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# Our Children's Brains Part VII: Social Anxiety Disorder

## Beyond First-Day Jitters

*By Jaclyn Galluci*

They seem to be every teacher's favorite words come September: "Why don't we go around the room and introduce ourselves?"

And unless you make a well-timed bathroom visit at the beginning of every period, there's little hope of escaping that invitation. Calling summer quits isn't easy, and a short introduction to a crowded room full of your peers, especially when you're a teenager, doesn't make the pot any sweeter. But for a growing number of teens, it can be downright terrifying.

"In seventh grade, I had to stand up and tell the class about my summer vacation," says Corinne, a high school freshman. "I've been absent on the first day of school every year since that happened, because I literally worry myself sick about it."

Corinne is one of many students suffering from social anxiety disorder (SAD).

Anxiety disorders affect approximately 13 percent of children, making these conditions the most common type of children's mental health disorder today, according to the U.S. Surgeon General's report on mental health. It is estimated that one in 10 people is afflicted with some kind of social phobia.

Social anxiety disorder was not officially recognized by the American Psychiatric Association as a legitimate psychiatric disorder until 1980. As a relatively new classification, it often takes a back seat to more visible mental-health problems, such as obsessive-compulsive disorder and bipolar disorder.

Those suffering from SAD are constantly afraid of facing criticism, embarrassment and humiliation in public. Palpitations, sweating, stuttering, trembling and blushing are some of the symptoms that frequently accompany this fear. Anticipation of these symptoms can put even more stress on anxious people who already feel that all eyes are on them, making it even harder to confront the situations they would rather avoid. To some, these are merely the behaviors of shy individuals, but there is a difference.

"Most people who call themselves shy do have some social anxiety," says licensed clinical social worker Marilyn Smith, the director of Long Island Phobia Associates in Setauket and Hicksville. "But the social phobia is different: It's the actual avoidance behavior, or enduring a situation with a tremendous amount of anxiety."

Avoiding situations before they occur, and thereby avoiding the fear that comes with them, is what separates anxiety from shyness and tangible fears-the very real risk of being attacked by the vicious dog at your front door, as opposed to the imagined possibility that there could be a vicious dog at your front door. This fear of being

afraid can cause students who are socially anxious to isolate themselves, leading to bad peer relationships, low grades and poor attendance. But while many anxious pupils perform exceedingly well in school-aside from their lack of classroom participation-their good behavior makes it even easier for them to fall through the cracks.

"If a child is withdrawing,isolating themselves, having difficulty making eye contact with a teacher or with other children, [or] if they are called on in class and they blush or they stammer," says Smith, "those are typical symptoms of social anxiety disorder."

However, in a school setting where more disruptive behavior stands out, these symptoms are easily overlooked by teachers.

"So very little exists in the way of socialization support for socially handicapped individuals, because the people in school who get the intervention are the kids who are aggressive and hyperactive," says Jonathan Berent, a licensed clinical social worker and founder of the Friendship Foundation, a Long Island-based nonprofit organization that provides activities and support to socially handicapped adults and teenagers. "The kids who are suffering in silence go unnoticed and they don't advocate for themselves."

Even some parents overlook their child's introverted behavior, viewing it as something that they will eventually outgrow. While that can be true, left untreated SAD is not something that gets better with time.

"The biggest mistake that is made is to believe the child will simply grow out of the problem," says Berent. "The earlier you get intervention, the more help there is. Be clear that you know what your most valuable asset in life is-and that is time."

Since the enormity of social anxiety is not fully understood by those who are in a position to help-doctors, parents and teachers-few treatment options are available to those who need them most.

In an effort to change this and increase awareness among parents and teachers, Carrie Masia-Warner, Ph.D., associate director of the Anxiety and Mood Disorders Institute at New York University Child Study Center, worked with colleagues to bring a cognitive-behavioral therapy program to Long Island and New York City schools by implementing the treatments outlined in their 2004 paper, "Skills for Social and Academic Success: A School-Based Intervention for Social Anxiety Disorder in Adolescents (SASS)." The SASS program, according to Masia-Warner, has given undiagnosed sufferers access to treatment that has significantly lowered their symptoms.

"We showed that cognitive-behavioral treatment was much better than just education and support," says Masia-Warner, "which is what these kids typically get at schools."

Cognitive-behavioral therapy includes confidential group sessions that allow students to analyze and gradually confront their anxiety through "exposures" to real-life situations in their everyday school environment, such as starting conversations with

unfamiliar peers, approaching authority figures and answering questions in class. At the end of the three-month program, two-thirds of participants were able to control their anxiety so well that they no longer met the criteria for SAD, as determined by the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV), published by the American Psychiatric Association. The text is used by mental health professionals in this country as the standard classification of mental disorders.

"My hope is to train schools to conduct this program, because I think they can be trained to do this with supervision and some experience," says Masia-Warner, who is pursuing a grant to train school personnel to administer the program on a regular basis.

Although it may be a while before permanent programs are put in place in local schools, additional studies have resulted from the success of SASS, and some help is gradually reaching those still trying to find their voice in an environment where their problem isn't given much attention. But, until schools start implementing a program en masse, kids will still suffer.

"These kids are very overlooked, not because people don't care, but because they're usually just your quiet, compliant kids," says Masia-Warner. "They don't necessarily give any indication that they are suffering."

For the past 16 years, this neglect has driven one Long Island program to make teens and adults with the "invisible handicap" of social phobia its primary focus.

The Friendship Foundation, started by Berent and a group of concerned parents in 1990, was formed with the purpose of promoting social skills to reduce social anxiety and foster relationship development within a supportive and challenging environment, as well as to provide support to parents of socially anxious children. It is one of just a few programs of its kind, not just on Long Island, but in the entire country.

"It's very, very hard to create programs like this," says Berent. "People do not like to see themselves reflecting off other people with similar situations, with similar challenges or handicaps. It's like looking in the mirror."

Such stigmas are a big reason why those suffering from social phobias do not seek treatment. Many fear that others will label them as crazy or they will become the easy targets of school bullying. Others are just afraid to go for the very reason they need to go—they have social phobias.

"It's very hard for them to overcome that first step of putting themselves forward into that situation; they're often so awkward, so uncomfortable," says Betsy Blattmachr, the parent of one of the participants in the Friendship Foundation program and a member of the board of directors. "They've had so much experience with rejection, people mocking them, ignoring them or disliking them, not even knowing who they are."

The Friendship Foundation's goal is to remove this element, providing a not-so-sheltered safe haven and a social networking program within, not outside, the real world. The group meets for two hours weekly during the fall, winter and spring at the

New York Institute of Technology at Old Westbury, and also hosts activities ranging from trips to Manhattan to dinner and a movie. Professionals who have experience working with learning- and developmentally disabled young people staff the program, guiding social experiences and helping participants feel comfortable. The experience is not meant to replace therapy, but to complement it.

"If these kids only have a therapist to talk to, they are missing out on the important thing," says Blattmachr, "and that is to be with people like themselves that they can just have a good time and feel comfortable with."

In a disorder that is characterized by uncomfortable feelings, forming relationships and finding common bonds can be life altering-but being proactive is key.

"My advice is to get out there and help them find something where they can be with other people," says Blattmachr. "I have seen too many parents come one time and say their child doesn't need this, they'll be fine on their own, and I think they are doing their children a great disfavor."

There is no proven "cure" for SAD, but most experts agree that ignoring SAD will not make it go away. However, since most schools on Long Island do not have personnel specifically trained to deal with the disorder, recognizing the symptoms and finding treatment is usually left in the hands of parents, who may not realize how much anxiety their children are experiencing while at school.

And although implementing effective programs to treat SAD is no simple task for schools that already have a multitude of issues to deal with, it is unfortunate that those whose biggest problem is caring too much are often at the mercy of a system that appears to care so little. The link to the "Our Children's Brains" series can be found at the bottom of the [www.longislandpress.com](http://www.longislandpress.com) home page.