|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Social Anxiety Disorder  (Elementary)  Study Guide |  | |  |  | |
| University of Pittsburgh  School of Education  Xueer Yang |

# What is Social Anxiety Disorder?

social situations or even just when thinking about social situations. Children will often avoid the painful experience of anxiety by engaging in behaviors to help them avoid or escape situations where there is pressure to interact socially. (Beidel, Turner & Morris, 2000).

afraid new social situations, class activities or projects where they may have to perform in front of others, or gym class. Social anxiety disorder in a child may also cause them to have panic attacks, cry, and tantrum or have physical symptoms of stomach aches and headaches. These behaviors can occur while in the actual

Social anxiety disorder in a child is also called social phobia. Children who have social anxiety disorder are afraid of social situations, often of embarrassing themselves. Social situations for children usually involve school, and this may be the first place it is identified. Children with social anxiety disorder may be especially

# Shyness? or Social Anxiety Disorder?

Social Anxiety Disorder is classified as a significant amount of fear, embarrassment or humiliation in social performance-based situations, to a point at which the affected person often avoids these situations entirely or endures them with a high level of distress.High levels of anxiety and fear cause avoidance, even of activities people want to engage in. (Burstein, Ameli-Grillon, & Merikangas, 2011).

Shyness:  anxiety, inhibition, reticence, or a combination of these in social and interpersonal situations, and nervousness or anxiety about evaluation by others. (Burstein, Ameli-Grillon, & Merikangas, 2011). Shyness is considered a normal facet of personality that combines the experience of social anxiety and is also described as “stable temperament.”Shyness is classified as a personality characteristic.

# Case Study

Nine-year-old Dana is described by her parents as a child who has always been a bit timid and shy. It has always taken her longer than her siblings to settle into new social situations (e.g., in kindergarten or at the start of the school year), to the point that she could not go to class without coming down with stomachaches and anxiety. As time went by, this discomfort developed into such strong anxieties, that she would never raise her hand in class. If called on by the teacher, she would be so anxious that she could not think of the answer, even though she knew it. Writing something on the board in front of the class became simply impossible for her. She becomes completely numb with fear and unable to say a word. She withdraws from her classmates and is hardly ever invited to any extracurricular activities. If she were ever invited, she would not go, fearful of acting embarrassed and being ridiculed by the others.

## 



Kathryn, Dana’s teacher, encouraged Sam, who is an outgoing and friendly girl, to make friends with Dana and help her to speak in front of others. Although Dana never raised her hands to answer question, Kathryn didn’t forget her. Instead, she gently encouraged Dana to take her time to think of the question and give her answer. Every time Dana answered a question in class, Kathryn gave her a praise for her courage to speak out the answer even if the answer was wrong. In addition, Kathryn asked Dana to help her collect students’ homework in order to encourage her to interact with her classmates. Kathryn also taught Dana to take some deep breathing when she feels anxious. After a period of time, with the help of Kathryn and Sam, now Dana feels more confident and comfortable to talk with others and speak in social situations. She feels less and less fear and anxiety when asked to write on the board, and she started to attend extracurricular activities.

# Treatment of Social Anxiety Disorder

**Exposure therapy** - exposing a child to disturbing thoughts and ideas in a safe environment and pairing these fears with mental and physical relaxation. Examples include reading in front of a group, playing a game with peers, or taking tests at the blackboard while being observed by others (Beidel, Turner & Morris, 2000).

**Social Skills Training** - included greetings and introductions, starting conversations, maintaining conversations, listening and remembering skills, skills for joining groups, positive assertion, negative assertion, and telephone skills. One skill was taught each week by using instruction, modeling, behavioral rehearsal, and corrective feedback (Beidel, Turner & Morris, 2000).

**Cognitive Behavior Therapy (CBT)** - Through CBT, people learn different ways of reacting to thoughts and feelings, and they learn to engage in different behaviors that result in decreased fear. CBT also helps people learn and practice social skills when there is a deficit. Unlike traditional talk-therapy, CBT for social anxiety is an active treatment, involving use of skills training and behavioral homework assignments. Through learning and practice of CBT skills, people learn to become their own therapists, which is why CBT for social anxiety is a relatively brief treatment, usually lasting 16 sessions (Spence, Donovan & Brechman-Toussaint, 2000).

**Relaxation exercises** - Practice deep breathing exercises (Bressert, 2018) :

* In a comfortable chair, sit with your back straight but your shoulders relaxed. Put one hand on your stomach and the other hand on your chest, so that you can feel how you breathe while practicing the exercise.
* Close your mouth, and inhale slowly and deeply through your nose while counting slowly up to 10.
* As you count, notice the sensations of your body while inhaling. Your hand on your chest shouldn’t move, but you should notice your hand on your stomach rising.
* When you reach 10 (or 5), hold your breath for 1 second.
* Then, exhale slowly through your mouth while counting out 10 seconds (or 5 if you’re just starting). Feel the air pushing out of your mouth, and the hand on your stomach moving in.
* Continue the exercise, breathing in through your nose and out through your mouth. Focus on keeping a slow and steady breathing pattern. Practice at least 10 times in a row.

# Do’s

* Have punishments in place for students who embarrass or humiliate other children to prevent this behavior in the classroom
* Regular meetings between parents, teachers, counsellors and other school staff
* Teach the student positive self-talk
  + “The more I try the better I’ll get.”
  + “I can do it.”
  + “They’ll say yes.”
  + “They’ll think I’m smart.”
  + “I’ll do a pretty good job.”
* Offer praise for small accomplishments and rewarding participation
* In your interactions with the student, speak softly and calmly
* Help the student confront feared situations with gentle encouragement
* Pair students for activities rather than allowing students to choose pairs
* Make the child with social anxiety disorder your special helper to give her a role in the classroom
* Encourage friendships between children with social anxiety disorder and friendly, outgoing classmates

# Don’ts

* Don’t blame the student when he/she refuses to speak in front of others
* Don’t force the student strictly to speak in social situation
* Don’t ignore the student even he/she never raise hands to answer questions

# Frequently Asked Questions

Various studies have shown that up to 10 percent of children may have a shy and anxious predisposition from earliest childhood. Whether these are the people who go on to develop social phobia remains to be answered. Most studies of social phobia have indicated that the average age of disorder onset is in the teenage years. (Hauser, 2016).

**When is the earliest in life that a person might display symptoms of social phobia?**

Generally social phobia does not just go away on its own in most people. Social phobia is generally viewed as a chronic condition requiring intervention. Some people can conquer it on their own if they develop the appropriate skills. In most cases, however, professional assistance is recommended (Hauser, 2016).

**Can social phobia just go away by itself?**

Having a family member with social phobia appears to heighten one’s risk slightly for developing it. The family influence appears to be related to both genetic and environmental sources. There may be, for instance, a genetic predisposition for a person to be at greater risk for having social anxiety disorder, but it’s not something triggered in everyone who has the predisposition (Hauser, 2016).

**Does social phobia run in families?**

# Helpful Resources: Websites & Books

* Social Anxiety Institute:

<https://socialanxietyinstitute.org/shyness-or-social-anxiety-disorder>

* PSYCOM

<https://www.psycom.net/social-anxiety-how-to-help-kids#symptoms>

* Encyclopedia of Mental Disorders

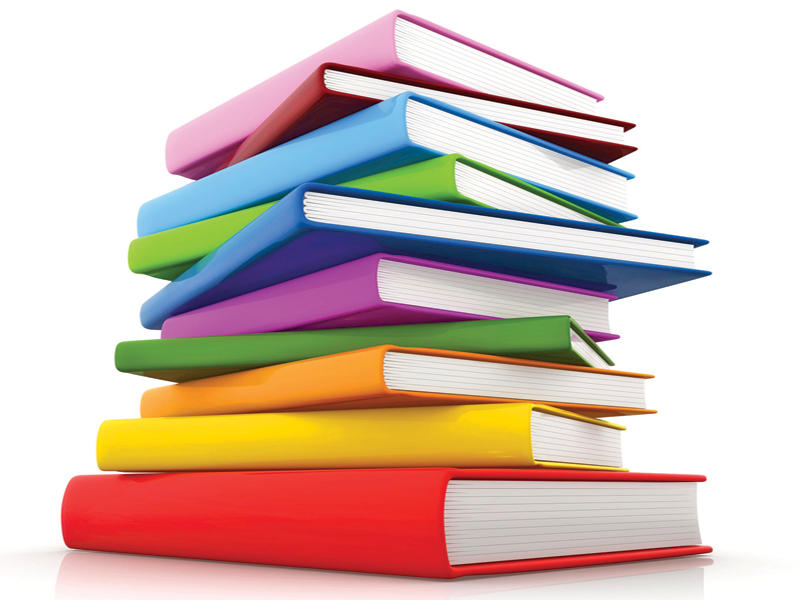
<http://www.minddisorders.com/Py-Z/Social-phobia.html>

* School-Based Behavioral Health

<http://www.sbbh.pitt.edu/Home/1/Default.aspx?webPageID=1>



* Antony, M. M., & Rowa, K. A. (2008). *Social anxiety disorder*. Cambridge, MA: Hogrefe & Huber.
* Beidel, D. C., Turner, S. M., & American Psychological Association. (2007). *Shy children, phobic adults: Nature and treatment of social anxiety disorder* (2nd ed.). Washington, DC: American Psychological Association.
* Robinson, T. M. (2010). *Social anxiety: Symptoms, causes, and techniques*. Hauppauge, NY: Nova Science Publishers.



Bibliography with annotation

Beidel, D. C., Turner, S. M., & Morris, T. L. (2000). Behavioral treatment of childhood

social phobia. *Journal of consulting and clinical psychology*, *68*(6), 1072.

The researchers randomly assigned 67 children (ages 8 and 12) with social phobia into two groups: one group was treated by Social Effectiveness Therapy for Children (SET-C), a behavioral treatment program designed to enhance social skills and decrease social anxiety; the other group was treated by an active, but nonspecific intervention (Test-busters). The results showed that SET-C was significantly more effective than Test-busters in enhancing social skill, increasing social interaction, reducing social fear and anxiety, and decreasing associated psychopathology. In addition, at posttreatment 67% of the SET-C group participants did not meet diagnostic criteria for social phobia; however only 5% of those in the Test-busters group did. They also found that treatment gains were maintained at 6-month follow-up.

Bressert, S. (2018). Social Anxiety Disorder Treatment. *Psych Central*. Retrieved on

March 14, 2018, from <https://psychcentral.com/disorders/anxiety/social-anxiety-disorder-treatment/>

In this article, Dr. Steve Bressert simply introduced what social anxiety disorder is and provided two main ways to treat it: psychotherapy and medications. Psychotherapy mainly includes cognitive behavioral therapy, and medications could be selective serotonin reuptake inhibitors (SSRIs) and Effexor (venlafaxine). He also introduced some self-help techniques for social anxiety: practicing deep breath exercise; take baby steps forward; listen to your self-talk or inner voice.

Burstein, M., Ameli-Grillon, L., & Merikangas, K. R. (2011). Shyness versus social

phobia in US youth. *Pediatrics*, *128*(5), 917-925.

In this study, the researchers mainly examined the differences and overlap between shyness and social anxiety disorder. The results indicated that social phobia is an impairing psychiatric disorder, beyond normal human shyness. Only 12% of the youth who identified themselves as shy also met the criteria for lifetime social phobia. Compared with shy adolescents, those who affected with social phobia showed significantly greater role impairment and were more likely to experience a multitude of psychiatric disorders, including disorders of anxiety, mood, behavior, and substance use.

Hauser, J. (2016). Frequently Asked Questions about Social Phobia. Psych Central.

Retrieved on February 28, 2018, from <https://psychcentral.com/lib/frequently-asked-questions-about-social-phobia/>

Spence, S. H., Donovan, C., & Brechman-Toussaint, M. (2000). The treatment of

childhood social phobia: The effectiveness of a social skills training-based, cognitive-behavioral intervention, with and without parental involvement. *The Journal of Child Psychology and Psychiatry and Allied Disciplines*, 41(6), 713-726.

This study examined the effectiveness of cognitive behavioral therapy (CBT) and compared the results of the treatment with or without parents’ involvement. The result showed that cognitive behavioral therapy is effective in reducing children’s anxiety and fear. Furthermore, they found when parents were involved in the treatment the results were likely to be better, however, the effect was not statistically significant.