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Effectiveness of Internet-Based Cognitive Behavioral Therapy (ICBT) for Social Anxiety Disorder (SAD) in Iran: A Systematic Review

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Abstract

Aim: Social anxiety disorder (SAD) is a common and debilitating mental health condition that significantly impacts daily functioning and quality of life. In recent years, internet-based cognitive behavioral therapy (ICBT) has emerged as a promising and accessible intervention, particularly in contexts where access to in-person therapy is limited, such as in parts of Iran This systematic review investigates the effectiveness of internet-based cognitive behavioral therapy (ICBT) for treating social anxiety disorder (SAD) in Iran..

Method: A comprehensive search of national and international databases identified five peer-reviewed studies published up to December 2023. The studies reviewed employed various online platforms, such as mobile applications with video calling features and specialized websites, to provide ICBT interventions.

Results: The findings suggest that ICBT is effective in alleviating symptoms of SAD, particularly the fear of negative evaluation, making it a promising treatment approach. It is also recognized as a cost-effective solution, especially in the Iranian context, where access to in-person therapy may be limited.

Conclusion: While two studies have shown that face-to-face CBT yields greater results, ICBT is still considered a valuable alternative when face-to-face treatment is not an option. However, given the relatively small number of studies available, along with the cultural and regional specifics of Iran, these findings should be interpreted with caution when generalizing to broader populations. The review underscores the need for more comprehensive research to assess ICBT's long-term effectiveness and its potential for broader implementation in different regions of Iran.

Keywords: Internet-based Cognitive Behavioral Therapy, Social Anxiety Disorder, Online psychotherapy, e-mental health, Telehealth

Introduction

Social Anxiety Disorder (SAD) is characterized by an intense and persistent fear of one or more social situations, particularly those where the individual is subject to the observation or judgment of others. People with SAD are often afraid of performing actions in public that might result in embarrassment. This fear and anxiety may lead them to avoid certain activities where they feel evaluated by others, or they may endure such situations with extreme distress. Social situations consistently provoke feelings of fear and anxiety in individuals with SAD. They worry that their behavior might reveal their anxiety or fear, leading to negative judgments by others (American Psychiatric Association, 2022).

SAD can begin as early as childhood or develop after a stressful or humiliating experience. This disorder is among the most prevalent mental health conditions, with an average onset age of 13 years. Approximately 75% of individuals diagnosed with SAD are between the ages of 8 and 15. The 12-month prevalence rate of SAD is approximately 7% (APA, 2022), while its lifetime prevalence is estimated to be 13% (Hoffart & Johnson, 2020; Nauphal et al., 2021). The prevalence of this disorder in Iran has been reported to be between 3% and 10% (Qalandari, 2014; Ghazanfari & Naderi, 2019). Several studies have indicated that the prevalence of this disorder is higher in women than in men. In a prevalence study of SAD conducted among students at Urmia University, the disorder was found to be more prevalent in women than in men. The reported prevalence rates of SAD in this study were 7.4% for females and 5.5% for males (Nowrouzi et al., 2016).

Social anxiety disorder is among the most prevalent anxiety disorders, and recent studies indicate its global prevalence is increasing, particularly among adolescents and young adults (Noda et al., 2024). If left untreated, it may lead to the development of comorbid conditions such as depression, other anxiety disorders, and substance use disorders (Heeren, Bernstein, & McNally, 2020).

A Cognitive-Behavioral Therapy (CBT) remains the most evidence-based and effective treatment for social anxiety disorder, as confirmed by recent meta-analyses and clinical guidelines (Noda et al., 2024). Despite its effectiveness, some individuals with SAD remain reluctant to seek treatment. Stjerneklar et al, (2018) identified several barriers contributing to this reluctance, including social stigma, fear of rejection by friends, a preference for self-reliance, concerns about treatment costs, transportation to clinics, long wait times, and limited access to mental health services. With the continuous advancement of technology and the widespread availability of internet access, Internet-Based Cognitive-Behavioral Therapy (ICBT) offers a promising solution to reduce barriers and improve treatment accessibility. ICBT is a structured psychological treatment delivered through digital platforms, including computers, tablets, and smartphones. While early ICBT programs were primarily text-based, recent developments have integrated

multimedia features such as video sessions, audio recordings, animations, and interactive tools to enhance user engagement (Carlbring et al., 2021; Karyotaki et al., 2021). Typically, ICBT is structured into sequential modules delivered over a set timeframe, with therapist support provided through secure messaging systems, video calls, or telephone consultations.

The potential of internet-based interventions in psychological treatment has evolved significantly over the past two decades. While early implementation occurred in countries such as the Netherlands and Australia, recent studies emphasize the rapid global expansion and clinical validation of ICBT (Carlbring et al., 2021). The scalability and accessibility of ICBT have made it a valuable tool in addressing mental health needs, particularly in underserved or remote populations. However, cultural variables—including mental health stigma, communication preferences, and digital literacy—continue to shape the effectiveness and user engagement across different regions. Despite the growing evidence which support ICBT as a useful treatment for SAD in Western contexts, its applicability and effectiveness in culturally distinct societies remain unclear. In Iran, where cultural values, mental health stigma, and limited access to in-person therapy can significantly affect help-seeking behaviors, ICBT offers a promising alternative. However, this treatment approach is still relatively new in the Iranian context, and empirical studies examining its effectiveness are scarce. Given the increasing digital literacy and the demand for accessible mental health services in Iran, it is essential to assess whether ICBT can be effectively implemented for individuals with SAD. Therefore, this study aims to systematically review the existing literature on the use of ICBT for SAD in Iran, in order to evaluate its clinical relevance and identify directions for future research.

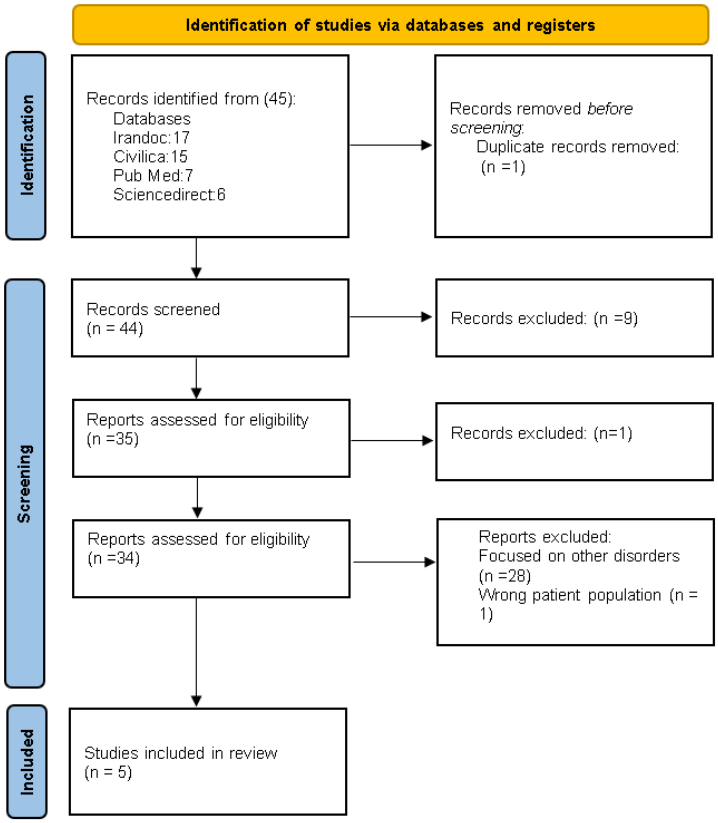
Methodology

The systematic review protocol was developed and registered with the National Institute for Health and care Research database ‘‘Prospero”. CRD42025637839, registered in January 2025. In conducting this review, I strictly adhered to the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines to ensure methodological rigor. All stages of the review process including literature search, study selection, data extraction, and quality assessment were carried out in accordance with this registered protocol.

Search Strategy: Four separate searches were conducted to identify studies examining the effectiveness of ICBT for SAD in the Iranian population. The first search focused on Iranian databases, including Irandoc and Civilica, while the second search concentrated on international databases, such as ScienceDirect and PubMed. The initial search targeted articles, theses (both master’s and doctoral), and other relevant publications up to December 2023. The second search was conducted to update the findings with

publications released up to December 2024. Following the screening and eligibility assessment process, a total of 5 articles out of the initial 45 identified records met the predefined inclusion criteria. The search strings used are provided in Fig 1. A combination of keywords was employed, including terms related to "internet" (or "online," "web," "e-health," "computer"), "CBT" (or "cognitive-behavioral therapy"), and "Iran." The search was limited to articles and theses containing these specified terms in their titles or abstracts.

Fig 1. PRISMA flow diagram



Eligibility criteria: This systematic review will focus on studies that examine the effectiveness of ICBT for SAD in Iranian individuals. Due to the limited literature on ICBT interventions in Iran, no restrictive limitation was applied except that the studies had to meet the following criteria to qualify for inclusion: involving adults and adolescents diagnosed with SAD based on standardized diagnostic criteria (e.g., DSM-5

or ICD-10), SAD had to be the primary diagnosis for participants (not a secondary or comorbid condition), evaluate the use of ICBT, including individual or group ICBT, the intervention had to be explicitly identified as Internet-based Cognitive Behavioral Therapy (ICBT), no limitations were imposed regarding the type of intervention design (Randomized controlled trials (RCTs), quasi-experimental studies, observational studies and other designs that assess the effect of ICBT on social anxiety in Iranian populations), language of studies should be published in English or Persian, studies must have been published in peer-reviewed scientific journals, peer-reviewed conference papers, or master's or doctoral theses, and participants must be Iranian. Exclusion criteria for this study include the following criteria: Non-Iranian Populations: Studies that do not focus on Iranian individuals, Non-ICBT Interventions: Studies that examine interventions other than Internet-based Cognitive Behavioral Therapy (e.g., pharmacotherapy, psychodynamic therapy), Non-Diagnostic or General Anxiety Studies: Studies that do not specifically address social anxiety disorder but discuss general anxiety or other unrelated mental health conditions will be excluded.

Citation screening: The retrieved articles were uploaded to the Rayyan screening tool, enabling multiple reviewers to independently evaluate the relevance of each record. Each article was independently evaluated by both authors in a stepwise manner at the title, abstract, and full-text levels to determine inclusion or exclusion based on the specified criteria. An inclusion checklist was developed to standardize the screening process and guide reviewer in assessing the records.

Quality assessment: The NIH Quality Assessment Tools for Controlled Intervention Studies and Case Series (NIH 2021) were used to evaluate the risk of bias and the quality of the records. These tools are widely used and flexible methods for assessing quality across various study designs. They evaluate a range of domains, including randomization and blinding, participant characteristics, participant attrition and adherence to treatment, outcome measures, and predefined results. Each study was independently evaluated by author. Notably, one of the included studies was authored by the reviewer (study 1). To ensure impartiality, the author did not participate in the evaluation of her own study. Instead, the evaluation was carried out by another expert who assisted solely in this specific section of the paper. The details derived from these tools are presented in Table 1.

Table 1: Quality assessment

Criteria	Quality Assessment Tool for Case Series Studies	Quality Assessment of Controlled Intervention Studies			
	Study 1	Study 2	Study 4	Study 5	Study 3
Clarity of Subject	✓	NA	NA	NA	NA

Describing the Population	✓	NA	NA	NA	NA
Consecutive	✓	NA	NA	NA	NA
Comparable subject	✓	NA	NA	NA	NA
Clarity of Intervention	✓	NA	NA	NA	NA
Outcome Measures	✓	NA	NA	NA	NA
Adequate Length of Follow up	✗	NA	NA	NA	NA
Statistical Methods	✓	NA	NA	NA	NA
Describing the Results	✓	NA	NA	NA	NA
Randomized		✓	✓	✓	✓
Adequate	NA	✓	✓	✓	✗
Allocation Concealed	NA	✗	✗	✗	✗
Blinded	NA	✗	✗	✗	✗
Baseline on Similarity	NA	✓	✓	✓	✓
Drop-out 20%	NA	✓	✓	✓	✓
Differential Drop-out	NA	✓	✓	✓	✓
Adherence	NA	✓	✓	✓	✓
Avoid Other Interventions	NA	✓	✓	✓	✓
Outcomes	NA	✓	✓	✓	✓
Power	NA	✓	✓	✓	✓
Prespecified Outcomes	NA	✓	✓	✓	✗
Intention-to-treat	NA	✓	✓	✓	✓
Overall Quality	Good	Good	Good	Good	Fair

NA= Not Applicable

Data Analysis Method

Data related to each outcome were extracted from the included studies. The extracted information covered several domains, including general details (e.g., author and publication year), study design, sample size, participant demographics, follow-up methods, eligibility criteria, intervention description (such as delivery method), type of control/comparator, outcome measures, and key findings. Data extraction for each record was performed by one reviewer and verified by another to ensure accuracy, as described earlier for title and abstract screening. A narrative analysis of the findings was conducted, as meta-analysis was not feasible due to the limited number of studies with suitable data and significant heterogeneity in study outcomes. This narrative approach synthesized and interpreted the extracted data to provide a clear and comprehensive overview of the components and effects of online cognitive-behavioral interventions for individuals with social anxiety disorder in Iran.

Findings

Search results: A search conducted across four databases resulted in the identification of 45 articles. Following the screening process, 6 articles met the inclusion criteria and were included in this review (refer to Figure 1). Of these, one article, which was extracted from the authors' thesis, appeared in two databases (study 4). To avoid redundant duplication of data, we relied solely on the version of the article available in the Civilica database. Therefore, the total number of studies included in this review is five. Among the five studies reviewed, various designs were used. One study applied a single-subject experimental design with multiple baseline measures (study 1), one was a quasi-experimental study with a pre-test and post-test design (study 3), three studies used experimental design, of which one used a field experiment with a pre-test and post-test design across multiple groups (study 4), and two utilized an experimental design with a control group and repeated measures across three groups (studies 2 and 5). (For study details, see Table 2).

Table 2: Details of Studies

Study no.	First Author	Year	Study Design	Effect size	Age Interval	Sample Size	Outcome measures	Main Findings
1	Jafari	2020	Single-Subject Experimental	Cohen's d: 0.86 – 1.55	12-18	3	SPIN, FNE-B, SCID-5-CV	ICBT + online mindfulness reduced SAD symptoms, fear, anxiety,

								and avoidance.
2	Esfandiari	2021	RCT	Cohen's d ≈ 1.2	14-18	45	Social Anxiety Questionnaire, SDQA SDQP PCQ-A	Specialized ICBT reduced social anxiety, evaluation fear, tension, and inhibition.
3	Bani Hassan	2021	Quasi-Experimental	Cohen's d ≈ 2.00–4.76.	15-60	30	FNE-B, DOT-PROBE, IUS	ICBT significantly reduced attention-seeking, evaluation fear, and intolerance of uncertainty.
4	Goodarzi	2022	RCT	$\eta p^2 = 0.762 \rightarrow d \approx 3.58$	12-17	51	SASA, SCID-5-CV, CDQ, ERQ	Both therapies reduced SAD; face-to-face therapy was more effective and improved pleasing others and repression.
5	Soleimani Rad	2023	RCT	$\eta p^2 \approx 0.85$	15-19	54	DQ, SASA, SCID-5-CV, SPIN, FNE, SIAS, ERQ,	Both reduced social phobia, anxiety, and GHQ scores and improved

					GHQ	emotion regulation; ICBT had implement ation limitations.

SPIN= Social Phobia Inventory, FNE-B= Fear of Negative Evaluation – Brief, SCID-5-CV= Structured Clinical Interview for DSM-5 Disorders – Clinician Version, SDQA= Strengths and Difficulties Questionnaire – Adult Version, SDQP= Strengths and Difficulties Questionnaire – Parent Version, PCQ-A= Psychological Capital Questionnaire for Adolescents, IUS= Intolerance of Uncertainty Scale, SASA= Self-Assessment of Social Anxiety, CDQ= Cognitive Distortion Questionnaire, ERQ= Emotion Regulation Questionnaire, DQ= Demographic Questions, SIAS= Social Interaction Anxiety Scale, GHQ= General Health Questionnaire.

Study characteristics: This review encompassed five studies conducted in Iran, involving a total of 183 participants, primarily adolescents and young adults. The ICBT interventions typically included 8 to 10 sessions delivered over a period ranging from two weeks to two months. Therapist support was provided in three of the studies, either through written communication or video calls, although the specific details of therapist involvement were often not clearly reported. Only one study incorporated separate modules for parents. Two studies employed website-based platforms, while three utilized mobile applications such as WhatsApp and Instagram. All studies used multiple standardized assessment tools to evaluate SAD, with consistent evidence indicating that ICBT interventions led to significant reductions in SAD symptoms. However, in some cases, face-to-face therapy demonstrated superior outcomes, particularly in emotion regulation and social interaction anxiety.

Given the heterogeneity of the included studies in terms of design and methodology ranging from randomized controlled trials to single-case reports and quasi-experimental designs, it was not feasible to extract or compare effect sizes consistently. However, a brief summary of the key statistical findings and reported outcomes for each study is presented below to provide an overview of their individual effectiveness.

In the study1, the findings revealed significant improvements across all measured variables. For fear of social situations, effect sizes ranged from 1.09 to 1.35, with follow-up improvement rates between 52.38% and 60%. Avoidance showed large effects (1.04–1.42) and recovery rates of 50% to 66.66%. Physiological discomfort demonstrated medium to large effects (0.86–1.15), with improvement ranging from 53.84% to 66.66%. For fear of negative evaluation, effect sizes ranged from 0.95 to 1.55, with follow-up gains between 54% and 62.26%. These results indicate the intervention's robust clinical effectiveness.

In the study 2, the specific therapist-guided internet cognitive-behavioral intervention led to significantly greater reductions in social anxiety symptoms among adolescents compared to the general intervention ($p \leq 0.001$). Improvements were particularly notable in fear of negative evaluation and social inhibition, and were maintained at the three-

month follow-up. Secondary outcomes, including psychological well-being and psychological capital, also improved. A high treatment completion rate (94.4%) suggests strong feasibility and acceptability of the specific intervention.

In the study 3, Internet-based cognitive behavioral therapy led to significant improvements in attention bias, fear of negative evaluation, and intolerance of uncertainty. The reported effect sizes were very large for attention bias ($\eta p^2 = 0.85$, $d \approx 4.76$) and fear of negative evaluation ($\eta p^2 = 0.80$, $d \approx 4.00$), and large for intolerance of uncertainty ($\eta p^2 = 0.50$, $d \approx 2.00$), indicating strong therapeutic effects.

In the study 4, large effect sizes were reported for social anxiety ($\eta p^2 = 0.762$, equivalent to $d \approx 3.58$), emotion regulation ($\eta p^2 = 0.734$, $d \approx 3.30$), and cognitive distortions ($\eta p^2 = 0.888$, $d \approx 4.22$), indicating strong treatment effects for face-to-face and internet-based CBT. In this study the effect size for social anxiety symptoms following face-to-face CBT intervention was very large, with a Cohen's d estimated at approximately 3.58 based on reported $\eta p^2 = 0.762$.

The study 5 found that both internet-based (iCBT) and face-to-face cognitive-behavioral therapy (CBT) significantly reduced symptoms of social anxiety in adolescents, with effects maintained at 3-month follow-up. Large effect sizes were reported across primary outcomes: $\eta p^2 = 0.866$ for social phobia (SPIN), 0.788 for fear of negative evaluation (FNE), 0.853 for social interaction anxiety (SIAS), and 0.794 for emotion regulation (ERQ), all with $p < .001$. Secondary outcomes—including somatic symptoms, anxiety/insomnia, social dysfunction, and depression—also showed strong effects ($\eta p^2 = 0.387–0.810$). While face-to-face CBT was slightly more effective in improving social interaction anxiety and emotion regulation, both modalities demonstrated comparable and robust clinical impact.

Discussion

This systematic review explores the effectiveness of ICBT interventions for individuals with SAD in Iran. Overall, findings indicate that while ICBT is not yet widely adopted, it holds significant potential in addressing the mental health needs of socially anxious individuals across the country.

ICBT, delivered through mobile applications and websites, provides structured and accessible therapeutic tools. Globally, mobile applications have gained popularity due to their convenience and ability to engage users through on-the-go access and interactive features. In Iran, this trend is mirrored, with mobile apps emerging as the dominant form of ICBT implementation. Although these apps were not initially developed specifically for SAD, they have been effectively adapted to include therapeutic features such as video conferencing and interactive group activities. These adaptations have shown promise in addressing the core symptoms of SAD among Iranian users.

The effectiveness of mobile app–based ICBT in Iran is supported by international studies. For instance, Williams et al. (2014) demonstrated significant reductions in social anxiety and psychological distress using the "ThisWay Up" app. These results reinforce the notion

that mobile-based ICBT interventions, even when delivered remotely, can achieve comparable outcomes to face-to-face therapy, especially when real-time therapist support is integrated. While mobile apps are favored for their immediacy and flexibility, websites provide a more structured environment for treatment, often incorporating multimedia elements such as text, audio, and videos. In Iran, however, the development of culturally tailored websites for SAD treatment remains limited. Existing platforms offer modules that are informed by local cultural norms rather than being direct translations of foreign programs. Despite the limited number of studies, preliminary results are encouraging. For example, one study used parent-inclusive modules similar to Jolstedt et al. (2018), while another incorporated mindfulness elements, drawing on findings from Kladnitski et al. (2018) to enhance learning and symptom reduction. The distinction between mobile and website-based ICBT in Iran highlights the importance of delivery mode. Mobile interventions, with their embedded therapist interactions, allow for personalized feedback and greater user motivation. In contrast, website-based programs offer autonomy and self-paced learning but may lack immediacy in therapist response, potentially reducing engagement. Nonetheless, the high completion rates and low dropout rates observed in website interventions suggest that when well-designed, these platforms can still foster meaningful participation.

Importantly, Iranian studies reflect broader trends in global research. Jolstedt et al. (2018) and Stjerneklar et al. (2018) found that multimedia-rich, interactive online modules significantly improve treatment adherence and outcomes in children and adolescents. Similarly, Iranian website-based programs offering varied content formats appear to resonate well with users, indicating the value of diverse and culturally relevant therapeutic tools.

Despite promising results, ICBT in Iran faces several limitations. Geographic and demographic diversity, such as age and regional access to digital infrastructure, remain underexplored. Furthermore, while ICBT shows efficacy, studies consistently note that face-to-face therapy may yield stronger effects. However, ICBT provides a practical alternative where traditional therapy is inaccessible.

In conclusion, ICBT offers a viable and effective approach to treating SAD in Iran. Mobile applications, due to their accessibility and integration of therapist support, show particular promise. Website-based interventions, though less interactive, provide structured and culturally adapted content that can support long-term engagement. Together, these findings suggest that with thoughtful implementation and cultural consideration, ICBT can serve as a key tool in expanding access to mental health care for individuals with SAD in Iran.

Conclusion

This review provides an overview of internet-based cognitive-behavioral therapy (ICBT) interventions for individuals with social anxiety disorder (SAD) in Iran. Among the intervention methods, mobile applications featuring video call functionality were the most commonly used, followed by websites specifically designed to address SAD symptoms. The findings underscore the potential of ICBT strategies in reducing SAD symptoms, particularly the fear of negative evaluation by others.

While all studies reviewed demonstrated the effectiveness of ICBT for Iranian participants with SAD, two studies indicated that face-to-face CBT interventions yielded greater results compared to ICBT. However, ICBT remains a valuable alternative, especially in situations where access to in-person therapy is not feasible. The results not only emphasize the cost-effectiveness of ICBT but also highlight its positive impact within the Iranian community. Despite these promising findings, research on this topic remains limited. Therefore, caution should be exercised when considering the broader application of ICBT across other regions in Iran.

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