Background: Anxiety Disorder in Adolescents

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Adolescence is an important period in a child's life where they begin to form an identity and build skills that shape them into the adult that they will soon become. Many of the experiences that an adolescent child will draw upon in order to form their unique identity are socially constructed. The peer group that a child chooses and the activities that a child chooses are just two factors that can play a role in identity formation. For the adolescent with Social Anxiety Disorder, also referred to as Social Phobia, starting a conversation with a potential new friend or joining others in a favorite activity are frightening situations. The present paper will give an overview on what Social Phobia is, how it can be diagnosed, and what treatments are most effective for adolescents with Social Phobia.

According to Austin and Sciarra (2010), "children who suffer from Social Phobia are commonly referred to as shy" (p. 144). Since most children are shy in situations until they feel that they are comfortable, assessing and diagnosing a child with Social Anxiety Disorder can be difficult. The American Psychiatric Association notes that, "the essential feature of Social Phobia is a marked and persistent fear of social or performance situations in which embarrassment may occur" (2000). Exposure to the situation will consistently provoke an anxiety response in the adolescent, and while children may not realize that their fear of the situation is excessive or irrational, adolescents and adults will recognize their fear as unreasonable. When in a feared social situation, the individual with Social Phobia becomes overly concerned about being

embarrassed and is afraid that others are judging them as being weak or anxious. Because of the strong feelings of embarrassment and anxiety, individuals with Social Phobia will typically avoid the feared social situation. The avoidance must significantly impair or interfere with the individual's daily life or the individual must experience marked distress about having the phobia in order to be clinically diagnosed with Social Phobia (American Psychiatric Association, 2000).

Many parents may look at these feature and symptoms and feel that their child can be diagnosed with Social Phobia. However, Austin and Sciarra (2010) argue that, "some children may suffer from clinical levels of social anxiety, which can be explained by environmental factors, such as living in a high-crime neighborhood, coming from an abusive home, and so on" (p. 146). In order to determine whether a child's anxiety is coming from a feared situation as opposed to a permanent area of a child's life, one should look into self-report and behavioral assessment scales to get a proper diagnosis on the levels of anxiety that the child is experiencing (Austin & Sciarra, 2010).

Now that we have a better understanding of how Social Anxiety Disorder is clinically diagnosed, we will focus on some of the risk factors of the disorder. Common risk factors of Social Anxiety Disorder include: lack of a close relationship with an adult, marital conflict in the family of origin, parental history of mental disorder, moving more than three times as a child, failing a grade, and running away from home (Austin & Sciarra, 2010). Once again, it is important to note that even if a child has many of

these risk factors present in their life, it does not imply that they will be diagnosed with Social Anxiety Disorder. The risk factors presented are simply warning signs that the parent or clinician should keep in mind while assessing the adolescent. However, if the adolescent is diagnosed with Social Anxiety Disorder there are effective forms of treatment available.

In their study of treating adolescents with Social Anxiety Disorder in a school setting, Warner, Fisher, Shrout, Rathor, and Klein (2007) found that the Skills for Academic and Social Success (SASS) intervention was the most effective form of treatment. The SASS intervention consists of 12 group sessions that are 40 minutes in length, with sessions focusing on the topics of psychoeducation, realistic thinking, social skills, exposure, and relapse prevention. Parents and teachers also attend two group sessions that emphasize psychoeducation of social anxiety and management methods of minimizing avoidance (Warner et al., 2007). Warner et al. (2007) suggests that school personnel should become familiar with and implement the SASS intervention. The SASS intervention is just one from of treatment, and there are other interventions that can be implemented to help the adolescent with Social Phobia. With any intervention, it is important to assess the individual's problem thoroughly before implementing any form of treatment. Austin and Sciarra (2010) propose three steps for evaluating and assessing an individual's problem, they include: identifying and describing the problem behavior, collecting behavioral and academic information, and describing the

environmental and setting demands. Choosing the form of treatment that will best suit the individual is important, especially for adolescents with Social Phobia, since "those who reported developing social anxiety after the age of 13 were nine times more likely to recover than those who reported an onset before the age of 7" (Austin & Sciarra, 2010, p. 145).

To conclude, Social Anxiety Disorder can greatly hinder an adolescent's ability to form their own identity and take part in various social activities and functions. The present paper argues that there is a difference between an adolescent who is shy and an adolescent who is diagnosed with Social Anxiety Disorder. While an adolescent who is shy may exhibit some of the behaviors and symptoms of an adolescent with Social Anxiety Disorder, one must take into consideration the criterion that need to be present for one to be diagnosed with Social Anxiety Disorder. The formative years of adolescence can be troubling and confusing for all children, but those troubles are exacerbated when an adolescent is unable to start conversations or do things that they enjoy because they have a fear of being embarrassed. It is important to recognize children with Social Anxiety Disorder and implement treatment when necessary, because the difference between an adolescent who is shy and an adolescent with Social Anxiety Disorder is too great to be ignored or misjudged.

References

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