



Editor's Comment

A New Format for the New Millennium

We are pleased to announce that the NYU *Child Study Center Letter*, published in print form for the last four years, is now converted to a web format. For your convenience, you may download the *Letter* from the PDF file so it will be compatible with all previous issues. We thank our readers for their past interest and hope they will continue to read the *Letter* in its new form.

Our inaugural website issue deals with Social Phobia in children and adolescents. Anxiety is a normal and common human experience. However, when fear and apprehension are out of proportion to the context of a child's life situation or developmental stage, a clinical diagnosis of Social Phobia (Social Anxiety Disorder) is considered. Anxiety disorders, which include Social Phobia, are among the most common mental conditions of children and adolescents. Large-scale epidemiological surveys suggest that anywhere from 5 to 20% of all children and adolescents are afflicted with at least one anxiety disorder.

In this issue of the *Child Study Letter* we contrast normal fears and anxieties with those that may signify the presence of Social Phobia, and we review definitions, possible causes, long-term impact, and treatment.

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SOCIAL PHOBIA IN CHILDREN AND ADOLESCENTS

Introduction

Shyness is a personality style known to most of us; we've each experienced some degree of shyness or know someone who is shy. Because shyness is so common most people don't realize how handicapping it can be. Shyness occurs in degrees, and in its extreme form becomes social phobia, one of the most common mental disorders in the United States. For some people shyness is just a variant of personality, but for others it can be a disorder that interferes with daily functioning. For example, some people with social phobia refuse to enter new situations, some will not talk on the telephone, some will not eat or drink in front of others, some avoid conversations. One person in eight develops social phobia such that any social contact results in an outbreak of the physical symptoms of anxiety – racing heart, sweaty palms, dry mouth, hesitant speech and an overwhelming urge to escape the dreaded situation.

Case Example

Joel, now 19, talks about his anxiety in social situations.

I had a pretty normal life - the son of two loving parents. I played Little League, I went to church on Sundays, I was a good student. In the sixth grade I started feeling different. I began to believe that I would not be liked by anybody and I was very nervous and panicky around people. Fear became a major part of my life - fear I would say the wrong thing and I might embarrass and humiliate myself. My fear gradually intensified in junior high and high school. For me every situation required calculation. I gave great thought to things that others would

find routine- how I moved, what I did with my hands. I had this overwhelming feeling that I was being watched and scrutinized with every move I made. I began to avoid everything. If I wasn't doing anything, I couldn't screw up. I never dated, I never spoke with anyone on the phone if it wasn't about homework. I began to believe that I simply was not meant to be a socially confident person and that everyone else was.

Every once in a while I would have a burst of confidence and I realized that there was a different person trapped inside of me, a person I really liked, that there was a world out there that wasn't filled with fear and self-consciousness. When I felt confident I was very likeable and outgoing and funny, and if I do say so myself, dangerously charming. But those moments would come and go....

I graduated in May 1997 and entered college. I thought that my problems were high school and I was just going through a phase. A new environment, new people and college life would somehow snap me out of it. But soon the newness wore off and the fear that plagued me in high school was back in full force. Every day I saw guys and girls my age doing things I was too afraid to do - dating, going to parties, pledging fraternities and living active social lives.

Social Phobia (Social Anxiety Disorder) - what is it and how is it different from other anxiety?

Anxiety disorders are mental conditions whose most prominent feature is anxiety that impairs one's ability to function. Social phobia, a specific form of anxiety, may be defined as discomfort and/or inhibition in social situations where the person may be the focus of attention or evaluation. In its clinical form, social anxiety is manifested as a phobia of situations calling for performing



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an action, interacting socially, and other situations in which the person may be exposed to the real or perceived scrutiny of others. The following are examples on the continuum of shyness and social phobia: a **normally shy person** may be jittery in a new situation, such as giving a speech or participating in an interview, but is gradually able to become more relaxed. An **extremely shy person** clams up, trembles, has a rapid heart beat, avoids starting conversations, feels that he or she is a social failure. A **person with severe social anxiety or social phobia** is most comfortable when alone, leads a life restricted by fear, may have panic attacks and worries constantly about being embarrassed or humiliated by others. These variations in social anxiety have been noted since ancient times, but the disorder was not named until the 1960s and was not mentioned in psychiatric manuals until 1980. In fact, social phobia is considered the "neglected anxiety disorder" because it is so often misunderstood and overlooked by mental health and health service practitioners.

What causes social phobia?

Researchers believe that a combination of genetic and environmental influences results in the emergence and maintenance of social phobia. Biological theories suggest that some children are born with a genetic predisposition for shyness or an inhibited temperament, which is translated into social phobia when stressful life situations occur. In addition, certain family patterns, child rearing practices and school experiences also play a part. Some research has found that parents of socially phobic children and adolescents tend to be socially anxious themselves, less sociable and overly concerned with the opinions of others. This parental style may convey to the child the message that the world is full of potential danger, humiliation and embarrassment. For many parents, the natural desire to protect their child from rejection and pain may actually reinforce the child's avoidance of social situations, thus inadvertently perpetuating the pattern of fear and anxiety.

The development of social phobia

Social anxiety may take different forms at different ages. Very young children who are socially anxious may appear excessively timid in social situations, cling to a familiar person, refuse to participate in group play and speak rarely. By age 8, children with social anxiety may stop inviting others over, are reluctant to go to parties or outings, won't participate in class, or will only speak to certain people. These early troubles, if not resolved, may evolve into social phobia at later ages.

By adolescence, youngsters are confronted with the developmental tasks of establishing social relationships, gaining emotional independence from the family, and forming long-term vocational goals. Basic to the successful mastery of these tasks is a confident sense of self, adequate self-control and appropriate social behavior. Classic social phobia typically has an onset in early adolescence (ages 12-13) yet many youngsters report a history of social inhibition or shyness much earlier. With increasing age, adolescents develop more sophisticated social cognitive skills which enable them to compare themselves with others and to examine and interpret situations from another's perspective. Peer relationships and peer group approval become prominent; positive experiences such as inclusion in groups, invitations to parties, and negative experiences, such as teasing, rejection, or other humiliation take on intense meaning. The typical adolescent is confronted with social-evaluative situations on a daily basis, in the form of school expectations (taking exams, giving oral presentations, peer pressures) in addition to scrutiny by parents and other authority figures. Concerns regarding physical attractiveness, competence in social, athletic and artistic pursuits are common. For most adolescents, these concerns are temporary and serve as a learning experience. Transient episodes of increased social anxiety are considered a normal developmental experience; they cause relatively little interference in functioning and usually lessen with repeated exposure to social situations. Although most adolescents will weather

the storm and stress of this period with transient anxious episodes, a proportion of their peers will develop clinical manifestations of social phobia.

As expressed by Joel, his heightened social phobia in adolescence presented a significant roadblock to a successful adult transition:

I left college and returned home thinking I could find some answers but instead fell into a greater depression and more fear. I couldn't sleep and things that would make me feel better under normal circumstances wouldn't penetrate - television shows, music, family. I asked myself if I would ever live a normal life. Was I going to live with this fear forever? I felt completely hopeless.

Distinguishing between normal fears and social phobia

In general, clinical scientists identify three broad factors to consider in delineating normal social fears from social phobia in youth:

- the magnitude of the social fear(s) in the context of developmental expectations;
- the persistence of the anxiety reaction over time, despite repeated (opportunities for) contact with the anxiety provoking cue; and
- the degree of interference in functioning across a variety of domains.

It is normal for a child or adolescent to be anxious in new or relatively challenging social or evaluative situations (e.g., the first oral report, athletic or musical performances, changing schools, taking tests). Social anxiety symptoms during these situations may include physiological responses such as increased heart rate and respiration, blushing, and sweaty palms, in addition to behavioral symptoms such as stuttering and avoiding eye contact. Mild to moderate levels of these symptoms are considered normal and consistent with developmental expectations. Excessive reactions involving panic attacks, behavioral freezing, crying, tantrums, or excessive somatic complaints considered inconsistent with developmental expectations are evidence of the clinical state of social phobia. However, children and adolescents are

expected to become less anxious in socially challenging situations given repeated exposure to the situation. Thus, as the child gets accustomed to the physical sensations of anxiety, he or she then develops the ability to enter and remain in the situation with minimal subjective feelings of anxiety. In contrast, children and adolescents with social phobia do not get used to the anxiety response. The physical symptoms remain a signal to escape the situation or avoid it completely. The failure to adapt to these physical sensations and enter social situations also indicates the disorder is present.

The degree of impairment in personal, academic, social, and familial functioning will also determine whether the diagnosis of social phobia is warranted. Some children and adolescents with social phobia are able to function adequately and perform the majority of activities necessary to meet the demands of every day life, even if they experience some subjective distress. Although shy or socially phobic youth will at times attend extracurricular activities, engage in competitive sports, and socialize with peers, they still avoid a wide range of situations and activities that cause impairment in social and academic functioning. The accomplishment of certain developmental tasks is either delayed or fails to occur due to the social phobia. For example, dating, attaining employment and independent functioning are delayed.

Co-existing conditions and long-term impact

Social phobia in childhood not only causes internal distress, but is frequently the harbinger of later disorders. Children and adolescents with social phobia are at high risk for major depression, suicide attempts and substance abuse disorders. In fact, social phobia has been identified as a direct link to the development of alcohol abuse by late adolescence. Social phobia also takes a toll on an individual's social, academic and occupational functioning. It is associated with failure to attain educational goals, resulting in reduced career and vocational options, financial security and the development and maintenance of a healthy lifestyle.

Individuals with social phobia have low self-esteem, are highly sensitive to criticism and rejection, and lack assertive

ness. Moreover, adolescent girls with high levels of social anxiety report strong feelings of loneliness, isolation, and estrangement from peers. Adolescent boys with high social anxiety report feeling less competent and less well-liked by their peers. These negative feelings may help solidify the hold of this disorder over the long term. If left untreated, individuals with social phobia rarely recover.

Treatment

Unfortunately, health professionals and educators fail to recognize children and adolescents with worrisome levels of social anxiety. Although social phobia is a common and serious disorder, the good news is that it is highly treatable and in a relatively short time. Most children and adolescents respond well to cognitive behavioral group therapy - sometimes in conjunction with medication. Youth with social phobia are systematically taught to confront, rather than to avoid, their worst fears and to create realistic coping strategies. With gradual exposure to the frightening situation, and by learning the skills necessary to think through the situation with realistic and proactive thoughts, individuals learn to manage anxious arousal and deal with the situations that had previously seemed threatening and overwhelming. The group context provides a forum for testing out newly acquired or refined anxiety management skills, and practice in dealing with previously avoided situations and people. For some youth, medication is necessary to assist with lowering the overall level of anxiety and allowing the child to enter and access the benefits of cognitive behavioral therapy.

The benefits of effective treatment for social phobia are evident in the changes made by the youth completing these programs. New friendships are formed, social skills are improved, loneliness decreases, and participation in academic, social, and volunteer activities increases.

Here is Joel's account of his experience in therapy:

I had prayed that I had a disease that had a name and a cure. I found out that I did. It is called social phobia and I

couldn't believe that this thing I had been living with for as long as I could, can be controlled. I was overwhelmed with relief. In addition to private sessions I participated in a social phobia treatment group with other people my age. The doctors taught me about my anxiety. They taught me why it exists and how it manifests itself. What I learned was that anxiety itself is a normal healthy human emotion. It becomes abnormal when your whole life revolves around it. I knew they weren't going to zap it out of my system forever. I discovered they were going to teach me how to shrink it to a healthy level. This summer I dated a girl I have had a crush on for a long time. I attend a step aerobics class in which I'm the only guy in the room. I perform in front of a large group of people in my drama class... Meeting people and talking to people is so much easier. I am no longer obsessed with how I position my body, how I hold a book and how I walk across campus. The time and energy I once invested in fear can now be used for things I really care about.

Conclusion

Cognitive behavioral and medication treatments for social phobia hold much promise for attenuating this serious and disabling condition in youth. Research is necessary to develop and test methods for identifying youth at risk of developing social phobia, and initiating efforts towards the primary prevention of this serious disorder. At present, the field is open to investigators in clinical research settings, research and primary care settings, and public health programs to turn serious attention to

understanding the impact and course of social phobia in children and adolescents. In addition to research efforts, ongoing education is needed to alert physicians, school personnel, and the general public, to the significance of this disorder. Moreover, lobbyists and others in the position of impacting health care policy must become accustomed to recognizing the empirical evidence supporting cognitive behavioral treatments either alone or in appropriate combination with psychopharmacology.

The reader is also referred to the following on this website. In Parenting, *Fears*. In the Mental Health section, *Anxiety Disorders*. In Programs, *Anxiety and Mood Disorders Programs for Children and Adolescents, and Young Adults*.

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REFERENCES

- Albano, A.M., Marten, P.A., Holt, C.S., Heimberg, R.G., & Barlow, D.H. (1995). Cognitive-behavioral group treatment for social phobia in adolescents: A preliminary study. *Journal of Nervous and Mental Disease*, 183, 685-692.
- Albano, A.M. (2000). Treatment of social phobia in adolescents: cognitive behavioral programs focused on intervention and prevention. *Journal of Cognitive Psychotherapy*, 14, 1-11.
- Albano, A.M., Detweiler, M.F., & Logsdon-Conradsen, S. (1999). Cognitive behavioral interventions with socially phobic children. In S.W. Russ & T.H. Ollendick (Eds.), *Handbook of Psychotherapies with Children and Families* (pp. 255-280). New York: Plenum Press.
- Albano, A.M., & Barlow, D.H. (1996). Breaking the vicious cycle: Cognitive behavioral group treatment for adolescent social phobia. In E.D. Hibbs & P. Jensen (Eds.), *Psychosocial Treatment Research of Child and Adolescent Disorders: Empirically Based Approaches* (pp. 43-62). Washington, D.C., American Psychological Association Press.
- Albano, A.M. (1995). Treatment of social anxiety in adolescents. *Cognitive and Behavioral Practice*, 2, 271-298.
- Albano, A.M., DiBartolo, P.M., Heimberg, R.G., & Barlow, D.H. (1995). Children and adolescents: assessment and treatment. In R.G. Heimberg, M. Liebowitz, D. Hope, & F. Schneier (Eds.), *Social Phobia: Diagnosis, Assessment, and Treatment* (pp. 387-425). New York: Guilford Press.



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