



Exploring the relevance of expressed emotion to the treatment of social anxiety disorder in adolescence

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A B S T R A C T

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The role that the involvement of parents may play in the treatment outcome of their children with anxiety disorders is still under debate. Some studies dealing with other disorders have examined the role that the expressed emotion (EE) construct (parental overinvolvement, criticism and hostility) may play in treatment outcome and relapse. Given that some of these aspects have been associated with social anxiety for a long time, it was hypothesized that EE may be associated with lower treatment outcome. The sample was composed of 16 adolescents who benefited from a school-based, cognitive-behavioural intervention aimed at overcoming social anxiety. Then, parents were classified with high or low EE. The results revealed that the adolescents whose parents had low EE showed a statistically significant reduction of their social anxiety scores at posttest, as opposed to adolescents of parents with high expressed emotion. These findings suggest that parental psychopathology (parents with high EE) should be taken into consideration to prevent poor adolescent treatment outcome.

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Social anxiety disorder (SAD) tends to be a chronic, stable condition that severely disrupts long-term functioning (Garcia-Lopez, Piqueras, Diaz-Castela, & Ingles, 2008). Its lifetime prevalence in adolescents usually ranges between 2 and 9% (Essau, Conradt, & Petermann, 1999; Fehm, Pélissolo, Furmark, & Wittchen, 2005), with substantially increased risks of depression, suicide attempts, substance abuse, severe social restrictions, early leave of school, lower educational attainment and victimization being found among its most negative detrimental consequences include (Beidel, Turner, & Morris, 1999; Essau et al., 1999; Essau, Conradt, & Petermann, 2002; Ranta, Kaltiala-Heino, Pelkonen, & Marttunen, 2009; Storch & Masia-Warner, 2004; Wittchen, Stein, & Kessler, 1999). Furthermore, SAD often precedes the development of other disorders, such as alcohol/substance misuse, eating, mood and other anxiety disorders (Garcia-Lopez, 2007). Despite this situation, adolescents with SAD are commonly under-detected and therefore, under-treated. Given the serious consequences of childhood anxiety, as well as the lifelong suffering usually associated with this disorder and the economic costs to society involved, it is essential to address anxiety effectively and as early as possible.

In order to palliate this problem, both the Green Paper in Mental Health (European Commission, 2005), and the Surgeon General's report (U.S. Department of Health and Human Services, 1999), designated schools as key settings to identify and address mental health concerns in youth. Particularly for youth with SAD, who are initially reluctant to utilize mental health resources, community-based programs may represent a critical first step in acquiring the appropriate treatment. Transferring

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research-based assessment and treatments into schools and designing empirically supported school mental health services require the consideration of quality and cost, both of which are necessary for the dissemination of such treatments.

Nowadays, developmentally-adapted Cognitive Behavioural Therapy (CBT) interventions aimed at childhood anxiety disorders have been specifically designed and tested. Even though CBT approaches are indeed recognized for their efficacy in overcoming a wide array of mental disorders, as Ollendick and King (2008) have pointed out, several areas remain of concern and require further attention from researchers and clinicians alike. First, although existing psychological and pharmacological treatments hold promise, many youth do not respond completely, thus necessitating further research on augmentative treatment approaches and/or ways to improve existing interventions. Indeed, even though CBT interventions are effective, full remission rates usually range from 40% to 70% and drop-out rates are still considerable (20–30%), which results in many children remaining symptomatic despite their improvement. As a consequence, efforts are to be made to improve the understanding and treatment of childhood social anxiety disorder.

Efficacy studies have identified some treatment strategies that reduce anxiety. However, the role that parents' involvement may play in the treatment outcome of their anxious children is still under debate. In particular, while some studies have suggested better treatment outcomes for children whose parents participate in their children's treatment, others have not corroborated these findings (Garcia-Lopez, Espinosa-Fernández, & Muela, 2007; Garcia-Lopez, Muela, Espinosa-Fernández, & Diaz-Castela, 2008; Spence, Donovan, & Brechman-Toussaint, 2000).

To resolve this issue, some studies working in other psychological fields have examined the role that the expressed emotion (EE) construct (parental overinvolvement, criticism and hostility) may play in treatment outcome and relapse findings in disorders such as mood disorders (Asarnow, Goldstein, Tompson, & Guthrie, 1993; McCleary & Sanford, 2002), bipolar disorder (Honing, Hofman, Rozendan, & Dingemans, 1997), eating disorders (Butzlaff & Hooley, 1998), conduct disorders (Calm, Bolton, & Roberts, 2002; Hibbs, Zahn, Hamburger, Kruesi, & Rapoport, 1992; Vostanis & Nicholls, 1995), psychosis (Marom, Munitz, Jones, Weizman, & Hermesh, 2005) and other anxiety disorders (Chambless & Steketee, 1999; Renshaw, Chambless, & Steketee, 2006; Tarrier, Sommerfield, & Pilgrim, 1999). EE is an index of significant others' attitudes, feelings, and behaviour toward an identified patient that has been shown to predict psychiatric relapse and re-hospitalization across a wide range of mental disorders (Butzlaff & Hooley, 1998; Hooley, 1985, 2007).

EE was originally conceptualized as a dichotomous summary index. Thus, a family member is rated low or high on how much criticism, hostility, and emotional overinvolvement (EOI) s/he expresses toward an identified patient. "High EE" refers to above-threshold levels of criticism, hostility, and EOI, although confirmatory factor analyses suggest that EE is best represented by three factors: Criticism (which is often highly correlated with Hostility), EOI, and Positivity (encompassing Warmth and Positive Comments) (Chambless, Bryan, Aiken, Steketee, & Hooley, 1999).

The EE construct has also proven to be relevant to CBT treatment for adolescents with SAD for three reasons (for a review, please see Fogler, Tompson, Steketee, & Hofmann, 2007). First, adolescents with social anxiety disorder are likely to associate with a reduced number of peers with whom they feel safe, and they are therefore prone to have prolonged periods of contact with a restricted number of people. If social anxiety disorder symptoms are influenced by interactions with low- and high-EE significant others (parents mainly), these highly dependent relationships may result in negative self-attributions by adolescents. Second, childrearing practices as isolation from social events and the use of shame as a means of discipline usually associated with the construct of high expressed emotion (EE). Third, since SAD is associated with acute sensitivity to embarrassment and shame, people with the disorder may be particularly vulnerable to the effects of criticism and hostility.

Given that some of these aspects have been associated with social anxiety for a long time, it was hypothesized that EE may be associated with lower treatment outcome. For this reason, the present study intends to cover this gap in the literature by examining significant others' EE ratings as predictors of treatment outcome in SAD. We hypothesize that parents' high levels of EE will be significantly associated with children's poor treatment outcome.

Method

Participants

The sample was composed of 16 adolescents (76% girls), who ranged from 15 to 18 years ($M = 16.9$, $SD = .68$), and had a primary diagnosis of social anxiety disorder according to DSM-IV-TR (APA, 2000). Exclusion criteria were current psychoactive substance abuse or dependence, active suicidal potential, or a positive diagnosis of mental retardation, psychosis, or other psychiatric conditions that would limit their ability to understand psychotherapy. Adolescents in the sample received the IAFS (Intervencion en Adolescentes con Fobia Social [Treatment for Adolescents with Social Phobia]; Garcia-Lopez, 2007; Olivares & Garcia-Lopez, 1998), that is a school-based, cognitive-behavioural intervention aimed at overcoming social anxiety in adolescents. The parents of the adolescents, or designated significant others living with them (due to parent's death or incarceration), ranged in age from 40 to 51 years, with a mean age of 46.28.

Procedure

At an initial stage, 1931 adolescents (with parents' consent form) were screened. The sample was recruited from two private and eight public high-schools in a medium size state in the south of Spain. Schools were selected by a clustered

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