<div style="text-align:center">

CHAPTER 1

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What Is Social Anxiety?

It is common for teenagers to be self-conscious and to care about what others think of them. Adolescence is a time of constant flux, with increasing academic demands, shifts in friendships, and changing physical appearance, all of which present new challenges and insecurities. A focus on peer relationships and worries about fitting in or gaining approval from others are central to this developmental period. Therefore, some nervousness in social situations during this time is typical and expected. However, some teenagers have more significant fears of social and performance situations that cause them to avoid these situations or endure them with great distress. This social anxiety is greater than the well-known social angst of the teenage years because it interferes with quality of life and healthy development. Understanding how social anxiety differs from typical teenage nervousness and recognizing when students require intervention is crucial for fostering academic and social success in teenagers within the school environment and beyond.

SOCIAL ANXIETY DEFINED

Social anxiety disorder is characterized by excessive fear of social and performance situations due to concern about being rejected or humiliated in front of others (American Psychiatric Association, 2013). In essence, social anxiety is an intense fear of negative evaluation or disapproval from others. Students with social anxiety commonly fear situations such as speaking with new or unfamiliar people, answering questions in class, giving verbal presentations, initiating conversations, attending parties or school activities, speaking to teachers or other authority figures, performing in musical and athletic activities, and extending social invitations to others (Mesa, Nieves, & Beidel, 2011; Hofmann et al., 1999). These situations are either endured with intense distress or avoided (e.g., remaining silent rather than initiating conversations with teammates or sharing thoughts in class). Often the avoidance

occurs across a wide range of mainstream activities, causing pervasive limitations in social and academic functioning (Wittchen, Stein, & Kessler, 1999).

Social anxiety is conceptualized as involving three systems (Lang, 1968): cognitive, physical, and behavioral. The cognitive or mental component is wrought with worry about poor social performance or negative evaluation both in anticipation of and during social situations. Physical reactions to social events include tachycardia, blushing, shaking, and sweating. Finally, avoidance is the defining feature of the behavioral system. Circumvention

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of social interactions may be subtle, such as avoiding eye contact or choosing a sports team or school club with minimal interaction (Beidel & Turner, 2007). There is also substantial evidence that teenagers with social anxiety have mild social skills deficits (e.g., difficulty engaging in extended conversations) that may contribute to avoidance of social situations (Beidel, Turner, & Morris, 1999; Kendall, Settipani, & Cummings, 2012; Spence, Donovan, & Brechman-Toussaint, 1999). Understanding these three components is essential for effectively intervening in the anxiety cycle. This three-component model of the cognitive, physical, and behavioral features of social anxiety will be thoroughly described in Chapter 4, with specific guidance on how to explain this system to students.

WHAT DOES SOCIAL ANXIETY LOOK LIKE?

Sean is a quiet 15-year-old sophomore who is easily "lost in the crowd." He had a few close friends in elementary school, but when they entered middle school and joined with other peers, Sean had trouble forming new relationships. He spends very little time with peers outside of school and only invites his long-term close friends to get together. He sits at a lunch table with a group of boys in the cafeteria but says little. Sean is on the track team but mostly keeps to himself during meets unless someone approaches him. He rarely attends track dinners or parties with his teammates, and he refuses to join any school clubs that require more interaction. Sean is compliant and well behaved in class, and his grades are above average. His teachers never have much to say about him because he doesn't often interact with them. On report cards, he has received comments that he should try to participate more, but when encouraged to speak up in class, he becomes extremely uncomfortable or agitated. Does this student sound familiar?

HOW IS SHYNESS DIFFERENT FROM SOCIAL ANXIETY?

We all know shy teenagers who are reserved or initially reluctant to engage with unfamiliar people. Shyness, which is often considered a temperamental or personality trait, is defined as inhibition in interpersonal situations (Henderson & Zimbardo, 1998). While shyness is closely related to social anxiety, there are important distinctions. One essential difference is the degree of functional impairment (Heiser, Turner, Beidel, & Roberson-Nay, 2009; Turner, Beidel, & Townsley, 1990). For many, the experience of feeling shy may be tem-

porary. Shy adolescents typically experience less worry anticipating social interactions and less distress while in social situations. In addition, shy adolescents do not often restrict their social activities due to fear, for instance, by leaving parties or school events prematurely or completely avoiding them to the degree that socially anxious adolescents do. More commonly, shy teenagers may be socially reserved but after a brief time, they become comfortable and readily engage in interactions (Heiser et al., 2009). This is illustrated in the case of Sean described above. If he were merely shy, he may have struggled to make new friends the first few months of ninth grade but would have established some new friendships by his sophomore year. Similarly, a shy teen would have found a way to participate more in class after becoming accustomed to new teachers and especially following constructive feedback on report cards about class participation. Unlike shyness, social anxiety is characterized by persistent worries that consume considerable time and energy and negatively impact the quality of students' lives.

IMPAIRMENT ASSOCIATED WITH SOCIAL ANXIETY

Social anxiety can be damaging in the teenage years and later in life. The social discomfort and avoidance experienced by youngsters with social anxiety disorder can often contribute to limited friendships, restricted school involvement (e.g., school clubs and sports teams), peer victimization (Ranta, Kaltiala-Heino, Fröjd, & Marttunen, 2013; Ranta, Kaltiala-Heino, Pelkonen, & Marttunen, 2009), and difficulty executing class requirements (e.g., verbal presentations, group projects, class participation) (Erath, Flanagan, & Bierman, 2007). In the case of Sean, he experiences significant distress, and his anxiety interferes across many settings, including in extracurricular activities, in the classroom, and socially with peers. Without intervention, Sean will continue to struggle with social anxiety, and his continued anxiety and avoidance put him at greater risk for additional mental health problems. Additional impairments associated with social anxiety disorder include loneliness, low self-esteem, negative self-worth, and depression (Beidel et al., 1999; Grover, Ginsburg, & Ialongo, 2007; Katzelnick et al., 2001; Wittchen et al., 1999). Possibly due to a lack of social support, students with social anxiety disorder are also at increased risk for suicidal ideation and behavior (Nelson et al., 2000). Additionally, research findings consistently point to a connection between social anxiety and later alcohol use (Black et al., 2012) with evidence that social anxiety disorder often occurs first. The use of alcohol to alleviate discomfort in social situations increases the likelihood of problematic alcohol use and increases the risk for alcohol use disorders (Carrigan & Randall, 2003; Thomas, Randall, & Carrigan, 2003).

WON'T THEY GROW OUT OF IT?

Social anxiety is among the most common psychological conditions in adolescents, impacting an estimated 9.1% during their lifetime (Merikangas et al., 2010). Social anxiety disorder may start as early as age 5, with its peak onset around age 12 (Kessler et al., 2005), corresponding with an increased complexity of social demands. With adolescence come new

challenges, including separating from family and assuming more responsibilities for establishing and maintaining peer relationships. Unlike in childhood, it is no longer acceptable for parents to schedule playdates. Party invitations also become more selective. Therefore, a socially reticent child who functioned well in elementary school may begin to struggle in middle school when faced with new challenges like transitioning friendships, cliques, romantic connections, and increased expectations from teachers and coaches. From adolescence, social anxiety disorder tends to run a chronic, unremitting course into adulthood (Pine, Cohen, Gurley, Brook, & Ma, 1998), meaning that socially anxious teenagers who do not receive intervention typically continue to struggle with social anxiety as adults. The

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debilitating impairment from social anxiety disorder that persists into young adulthood further contributes to exigent college transitions, underemployment, compromised professional attainment, impaired interpersonal relationships, and continued risk for depression and substance use problems throughout adulthood (Beesdo-Baum et al., 2012; Wittchen et al., 1999).

While there are effective treatment strategies to help these youths, the majority of students with social anxiety disorder do not receive mental health services, partially due to misconceptions that social anxiety is part of an individual's personality, like shyness, or an expected adolescent experience that will be outgrown. Socially anxious students are also overlooked because they do not typically exhibit overt behavior problems (Beidel et al., 1999; Fisher, Masia Warner, & Klein, 2004; Ryan & Masia Warner, 2012). Parents and teachers are therefore less likely to refer socially anxious adolescents to treatment unless teens specifically disclose their anxiety (Colognori et al., 2012). This unmet clinical need has motivated efforts to develop novel treatment models, such as employing the skills of school personnel, to better transport evidence-based interventions into the community (Schoenwald & Hoagwood, 2001).

Fortunately, school practitioners are in a valuable position to increase treatment access and provide clinically meaningful care for students. Equipping front-line school practitioners with effective interventions has the added benefit of providing adolescents with sus-

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tained access to these therapeutic resources within the school setting (Masia Warner et al., 2016). This book will explain these interventions and provide guidance on how to implement them with socially anxious students in school.

HOW WILL THIS BOOK HELP?

This book has been written to assist school personnel in recognizing and addressing social anxiety in the school environment using evidence-based strategies (Masia Warner et al., 2016). School professionals, such as school counselors, guidance counselors, school social workers, school psychologists, and student advisers, interact with students every day and are

clearly invested in the optimal development of youth. School professionals are in a unique position because they have unparalleled access to students, which allows for further promotion of mental and emotional health through implementation of effective, targeted interventions. The skills outlined in this book, such as realistic thinking, social skills, and gradual exposure, have a long history of demonstrated success reducing social anxiety in clinical settings through intervention programs such as Social Effectiveness Therapy for Children (SET-C; Beidel, Turner, & Morris, 1998, 2000). These skills have been adapted for use with socially anxious adolescents in school and have demonstrated effectiveness when delivered by school personnel (Masia Warner et al., 2016). This book will present these evidence-based skills as specifically designed for use with adolescents in schools. We refer to these strategies as Skills for Academic and Social Success (SASS; Fisher et al., 2004; Masia et al., 1999; Ryan & Masia Warner, 2012).

To illustrate how these skills are utilized in a typical case, we include a description of Lauren, a high school student struggling with social anxiety, as she works with her school counselor, Ms. Hillman, to learn strategies to overcome anxiety. Lauren's story is highlighted at the end of Chapters 3–15 to demonstrate the relevant skills as well as their flexible implementation in school using a combination of individual and group meetings. Our goal is to better equip school professionals, who are on the front lines with adolescents, to address the highly prevalent yet under recognized condition of social anxiety that often interferes with school functioning.

Part I of this book is devoted to helping school practitioners recognize social anxiety disorder in adolescents. It also highlights the importance of intervening with youth in the school environment. Chapter 1 provides a description of social anxiety disorder and its associated impairment. This chapter reviews social anxiety and makes the case for the importance of intervention, which the majority of affected adolescents do not receive. Chapter 2 provides school professionals with a rationale for implementing school groups targeting social anxiety. Treatment delivered in school has the potential to enhance treatment effectiveness and support skill development by allowing students to practice in a naturalistic environment where numerous feared situations occur (Ryan & Masia Warner, 2012). Finally, Chapter 3 explains how to identify students struggling with social anxiety who may benefit from intervention. It includes recommendations for school screening procedures that may be beneficial to school practitioners. This chapter also guides school professionals on how to form groups to begin implementing these intervention strategies in school.

Part II of this book teaches school practitioners and counselors how to implement school-based intervention and explains how to use the school environment to effectively treat social anxiety in adolescents. Part II details SASS strategies (Masia et al., 1999), providing a clear rationale for counselors and students as to why each is important for addressing social anxiety. Each chapter also provides counselors with guidelines for implementing skills training in groups or individually and presents instructions and sample scripts. Reproducible handouts that can be used with students and parents, as well as appendices containing additional informational resources, are provided at the end of each chapter. Finally, common treatment challenges are discussed, and strategies are offered regarding how to troubleshoot these issues.

In Chapter 4, school practitioners learn how to educate students about anxiety, including how thoughts, emotions, physiological responses, and avoidance behaviors all work together to maintain anxiety. Providing teenagers with psychoeducation about anxiety is critical for helping them understand the rationale for the recommended strategies. It increases the likelihood that they will be engaged in treatment and remain committed to practicing skills. Chapters 5 and 6 elaborate on the cognitive component of social anxiety. Adolescents with social anxiety tend to have negative thought patterns, characterized by specific types of thinking errors that contribute to anxious feelings, physiological symptoms, and behavioral avoidance (Weems, Berman, Silverman, & Saavedra, 2001). These chapters explain some of the most common thinking errors or cognitive distortions associated with social anxiety (Chapter 5), and they describe how to teach students to engage in realistic thinking to challenge their anxious thoughts (Chapter 6). Engaging in realistic thinking increases the likelihood that students will approach anxiety-provoking situations rather than avoid them (Rapee, 1998; Rapee & Heimberg, 1997; Rapee, Wignall, Spence, Lyneham, & Cobham, 2008).

Chapters 7–10 focus on social skills training for adolescents with social anxiety. Adolescents with social anxiety often show some social skills deficits due to the interference of anxiety and pervasive avoidance of social situations, which hinders social competence (Beidel et al., 1998, 1999; Beidel & Turner, 2007; Spence et al., 1999). Thus, enhancing social skills is an essential component of this intervention for youth. These chapters teach school professionals how to facilitate the practice of important skills, including initiating conversations (Chapter 7), maintaining conversations (Chapter 8), extending invitations to peers (Chapter 8), attending to conversations with others while managing anxiety interference (Chapter 9), and practicing assertiveness (Chapter 10). When students feel more prepared to interact socially, they often report more confidence and are more likely to enter into social situations.

The last two chapters in Part II, Chapters 11 and 12, illustrate how school personnel can conduct exposures with students in school. Gradual exposure to feared situations disrupts the anxiety cycle and reduces the distress, avoidance, and impairment for students with social anxiety disorder (Beidel et al., 1998, 2000). When students face feared situations they learn firsthand that their negative predictions are unlikely and that any potential negative consequences, like embarrassment or making a mistake, are likely tolerable (Clark et al., 2006). Chapter 11 teaches school personnel how to help students identify social fears and how to collaboratively develop exposure exercises with students to target those fears. Chapter 12 then illustrates how to conduct exposures emphasizing how to capitalize on a group format and the school environment.

Part III provides school personnel with important supplementary strategies that can enhance the effectiveness of this school-based intervention for social anxiety by involving parents, prosocial peer facilitators, and teachers in the program. Chapter 13 presents school professionals with strategies for engaging parents. It includes guidelines and scripts for educating parents about social anxiety, providing a rationale for the interventions, and describing parenting strategies supporting this approach (Rapee et al., 2008). Chapter 14 focuses on how school professionals can include prosocial peer facilitators and out-of-school

social events (e.g., bowling, laser tag) to allow students to practice newly acquired skills and gain exposure to unstructured social situations (Beidel et al., 1998). Finally, since teachers spend a significant amount of time with students throughout the school day and are invested in supporting student development, Chapter 15 advises school professionals in engaging teachers to support students' social skills development and exposure practice in classrooms.

The final chapters of the book, in Part IV, are devoted to additional clinical considerations for conducting interventions in school. Chapter 16 addresses technical issues related to conducting sustainable school interventions and ordering sessions to maximize the effectiveness of the intervention. Chapter 17 explains how school providers can apply these skills and therapeutic techniques for social anxiety to other common anxiety problems in students. Multiple anxiety disorders often co-occur (Merikangas & Swanson, 2009), and adolescents with social anxiety may present with additional specific fears or general worries. Understanding how these strategies can be applied to various anxiety concerns can help school personnel flexibly and creatively address numerous student worries. The last chapter of the book, Chapter 18, provides school practitioners with final comments on how to maintain student progress. Even after effective treatment for social anxiety, individuals may experience a resurgence of anxiety or relapse of an anxiety disorder (Yonkers, Bruce, Dyck, & Keller, 2003). This chapter is essential for teaching school professionals how to support students' continued practice of skills to maintain gains that occurred over the course of their work together. By the end of this book, school professionals will possess the knowledge they need to identify social anxiety in their students, and to implement effective intervention strategies that capitalize on the school environment.

CHAPTER SUMMARY

- Social anxiety is an intense and pervasive fear of social and performance situations due to concern about negative evaluation or disapproval by others.

- The social discomfort and avoidance causes significant social and academic impairment including limited friendships, restricted school involvement, peer victimization, and difficulty executing class requirements.

- Commonly avoided situations in school include participating in class, initiating conversations with peers, acting assertively, attending parties or school activities, speaking to teachers or other authority figures, and extending social invitations to others.

- Social anxiety is highly prevalent in adolescence and tends to continue into adulthood when untreated.

- Effective intervention strategies for social anxiety, as detailed in this book, are optimal for use in school settings.