts is one effective way to reduce the symptoms of social avoidance. The first step is to identify the automatic negative thoughts that underlie the fear of social situations. The next step is to analyze and challenge them. It helps to ask oneself questions about the negative thoughts. Through this logical evaluation of the negative thoughts, the person can gradually replace them with more realistic and positive ways of looking at social situations that trigger one's anxiety.

b. Learn to Control the Breath

Learning to slow the breathing down can help bringing physical symptoms of anxiety back under control.

In addition to deep breathing exercises, regular practice of relaxation techniques such as progressive muscle relaxation will also help in reaching control over the physical symptoms of anxiety.

c. Face the Fears

Facing the social situations rather than avoiding them. Avoidance keeps social anxiety disorder going. Whereas avoiding nerve-wracking situations may help in feeling better in the short term, it prevents from becoming more comfortable in social situations and learning how to cope. In fact, the more to avoid a feared social situation, the more frightening it becomes.

d. Build Better Relationships

Actively seeking out and joining supportive social environments is another effective way of tackling and overcoming social avoidance.

4. Parts Included in the Intervention

The intervention included working with 3 different parties:
Working with the blind student:
- Teach them social skills.
- Help them to encounter the social situations and overcoming fears by gradually increasing exposure to it.
- Teach them some communication skills to enable interact successfully.
- Change their negative thoughts.

Work with the staff member:
- Teach them how to deal with blind students
- Teach staff to welcome the problem in the class through helping blind students to become involved with regular students.
- Determine causes for social avoidance to ensure clear understanding of the problem.
- Orient them to make blind students included in the discussion inside the class
- Counsel them the important of integration with others specially regular students
- Give them some tasks about integrating the blind students with regular students in the class.

Work with regular students:
- Teach them how to deal with blind students.
- Help them to encourage the blind students to participate and interact with regular students and to change their negative attitudes which is one of the causes led to the problem

H. Strategies and Techniques

The researcher achieved the goals stated through applying several strategies and techniques as follow:

1. First: Cognitive Methods

Cognitive methods help lessen anxiety in interpersonal relationships and groups, and give the blind students a feeling of control over their anxiety in social situations. The ultimate goal of cognitive therapy is to change the underlying core beliefs (also known as the "schemas"). A change in the core beliefs will lead to long-lasting improvement of the anxiety symptoms.

One of the central problems targeted by CBT is automatic negative thoughts, (known as cognitive distortions). Blind students with Social Avoidance have developed automatic negative ways of thinking that are misaligned with reality, increase anxiety, and lessen the ability to cope. Such thoughts occur instantly when the person think about an anxiety-provoking situation.

2. Second: Behavioral Methods

One of the most commonly used behavioral techniques to treat Social Avoidance is exposure training, (known as systematic desensitization). Exposure training involves gradually exposing the blind students to anxiety-provoking situations so that over time they elicit less fear.

Exposure training for Social Avoidance has to be a very gradual process.

At first, blind students practiced "in vivo" exposure, such as imagining giving a speech or practicing a teacher in the class through role-playing. Once the practiced or imagined situation becomes easier, then it is easy to move to the situation in the real world.

TABLE III
CLARIFICATION OF THE STRATEGIES AND TECHNIQUES USED BY, BLIND STUDENTS, TEACHERS (STAFF) AND REGULAR STUDENTS

Clarified the strategies and techniques used / with who?		
Blind Students	School (teachers)	Regular Students
Cognitive restructuring	Effective interacting	Effective interacting
Training of some skills	Assignments	cognitive restructuring
Instructions	problem solving	Information (about Social Avoidance)
Systematic Desensitization (Vivo)	Instructions	Shaping
Social Counseling	Social counseling	Social counseling
Extension		Social Support
Negotiation and communication skills	Support positive behavior	Instructions
Exploration		Exploration
Relaxation techniques		Monitoring

The followings show explanation of the strategies and techniques shown in Table III.

- Exposure: This method involves having the blind students safely enter into anxiety producing situations in order for new learning to occur. The idea is that by exposing students to the feared situation, the students will learn that they are able to handle the anxiety.
- Modeling: It can come in three forms, all of which rely upon one or more individual performing the desired behavior. These forms include live, and participation modeling; all of them should followed by the blind students practicing the behavior.
- Training: Train regular students in more effective ways of interacting with their blind students.
- Relaxation Training: this method helps students to feel more in control of their anxious responses when in feared situations. This is done by teaching them techniques such as deep breathing and progressive muscle relaxation.

- Shaping and differential reinforcement: Shaping is carried out by having the blind students perform closer and closer approximations to the target behavior.
- Social-Skills Training: this method helps blind students by improving their actual interpersonal skills, which should aid them in feeling a greater sense of mastery in social situations.
- Cognitive Restructuring: is the process of changing un-realistic, irrational beliefs, to thoughts that are logically clear and truthful. Also, teaching students how to "talk back" to their thoughts. This is done by teaching blind students to identify negative, distorted thoughts, evaluate the thoughts, and then develop alternative thoughts to challenge them.
- Extension: Is the cessation of rewards associated with fears of facing social situations.
- Utilizing monitoring systems: That can include the assistance of the regular students, timely feedback, and reinforcement practice for achieving desired outcomes.
- Desensitization (vivo systematic): This includes imagination such as present a paper in class or teaching the lesson for regular students through role playing. And these techniques should be practiced before going with the blind students to the real world.
- Increase social support through: Peer tutoring, bonding encourages friendship, self-help groups and so on.

III. RESULTS AND DISCUSSION

A. Results

Results indicated that the main hypothesis was accepted: There is a statistical significant difference between experimental and control group in Social Avoidance after using Cognitive behavioral intervention. T test was used to for the difference between two means to test the research hypothesis through the following steps:

1. The experimental and control groups before the intervention (baseline).
2. The experimental group before and after the intervention.
3. The control group before and after the intervention.
4. The experimental and control groups after the intervention

The Results showed that:

- There was no significance difference between experimental and control group at the **base line** $\alpha = 0.01$, sd= 2.5 and t =0.2
- A comparison was made **pre and post** intervention for the experimental group, the result was significant at $\alpha = 0.01$, sd= 3.8 and t =11.9
- A comparison was made **pre and post** intervention for the control group, the result was not significant at $\alpha = 0.01$, sd= 1.8 and t =0.8
- A comparison was made between experimental and control group after **(post)** the intervention. There was a significance difference between them at $\alpha = 0.01$, sd= 4 and t =10.5

TABLE IV
SHOWED THE RESULTS OF THE STUDY FOR EXPERIMENTAL AND CONTROL GROUPS, AT THE BASELINE (BEFORE THE INTERVENTION) AND AFTER (POST) THE INTERVENTION

	Base line (Pre)	Post Intervention	t table	Decision
Experimental	sd= 3.8 & t =11.9		2.55	Significant
Control	sd= 1.8 & t =0.8		2.55	Not Significant
Experimental	Sd= 2.5	sd= 4	2.89	Base line (Not significant
Control	t= 0.2	t =10.5	2.89	Post intervention (significant)

B. Discussion

Blind students' improvement was noticed after 17 sessions of intervention program. The level of fears of facing social situations and interacting with others was decreased. The blind student's self-esteem increased and they were able to attend social gatherings and social situations. In addition, their negative thoughts about themselves were modified. This helped in the recovery of their problem. The blind students expanded the activities of the college. At the end of 3 months and half, there was significant improvement for the blind students (the experimental group).

The results of the present study are in agreement with those of earlier studies that indicate the significance of CBT in the treatment of people suffering from social avoidance [29]. Cognitive Restructuring proved to be very useful in understanding the dynamics of the blind students' problems, as well as to enable the students to proceed in positive direction with the help of emotional support. There was decrease in fears, beside, symptoms of the problem decreased with the practice of relaxation techniques. Similar results have been reported by David [30]. Exposure techniques involve repeatedly facing previously avoided situations in a graded manner until habituation occurs. Cognitive restructuring helped in modifying negative automatic thoughts, which in turn helped in improving the people self-esteem and changing the students' perception and way of thinking about the world and one's self as well. Cognitive treatment was useful in restructuring and modifying the students' negative cognitive beliefs towards themselves and others. Although blind students started to interact with regular students, they were more comfortable when they contemplated interacting with visually impaired rather than with regular peers, and this finding agrees with Fitchen's study. [15] These findings match the findings of previous studies pointing at alleviated avoidance of social situations, and overall well-being in the experiment group following cognitive-behavioral therapy [1], [2].

The interventions time which lasted for 3 month and half, was suitable for dealing with the problem. Such result agree with some evidence suggests that CBT treatment works best when it is delivered in the recommended number of sessions, rather than extending treatment for a long time [31].

The researcher used 3 group sessions for the blind students to teach them social skills and negotiation and communication skills. The researcher used the group sessions here because group sessions are better than individual ones in the training.

Recent evidence suggests this fact and it indicated that there are some advantages of delivering the training and some CBT techniques in a group format, particularly for reducing avoidance [13].

Finally, research has shown that there are some individuals, who do not respond to treatment [31], [32]. For example, it was found [12] that factors such as the presence of other comorbid anxiety disorders (like Social Avoidance with Social Phobia or with any other anxiety disorder) and greater severity of Social Avoidance have been found to predict poorer treatment outcomes [32].

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