

## The Treatment of Social Phobia in a Young Boy With Asperger's Disorder

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*Anxiety disorders, including social phobia, occur often in children with autism spectrum disorders (ASD; Gillott, Furniss, & Walter, 2001; Leyfer et al., 2006; Simonoff et al., 2008); however, little is known about the conceptualization and treatment of social phobia in this population. The current study presents the case of "James," a 6-year-old male with comorbid Asperger's disorder and social phobia. A cognitive-behavioral treatment (CBT) package, including parent training, psychoeducation, graduated exposure, and reinforced practice, was implemented to decrease avoidance behaviors in social settings. Results showed that James's avoidance behaviors were reduced significantly following intervention, suggesting that a CBT approach may be effective in treating social phobia in children with ASD. The significant influence of CBT on decreasing avoidance behavior in comorbid social phobia and ASD highlights the need for continued investigation of adapting CBT for use with children with ASD.*

ANXIETY disorders are among the most common comorbid disorders in children with autism spectrum disorders (ASD; Evans, Canavera, Kleinpeter, Maccubbin, & Taga, 2005; Green, Gilchrist, Burton, & Cox, 2000; Leyfer et al., 2006). Children with ASD tend to exhibit higher rates of anxiety symptomatology compared to their typically developing peers (Gillott, Furniss, & Walter, 2001; Matson & Love, 1990; Weisbrot, Gadow, DeVincent, & Pomeroy, 2005). Social phobia (a.k.a., social anxiety disorder) is a common anxiety disorder among children with ASD. Reports of prevalence rates of social phobia range from 7.5% (Leyfer et al., 2006), suggesting it is the least commonly occurring anxiety disorder among children with ASD, to 29.9% (Simonoff et al., 2008), signifying the most commonly occurring anxiety disorder. This range is significant given the much lower prevalence estimates (1.0% to 1.1%) among children without ASD (Anderson, Williams, McGee, & Silva, 1987; Kashani & Orvaschel, 1990). Despite the conflicting reports of prevalence rates among children with ASD, researchers have asserted the importance of investigating the nature of and treatments for social phobia in this population (Bellini, 2006; Tantam, 2000).

### Assessment and Differential Diagnosis

To date, there has been a paucity of research conducted on the assessment and treatment of social phobia in individuals with ASD. A potential reason for

this lack of research may be related to the difficulty distinguishing between symptoms of social phobia and the core symptoms of ASD (Tantam, 2000). For example, both individuals with social phobia and those with ASD may present with social withdrawal, abnormalities of nonverbal communication, avoidance of eye contact, and deficient social skills (American Psychiatric Association [APA], 2000; Tantam, 2000). Consequently, the presence of the same symptom(s) across diagnostic categories confounds a diagnosis because it is uncertain whether the symptom(s) is subsumed by one disorder or the other (Ozonoff, Goodlin-Jones, & Solomon, 2005).

According to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; APA, 2000)*, social phobia includes an intense fear of social situations in which the individual may experience shame or embarrassment. While the diagnostic criteria for ASD include impairments in social interaction, these impairments are not presumed to be associated with fears of shame or embarrassment (APA). Therefore, it is paramount to determine that the reported fear or avoidance of social situations is related to social, as opposed to nonsocial, aspects of the situations (Leyfer et al., 2006). Furthermore, when considering a diagnosis of social phobia in individuals with ASD, it is necessary to determine if symptoms related to anxiety and social avoidance are in excess of what would be expected given an ASD diagnosis (Leyfer et al., 2006; Tantam, 2000). Finally, in order to qualify for a diagnosis of social phobia, the avoidance of the social situation (or stimuli) must not be due to a lack of interest in that situation (Leyfer et al., 2006).

Traditional self-report assessments of anxiety offer a means to identify symptoms associated with social phobia.

However, interpretation of these assessments should be made with caution, as the use of self-report techniques in children with ASD may be problematic for several reasons. For example, research suggests that anxiety disorders and their symptoms may be qualitatively different in children with ASD from those in typically developing children (Evans et al., 2005; Fydrich, Chambless, Perry, Buergener, & Beasley, 1998; Howlin, 1998; Leyfer et al., 2006; Ozonoff et al., 2005). Therefore, differences in symptom presentation may decrease the validity of the use of traditional assessments in children with ASD. With this consideration in mind, it may be beneficial to conduct an item analysis of self-report assessments and then identify reported symptoms that would not be accounted for by the child's diagnosis of ASD. Such item analysis may aid in identifying those symptoms that occur above and beyond what would be expected in a child with an ASD.

Another difficulty with using self-report assessments is that the self-report of children with ASD may be less reliable due to communication and cognitive deficits (Leyfer et al., 2006; Ozonoff et al., 2005). Specifically, individuals with ASD may have difficulty accurately reporting their own levels of fear and anxiety due to unique cognitive deficits (Baron-Cohen, Leslie, & Frith, 1985; Ozonoff et al., 2005) and impairments in interpersonal communication (Leyfer et al., 2006). To address these problems, self-report assessments should be supplemented with assessments given to other informants. Parent-report assessments, for example, may be beneficial as the parent-reported symptoms may provide support to the results of the self-report assessments. It may be particularly beneficial to use parent-report assessments that are normed on children with ASD, such as the Pervasive Development Disorder—Behavior Inventory, Parent Report Form (PDD-BI PRF; Cohen & Sudhalter, 2005). Because such scales are normed on children with ASD, scores that fall outside of the average range for the ASD population suggest that the individual being assessed experiences symptoms above and beyond what would be expected given the diagnosis of ASD. Such information can help determine whether the anxiety symptoms experienced by an individual can be accounted for by an ASD, or whether an additional anxiety disorder diagnosis is warranted.

Finally, assessments should include behavioral observations of the child's reaction to the feared situation. These observations are beneficial for a number of reasons. First, they can provide additional evidence of the symptoms reported in child- and parent-report assessments with concrete ratings of specific avoidance behaviors. Secondly, they can serve to determine the extent of the child's anxiety in a given situation (King, Murriss, & Ollendick, 2005; Southam-Gerow & Chorpita, 2007). Furthermore,

by identifying the antecedents and consequences of the child's avoidance behavior, it is possible to determine whether the avoidance behaviors are due to the child's anxiety, or whether the behaviors serve some other function (e.g., to gain attention or access to some object; Ozonoff et al., 2005). Finally, behavioral observations help identify the aspects of the situation (e.g., social versus nonsocial aspects) that evoke anxiety, which can further aid in differential diagnosis.

In summary, although identification of social phobia in children with ASD can be challenging, it can be accomplished through a multi-informant and multi-method assessment. The aim of the current study was not to identify the means by which comorbid diagnoses can be made; however, the assessment issues described above were important in conceptualizing the case and formulating the treatment plan.

### Treatment

Insofar as social phobia can be diagnosed in individuals with ASD, it is necessary to investigate potential treatments for social phobia in this population. Cognitive-behavioral therapy (CBT) has been shown to be effective in the treatment of social phobia in typically developing children (Beidel, Turner, & Morris, 2000; Mancini, Ameringen, Bennett, Patterson, & Watson, 2005; Spence, Donovan, & Brechman-Toussaint, 2000). However, some researchers have suggested that treatments should be modified if they are to be used with young children (i.e., less than 7 years; Alfano, Beidel, & Turner, 2002; Mancini et al., 2005). For example, Miller and Feeny (2003) modified a cognitive behavioral treatment package for a 5-year-old girl. Specifically, they deemphasized cognitive components and relied more heavily on social skills training, parent management, and in vivo exposure. As children with ASD are developmentally delayed (particularly with respect to social and interpersonal skills), it is important to consider the modifications to CBT that may be necessary when treating children with ASD.

With regard to behavioral treatments of fear and anxiety, Jennett and Hagopian (2008) conducted a literature review of treatments for "phobic avoidance" in children with intellectual disabilities (ID), including developmental disabilities and autism. They included specific phobias and other anxiety disorders in which a specific situation is avoided or endured with distress. Their review suggests that behavioral approaches, such as in vivo exposure, reinforcement contingent on approach behavior, the use of a hierarchy, prompting, modeling, extinction or blocking, and the use of distracting stimuli, meet APA Division 12's criteria (Task Force, 1995; Chambless & Hollon, 1998) of an empirically supported treatment for "phobic avoidance" in individuals with ID. As such, behavioral interventions may be beneficial in the

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