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A brief group cognitive-behavioral intervention for social phobia in childhood

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Abstract

Twenty-three preadolescent children (ages 8–11) meeting criteria for social phobia were randomly assigned to either a 3-week cognitive-behavioral group intervention or a wait-list control group. The intervention consisted of psychoeducation, cognitive strategies, and behavioral exposure. Outcome measures included diagnostic interview as well as parent and child report measures of anxiety and depression. Improvements were observed at posttest, with results stronger for parent report and interviewer ratings than for child self-report. At 3-week follow-up, children receiving the intervention demonstrated significant improvements on the majority of child, parent, and interviewer reports of social anxiety and related symptoms relative to wait-list participants. Preliminary support is provided for the utility of a brief intervention for preadolescent children with social phobia. Limitations and implications for future research are discussed.

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Social phobia (social anxiety disorder), though once referred to as the “neglected anxiety disorder” (Liebowitz, Gorman, Fyer, & Klein, 1985), is now recognized as a prevalent and potentially debilitating disorder. Research

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on social phobia in adulthood has consistently shown that individuals with social phobia experience substantial impairment in daily functioning and diminished quality of life (Stein & Kean, 2000). Specifically, individuals with social phobia are less likely to marry, more likely to abuse substances, and are at increased risk for depression and suicide (Ballenger et al., 1998; Schneier, Johnson, Hornig, Liebowitz, & Weissman, 1992; Turner, Beidel, Borden, Stanley, & Jacob, 1991). Accordingly, effective programs have been developed for the treatment of social phobia in adults (e.g., Heimberg, 1991; Turner, Beidel, Cooley, Woody, & Messer, 1994). Meta-analyses suggest that maximum benefits are derived from cognitive-behavioral treatments, with exposure acting as a critical treatment element, possibly enhanced by cognitive restructuring (Feske & Chambless, 1995; Taylor, 1996). However, only recently has attention been directed to the assessment and treatment of social phobia in children (Kashdan & Herbert, 2001).

Prior to publication of the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994), social phobia was rarely diagnosed prior to adolescence. Although prevalence of social phobia in childhood and adolescence was previously reported at approximately one percent (Kashani & Orvaschel, 1990), it now appears that this is an underestimate of true prevalence rates (Kendall & Warman, 1996; Stein, Chavira, & Jang, 2001). Prevalence of social phobia in a younger population, using DSM-IV criteria, has not yet been clarified (Velting & Albano, 2001).

A number of factors have contributed to the greater recognition of social phobia as a significant problem for children. Symptoms of social phobia were found to overlap with those of the former diagnostic category avoidant disorder, which affected younger children (Francis, Last, & Strauss, 1992; Last, Perrin, Hersen, & Kazdin, 1992). The similarities between these two diagnoses resulted in the removal of avoidant disorder from the DSM, and consequently, an increased emphasis on childhood presentations of social phobia in the DSM-IV. Research is also beginning to highlight similar relationships between social phobia and selective mutism, another disorder of earlier childhood (Black & Uhde, 1995).

Moreover, although onset of social phobia is still believed to occur most often during the adolescent years (Beidel, 1998; Wittchen & Fehm, 2001), children as young as 8 years of age have been identified as suffering from the disorder (Beidel & Turner, 1998), and childhood onset may be associated with greater severity (Ballenger et al., 1998; Davidson, 1993; Stein et al., 2001; Velting & Albano, 2001). In fact, some authors have speculated that a bimodal distribution exists for the onset of social phobia, with one group developing signs of the disorder very early in childhood and another with onset in adolescence (Stein et al., 2001). Social phobia in childhood, as in adulthood, appears to be related to substantial impairment and distress. Specifically, children with social phobia may have few friends, limited involvement in outside activities, somatic symptoms, and difficulty attending school (Beidel, Turner, & Morris, 1999). Given the likelihood that social phobia is a more prevalent and debilitating disorder in childhood than previously believed, and the possibility that early onset may result in greater

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