

Intensive Group-Based CBT for Child Social Phobia: A Pilot Study

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Although CBT has proven efficacious in the treatment of child social phobia (SP), most children do not present for treatment and child SP may be less responsive to treatment than other anxiety disorders. Intensive, group-based, SP-specific CBT may improve the efficacy of, and access to, treatment for child SP. The aim of this study was to provide a preliminary examination of such a program.

Forty Australian children aged 7–12 years (15 male and 25 female) were allocated into treatment and waitlist groups. Clinical interviews to determine diagnostic status were conducted prior to treatment, following treatment and at 6-month follow-up. Parent and child questionnaire measures of child anxiety symptoms, internalizing symptoms, depression, social skills, social competence, and parental social anxiety were administered at the same time points. Treatment was delivered in 4 separate 3-hour sessions conducted over 3 consecutive weekends.

At postassessment, 52.4% of children in the treatment group and 15.8% of children in the waitlist group were free of their SP diagnosis. At postassessment, compared to waitlist children, treatment group children demonstrated a

greater drop in clinical severity, a greater increase in overall functioning, and held fewer clinical diagnoses. Treatment group children also reported a greater reduction in SP symptoms compared to waitlist children, and treatment group parents reported a greater reduction in child internalizing and anxiety symptoms, a greater increase in child social competence, and a greater decrease in parental SP symptoms, compared to parents of children in the waitlist group. By 6-month follow-up, 76.9% of the treatment group were free of their SP diagnosis and gains on all other measures were maintained.

The results of this study are encouraging, and suggest that brief, intensive, group CBT for children with social anxiety is beneficial for many youngsters.

Keywords: child psychopathology; social phobia; cognitive behavioral therapy; anxiety; treatment

SOCIAL PHOBIA (SP), OR SOCIAL ANXIETY DISORDER, is an anxiety disorder characterized by a marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others (American Psychiatric Association, 2013). It is one of the most common childhood anxiety disorders (Costello, Egger, & Angold, 2005), is associated with a myriad of deleterious short- and long-term consequences (Beidel, Turner, & Morris, 1999), and follows a chronic course if left untreated (Weissman et al., 1999). Fortunately, there have now been a number of studies confirming that cognitive behavior therapy (CBT) is efficacious in treating childhood SP.

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Beidel and colleagues (Beidel & Turner, 2007; Beidel, Turner, & Morris, 2000; Beidel, Turner, & Young, 2006) conducted a series of studies demonstrating the efficacy of their behaviorally oriented Social Effectiveness Therapy for Children (SET-C). In the original randomized control trial of the SET-C program (Beidel, Turner, & Morris, 2000), it was found that 67% of children treated with SET-C compared to 5% of the active control group were free of their SP diagnosis at posttreatment. For those receiving treatment, this figure rose to 85% at 6-month follow-up (Beidel, Turner, & Morris, 2000), with treatment effects being maintained 5 years later (Beidel et al., 2006). Similarly, Spence, Donovan, and Brechman-Touissant (2000) found that CBT with a very strong emphasis on social skills training was efficacious in treating child SP, with 87.5% of children in the parent-involved (PI) group, 58% of children in the parent-not-involved (PNI) group, and 4% of the waitlist control group being free of their primary diagnosis at posttreatment. At 12-month follow-up, these effects were largely maintained, with 81% of children in the PI group and 53% of children in the PNI group being free of their SP diagnosis. Placing greater emphasis on the cognitive therapy component of CBT, Melfsen et al. (2011) investigated the efficacy of a 20-session program for young people with SP aged 8 to 14 years. The authors found that, at posttreatment, children in the treatment condition demonstrated significantly greater reductions in anxiety compared to those in the waitlist group, and that significantly more children in the treatment group (33%) lost their primary diagnosis of SP compared to those in the waitlist group (0%). However, there was no investigation of whether these effects were maintained over time.

From the above discussion, it is clear that CBT programs for youth SP have demonstrated efficacy in alleviating SP symptoms and diagnoses. However, despite their efficacy, the majority of anxious children do not receive psychological assistance for their problems (Merikangas et al., 2011; Sawyer et al., 2001). A number of potential barriers preventing children from attending therapy have been put forward, including a lack of access to mental health services and difficulties associated with the opening times of clinics that often coincide with school and parent work hours (Booth et al., 2004). Furthermore, existing programs targeting childhood SP require children to attend 10 to 24 weekly, 1-hour sessions. For many families, treatments of this length are not only costly, but are difficult to organize within busy family schedules.

One strategy that may circumvent these barriers to treatment is to deliver therapy intensively. That

is, to deliver equivalent face-to-face contact time, but to do so over fewer days or weeks. Within the pediatric anxiety literature, such intensive interventions have been effectively developed for disorders such as OCD (e.g. Fernandez, Storch, Lewin, Murphy & Geffken, 2006; Lewin et al., 2005; Savva & Rees, 2006; Whiteside, Brown, & Abramowitz, 2008), specific phobia (e.g., Davis, Ollendick, & Öst, 2009; Flatt & King, 2010; Öst, Svensson, Hellström, & Lindwall, 2001), school refusal (Moffitt, Chorpita, & Fernandez, 2004), and panic disorder with agoraphobia (Angelosante, Pincus, Whitton, Cheron, & Pian, 2009). To date, only one study has investigated the potential usefulness of this approach with childhood SP. Gallagher, Rabian, and McCloskey (2004) randomly assigned 23 children diagnosed with SP to either a treatment or control condition. Treatment was conducted with groups of 5 to 7 children during three sessions, each of approximately 3 hours duration. Treatment components included psychoeducation, recognition of the physiological, cognitive and behavioral aspects of anxiety, cognitive work, and exposure. Results at posttest and 3-week follow-up suggested that the treatment was useful in reducing child anxiety, with 50% of treatment children compared to 9.1% of waitlist children losing their diagnosis of SP. Thus, the results of the Gallagher et al. (2004) study are encouraging for the usefulness of an intensive treatment for SP in children. Although encouraging, the rates of children free of their primary SP diagnosis in the Gallagher et al. study are somewhat small compared to other studies treating child SP over a longer time period. There are a number of reasons why this may have been the case. The sample size used in Gallagher et al. was somewhat small ($n = 23$), and the intervention did not involve either parents or a social skills training (SST) component. Furthermore, the 3-week follow-up period did not allow determination of whether or not treatment effects were maintained or enhanced over the longer term. Indeed, remission rates may well have been improved upon if a longer-term follow-up period was included.

The present study aimed to draw upon the key features and findings of the handful of studies conducted to date, in order to assess an intensive, group-based, CBT treatment comprising four separate 3-hour sessions conducted over three consecutive weekends with a sample of 40 children with SP. Therapy was conducted in a group format with approximately 4 to 6 children per group. There are positive and negative aspects of group-based therapy for child SP. On the one hand, it is difficult to tailor therapy in response to a functional analysis

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