Social Anxiety Disorder in Childhood and Adolescence: Current Status and Future Directions

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This paper reviews the current status of research on the phenomenology, etiology, maintenance, assessment, and treatment of childhood and adolescent social anxiety disorder (SAD). Despite being one of the most prevalent disorders of childhood and adolescence, SAD paradoxically stands as one of the least recognized, researched, and treated pediatric disorders. The small treatment outcome literature provides preliminary support to the effectiveness of various forms of cognitive behavior therapy. The majority of studies to date, however, are limited by inadequate control conditions. Other findings include some support for the utility of parental involvement in treatment, significant advancements in outcome measures (e.g., normative comparisons, indices of naturalistic social functioning), and impressive durability of gains for the majority of treatments. Future directions are suggested, including experimental and naturalistic studies of developmental pathways and maintenance factors, the incorporation of “positive psychology” constructs (e.g., positive emotions, hope, self-control) in treatment and prevention, and the continued delineation of differences between child, adolescent, and adult manifestations of SAD.

KEY WORDS: social anxiety; social phobia; children; adolescence; cognitive behavior treatment; positive psychology.

Social anxiety disorder (SAD), also known as social phobia, is a common anxiety disorder characterized by intense fear of embarrassment, humiliation, and negative evaluation by others in social situations, and a tendency to avoid feared situations. The terms social phobia and SAD are both listed in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders, (DSM-IV; American Psychiatric Association [APA], 1994), but a trend is underway in favor of the SAD designation (Liebowitz, Heimberg, Fresco, Travers, & Stein, 2000). The term social phobia may implicitly categorize SAD as a form of specific phobia, thereby risking trivialization of the chronic course and severe impairment associated with SAD (Schneier, Johnson, Hornig, Liebowitz, & Weissman, 1992). According to Liebowitz and colleagues (2000), when SAD was originally classified as a distinct diagnostic entity in the third edition of the DSM “it was described as infrequent and rarely associated with meaningful impairment” (p. 191). Our more recent appreciation of the significant prevalence and impairment associated with child and adolescent SAD warrants differentiation from specific phobias. We have chosen to continue this initiative by using the term SAD throughout this paper.

Although SAD is quite common among children and especially adolescents, the vast majority of research on the disorder has focused on adult samples. The present review provides an overview of the nature of childhood and adolescent SAD, with particular emphasis on the status of empirically supported interventions. The high prevalence, seriousness, and early onset of SAD make a review of the literature on childhood and adolescent SAD timely.
PHENOMENOLOGY

Epidemiological studies have found SAD to be the most common anxiety disorder and the third most prevalent psychiatric condition in the United States, affecting up to 13% of individuals at some point during their lifetime (Kessler et al., 1994; Last, Perrin, Hersen, & Kazdin, 1992). In contrast to most other anxiety and mood disorders, there is considerable evidence that the onset of SAD occurs at a relatively early age, with a mean onset of 15.5 years (Schneier et al., 1992), and children diagnosed as young as age 8 (Beidel & Turner, 1988). Using a retrospective design, Bourdon et al. (1988) found that the majority of adults with SAD failed to recall a period when social anxiety was not present in their lives. There is some evidence that the prevalence of the generalized subtype of SAD appears to be increasing in the United States, especially among White, married, middle-class persons (Heimberg, Stein, Hiripi, & Kessler, 2000).

Recent research suggests that SAD is quite common among adolescents, with lifetime prevalence rates of between 5 to 15% of adolescents in the United States (Heimberg et al., 2000; Lewinsohn, Hops, Roberts, Selley, & Andrews, 1993) and in Germany (Wittchen, Stein, & Kessler, 1999). In a psychometric study of the NIMH Diagnostic Interview Schedule for Children (self-report version 2.3), 7.6% of children studied met DSM-IV criteria. Bourdon et al. (1988) found that the majority of adults with SAD failed to recall a period when social anxiety was not present in their lives. There is some evidence that the prevalence of the generalized subtype of SAD appears to be increasing in the United States, especially among White, married, middle-class persons (Heimberg, Stein, Hiripi, & Kessler, 2000).

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