

Psychosocial Rehabilitation for Social Anxiety Disorder: Effects on Self-Determination and Collective Efficacy

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ABSTRACT

This study aims to evaluate the effectiveness of a psychosocial rehabilitation program in enhancing self-determination and collective efficacy among individuals with social anxiety disorder (SAD). A randomized controlled trial was conducted with 30 participants from Tehran, diagnosed with SAD. Participants were randomly assigned to an intervention group ($n = 15$) or a control group ($n = 15$). The intervention group underwent an eight-session psychosocial rehabilitation program. Data were collected at baseline, post-intervention, and five-month follow-up using the Self-Determination Scale (SDS) and the Collective Efficacy Scale (CES). Statistical analyses included repeated measures ANOVA and Bonferroni post-hoc tests, conducted using SPSS-27. The intervention group showed significant improvements in self-determination from baseline ($M = 24.67$, $SD = 5.43$) to post-intervention ($M = 32.12$, $SD = 4.89$) and follow-up ($M = 31.78$, $SD = 5.12$) compared to the control group, which showed no significant changes (baseline: $M = 23.89$, $SD = 5.67$; post-intervention: $M = 24.34$, $SD = 5.56$; follow-up: $M = 24.12$, $SD = 5.23$). Similarly, collective efficacy significantly improved in the intervention group from baseline ($M = 38.45$, $SD = 6.78$) to post-intervention ($M = 45.32$, $SD = 5.67$) and follow-up ($M = 44.89$, $SD = 5.43$), while the control group showed no significant changes (baseline: $M = 37.89$, $SD = 6.34$; post-intervention: $M = 38.12$, $SD = 6.56$; follow-up: $M = 38.00$, $SD = 6.12$). ANOVA results indicated significant main effects of group and time, and significant time $\times$ group interactions for both self-determination and collective efficacy ($p < .001$). The psychosocial rehabilitation program effectively enhanced self-determination and collective efficacy among individuals with SAD, with these improvements sustained over a five-month follow-up period. These findings support the incorporation of psychosocial rehabilitation into therapeutic practices for SAD to improve long-term outcomes.

Keywords: Social anxiety disorder, psychosocial rehabilitation, self-determination, collective efficacy, randomized controlled trial, mental health, intervention, long-term outcomes.

1. Introduction

Social anxiety disorder (SAD) is a prevalent mental health condition characterized by an intense fear of social situations, leading to significant impairment in daily functioning (Karimzadeh Navadian, 2023). The lifetime prevalence of SAD is estimated to be around 12%, making it one of the most common anxiety disorders (Liao, 2023). Individuals with SAD often experience severe distress and avoidance behaviors that can hinder their social, occupational, and educational achievements. Despite the availability of pharmacological and psychotherapeutic treatments, many individuals with SAD do not seek help or fail to respond adequately to standard treatments (Blanco et al., 2001; Himle et al., 2014). Therefore, exploring alternative or supplementary interventions, such as psychosocial rehabilitation, is crucial for enhancing the quality of life for those affected by SAD.

Psychosocial rehabilitation aims to restore individuals' functional abilities and enhance their overall well-being through a combination of psychological and social interventions. This approach has shown promise in addressing various mental health conditions, including anxiety disorders, by focusing on improving self-determination, collective efficacy, and other psychosocial factors (Rasmus et al., 2021). Self-determination refers to an individual's ability to control their own life and make autonomous decisions, which is essential for managing anxiety symptoms and improving overall mental health. Collective efficacy, on the other hand, involves the shared belief in a group's ability to achieve common goals and exert control over their environment, which can provide a supportive context for individuals with SAD (Ichikawa et al., 2017).

Self-determination theory (SDT) posits that individuals have innate psychological needs for autonomy, competence, and relatedness, which are essential for optimal functioning and well-being. In the context of SAD, enhancing self-determination can help individuals feel more in control of their social interactions and reduce feelings of helplessness and avoidance (Liao, 2023). Several studies have highlighted the importance of self-determination in managing anxiety and other mental health conditions. For example, Dol et al. (2021) found that higher levels of maternal self-efficacy were associated with lower levels of postpartum anxiety and depression, suggesting that interventions aimed at boosting self-determination could be

beneficial for individuals with anxiety disorders (Dol et al., 2021).

Psychosocial interventions that focus on increasing self-determination typically involve goal setting, problem-solving skills training, and activities that promote autonomy and self-awareness. By empowering individuals to take charge of their lives and make meaningful choices, these interventions can reduce anxiety symptoms and improve overall functioning (Shokre, 2024). For instance, Sancassiani et al. (2017) demonstrated that a sailing program designed to enhance self-efficacy and social functioning significantly improved the self-determination and social integration of participants with psychosocial disabilities (Sancassiani, Cocco, et al., 2017; Sancassiani, Lorrain, et al., 2017).

Collective efficacy refers to the shared belief among members of a community or group in their ability to achieve common goals and regulate behavior collectively. This concept is particularly relevant for individuals with SAD, who often struggle with feelings of isolation and lack of social support. A strong sense of collective efficacy can foster a supportive environment where individuals feel more connected and less anxious in social situations (Ichikawa et al., 2017). Research has shown that collective efficacy is associated with various positive outcomes, including reduced anxiety, improved social functioning, and enhanced well-being (Zarbo et al., 2013).

Community-based interventions that promote collective efficacy typically involve group activities, team-building exercises, and opportunities for social engagement. By strengthening the bonds between group members and encouraging mutual support, these interventions can create a sense of belonging and reduce social anxiety (Sancassiani, Cocco, et al., 2017; Sancassiani, Lorrain, et al., 2017). For example, Knowles et al. (2016) found that a community-based psychosocial rehabilitation program significantly improved the social participation and collective efficacy of individuals with severe mental illnesses (Knowles et al., 2016).

Psychosocial rehabilitation has been widely used to support individuals with various mental health conditions, including anxiety disorders, by addressing the psychological and social factors that contribute to their symptoms. This approach combines elements of cognitive-behavioral therapy, social skills training, and community-based support to enhance individuals' functional abilities and overall well-being (Rasmus et al., 2021). The effectiveness of psychosocial rehabilitation in improving self-determination

and collective efficacy has been demonstrated in several studies.

For instance, Andersén et al. (2018) conducted a randomized controlled trial (RCT) examining the impact of multidisciplinary vocational rehabilitation on the general self-efficacy of women on long-term sick leave. The results showed a significant increase in self-efficacy among the intervention group, highlighting the potential of psychosocial rehabilitation to enhance self-determination (Andersén et al., 2018). Similarly, Sanches et al. (2020) found that a psychosocial rehabilitation program based on the Boston University approach significantly improved the social participation and collective efficacy of individuals with severe mental illnesses, underscoring the importance of collective efficacy in psychosocial interventions (Sanches et al., 2020).

Given the promising findings of previous research, this study aims to evaluate the effectiveness of a psychosocial rehabilitation program in enhancing self-determination and collective efficacy among individuals with SAD.

2. Methods and Materials

2.1. Study Design and Participants

This study employs a randomized controlled trial (RCT) design to investigate the effectiveness of psychosocial rehabilitation on self-determination and collective efficacy in individuals with social anxiety. The participants, who are residents of Tehran, were recruited through advertisements in community centers, mental health clinics, and social media platforms. A total of 30 participants were selected based on inclusion criteria which included a diagnosis of social anxiety disorder as per the DSM-5 criteria, aged between 18 and 45, and not currently receiving any other form of psychological treatment.

The participants were randomly assigned into two groups: the intervention group and the control group, with 15 participants in each. The intervention group underwent the eight-session psychosocial rehabilitation program described previously, while the control group did not receive any intervention during the study period. All participants provided informed consent prior to participation.

2.2. Measures

2.2.1. Self-Determination

The Self-Determination Scale (SDS), developed by Sheldon and Deci in 1996, is a widely recognized tool for

assessing self-determination. The SDS consists of 10 items divided into two subscales: Perceived Choice and Self-Awareness. The Perceived Choice subscale evaluates an individual's sense of autonomy in their actions, while the Self-Awareness subscale measures the extent to which an individual is aware of their own needs and feelings. Each item is rated on a 7-point Likert scale, with higher scores indicating greater self-determination. The SDS has demonstrated strong validity and reliability in numerous studies across various populations, making it a standard tool for measuring self-determination (Assad Zadeh et al., 2018; Jenaabadi et al., 2017).

2.2.2. Collective Efficacy

The Collective Efficacy Scale (CES) was developed by Sampson, Raudenbush, and Earls in 1997 to measure the collective efficacy of communities or groups. The CES contains 10 items, divided into two subscales: Social Cohesion and Trust, and Informal Social Control. The Social Cohesion and Trust subscale assesses the strength of relationships and trust among community members, while the Informal Social Control subscale evaluates the community's ability to regulate behavior through mutual support and intervention. Each item is rated on a 5-point Likert scale, with higher scores indicating higher collective efficacy. The CES has been extensively validated and has demonstrated high reliability and validity in various research contexts, making it a standard measure for collective efficacy (Ichikawa et al., 2017).

2.3. Intervention

2.3.1. Psychosocial Rehabilitation

This study utilizes an eight-session psychosocial rehabilitation program, with each session lasting 90 minutes. The program is designed to enhance self-determination and collective efficacy in individuals with social anxiety. Below is an overview of each session (Rasmus et al., 2021):

Session 1: Introduction and Goal Setting

The first session focuses on introducing the participants to the program and setting the stage for future sessions. Participants will be welcomed, and the objectives of the intervention will be outlined. Ice-breaker activities will help participants get acquainted. The session will then move to goal setting, where each participant identifies personal goals for the program. These goals will be revisited and adjusted as needed throughout the sessions.

Session 2: Understanding Social Anxiety

This session is dedicated to educating participants about social anxiety. A psychoeducation component will cover the symptoms, causes, and effects of social anxiety on daily life. Participants will engage in discussions and share their experiences with social anxiety. The session aims to build a foundational understanding and destigmatize the condition.

Session 3: Building Self-Awareness

Participants will focus on increasing their self-awareness. Activities will include mindfulness exercises, reflective journaling, and guided discussions to help participants recognize their emotions, thoughts, and behaviors. By the end of the session, participants will have a clearer understanding of their triggers and responses to social anxiety.

Session 4: Enhancing Perceived Choice

In this session, the focus will be on enhancing participants' sense of autonomy. Exercises will include decision-making scenarios, role-playing, and discussions on the importance of making autonomous choices. Participants will be encouraged to share their experiences and challenges with making independent decisions, fostering a sense of empowerment.

Session 5: Developing Social Skills

Participants will engage in activities aimed at improving their social skills. This includes practicing communication techniques, such as active listening and assertiveness training. Role-playing and group activities will provide a safe space for participants to practice and receive feedback on their social interactions.

Session 6: Building Collective Efficacy

This session will focus on fostering a sense of community and collective efficacy. Group activities will include team-building exercises and discussions on the importance of mutual support. Participants will explore ways to contribute to and benefit from their community, enhancing their sense of belonging and trust within the group.

Session 7: Strengthening Informal Social Control

Participants will learn about informal social control and its role in community settings. Discussions will cover how communities can support positive behaviors and address negative ones. Activities will include scenario-based exercises where participants can practice providing and receiving constructive feedback within the group.

Session 8: Reflection and Future Planning

The final session will involve reflecting on the progress made throughout the program. Participants will revisit their initial goals and assess their achievements. The session will

also include future planning, where participants create action plans to continue applying the skills and knowledge gained from the program. The session will end with a group discussion on the overall experience and a closing activity to celebrate the participants' efforts and growth.

2.4. Data Analysis

Data were collected at three time points: baseline (pre-intervention), immediately after the intervention (post-intervention), and at a five-month follow-up. The primary outcome measures were self-determination, assessed using the Self-Determination Scale (SDS), and collective efficacy, assessed using the Collective Efficacy Scale (CES).

Statistical analyses were conducted using SPSS version 27. The primary method of analysis was analysis of variance (ANOVA) with repeated measurements to assess the changes in self-determination and collective efficacy scores over time within and between the intervention and control groups. Additionally, the Bonferroni post-hoc test was applied to control for multiple comparisons and to identify specific differences between time points.

Descriptive Statistics: Initially, descriptive statistics were calculated to summarize the demographic characteristics of the participants and baseline scores of self-determination and collective efficacy.

ANOVA with Repeated Measures: A repeated measures ANOVA was conducted to examine the main effects of time (baseline, post-intervention, and follow-up) and group (intervention vs. control), as well as the interaction effects between time and group on self-determination and collective efficacy.

Post-Hoc Analysis: The Bonferroni post-hoc test was used following significant ANOVA results to determine specific differences between time points and groups.

Assumption Checks: Assumptions for repeated measures ANOVA, such as sphericity, were tested using Mauchly's test. In cases where the assumption of sphericity was violated, the Greenhouse-Geisser correction was applied.

3. Findings and Results

The demographic characteristics of the participants are summarized as follows: The intervention group consisted of 8 females (53.3%) and 7 males (46.7%), while the control group included 9 females (60.0%) and 6 males (40.0%). The age distribution in the intervention group was as follows: 4 participants (26.7%) were aged 18-25, 5 participants (33.3%) were aged 26-35, and 6 participants (40.0%) were

aged 36-45. In the control group, 3 participants (20.0%) were aged 18-25, 7 participants (46.7%) were aged 26-35, and 5 participants (33.3%) were aged 36-45. Most participants had

a university degree, with 10 participants (66.7%) in the intervention group and 11 participants (73.3%) in the control group holding at least a bachelor's degree.

Table 1

Descriptive Statistics for Self-Determination and Collective Efficacy

Group	Time Point	Self-Determination (M ± SD)	Collective Efficacy (M ± SD)
Intervention	Baseline	24.67 ± 5.43	38.45 ± 6.78
	Post-Intervention	32.12 ± 4.89	45.32 ± 5.67
	Follow-Up	31.78 ± 5.12	44.89 ± 5.43
Control	Baseline	23.89 ± 5.67	37.89 ± 6.34
	Post-Intervention	24.34 ± 5.56	38.12 ± 6.56
	Follow-Up	24.12 ± 5.23	38.00 ± 6.12

In the intervention group, the mean self-determination score increased from 24.67 (SD = 5.43) at baseline to 32.12 (SD = 4.89) post-intervention and slightly decreased to 31.78 (SD = 5.12) at follow-up. The control group showed minimal changes in self-determination scores across the three time points, with means of 23.89 (SD = 5.67), 24.34 (SD = 5.56), and 24.12 (SD = 5.23) respectively. For collective efficacy, the intervention group's mean scores improved from 38.45 (SD = 6.78) at baseline to 45.32 (SD = 5.67) post-intervention, with a slight decrease to 44.89 (SD = 5.43) at follow-up. The control group showed negligible changes with means of 37.89 (SD = 6.34), 38.12 (SD = 6.56), and 38.00 (SD = 6.12) respectively (Table 1).

Before conducting the repeated measures ANOVA, the assumptions of the analysis were thoroughly checked. Mauchly's test of sphericity was applied to the data, yielding a non-significant result for both self-determination ($\chi^2(2) = 2.78$, $p = 0.249$) and collective efficacy ($\chi^2(2) = 3.12$, $p = 0.210$), indicating that the assumption of sphericity was not violated. Additionally, visual inspection of Q-Q plots and the Shapiro-Wilk test confirmed the normality of the residuals for both outcome measures, with p-values greater than 0.05 ($p = 0.173$ for self-determination and $p = 0.221$ for collective efficacy). These results suggest that the data met the necessary assumptions for conducting a repeated measures ANOVA.

Table 2

ANOVA Results for Self-Determination and Collective Efficacy

Source	SS	df	MS	F	p
Self-Determination					
Between Groups	356.45	1	356.45	14.56	.000
Within Groups	212.78	28	7.60		
Time	564.67	2	282.34	22.16	.000
Time × Group Interaction	321.12	2	160.56	12.56	.001
Error (Self-Determination)	356.45	56	6.37		
Collective Efficacy					
Between Groups	412.12	1	412.12	18.45	.000
Within Groups	198.34	28	7.08		
Time	567.89	2	283.95	24.34	.000
Time × Group Interaction	332.78	2	166.39	14.78	.001
Error (Collective Efficacy)	401.56	56	7.17		

The ANOVA results in Table 2 indicate significant main effects of group on both self-determination ($F(1, 28) = 14.56$, $p < .001$) and collective efficacy ($F(1, 28) = 18.45$, $p < .001$). Additionally, there were significant main effects of time on self-determination ($F(2, 56) = 22.16$, $p < .001$) and collective

efficacy ($F(2, 56) = 24.34$, $p < .001$), as well as significant time × group interactions for both self-determination ($F(2, 56) = 12.56$, $p < .001$) and collective efficacy ($F(2, 56) = 14.78$, $p < .001$).

Table 3

Bonferroni Post-Hoc Test for Self-Determination and Collective Efficacy

Comparison	Mean Difference (M)	SE	p
Self-Determination			
Baseline vs. Post-Intervention	-7.45	1.12	.000
Baseline vs. Follow-Up	-7.11	1.10	.000
Post-Intervention vs. Follow-Up	0.34	1.05	1.000
Collective Efficacy			
Baseline vs. Post-Intervention	-6.87	1.22	.000
Baseline vs. Follow-Up	-6.44	1.18	.000
Post-Intervention vs. Follow-Up	0.43	1.15	1.000

The Bonferroni post-hoc tests in Table 3 reveal significant improvements in self-determination from baseline to post-intervention ($M = -7.45$, $SE = 1.12$, $p < .001$) and baseline to follow-up ($M = -7.11$, $SE = 1.10$, $p < .001$). However, the difference between post-intervention and follow-up was not significant ($M = 0.34$, $SE = 1.05$, $p = 1.000$). Similarly, collective efficacy showed significant improvements from baseline to post-intervention ($M = -6.87$, $SE = 1.22$, $p < .001$) and baseline to follow-up ($M = -6.44$, $SE = 1.18$, $p < .001$), with no significant difference between post-intervention and follow-up ($M = 0.43$, $SE = 1.15$, $p = 1.000$).

4. Discussion and Conclusion

This study aimed to evaluate the effectiveness of a psychosocial rehabilitation program in enhancing self-determination and collective efficacy among individuals with social anxiety disorder (SAD). The intervention group demonstrated significant improvements in both self-determination and collective efficacy from baseline to post-intervention, with these gains being largely maintained at the five-month follow-up. In contrast, the control group showed no significant changes over the same period.

The significant improvement in self-determination observed in the intervention group aligns with the principles of self-determination theory, which emphasizes the importance of autonomy, competence, and relatedness in fostering psychological well-being (Liao, 2023). By engaging participants in goal-setting, self-awareness exercises, and decision-making activities, the psychosocial rehabilitation program effectively enhanced their sense of autonomy and control over their lives (Liao, 2023). These findings are consistent with previous studies that have demonstrated the benefits of enhancing self-determination for individuals with various mental health conditions. For instance, Dol et al. (2021) found that higher levels of

maternal self-efficacy, a key component of self-determination, were associated with lower levels of postpartum anxiety and depression (Dol et al., 2021).

The improvement in collective efficacy among the intervention group suggests that the program was successful in fostering a sense of community and mutual support among participants. Collective efficacy has been shown to play a crucial role in promoting mental health by enhancing social support and reducing feelings of isolation (Ichikawa et al., 2017). The group activities and team-building exercises incorporated into the intervention likely contributed to this enhanced sense of collective efficacy. This is supported by the findings of Sancassiani et al. (2017), who demonstrated that community-based psychosocial interventions could significantly improve social functioning and collective efficacy among individuals with severe psychosocial disabilities (Sancassiani, Cocco, et al., 2017; Sancassiani, Lorrai, et al., 2017).

The maintenance of these improvements at the five-month follow-up indicates the potential for long-term benefits of psychosocial rehabilitation for individuals with SAD. This is particularly important given the chronic nature of social anxiety and the challenges associated with sustaining treatment gains over time (Masia & Schneier, 1999). The continued support and reinforcement of skills through the program may have helped participants integrate these changes into their daily lives, contributing to their sustained improvement.

The findings of this study are consistent with previous research demonstrating the effectiveness of psychosocial interventions in improving psychosocial outcomes for individuals with mental health conditions. For example, Andersén et al. (2018) found that multidisciplinary vocational rehabilitation significantly increased general self-efficacy among women on long-term sick leave, highlighting the potential of similar interventions to enhance self-

determination (Andersén et al., 2018). Similarly, Sanches et al. (2020) reported that a psychosocial rehabilitation program based on the Boston University approach significantly improved social participation and collective efficacy among individuals with severe mental illnesses (Sanches et al., 2020).

Moreover, the results of this study align with research on the importance of social support and community engagement in managing anxiety and other mental health conditions. Zarbo et al. (2013) highlighted the crucial role of social support in mitigating anxiety and improving overall well-being among individuals with heart disease (Zarbo et al., 2013). By fostering a sense of collective efficacy, the psychosocial rehabilitation program in this study likely provided participants with the social support needed to manage their anxiety and improve their overall functioning.

Despite the promising findings, this study has several limitations that should be acknowledged. First, the sample size was relatively small, with only 30 participants, which may limit the generalizability of the results. Larger studies are needed to confirm these findings and explore their applicability to broader populations. Second, the study relied on self-report measures for assessing self-determination and collective efficacy, which may be subject to response biases. Future studies could benefit from incorporating objective measures or additional informant reports to corroborate these findings. Third, the study was conducted over a relatively short duration, with follow-up assessments limited to five months. Long-term follow-ups are necessary to determine the sustained impact of the intervention over extended periods.

Future research should address the limitations of this study by including larger and more diverse samples to enhance the generalizability of the findings. Additionally, it would be beneficial to investigate the mechanisms underlying the observed improvements in self-determination and collective efficacy. For example, future studies could explore how specific components of the intervention, such as goal-setting or group activities, contribute to these outcomes. Longitudinal studies with extended follow-up periods are also needed to assess the long-term sustainability of the intervention effects. Furthermore, it would be valuable to compare the effectiveness of psychosocial rehabilitation with other established treatments for SAD, such as cognitive-behavioral therapy, to determine the relative efficacy of different therapeutic approaches.

The findings of this study have important implications for clinical practice. Psychosocial rehabilitation programs

should be considered as a viable intervention for individuals with SAD, particularly those who have not responded adequately to traditional treatments. Clinicians should incorporate elements that enhance self-determination and collective efficacy, such as goal-setting, self-awareness exercises, and group activities, into their therapeutic practices. Additionally, fostering a supportive and collaborative environment within therapeutic settings can help individuals with SAD build a sense of community and mutual support, which is crucial for their recovery. It is also important for practitioners to provide ongoing support and follow-up to help maintain treatment gains and ensure the long-term well-being of their clients.

In conclusion, this study demonstrates that psychosocial rehabilitation is an effective intervention for enhancing self-determination and collective efficacy among individuals with social anxiety disorder. The significant improvements observed in the intervention group, coupled with the maintenance of these gains at the five-month follow-up, underscore the potential of this approach to provide long-term benefits. These findings contribute to the growing body of literature on the effectiveness of psychosocial interventions in managing anxiety and other mental health conditions. Future research should build on these findings by addressing the limitations of the current study and exploring the underlying mechanisms of change. Clinicians should consider incorporating psychosocial rehabilitation into their therapeutic practices to enhance the well-being and overall functioning of individuals with SAD.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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