



## Multi-Informant Assessments of Adolescent Social Anxiety: Adding Clarity by Leveraging Reports from Unfamiliar Peer Confederates

Danielle E. Deros

Sarah J. Racz

Melanie F. Lipton

Tara M. Augenstein

Jeremy N. Karp

Lauren M. Keeley

Noor Qasmieh

Brigitte I. Grewe

University of Maryland at College Park

Amelia Aldao

The Ohio State University

Andres De Los Reyes

University of Maryland at College Park

Adolescent social anxiety (SA) assessments often include adolescent and parent reports, and low reporting correspondence results in uncertainties in clinical decision-making. Adolescents display SA within non-home contexts such as peer interactions. Yet, current methods for collecting peer reports raise confidentiality concerns, though adolescent SA assessments nonetheless would benefit from context-specific reports relevant to adolescent SA (i.e., interactions with unfamiliar peers). In a sample of 89 adolescents (30 Evaluation-Seeking; 59 Community Control), we collected SA reports from adolescents and their parents, and SA reports from unfamiliar peer confederates who interacted with adolescents during 20-minute mock social interactions. Adolescents and parents completed reports on trait measures of adolescent SA and related concerns (e.g., depressive

symptoms), and adolescents completed self-reports of state arousal within mock social interactions. Adolescents' SA reports correlated with reports on parallel measures from parents in the .30s and with peer confederates in the .40s to .50s, whereas reports from parent-confederate dyads correlated in the .07 to .22 range. Adolescent, parent, and peer confederate SA reports related to reports on trait measures of adolescent SA and depressive symptoms, and distinguished Evaluation-Seeking from Community Control Adolescents. Confederates' SA reports incrementally predicted adolescents' self-reported SA over and above parent reports, and vice versa, with combined  $R$ s ranging from .51 to .60. These combined  $R$ s approximate typical correspondence levels between informants who observe adolescents in the same context (e.g., mother-father). Adolescent and peer confederate (but not parent) SA reports predicted adolescents' state arousal in social interactions. These findings have implications for clarifying patterns of reporting correspondence in clinical assessments of adolescent SA.

Address correspondence to Andres De Los Reyes, Ph.D., Comprehensive Assessment and Intervention Program, Department of Psychology, University of Maryland at College Park, Biology/Psychology Building, Room 3123H, College Park, MD 20742; e-mail: [adlr@umd.edu](mailto:adlr@umd.edu)

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SOCIAL ANXIETY (SA) DISORDER is characterized by persistent and intense fears of social situations in which an individual may be evaluated by others (American Psychiatric Association [APA], 2013). These fears may manifest in many contexts (e.g., work, school, home) and among many different individuals (e.g., peers, authority figures) (Beidel, Rao, Scharfstein, Wong, & Alfano, 2010). Social anxiety tends to spike during adolescence, a time of increased interactions with people outside of the home, exposure to novel social experiences, and, for those who experience SA, increased exposure to aversive social interactions (Alfano & Beidel, 2011; Ingersoll, 1989).

Mental health professionals require a variety of instruments to understand adolescents' SA concerns within and across contexts in which they may display such concerns (e.g., home, school, peer interactions; De Los Reyes et al., 2015b). Along these lines, the most commonly implemented approach to cross-contextual assessment of adolescent SA involves collecting clinical reports from multiple informants. With this approach, one collects self-reports of SA from adolescents, along with reports from significant others in their lives (e.g., parents, teachers, peers; Hunsley & Mash, 2007). Leveraging informants' unique perspectives about an adolescent's SA concerns across both home and non-home contexts can yield a rich picture of the adolescent's clinical presentation. As noted by others (e.g., Kraemer et al., 2003), cross-contextual assessments of adolescent SA should include reports from observers across home and non-home contexts, as well as reports from the adolescent; an informant who likely provides self-reports based on a blend of self-perceived SA among these contexts.

However, evidence-based multi-informant assessments of adolescent SA are often limited to collecting adolescent self-reports and parent reports about the adolescent (see Silverman & Ollendick, 2005), resulting in two barriers to clinical decision-making. First, adolescent and parent reports typically display low-to-moderate correspondence (e.g.,  $r$ s in the .20s to .40s; De Los Reyes, Alfano, & Beidel, 2010; De Los Reyes et al., 2012). Because assessments of adolescent SA rarely contain additional informants beyond adolescents and parents, the prevailing literature focuses on identifying factors stemming from adolescents' clinical presentations that may account for these levels of correspondence. For instance, fears of evaluation comprise a core feature of adolescent SA, and thus researchers often attribute low adolescent-parent reporting correspondence to adolescents responding in socially desirable ways (for a review see De Los Reyes et al., 2015b). These attributions likely account for mental health

professionals' treatment decisions often aligning to a greater extent with parent reports relative to adolescent reports (e.g., problems targeted in therapy; Hawley & Weisz, 2003).

Second, adolescents and parents provide reports that collectively yield data on displays of adolescent SA across home and non-home contexts (e.g., Comer & Kendall, 2004). Yet, such an assessment does not include a context-specific observer involved in peer interactions. In particular, assessments from informants who observe adolescents from the perspective of an *unfamiliar peer* might provide incrementally valuable data in assessments of adolescent SA. Indeed, a core feature of SA involves displays of fear and avoidance among unfamiliar peers (see Alfano & Beidel, 2011). Granted, peer assessments can be challenging due to ethical concerns (i.e., seeking out parental consent to collect peer reports; see Card & Hodges, 2008), and they also often involve gathering reports from peers who know the adolescent they are rating (i.e., nominations from *familiar* peers; Prinstein, 2007). Yet, there is precedent for use of *unfamiliar peer confederates* in therapy with adolescents. Evidence-based SA interventions often target concerns with peers, using techniques that expose adolescents to the specific peer contexts where they display concerns (e.g., one-on-one and group social interactions; see Alfano & Beidel, 2011). Within these interactions, clinical staff (e.g., undergraduate/postbaccalaureate research volunteers) trained to "act" like adolescents often assist in treatment research for adolescent SA (e.g., within behavioral exposures; Beidel et al., 2010). Within these structured social situations, the peer confederate interacts with the adolescent for a brief time (Anderson & Hope, 2009).

In the current study, we sought to expand upon the peer confederate paradigm by collecting reports about adolescent SA from these peer confederates. Specifically, we posited that use of peer confederate reports would yield reliable and valid data to incorporate within multi-informant assessments of adolescent SA. Within this approach and subsequent to their interactions with the adolescent being evaluated, peer confederates complete SA measures using parallel versions of the same SA measures that adolescents and parents complete (i.e., no training on measure completion). By using the same surveys to collect reports from all of these informants, we can construct cross-contextual assessments of adolescent SA, and at the same time rule out confounding differences in methodology that often arise when integrating adolescent and parent reports with data from instruments completed by clinical staff (e.g., structured interviews and behavioral ratings from trained clinical evaluators; see

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