



Still lonely: Social adjustment of youth with and without social anxiety disorder following cognitive behavioral therapy



Cynthia Suveg^{a,*}, Julie Newman Kingery^b, Molly Davis^a, Anna Jones^a, Monica Whitehead^a, Marni L. Jacob^c

^a University of Georgia, 125 Baldwin St, Athens, GA, 30602, United States

^b Hobart and William Smith Colleges, Gulick Hall, Geneva, NY 14456, United States

^c 1200 N. Federal Highway, Suite 200, Boca Raton, FL 33432, United States

ARTICLE INFO

Keywords:

Social functioning

Anxiety

Social anxiety disorder

Cognitive behavioral therapy

ABSTRACT

Social experiences are an integral part of normative development for youth and social functioning difficulties are related to poor outcomes. Youth with anxiety disorders, and particularly social anxiety disorder, experience difficulties across many aspects of social functioning that may place them at risk for maladjustment. The goal of this paper was to compare social experiences of youth across anxiety diagnoses and examine whether treatment is helpful in improving social functioning. Ninety-two children (age 7–12 years; 58% male; 87.0% White) with a primary diagnosis of generalized anxiety disorder, separation anxiety disorder, and/or social anxiety disorder participated in cognitive behavioral therapy. At both pre- and post-treatment, children with social anxiety disorder self-reported greater loneliness than youth without social anxiety disorder, though levels of peer victimization and receipt of prosocial behavior were similar across groups. Parents reported greater social problems for youth with social anxiety disorder compared to those without social anxiety disorder. All youth experienced improved social functioning following treatment per child- and parent-reports. The results call for an increased focus on the social experiences of youth with anxiety disorders, and particularly loneliness, for children with social anxiety disorder. The results document ways that evidenced-based practice can improve social functioning for youth with anxiety disorders.

1. Introduction

Children experiencing anxiety symptoms and disorders exhibit a range of social difficulties, including low peer acceptance, high rates of peer victimization, and poor social skills (see Kingery, Erdley, Marshall, Whitaker, & Reuter, 2010 for a review). Few studies, however, have considered how social experiences might vary across different types of anxiety disorders or how empirically-supported treatments for anxiety disorders, such as cognitive-behavioral therapy (CBT), may produce improvements in social functioning. Given the developmental implications of social experiences for many indices of adjustment (e.g., depression, self-esteem, academic achievement; Kamper & Ostrov, 2013; Kingery, Erdley, & Marshall, 2011; MacEvoy, Papadakis, Fedigan, & Ash, 2016; Markovic & Bowker, 2017; Troop-Gordon & Kuntz, 2013; You & Bellmore, 2012), research is needed to further elucidate the social functioning of youth already experiencing maladjustment, such as youth with anxiety disorders. There is a particular need to examine the social experiences of youth with social

anxiety disorder (SAD) given the inherent social difficulties associated with this disorder that tend to increase with development (Hoff et al., 2015). The identification of social difficulties that are especially pronounced among youth with SAD can help delineate risk factors that may further increase the likelihood of maladjustment for these children and could therefore serve as key intervention targets. The present study focuses on social experience variables that have been largely overlooked in previous research with clinically anxious samples, including loneliness, peer victimization, and receipt of prosocial behavior. This study addresses critical gaps in the literature with the goal of informing current conceptualizations of child anxiety and refining treatment strategies.

Loneliness is a relatively understudied social adjustment variable, yet it is particularly important to consider among youth with SAD given that this aspect of children's social experiences can contribute to the exacerbation of anxiety (Barchia & Bussey, 2010). Loneliness has also been found to mediate the relation between symptoms of anxiety and both depression (Ebesutani et al., 2015) and suicidal ideation

* Corresponding author.

E-mail addresses: csuveg@uga.edu (C. Suveg), Kingery@hws.edu (J.N. Kingery), mfdavis@uga.edu (M. Davis), anna@uga.edu (A. Jones), mrkarsai@uga.edu (M. Whitehead), drmarnijacob@gmail.com (M.L. Jacob).

<http://dx.doi.org/10.1016/j.janxdis.2017.10.005>

Received 16 June 2017; Received in revised form 18 September 2017; Accepted 18 October 2017

Available online 18 October 2017

0887-6185/ © 2017 Elsevier Ltd. All rights reserved.

(Gallagher, Prinstein, Simon, & Spirito, 2014). Beidel, Turner, and Morris (1999), and Beidel et al. (2007) found that children (7–13 years) and adolescents (ages 13–16) with SAD self-reported significantly higher levels of loneliness in comparison to non-clinical youth. In another study, 75% of 7–13 year old children with SAD reported having no or few friends and 50% were not engaged in any extracurricular or peer-related activities (Beidel et al., 1999). Regarding peer liking, Verduin and Kendall (2008) found that youth (9–13 years) with SAD had significantly lower peer liking scores than those with generalized anxiety disorder (GAD) and separation anxiety disorder (SEP) based upon ratings of video-taped speech samples of the anxious participants completed by unfamiliar peers. Scharfstein, Alfano, Beidel, and Wong (2011) reported that children, ages 6–13 years, with both GAD and SAD, had fewer friends than controls, and those with SAD reported greater trouble making friends than GAD youth and controls. Overall, these findings suggest that further study is warranted to help clarify possible differences in social functioning for youth with SAD compared to anxious youth from other diagnostic groups. A greater understanding of these potential differences can shed light on key social development processes that may have gone awry for certain subsets of anxious youth, and therefore help to identify ways in which current interventions could be tailored to address fundamental social needs for these youth.

Further, preliminary evidence based on a small number of studies suggests that specific types of anxiety, particularly symptoms of SAD, may also place youth at a higher risk for experiencing peer victimization – repeated negative actions that a child receives from his or her peers either through relationally or physically aggressive behaviors. For instance, Cohen and Kendall (2015) examined children (ages 6–17 years) diagnosed with anxiety disorders and found no association between diagnostic status (i.e., primary diagnosis of GAD, SAD, SEP, or presence/absence of SAD) and peer victimization (Cohen & Kendall, 2015). However, they did find significant relations at the symptom level such that both overt and relational peer victimization predicted self-reported SAD symptoms and diagnostician-rated SAD severity. Similarly, in a community sample of adolescents (ages 13–16 years), overt and relational peer victimization were related to aspects of social anxiety (Storch, Brassard, & Masia-Warner, 2003). The scarcity of studies focused on peer victimization across youth with anxiety disorders, other than obsessive-compulsive disorder (OCD), suggests that research with a broader range of anxiety diagnostic groups is needed, particularly given the potentially detrimental consequences of experiencing peer victimization (Faris & Felmlee, 2011).

In addition to the study of negative peer treatment, there is a need to study positive peer treatment, as the receipt of such treatment may serve a protective function for anxious youth. Receipt of prosocial behavior is one form of positive peer treatment. One study found that adolescents who reported experiencing peer victimization, but who also reported greater prosocial support (e.g., received help from peers when they needed it), experienced somewhat lower feelings of loneliness compared to victimized adolescents with fewer receipts of prosocial behavior (Storch et al., 2003). Other research has likewise found that youth with anxiety disorders, including SAD, experience reduced positive and prosocial experiences with peers (Spence, Donovan, & Brechman-Toussaint, 1999; Suveg, Jacob, Whitehead, Jones, & Kingery, 2014) – findings that are meaningful given that positive peer experiences are associated with greater life satisfaction and emotional well-being (Martin & Huebner, 2007). Further research examining receipt of prosocial behavior across youth meeting criteria for various anxiety disorders is needed, as this social adjustment variable appears to be a protective factor that could promote positive adjustment for typically developing youth more broadly, and among clinically anxious youth, specifically.

Relatively few studies have looked at changes in the social functioning of clinically anxious youth from pre- to post-CBT. Yet, this is an important area of study given that positive social experiences at pre-treatment (e.g., parent-reported social competence, child-reported friendship quality) have

been associated with better treatment outcomes (Baker & Hudson, 2013; Settapani & Kendall, 2013). Of the research that has been conducted, differential improvements in social functioning by type of anxiety diagnosis have not yet been considered and studies have included a fairly limited assessment of social functioning. In a study of children, ages 6–13 years, with at least one anxiety disorder (i.e., SAD, GAD, SEP), Wood (2006) found that decreases in independent evaluator ratings of anxiety from pre- to post-treatment predicted significant improvements in parent report of social competence and child report of perceived social acceptance. Decreases in children's self-reported anxiety symptoms also predicted increases in child-reported perceived social acceptance, and declines in parent-reported internalizing symptoms predicted increased parent-reported social competence. In a subsequent study with youth, ages 7–14 years, with a primary diagnosis of SAD, SEP, and/or GAD who participated in an individual- or family-based CBT program or an education support control condition, fathers reported that younger children in particular showed increases in social competence from pre-treatment to one-year follow-up, regardless of the condition to which they were assigned (Suveg et al., 2009). When using mother-reported social competence, results indicated that girls in CBT conditions experienced significantly greater improvements in social competence from pre-treatment to follow-up compared to girls in the educational support control condition.

In the only study to date focused on pre- to post-treatment changes in social functioning specifically for youth with SAD, Scharfstein, Beidel, Finnell, Distler, and Carter (2011) examined children and adolescents (ages 7–16 years) who were randomly assigned to either Social Effectiveness Therapy for Children (SET-C; a variant of CBT that involves both behavioral exposure tasks and social skills training), fluoxetine, or a pill placebo group. Using a behavioral assessment task, results showed that only youth in the SET-C condition improved significantly from pre- to post-treatment in social skills (e.g., reciprocity of conversation, socially-appropriate non-verbal behaviors). Although there is preliminary evidence supporting improvements in social functioning following participation in CBT for clinically anxious youth, studies assessing a broader range of social functioning variables and comparing improvements across diagnostic groups are needed. Moreover, given the applicability of social functioning to children's everyday lives, it is important to understand whether existing anxiety treatments provide meaningful benefits in this domain.

1.1. The present study

The present study builds upon the literature by focusing on social experiences that have not often been included in previous studies, but may be particularly relevant for clinically anxious youth: loneliness, peer victimization, and receipt of prosocial behavior. Loneliness was included given the links between this social adjustment variable and key aspects of children's psychological adjustment (e.g., anxiety, depression) and because self-reported loneliness has been found to mediate changes in social anxiety from pre- to post-treatment for youth with SAD (Alfano et al., 2009). The literature on peer victimization among youth with anxiety disorders is scant, and studies examining peer victimization among clinically anxious samples have focused almost exclusively on youth with OCD (e.g., Huan, Rice, & Storch, 2008; Storch et al., 2006). Given that the effects of this social experience can be detrimental, more research on peer victimization with youth experiencing a variety of anxiety disorders is critical. Further, relational and overt victimization were analyzed separately in the current study given their unique associations with developmental outcomes (Casper & Card, 2016). Finally, the receipt of prosocial behavior by peers has also been understudied, yet has been linked with increases in positive affect, life satisfaction, and emotional well-being (e.g., Martin & Huebner, 2007); a greater understanding of this social experience among clinically anxious youth could help identify a potential protective factor for youth with anxiety disorders.

Children's social difficulties are not always evident to adults, so the inclusion of self-report is crucial; yet, at other times, adults may be

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات