

The Effect of Group Cognitive Behavior Therapy in Children with Social Anxiety Disorder

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ABSTRACT: The present study's aim was to examine the effect of group cognitive behavior therapy (GCBT) on children (8-12 year old) with social anxiety disorder. Participants (N =50) were between 8-12 years of age (M=10.02 years, SD=1.52). Main outcome was the targeted social anxiety disorder and symptoms. Results remission for social anxiety disorder and symptoms in experimental group were evident and statistically significant. In other hand remission from social anxiety due to GCBT was different between experimental and control group. Compare to control group outcomes weren't different in boys and girls. Consistent with past study's findings, this research provide further evidence benefits of GCBT for childhood social anxiety disorder.

Keywords: Social anxiety disorder, Childhood, Group Cognitive Behavior Therapy

INTRODUCTION

Considerable evidence has accumulated to support the use of cognitive-behavioral therapy (CBT) in the treatment of children with anxiety disorders (Cartwright-Hatton, 2005). Thus, numerous controlled trials have shown that CBT is an efficacious treatment for childhood anxiety disorders (e.g., Kendall et al., 1997). At this point, also the importance of group influences in the etiology of childhood anxiety is hypothesized the evidence regarding the benefits of directly involving peers in treatment is equivocal. A body of research has demonstrated that GCBT produces superior immediate and follow-up effects up to 1 year's post-treatment compared with ICBT conditions. However, other studies have failed to demonstrate superior effects for a GCBT (e.g., Spence, 2003). Despite these contradictory findings entire involvement tends to be considered as critical in the treatment of young children – in part, because younger children have been found to respond better compared with older children to a group approach (e.g. Beidel, D. C., 2005); because control needs to transfer from the therapist to peers, rather than from the therapist to the child (D:\proposal 09173082788\GCBT vs. PCBT and GCBT.htm - bib6Dadds and Barrett, 2012; Alfano,2002).Despite the common and debilitating nature of childhood anxiety disorders D:\proposal 09173082788\GCBT vs. PCBT and GCBT.htm - bib9only a small proportion of anxious children receive professional treatment. The possibility that CBT could be delivered exclusively with groups of young anxious children may be one avenue for reducing the time- and resource-intensiveness of child-focused treatments, thereby

increasing accessibility to CBT. Mendlowitz et al. (2009) showed reductions in anxiety symptoms in anxious children receiving group focused interventions compared to a Wait-list Control condition. Cartwright-Hatton, McNally, and White (2005) showed that a behavioral group intervention for young anxious children produced significant reductions in internalizing symptoms by post-treatment. Purhasan and saed (2010) showed that a group-based CBT intervention for anxious children produced significant reductions in the number of anxiety diagnoses following treatment. Although these findings are encouraging, these studies have not included other active treatment conditions or Wait-list Control groups, conditions have not been matched on younger children (Beidas, 2010). Also, long-term follow-up results have not been reported and there is very little evidence based on younger children. The present study addressed some of these limitations by focusing on the efficacy of a 10-session group-based CBT program delivered to social anxious children, relative to a Wait-list Control condition. Thus, the aim of this study was to examine the efficacy of group focused treatment (in which anxious children were trained to be lay therapists for other anxious children) in order to add to the literature on more through to less intensive forms of treatment for anxious children. It was hypothesized that if social anxious children can serve as lay therapists (i.e. Cartwright-Hatton et al., 2005; Wood, 2008) then anxiety diagnosis severity ratings, the mean number of diagnoses and symptom severity scores will reduce to within non-clinical ranges by post-treatment assessments in group conditions, relative to the Wait-list Control condition.

METHODS AND MATERIALS

Research method was experimental with control group. Statistical society of research included students of third through fifth grade primary school in Bandar Abbas. Twenty six students with social anxiety disorder were recruited into groups based CBT program. All students were diagnosed with SAD as the primary disorder according DSM IV TR criteria, as assessed by the structural clinical interview for DSM IV TR. We administered the program with model developed by Kendall that was 10 sessions for experimental group. Spence Children's Anxiety Scale – Parent version (SCAS-P; Spence, 2003). This questionnaire yields a total score

and subscales scores corresponding to major anxiety diagnoses in children. Respondents are asked how frequently their child experiences certain things using 0 (never) to 3 (always) response scales. Diagnostic interview on DSM IV TR criteria with parent and children was administered and from this, 50 were assigned to 3 groups.

RESULTS

Table 1 shows age mean and SD in groups and the tables 1 and 2 show T test was used for examining the differences of the social anxiety severity between groups and table3 contains x2 that was used in order to evaluate numbers of diagnosis in pre and posttest groups statistically.

Table 1. Frequency and percent of groups, and age means (SD)

Groups	N		P	Age mean	SD
Experimental. Group	Female	14	53.84	10.11	1.23
	Male	12	46.16	10.60	1.31
	Total	26	100	10.56	1.64
Control Group	Female	11	45.83	10.55	2.1
	Male	13	54.07	10.23	1.84
	Total	24	100	10.31	2.05
Total	50		—	10.02	1.52

Table 2. T-test examining the mean of social anxiety severity between groups

Groups	pre-test	post-test	df	T-test
Experimental	12	7	25	2.14*
Control	11	9	23	1.08 N.S.

*P<0.05

Table 3. numbers of SAD diagnosis pre and posttest in groups

Groups	Pretest	Posttest	DF	X ²
Experimental	26	7	1	7.29**
Control	24	22	1	2.01N.S.
Total	50	29	—	—

**P<0.01

As the table 2 shows the severity mean of anxiety in pretest is 12 while in posttest is 7 (in experimental group) and is significant at a level of 0.05 (T, 25, 2.14) but in control group this differences aren't significant (T, 23, 1.08). The content of table 3 conforms that number of students with SAD in E. group before and after GCBT statistically are different, while in control group aren't different or GCBT was useful in remission of child social anxiety.

DISCUSSION

Cognitive behavioral therapy appears an effective treatment for childhood and adolescent anxiety disorders in comparison to waiting list. There is no evidence for being effectiveness a group or parental/family format. GCBT can be recommended for the treatment of

childhood anxiety disorders, although with only just over half improving, there is a need for further therapeutic developments (Berman, 2007). Our research can bridge the gap between individual and group CBT. The results of this research indicate that GCBT can be used effectively with social anxious children. The 78% remission rate for SAD in the current study compares favorably with rate obtained by Berman et al. (2007). We note however, that our findings are consistent with outcomes for the same treatment with a primary diagnosis of SAD.

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