

## HELPING STUDENTS OVERCOME SOCIAL ANXIETY: SKILLS FOR ACADEMIC AND SOCIAL SUCCESS

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## School-based Treatment for Social Anxiety

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### Can school counselors deliver cognitive-behavioral treatment for social anxiety effectively? A randomized controlled trial

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**Background:** Social anxiety disorder (SAD) typically onsets in adolescence and is associated with multiple impairments. Despite promising clinical interventions, most socially anxious adolescents remain untreated. To address this clinical need, we developed a school-based, 12-week group intervention for youth with SAD, *Skills for Academic and Social Success (SASS)*. When implemented by psychologists, SASS has been found effective. To promote dissemination and optimize treatment access, we tested whether school counselors could be effective treatment providers. **Method:** We randomized 138, sixth through 11th graders with SAD to one of three conditions: (a) SASS delivered by school counselors (C-SASS), (b) SASS delivered by psychologists (P-SASS), or (c) a control condition, *Skills for Life (SFL)*, a non-specific counseling program. Blind, independent evaluations were conducted with parents and adolescents at baseline, post-intervention, and 8 months beyond treatment completion. We hypothesized that C-SASS and P-SASS would be superior to the control, immediately after treatment and at follow-up. No prediction was made about the relative efficacy of C-SASS and P-SASS. **Results:** Compared to controls, adolescents treated with C-SASS or P-SASS experienced significantly greater improvement and reductions of anxiety at the end of treatment and follow-up. There were no significant differences between SASS delivered by school counselors and psychologists. **Conclusions:** With training, school counselors are effective treatment providers to adolescents with social anxiety, yielding benefits comparable to those obtained by specialized psychologists. Questions remain regarding access to maintain counselors' practice standards without external support. **Keywords:** Social anxiety; school counselors; adolescents; SASS.

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## Helping Students Overcome Social Anxiety Skills for Academic and Social Success (SASS)



Carrie Masia Warner Daniela Colognori Chelsea Lynch

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## Agenda

- What is Social Anxiety Disorder?
- What is the impact of Social Anxiety Disorder?
- Treating Social Anxiety Disorder at school
- Overview of Cognitive Behavioral Treatment for Social Anxiety Disorder
- Strategies to Address Social Anxiety Disorder with Students in School
  - Realistic thinking practice
  - Exposure hierarchy practice
- Collaborating with Parents, Teachers, and External Providers
- Resources
- Questions

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## WHAT IS SOCIAL ANXIETY DISORDER?

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## Initial Impressions of Social Anxiety?

- No friends
- Not involved in any activities
- Never leaves the house
- History of being bullied
- Awkward
- Shy, quiet, reserved



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## What does the DSM-5 say?

- *Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others and in youth must occur in peer settings*
  - Social interactions: conversation, meeting unfamiliar people
  - Being observed: eating or drinking in front of others
  - Performing in front of others: giving a speech
- *The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated*
  - Will be humiliating or embarrassing
  - Will lead to rejection or offend others

(DSM-5; APA, 2013)

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## DSM-5 continued

- *The social situations almost always provoke fear or anxiety*
  - *Crying, tantrums, freezing, clinging, shrinking, or failing to speak*
- *The social situations are avoided or endured with intense fear*
- *Fear or anxiety is out of proportion to the actual threat posed by the social situation and the sociocultural context*
- *Persistent, typically lasting for 6 months or more*
- *Causes clinically significant distress or impairment in social, occupational, or other important areas of functioning*

(DSM-5; APA, 2013)

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## Common Social Situations Feared by Children with Social Anxiety (age 7-13)

Situation	% Endorsing at least moderate distress
Reading out loud in front of the class	71
Musical/athletic performances	61
Joining in on a conversation	59
Speaking to adults	59
Starting a conversation	58
Writing on the chalkboard	51
Ordering food in a restaurant	50
Attending dances, activity nights, games	50
Attending parties	47
Answering a question in class	46

(Biedel, Turner, & Morris, 1999)

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### Common Social Situations Feared by Children with Social Anxiety (age 7-13)

Situation	% Endorsing at least moderate distress
Working or playing with other kids	45
Asking the teacher for help	44
Physical Education Class (gym)	37
Group/Team/Club meetings	36
Having picture taken	32
Using school/public bathrooms	24
Inviting a friend to get together	24
Eating in the cafeteria	23
Walking in the hallway/Using locker	16
Answering or talking on the phone	13
Eating in front of others	10

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### Additional Situations Feared by Adolescents and Adults

- Presentations/Public Speaking
- Making "small talk"
- Navigating unstructured situations
- Job interviews
- Dating
- Making social plans (organizing)
- Speaking to store clerks
- Being assertive
  - Asking for favors
  - Making "special requests" when ordering
  - Refusing requests/favors
  - Standing up for self
  - Voicing opinions



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### Normative Anxiety

Developmental Period	Age	Common Fears
Infancy	0-8 mos	Intense sensory stimuli
		Separation/Stranger anxiety
Toddlerhood	1-3 years	Separation anxiety
		Nature
		Dark/Nightmares
Early Childhood	4-7	Separation/Death
		Natural Disasters
		Supernatural
Middle Childhood	7-11 years	School/Performance
		Emerging Social
Adolescence	12-18 years	Social
		Future

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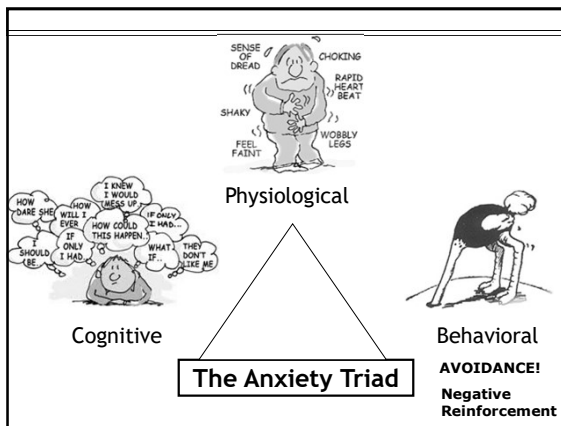
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## When is Anxiety a Problem?

- Disproportion:
  - Excessive and well out of proportion to the context or trigger
- Disruption:
  - Interferes with ability to function or with quality of life
- Distress:
  - Burdensome and bothersome
- Duration:
  - Consistent over a period of time



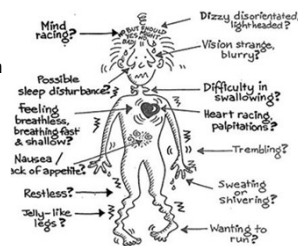
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## Physiological Symptoms

- Racing heart or heart palpitations
- Breathing heavy or short of breath
- Blushing
- Sweating
- Butterflies in the stomach
- Stomach pain
- Frequent urination
- Headaches
- Dizziness
- Shakiness
- Muscle tension
- Dry mouth



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## Fight or Flight Response

- Evolutionary protective mechanism
  - Activation of sympathetic nervous system for action
    - Release of adrenaline and noradrenaline
  - Heart rate, speed and depth of breathing increase
    - Increased blood flow to deliver oxygen to tissue
    - Experienced as breathlessness, choking, chest pain
  - Sweating increases to cool skin
  - Pupils widen to scan environment
    - Experienced as blurred vision, spots
  - Decreased activity in digestion (conservation)
    - Experienced as stomach discomfort, nausea
  - Muscle tension to prepare for action
- Unlike fear, no significant external danger
  - "False Alarm"

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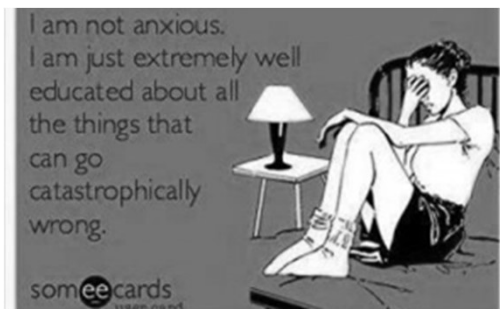
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## Cognitive Symptoms



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## Cognitive Distortions

- Assuming things will go badly!
  - Overestimating the probability that negative outcomes will occur
    - *I won't know what to do in this new situation*
    - *I will make a fool of myself*
    - *This situation will be dangerous (despite low probability of danger)*
    - *Peers will reject me if I try to be friendly with them*
  - Catastrophizing how bad a negative outcome will be
    - *I will never be able to live this down*
    - *My grades will never recover and I won't get into college*
    - *I will be thrown off the team*
    - *Everyone will think I'm stupid, boring.... And I won't have any friends*

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## Behavioral Symptoms



- Avoidance!
  - Stay home
  - Don't speak up
  - Don't attend the event
- Go to the event but don't talk to anyone or stay with close friend
- Don't initiate conversations
- Don't ask for help
- Don't join clubs, sports, or teams
- Procrastinate

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## Social Skills Difficulties?

- Some evidence of mild social skills deficits
  - Performance in social situations by socially anxious youth consistently rated as less competent than non-anxious peers, as judged by blind observers
- Impairment in social functioning may result in a lack of effective social skills, from performance inhibition due to anxiety, or from both

(Spence, Donovan, & Brechman-Toussaint, 1999;  
Alfano, Beidel, & Turner, 2006)

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WHAT IS THE IMPACT OF  
SOCIAL ANXIETY DISORDER?

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## Onset of Social Anxiety Disorder

- Among most common psychological conditions in teens
  - Impacting estimated 9.1% lifetime prevalence (*Merikangas et al., 2010*)
  - More common in females
- Onset early/middle adolescence
  - May begin as early as age 5
  - Peak onset around age 12, corresponding with an increased complexity of social demands (*Kessler et al., 2005*)



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## Understanding Impairment in Childhood

- Friendships & Activities
  - Limited friendships
  - 50% were not involved in any extracurricular activities
  - 50% reported they did not like school
- Academic/Athletic
  - Difficulty executing class requirements
    - Presentations, group projects, class participation
  - Poor concentration
  - School refusal
  - Diminished performance
  - Difficulties with communication (teammates, coaches)

(*Beidel, Turner, & Morris, 1999*)

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## Course of Social Anxiety Disorder

- No, they probably won't "just grow out of it"
  - Persistent when untreated - rarely remits and extends into adulthood
- Often goes unidentified and untreated
- Chronic course into adulthood
  - Problematic college transitions
- Occupational
  - Failure to obtain a job
  - Underemployment
  - Compromised professional attainment
    - Difficulty getting promotions, raises



(*Kessler et al., 2005; Pine, Cohen, Gurley, Brook, & Ma, 1998; Beesdo-Baum et al., 2012; Wittchen et al., 1999*)

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## Future Impairment

- Research findings suggest untreated Social Anxiety Disorder increases risk for:

- Depression
  - (Biedel, Turner, & Morris, 1999; Grover, Ginsburg, & Ialongo, 2007)
- Suicidal ideation
  - (Nelson et al., 2000)
- Problematic alcohol use including alcohol use disorders
  - (Black et al., 2012; Carrigan & Randall, 2003; Thomas, Randall, & Carrigan, 2003)



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## TREATING SOCIAL ANXIETY DISORDER AT SCHOOL

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## Why Schools?

- May improve identification and access to treatment for socially anxious youth
  - Due to fears of negative evaluation for seeking help, individuals with social anxiety are particularly unlikely to enter treatment on their own (Kessler, 2003)
  - Eliminates barriers such as lack of transportation, childcare, scheduling difficulties, etc (Evans, 1999; Weist et al., 1996)
- May increase attendance and compliance
- Ability to conduct treatment in groups
  - Helps to normalize and destigmatize
  - Allows for crucial social skills training and practice with peers
- Majority of social interactions
  - Increased access to realistic exposure situations

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## What's in it for the School?

- Early identification of problematic avoidance
  - School Refusal
  - Substance Abuse
- Improved academic performance and attendance
- Increased school engagement
- Able to be delivered in group format



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## Obtaining buy-in

- You know your school best!
- Provide psychoeducation to administrators
- Obtain buy-in from teachers and staff
  - Resources for identification
  - Cooperation with screenings
  - Supporting students to miss class to attend treatment meetings
  - Allies for exposure



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## Identifying Anxiety in the School Setting



- School professionals have numerous opportunities to observe students
  - With peers
  - With adults
  - In social situations
  - In performance settings

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## Social Anxiety

- Excessive shyness
  - May avoid interaction with peers
    - Lunch!!
- Performance:
  - Difficulty with public speaking, reading aloud, class participation
- Frequent visits to the nurse, bathroom, often absent to avoid social or performance situations
- Difficulty during unstructured time such as recess or lunch
  - Failure to initiate and maintain conversations, inviting others to get together, talking on the phone, eating in front of others



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## Specific Signs of Anxiety in the School Setting

- Discomfort talking to peers, especially initiating conversations with unfamiliar peers
- Appears quiet and speaks softly or mumbles, making it difficult to hear
- Avoids eye contact with adults or peers
- Does not raise hand or speak up in class unless called on
- Will not ask a teacher for help or assistance with school work
- Does not take leadership positions in group projects

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## Anxiety in the School Setting

- Does not talk to others before class or when there is down time between activities
- Appears particularly nervous during presentations or avoids them completely (i.e., does behind the scenes work of group presentations so others take speaking roles)
- Does not socialize with peers in the hallway
- Appears on fringes or outside of group
- Does not talk to teammates at games or meetings
- Gravitates towards clubs that do not meet or require little participation or is not a part of any additional school activities

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## Anxious Questions and Behaviors

- "Can I go last for the presentation?"
- "Can I write a report instead of presenting?"
- "Can I work alone instead of with a group?"
- Students only ask teachers questions after class rather than during the lesson
- Students spend a lot of time going to the bathroom, nurse, etc, or are frequently absent
- Students who constantly ask for reassurance (*Does this look right? Am I doing this correctly?*)

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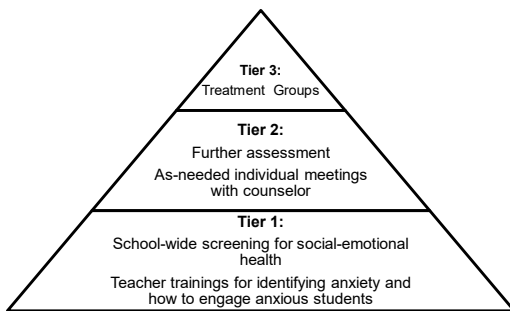
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## Applying the RTI Model



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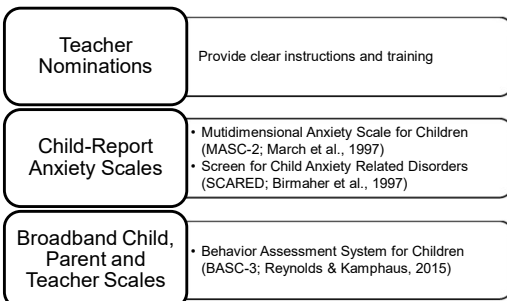
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## Tier 1: Universal Screening Methods



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## Tier 2: Assessing students who report elevated anxiety

- Interview
  - Anxiety Disorders Interview Schedule Child & Parent Versions – social anxiety module (ADIS-C/P; Silverman & Albano, 1996)
    - Assessment of comorbidity and need for more intensive treatment
- Liebowitz Social Anxiety Scale for Children and Adolescents (LSAS-CA; Masia Warner et al., 2003)
  - Available for free by contacting author
  - Commonly feared situations
  - Separate ratings for fear and avoidance – helpful for exposure planning
  - Performance and Social subscales
- Social Phobia and Anxiety Inventory for Children (SPAI-C; Beidel et al., 1995)
  - Available for purchase in Spanish and English from MHS
  - Assesses social fears related to school performance and oppositional behavior
  - Assesses physical, cognitive, and behavioral aspects of social anxiety

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## Tier 3: Intervention

- Obtaining consent for intervention
- Communicate with parents
  - Obtain permission and support for student participation
  - Gain insight
  - Provide psychoeducation and overview of program skills
- Getting commitment from students
  - Initial meeting about providing intervention should be individual
  - Overview of program
  - Using screening info, address how program will meet individual needs
  - Acknowledge it will feel difficult – gradual expectations
  - Give it a try – no obligation to continue
  - Common fears to address:
    - Confidentiality and others “knowing”
    - Missed class time



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## Logistics for Groups

- Where?
  - Private room large enough to move around
  - Covered windows
- How often?
  - 10-14 weekly student meetings
  - last few more spaced out
  - 1-2 parent calls or meetings
- When?
  - One class period during day
  - Rotating periods
- How?
  - Initial schedule
  - Weekly reminders (passes)



VectorStock®

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## Group Composition



- Number of students
  - 4-6 students/group is ideal
  - Assume 1-2 will drop out or have inconsistent attendance
- Age
  - Narrow range if possible
  - 1-2 year max
  - Avoid combining freshmen and seniors
- Gender
  - Avoid only one student of a specific gender if possible
- Anxiety Severity
  - Varying levels and subtypes is ideal
- Expect the first couple of groups to be awkward!
  - Lack of participation does not mean students are not engaged

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## Addressing Confidentiality



- Create a contract
- Requires careful attention to the following issues:
  - What will others know?
    - Who is participating but no details will be disclosed
  - Will group members talk outside of group?
    - Agree together on group norms
    - "How do you know her?"
    - Content must be kept confidential
  - How will students interact with each other outside of group?
    - Maintain usual pre-existing relationship
    - Refrain from talking about group or members outside of meetings
    - Making friends is ok!
  - How will students interact with group leaders outside of group?
    - Follow their lead

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## OVERVIEW OF CBT STRATEGIES FOR SOCIAL ANXIETY DISORDER

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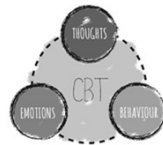
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## Treatment Components

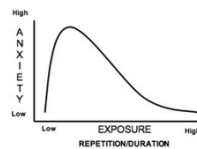
- Psychoeducation
  - Help child understand link between feelings, thoughts, behavior
- Cognitive Restructuring
  - Help child to identify thoughts (self-talk) associated with anxiety
  - Introduce cognitive coping skills such as realistic thinking
- Social Skills Training
  - Emphasis on nonverbal behavior
  - Conversation skills
  - Teaching assertiveness
- Gradual Exposure
  - Develop hierarchy
  - Psychoeducation about exposure
  - Exposure to situations on hierarchy
  - In-session and between session exposures
  - Reinforcement



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## Cognitive Behavioral Therapy for Anxiety

- Critical Components of CBT
  - Exposure theorized to be main component
    - Face feared situations in gradual manner



- Cognitive components more critical for adolescents and adults
  - Realistic thinking strategies

Walkup et al., 2008; Kendall, 1994; Albano, 1995

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## A Quick Word on Relaxation..



- Not an evidence-based intervention for anxiety
  - Often used as the control condition in randomized controlled studies
  - Does not allow new learning to take place
  - Facilitates avoidance
- How NOT to use relaxation
  - As a substitute for facing fears
  - As avoidance or escape from demands >> reinforcement of anxiety
  - In the middle of facing fears
- How TO use relaxation
  - As a temporary tool to alleviate physiological arousal
  - As a temporary tool to allow students to engage in clear thinking to employ other skills
  - Away from anxiety-provoking situations to decrease anticipatory anxiety (e.g., at bedtime when ruminating)

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## A Word on Medication..

### Child/Adolescent Anxiety Multimodal Study (CAMS)

- Multi-site RCT
  - 488 children, ages 7-17 with principle anxiety disorder
- Conditions:
  - CBT
  - Medication (SSRI; Sertraline)
  - Combination CBT + SSRI
  - Pill Placebo
- Results:
  - **Combination CBT + SSRI had best response**
  - Combination > CBT = SSRI > Placebo
    - 59.7% CBT alone; 54.9% SSRI alone; 23.7% placebo

(Walkup et al., 2008)



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## STRATEGIES TO ADDRESS SOCIAL ANXIETY DISORDER WITH STUDENTS

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## Psychoeducation

- Normalize Anxiety
  - Discuss evolutionary underpinnings of anxiety (fight or flight)
- Describe CBT Triangle
  - Interactions between feelings, thoughts, and behaviors
  - Components influence each other to create an ongoing cycle that fuels anxiety
  - Important foundation for accepting the rationale behind interventions that aim to modify the anxious cycle

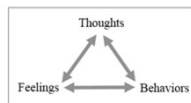


Fig 1. The CBT Triangle

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## Examples using CBT Triangle

### Negative Thoughts → Anxious Emotions/Physical Symptoms → Avoidance

- A student who plans to start a conversation with a classmate from history class at lunch, but then thinks "I won't know what to say and will sound boring," will likely feel nervous and decide not to speak to the classmate at lunch, but rather continue to wait for others to initiate

### Anxious Emotions/Physical Feelings → Negative Thoughts → Avoidance

- A student feels anxious speaking up in a particular class and experiences a racing heart. This sensation makes her hypervigilant to her teacher's facial expressions and whether she seems like she is in a good mood. The student thinks, "I don't think she is going to have a positive response to my answer," and remains silent

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## Cognitive Restructuring



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## Socially Anxious Thinking

- Causes anxious students to overinflate risk associated with facing anxiety-provoking situations
  - Increases motivation to avoid them
  - Avoidance is strengthened because students are relieved to escape the expected negative consequence
- Anxious thinking characterized by:
  - Overly perfectionistic expectations
  - Excessive personal responsibility
  - Overestimation of bad outcomes
  - Inflexible rules about interactions
  - Assumptions of negative judgment by others
  - Catastrophizing

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### HANDOUT 6.2

## Common Socially Anxious Thoughts and Worries

Below is a list of common socially anxious thoughts and worries. Read the list and mentally (or physically) check off which thoughts you often experience. Does this sound like you?

... **In the Classroom**

- \* "If I volunteer in class, I'll probably give the wrong answer and look stupid."
- \* "If I ask the teacher a question, he will think I'm stupid or that I haven't been doing the work."
- \* "If I make a mistake during my presentation, I'll make a fool of myself."
- \* "I have to do everything right or others will think I'm stupid."
- \* "If I give my opinion during the class discussion, everyone will think that what I say is weird or dumb."

... **With Friends or Acquaintances**

- \* "I have no friends" or "No one will want to be my friend anymore."
- \* "If I try to talk to her, I will say something stupid, weird, or boring."
- \* "I can't talk to him because I will just run out of things to say."
- \* "If I go to the party/with a huge group, I won't have anyone to talk to."
- \* "If I invite someone to hang out, she will say no."
- \* "He only agreed to hang out with me because he feels sorry for me."
- \* "If I invite her to hang out, she won't have fun or won't want to hang out ever again."
- \* "If I invite him over, he will think I'm a loser and have no other friends."
- \* "I can't say to her when she is with her other friends."
- \* "I can't text him until we've talked more in school."
- \* "I can't ask to join their lunch table in the middle of the school year."
- \* "She will probably think I'm annoying and bothering her."
- \* "He probably doesn't want to be my friend anymore because I'm a loser."
- \* "If he doesn't have fun, I'll be the last because I'm boring."
- \* "I'll probably trip in front of everyone and never live it down."
- \* "I'll be the laughingstock of the whole school."
- \* "Everyone will know that I messed up."

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# Realistic Thinking

- Realistic thinking  $\neq$  Positive thinking
- Teaches students to critically evaluate thoughts based on evidence, rather than being guided by their anxiety
- Utilizes strategic questioning to encourage students to challenge the accuracy of their own assumptions
- Acknowledge that feared outcomes will occur from time to time, but that this is the exception rather than the rule - It will go better than expected most of the time!



An illustration at the bottom of the slide shows four cartoon figures (two adults and two children) looking up at a row of four icons: a question mark, a gear, a lightbulb, and an exclamation mark. The figures are positioned below the icons, with their heads tilted upwards.

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# Steps for Teaching Realistic Thinking

- 1) Lay the foundation
  - Thoughts are not facts!
  - Different people have different thoughts in the same situation, and these differing thoughts result in different feelings and behaviors
- 2) Identify specific, negative predictions
- 3) Recognize thinking traps



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HANDOUT 4.1		
Common Socially Anxious Thinking Traps		
Thinking Trap	Explanation	Examples of Common Thoughts
Perfectionistic expectations	Unrealistically high expectations about how one must perform in social, academic, athletic, or other situations	<ul style="list-style-type: none"> <li>"If I make a mistake, I'll make a fool out of myself."</li> <li>"I have to do everything right or others will think I'm stupid."</li> </ul>
Rigid social rules	Unspoken rules about social interaction that support avoiding the interactions	<ul style="list-style-type: none"> <li>"I can't say hi to her when she is with her other friends."</li> <li>"I can't tell him until we've talked more in school."</li> <li>"I can't ask to join their lunch table in the middle of the school year."</li> </ul>
Excessive personal responsibility	Assuming personal blame if something doesn't go right and ignoring any external possibilities	<ul style="list-style-type: none"> <li>"I must have done something to upset him."</li> <li>"She's probably mad at me."</li> <li>"He probably doesn't want to be my friend anymore because I'm a loser."</li> <li>"I shouldn't have missed that goal. I made our whole team lose."</li> <li>"If she doesn't have fun, it's my fault because I'm boring."</li> </ul>
Overestimation	Overestimating the probability of negative outcomes, assuming negative outcomes are the rule rather than the exception	<ul style="list-style-type: none"> <li>"You sure that my mind will go blank and I won't know what to say?"</li> <li>"I'll probably trip in front of everyone."</li> <li>"I'll make her so angry that she'll say no."</li> </ul>
Catastrophizing	Small mistakes are blown out of proportion and feel like the end of the world; the potential consequences of something going wrong are exaggerated	<ul style="list-style-type: none"> <li>"I'll never live this down."</li> <li>"Everyone will think I'm dumb."</li> <li>"You will want to be my friend anymore."</li> <li>"I'll be the laughing stock of the whole school."</li> <li>"Everyone will know that I messed up."</li> </ul>

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## Steps for Teaching Realistic Thinking

4) Give it a second thought! Evaluate the evidence

- What is the evidence that this will happen?
- What is the probability that this is going to happen (0-100%)? Am I exaggerating?
- Am I jumping to conclusions?
- What else might happen in this situation besides what I'm worried about?
- Are there other possible explanations? Are there other ways to think about this?
- What usually happens in this situation?
- What do I think when I see this happen to someone else?
- Are other people really paying as much attention to me as I think they are?
- Am I making things worse than they really are?
- Am I being fair to myself? Can I really expect to never make a mistake?
- Can I expect everyone to like me? Does it mean that no one likes me?
- What advice would I give a friend who was worried about this?
- What's the worst thing that can possibly happen? Could I live with that?
- Will I remember this a week, month, or year from now? Will it really matter?

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## Example—Completed Challenging Thoughts

Situation: Trying out for fall play.

What are you worried might happen (thinking traps)? In just a freshman, everyone is better than me. I'm going to forget my lines, if I make a bad impression now I'll never get a part any other year.

Feelings (Rate 0-100's) Nervous = 8, Embarrassed = 5, Confident = 1

Challenging Questions: Check questions below that apply to these thinking traps.

Q: What is the evidence that this will happen? What is the evidence that it won't happen?  
A: What is the probability that this is going to happen (0-100%)? Am I exaggerating? Am I jumping to conclusions?  
Q: What else might happen in this situation besides what I'm worried about?  
A: Are there other possible explanations? Are there other ways to think about this?  
Q: What usually happens in this situation?  
Q: What do I think when I see this happen to someone else?  
Q: Are other people really paying as much attention to me as I think they are?  
Q: Am I making things worse than they really are?  
Q: Am I being fair to myself? Can I really expect to never make a mistake?  
Q: Can I expect everyone to like me? Does it mean that no likes me?  
Q: What advice would I give a friend who was worried about this?  
Q: What's the worst thing that can possibly happen? Could I live with that?  
Q: Will I remember this a week, month, or year from now? Will it really matter?

Answers to challenging questions: I might have tougher odds as a freshman, but some freshmen get parts. Maybe I can ask my brother if some people got a part in later plays after getting out as a freshman. I've been in drama for years so I have a decent chance — maybe 50%, I'll never make it if I don't try. I would tell a friend it's worth a try. The worst that can happen is I can not win my chance but I can always get involved in other plays outside of school.

Feelings after challenging (Rate 0-100's) Nervous = 5, Embarrassed = 3, Confident = 5

\*0 = not having the feeling at all  
100 = the most you've ever had the feeling

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### Realistic thinking practice

ANXIOUS THOUGHT	CHALLENGE	REALISTIC THOUGHT
<i>If I give my opinion people will judge me negatively</i>	Can I expect everyone to agree with me?	Some people will probably agree and some will disagree and that is ok, that's the point.
<i>I can't text her until we've talked more in school</i>	What is the evidence? How has she seemed when you talk in school?	I guess we have pretty good conversations in school and she seems interested

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### Realistic thinking practice

ANXIOUS THOUGHT	CHALLENGE	REALISTIC THOUGHT
<i>If I invite her to hang out she will say no</i>		
<i>If I start a conversation I won't know what to say and will sound boring</i>		

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### Social Skills Training



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## Social Skills Training

- Why necessary?
- The "how to" necessary before embarking on exposures
- Social Anxiety can come across as disinterested or "snobby"
- Increases confidence even if no deficit



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## Making Conversation



- Opportunities to initiate conversation
  - How can we tell?
- Conversation starter prompts
  - No such thing as the "perfect opener," just break the ice
- Comment on:
  - Something in common
  - Something going on in the environment
- Maintaining Conversations
  - Open-ended questions
  - Sticking with a topic
- Extending Invitations
  - Review realistic thinking
  - General >> specific

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## Looking Friendly and Approachable

- Some students will need more nonverbal practice and feedback than others

### HANDOUT 7.1

#### Helpful and Unhelpful Nonverbal Behaviors

Below are examples of nonverbal behaviors that are helpful and unhelpful when we are trying to look friendly, approachable, and engaged in conversations with others.

Unhelpful	Helpful
<ul style="list-style-type: none"> <li>☒ Turning body away</li> <li>☒ Crossing arms</li> <li>☒ Looking down or away</li> <li>☒ Frowning</li> <li>☒ Fidgeting or shuffling feet</li> <li>☒ Slouching or keeping head down</li> <li>☒ Mumbling or speaking in a low voice</li> <li>☒ Looking annoyed or angry</li> </ul>	<ul style="list-style-type: none"> <li>☒ Facing the person with an open posture</li> <li>☒ Making eye contact</li> <li>☒ Smiling</li> <li>☒ Not fidgeting or shuffling feet</li> <li>☒ Speaking in an audible, confident voice</li> <li>☒ Standing or sitting up straight</li> <li>☒ Speaking clearly and slowly</li> <li>☒ Looking relaxed and confident</li> </ul>

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## Assertiveness

- Teaching differences between being assertive, aggressive and passive
  - Socially anxious teens tend to communicate passively
  - Assertiveness = direct and honest expression of thoughts, feelings, and needs that gets our needs met while also respecting the needs and rights of others
- Assertive nonverbal behavior
  - Appropriate eye contact and body posture
  - Maintaining firm yet pleasant tone of voice



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## Teaching Assertiveness

- Practice, practice, practice using roleplay
  - Expressing preferences or needs
  - Making requests and getting involved
  - Refusing requests
  - Expressing feelings or opinions
  - Assertiveness with adults
  - Dealing with bullies
- Emphasize
  - Using "I" statements
  - Be (mostly) honest
  - Don't feel need to give elaborate explanations
  - Repeat, stand firm
    - "I'm sorry but I can't"



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## Practice, Practice, Practice

- Roleplay practice with students and their peers
  - Balance positive and negative feedback
  - Focus on both verbal and nonverbal aspects of interactions
  - Ask to repeat following feedback



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Your Needs Matter: Learn to Speak Up! 117

**APPENDIX 18.2**  
**Making Requests and Getting Involved**

**TIPS FOR MAKING REQUESTS AND GETTING INVOLVED**

- Use "I" statements.
  - I would appreciate if you \_\_\_\_\_
  - I would like you to \_\_\_\_\_
  - I would like to \_\_\_\_\_
  - I need help with \_\_\_\_\_

**ROLE-PLAY EXAMPLES**

- You need help with homework and want to ask a classmate.
- You need to finish a chore at home and want to ask your friend who came over for dinner to help you.
- You need to borrow something (e.g., open change, a book, a phone).
- You want to invite a friend to come with you to a specific social event.
- You are at a concert with reserved seats, but there is a girl in your seat so you have to ask the person to move it.

**PRACTICE MAKING REQUESTS—**  
**SAMPLE HOMEWORK EXERCISES TO ASSIGN TO STUDENTS**

- Ask to try on jewelry that is inside the display case and then don't buy anything.
- Ask a salesperson for a shoe in your size.
- Ask a salesperson to check if they have any more of an item in the back (in your size).
- Return an item at a store.
- At a restaurant, wait for food or make a special request.
- Ask a classmate for help with homework.
- Ask for help with a chore or something at home.
- Ask to borrow something (e.g., open change, a book, a phone).
- Ask someone to come with you to a specific social event.
- Ask a classmate for feedback on a paper or creative writing assignment.
- When hanging out with a friend, ask to change the television channel or the music.

**PRACTICE GETTING INVOLVED—**  
**SAMPLE HOMEWORK EXERCISES TO ASSIGN TO STUDENTS**

- Ask for information about a school club.
- Ask a friend to help you join a school club.
- Submit artwork or creative writing to a school art show or literary magazine.
- Submit an article and ask the school newspaper to run it.
- Join a school club (e.g., debate team, school newspaper, literary magazine, orchestra).

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**Exposure: Facing Fears**

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**Exposure**

unearthedcomics FOLLOW

Are you sure? That looks like it could be scary!

**EXCITING LIFE AHEAD**

**MUST BE BRAVE TO ENTER**

- Intentionally placing someone in an anxiety-provoking situation in a gradual manner
- **Child must be a willing participant!!!**
  - **Must understand rationale**
- Child experiences "tolerable" fear or distress
- Remain in feared situation until:
  - Experiences some decrease in subjective distress
- Accomplishes the goal
  - "It wasn't as bad as I thought"
  - "It got easier"

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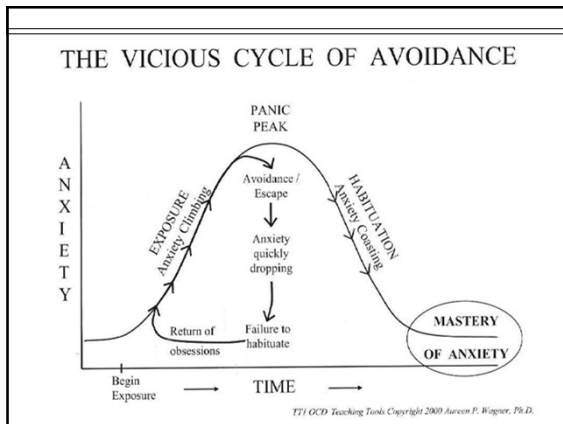
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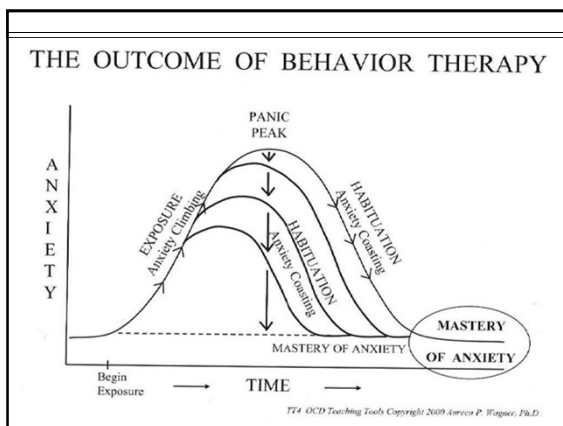
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### Building a fear ladder

- Must be done collaboratively with the student
- Steps should be well-defined, clear, and specific
- Steps should slowly increase in difficulty from lowest to highest
  - Include items representing a range of difficulty
  - Include classroom and academic activities
  - Include items that address core fear

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### Sample Performance Hierarchy

- Give a speech in front of the whole school to run for class officer - 10
- Give a presentation in class - 9
- Give the wrong answer in Math class on purpose - 7
- Eat messy lunch in front of friends - 7
- Choose group sport in gym (soccer) rather than solo activity - 6
- Ask intimidating teacher a question in class - 6
- Volunteer to answer question in class when unsure of answer - 5
- Volunteer to read aloud in Spanish class - 4
- Volunteer to answer question in difficult class (intimidating teacher or older students present) when confident of answer - 3

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### Hierarchy Practice



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### Exposures Conducive to School Environment: Academic



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## Exposures Conducive to School Environment: Academic

### Classroom Participation:

- Student answers a question/participates...
  - When the student is confident or is less sure of the answer
  - Student purposely gives a wrong answer...
- Student volunteers to read aloud...
  - Type of passage – original or reading script
  - Purposely mispronounces several words
- Student volunteers to write on the board...
  - Spells something wrong on purpose
- Student interrupts the teacher to ask him/her to repeat what he/she just said...
- Student provides an opinion or an interpretation in class...
  - Consistent or different from peers in class

### Talking with Teachers:

- Student asks a question privately ...
  - on class concepts or homework
- Student asks for extra help privately ...
- Student attends extra help
- Student asks teacher a question in front of class
- Student asks a teacher for clarification about a grade
- Student expresses a preference for where to sit in a class if the teacher assigns seats
- Student asks a teacher to provide a job reference or college recommendation letter

**\*\* Each of these could be made more or less difficult based on whether the class is...**

- easy or hard for the student
- with many friends or few friends or upper classmen
- with a teacher who seems nicer or more intimidating to the student

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## Exposures Conducive to School Environment: School Engagement



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## Exposures Conducive to School Environment: School Engagement

### School Engagement

- Student decreases school avoidance
  - Attend for increasing amount of time
  - Attend but stay in nurse or counselor office and do work
- Student participates in the school community or school events by...
  - Attending a school dance or school fundraiser
  - Giving morning announcements or speaking on loudspeaker
  - Submitting art work or creative writing to art show or literary magazine
  - Submitting an article and asking the school newspaper to run it
- Student gets involved with a school club by...
  - Asking another peer for information
  - Asking the club advisor for information or to join
  - Asking student leaders to add him/her to the email list
  - Attending a meeting for a club, sport, or activity
  - Joining a school club (e.g., debate team, school newspaper, literary magazine, yearbook)
  - Pitching an idea for a project or event to a club advisor
  - Running for a class or school officer position
- Student interacts with their coaches or advisors by...
  - Expressing a preference to play a certain team position (e.g., shortstop instead of 2nd base)
  - Talking with band or choir director and asking for a solo
  - Asking a coach, music director, or other club advisor for help on a certain skill (e.g., pitching, a difficult musical piece, a photography technique)
- Student interacts with other school personnel by...
  - Initiating a conversation with school personnel (note: arrange ahead of time with colleagues if necessary; can also generate some questions ahead of time)
  - Making an appointment to speak with administrators/personnel to make "suggestions" for school improvement (note: prepare the administrators/personnel that students will be practicing making a complaint and request that the personnel respond by showing appreciation)
  - Ask to interview a teacher, coach, or school administrator for an article or class paper

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## Exposures Conducive to School Environment: Peers



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## Exposures Conducive to School Environment: Peers

### Interactions and Invitations with Peers

- Student smiles and says hello to students who look friendly in the hallway or cafeteria
- Student starts a conversation in the hallway, before class, after school, etc. ....
  - With a friend
  - With a teammate
  - With a friendly acquaintance
  - With an unfamiliar peer
  - With an older student
- Student invites a friend to do homework together after school
- Student invites a peer to join a school club with him/her
- Student purposely hangs around after sports/music practice to talk with peers
- When talking, student invites a friend or peer to hang out (e.g., go to movie, play video games, hang out, go shopping, go out to eat, play sports) after school
- Student asks a peer for their phone number or social media name

### Making and Refusing Requests

- Student asks a peer to give him/her directions to a classroom
- Student asks a friend/peer/classmate to copy class notes from when he/she was absent
- Student asks a friend/peer/classmate for help on homework
- Student asks a friend/peer/classmate for feedback on student's artwork or writing
- Student asks a friend/peer/classmate for a favor, such as...
  - Ask to borrow some spare change
  - Ask to borrow a phone to make a call
  - Ask for him/her to walk somewhere with the student
  - Ask to run an errand in the school either for or with the student
- Student turns down requests for favors from others for one week
  - E.g., "I'm sorry but I can't..."

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## Not all communication is created equal!

- Become well-versed in your students' perceptions of different types of communication

- Social Media – Instagram, Snapchat, TikTok, Discord

- Making an account (if permitted)
- "Scrolling"
- Commenting on others' posts
- Posting
- Direct messaging

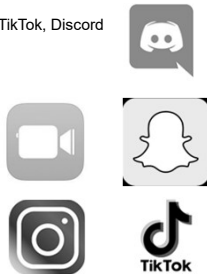
- Texting

- Direct
- Group Chats

- Individual or Group Video Calls

- Facetime
- Google hangout

- Interactive Video Games



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## Steps in Gradual Exposure

- Select feared situation lowest on list
- Elicit agreement and willingness from the student
- Clarify expectations and review coping skills
- Begin exposure to selected fear
- Prevent avoidance or escape
- Make sure that anxiety has significantly decreased by taking periodic ratings (0-10)
- Select next lowest fear and repeat steps

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## Implementing Exposures

- Principles for maximizing exposure effectiveness:
  - Stick with it
    - Students must stay in challenging situations until they feel more confident or their anxiety has decreased
  - One step at a time
    - Exposures can be done gradually, in small increments, at a pace that is as comfortable as possible
  - Repeat!
    - Frequent repetition usually necessary to experience anxiety reduction



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## Preparing for Exposures

- Choose situations wisely
  - Review rationale
  - Collaboration is critical – child must be involved in decisions
    - Be specific!
  - Have a backup plan!
    - How can we alter this situation to make it more tolerable if necessary
- If too much fear or distress:
  - Child may refuse
  - Child may enter and then need to avoid/escape
    - Reinforces anxiety and avoidance
- Discuss cognitions
  - Feared consequences and mistaken beliefs
  - "Put it to the test"

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## During Exposure

- Model exposure in calm manner
- Help focus student on exposure stimulus
  - Model noncatastrophic responses
    - Low-level risk outweighs avoidance and missing out
    - Avoid giving reassurance!!!
      - Answer once and then ask them to recall your response
  - Prevent engagement in safety behaviors
    - Subtle or overt, aware or unaware
  - Continued assessment
    - Factors that make situation more or less anxiety-provoking



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## Debriefing after Exposure

- Review accomplishment
  - Provide praise or reward
- Emphasize the habituation
  - Remind where started and ended
    - Got easier as it went along?
    - Tasks completed? Was it worth it?
- Focus on the "evidence"
  - Did the feared consequences come true?
  - Was it as bad as you thought once you started?



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## Homework Exposures

- Provide specific instructions
- Early on should be repetition of exposures done together
- Later can be more difficult – situations that cannot be implemented in school
  - Student should take more active role in assigning homework
- Be sure to review at next meeting
  - Increases accountability
  - Opportunity to reinforce



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## Challenges

- Managing resistance
  - Review rationale
  - Emphasize choice
  - Engage in cognitive challenging
  - Model task yourself
  - Refine task – reduce difficulty level
- Promoting “lifestyle” exposure
  - Make choices to take advantage of additional opportunities to practice confronting rather than avoiding fear cues
  - Focus on choosing to be anxious because opportunities are worthwhile



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## Conducting Exposure in School

- Advance preparation helpful
  - Check teachers/staff/coach schedules
  - Coordinate with teachers
    - Call on students
    - Review response
    - Assign a leadership role
  - Assemble an audience
  - Reserve a room (e.g. auditorium), utilize cafeteria environment
  - Deliver morning announcements
- Managing exposure in a group scenario
  - Use members as audience or partners
  - Have students go off to complete exposures and report back
    - May pair students engaging in similar tasks and/or to provide support



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## COLLABORATING WITH PARENTS, TEACHERS, AND EXTERNAL PROVIDERS

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## Engaging Parents

- Increases the likelihood that students will receive appropriate support and receive consistent message
- Be flexible when engaging parents (in person meetings, telephone calls, online communication, providing literature)
- Provide psychoeducation about social anxiety and the rationale for the strategies you are teaching students
- Bottom Line: help parents understand that although avoidance provides temporary relief, it will worsen anxiety and cause more significant limitations in the long-run

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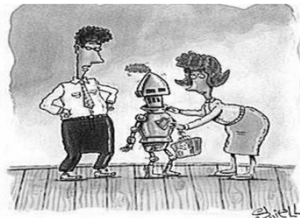
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## Unhelpful Parenting Strategies

- Common parenting behaviors that inadvertently reinforce anxiety:
  - Excessive Reassurance
  - Overcontrol
  - Overprotection
  - Permitting Avoidance
  - Parental Modeling
  - Anxious Parenting



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## Collaborating with Parents

- Validation vs. Excessive Reassurance
- Modeling non-anxious behavior
- **NOT PERMITTING AVOIDANCE!**
  - Small steps
  - In the short-term, avoidance relieves anxiety
  - In the long-term, avoidance increases anxiety
- Reward brave behavior (effort, not results)



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## Strategies for Teachers in the Classroom

- Actively Empathize
- Help Students Face Classroom Fears
  - Rather than allowing avoidance, work collaboratively to make tasks more manageable
    - (e.g., accommodations for presentations – practice individually in front of teacher first)
- Encourage Participation and Engagement
- Encourage Socialization with Prosocial Peers
- Reinforce “Brave” Behavior



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## When to Refer Out?

- Anxiety disorders that require more specialized treatment
  - Separation Anxiety Disorder – beyond engaging in school
  - Panic attacks and Panic Disorder
  - OCD
  - Trauma
- Multiple anxiety disorders co-occurring, or anxiety is comorbid with other types of anxiety
- Significant family difficulties or inability to help parents understand the student's anxiety
- Students who are reluctant to engage or are extremely concerned about the stigma

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## Collaborating with External Providers

- Communication is key!!
  - Understand current targets
  - Provide important information to providers about interactions with peers, unstructured situations, etc.
  - Relay information about homework exposure assignments
- Example:
  - Focus on increasing class participation or getting extra help from teachers
  - Provide feedback to external providers about whether homework exposure assignments were completed, brainstorm ideas about how to adjust difficulty levels of assignments

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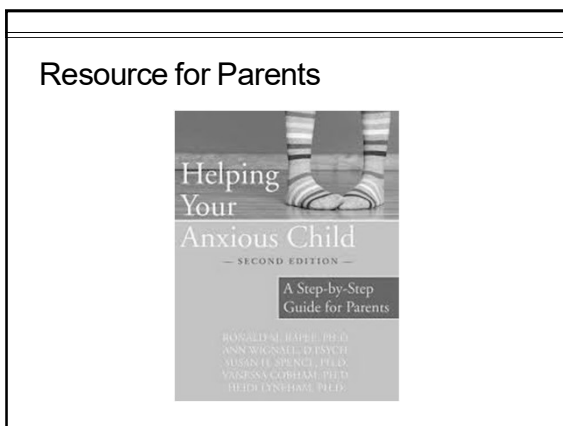
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## Camp Cope-A-Lot

We are pleased to announce the release of our state of the art, interactive, 12-session treatment program.

**Camp Cope-A-Lot: The Coping Cat CD**  
Our 12-session interactive computer-assisted treatment for anxious youth.

**Interactive Computer Software Programs**  
Cope-A-Lot: The Coping Cat CD Rom\*

Purchasing Info:  
Precision Camp Cope

Jendall, Ph.D., ABPP & Muniya Khanna, Ph.D.  
University & University of Pennsylvania

Camp Cope-A-Lot® is a 12-session interactive CD-ROM-assisted treatment for use with children suffering from anxiety. The computer program provides cognitive behavioral therapy based on the Coping Cat treatment for 7 to 13 anxious youth. Child users advance on their own and at their own pace through the first 6 sessions, and then last 6 sessions with therapist (coach) guidance. Users complete fun and engaging interactivities that reinforce skills for managing anxiety. Along with other characters at Camp Cope-A-Lot, the child goes to an amusement park on a talent show, meets someone new, speaks in public, sleeps in the dark, and experiences other adventures.

Ideal for use in multiple settings, including schools, community, private, hospital or training etc. Advantages include:

- No formal training in cognitive behavioral therapy required
- Requires fewer therapist hours (approximately 6 hours per child for the 12 sessions)
- Child-paced interactivities including problem solving, changing self-talk, and identifying somatic signs of anxiety
- Downloadable (MP3) relaxation script
- Includes a selection of videos of other children engaging in exposure tasks and using coping strategies
- Includes a built-in reward system
- Contains all needed treatment materials
- Comes with printable Coach's Manual (treatment manual) and Go-To-Gadget (child workbook)

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## QUESTIONS?

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## References

- Albano, A. M. (1995). Treatment of social anxiety in adolescents. *Cognitive and Behavioral Practice*, 2, 271-298.
- Alfano, C. A., Beidel, D. C., & Turner, S. M. (2006). Cognitive correlates of social phobia among children and adolescents. *Journal of Abnormal Child Psychology*, 34 (2), 189-201.
- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders*, 5.
- Besedo-Baum, K., Knappe, S., Fehm, L., Hoffer, M., Lieb, R., Hofmann, S.G.,... Wittchen, H.U. (2012). The natural course of social anxiety disorder among adolescents and young adults. *Acta Psychiatrica Scandinavica*, 126(6), 411-425.
- Beidel, D. C., Turner, S. M., & Morris, T. L. (1999). Psychopathology of childhood social phobia. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38, 643-650.
- Beidel, D. C., Turner, S. M., & Morris, T. L. (1995). A new inventory to assess childhood social anxiety and phobia: The social phobia and anxiety inventory for children. *Psychological Assessment*, 7, 73-79.
- Birmaher, B., Khetarpal, S., Brent, D., Cully, M., Balach, L., Kaufman, J., & McKenzie Neer, S. (1997). The Screen for Child Anxiety Related Emotional Disorders (SCARED): Scale construction and psychometric characteristics. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 545-553.
- Black, J.J., Tran, G.Q., Goldsmith, A.A., Thompson, R.D., Smith, J.P., & Welge, J.A. (2012). Alcohol expectancies and social self-efficacy as mediators of differential intervention outcomes for college hazardous drinkers with social anxiety. *Addictive Behaviors*, 37(3), 248-255.

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## References

- Carrigan, M.H., & Randall, C.L. (2003). Self-medication in social phobia: A review of the alcohol literature. *Addictive Behaviors*, 28(2), 269-284.
- Evans, S. (1999). Mental health services in schools: Utilization, effectiveness, and consent. *Clinical Psychology Review*, 19(2), 165-178.
- Grover, R.L., Ginsburg, G.S. & Ialongo, N. (2007). Psychosocial outcomes of anxious first graders: A seven-year follow-up. *Depression and Anxiety*, 24(6), 410-420.
- Kendall, P. C. (1994). Treating anxiety disorders in children: Results of a randomized clinical trial. *Journal of Consulting and Clinical Psychology*, 62, 100–110.
- Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., & Walters, E.E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593-602.
- Kessler, R.C. (2003). The impairments caused by social phobia in the general population: Implications for intervention. *Acta Psychiatrica Scandinavica*, 108(Suppl. 417), 19-27.
- March, J. S., Parker, J. D. A., Sullivan, K., Stallings, P., & Conners, C. K. (1997). The Multidimensional Anxiety Scale for Children (MASC): Factor structure, reliability, and validity. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 554–565.

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## References

- Masia Warner, C., Colognori, D., Lynch, C. (2018). *Helping students overcome social anxiety: skills for academic and social success*. Guilford Press, New York, NY.
- Masia Warner, C., Colognori, D., Brice, C., Hertzog, K., Mulson, L., Lynch, C., . . . & Ryan, J. (2016). Can school counselors deliver cognitive-behavioral treatment for social anxiety effectively? A randomized controlled trial. *Journal of Child Psychology and Psychiatry*, 57(11), 1229-1238.
- Masia Warner, C., Klein, R.G., & Liebowitz, M.R. (2003). The Liebowitz Social Anxiety Scale for Children and Adolescents (LSAS-CA). Available from Carrie Masia Warner.
- Merikangas, K. R., He, J. P., Burstein, M., Swendsen, J., Avenevoli, S., Case, B., . . . Olsson, M. (2011). Service utilization for lifetime mental disorders in US adolescents: results of the National Comorbidity Survey-Adolescent Supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry*, 50, 32–45.
- Nelson, E.C., Grant, J.D., Bucholz, K.K., Glowinski, A., Madden, P.A.F., Reich, W. & Heath, A.C. (2000). Social phobia in a population-based female adolescent twin sample: Co-morbidity and associated suicide-related symptoms. *Psychological Medicine*, 30(4), 797-804.
- Pine, D.S., Cohen, P., Gurley, D., Brook, J., & Ma, Y. (1998). The risk for early-adulthood anxiety and depressive disorders in adolescents with anxiety and depressive disorders. *Archives of General Psychiatry*, 55(1), 56-64.
- Reynolds, C., & Kamphaus, R. (2015). *Behavioral Assessment System for Children – Third edition (BASC-3)*.

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## References

- Silverman, W., & Albano, A.M. (1996). *The Anxiety Disorders Interview Schedule for Children for DSM-IV: (Child and Parent Versions)*. San Antonio, TX: Psychological Corporation.
- Spence, S.H., Donovan, C., & Brechman-Toussaint, M. (1999). Social skills, social outcomes, and cognitive features of childhood social phobia. *Journal of Abnormal Psychology*, 108(2), 211-221.
- Thomas, S.E., Randall, C.L., & Carrigan, M.H. (2003). Drinking to cope in socially anxious individuals: A controlled study. *Alcoholism*, 27(12), 1937-1943.
- Walkup, J. T., Albano, A. M., Piacentini, J., Birmaher, B., Compton, S. N., Sherrill, J. T., . . . Kendall, P. C. (2008). Cognitive behavioral therapy, sertraline, or a combination in childhood anxiety. *New England Journal of Medicine*, 359, 2753–2766.
- Weist, M.D., Paskewitz, D.A., Warner, B.S., & Flaherty, L.T. (1996). Treatment outcome of school-based mental health services for urban teenagers. *Community Mental Health Journal*, 32(2), 149-157.
- Wittchen, H.U., Stein, M.B., & Kessler, R.C. (1999). Social fears and social phobia in a community sample of adolescents and young adults: Prevalence, risk factors and comorbidity. *Psychological Medicine*, 29(2), 309-323.

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