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## Therapeutic Treatments for Adolescents with Social Anxiety Disorder: A Group Manual

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Therapeutic Treatments for Adolescents with  
Social Anxiety Disorder: A Group Manual

A Project Presented to  
the Graduate Faculty of  
Minnesota State University Moorhead

By

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## **Abstract**

Anxiety is something that affects millions of people worldwide. This literature review's objective is to assess social anxiety disorder among sophomore students. Social anxiety disorder varies from individual to individual, therefore, it is important to place emphasis on a specific age group. Three evidence-based treatment options will be utilized throughout the literature review including school-based skills training programs, strategies to promote positive psychotherapy, and cognitive behavioral therapies. Recognizing how social anxiety affects the body, utilizing positive self-talk strategies, and learning stress reduction skills are all essential to encouraging stronger communication skills and overall academic achievement. These are a few of the larger factors that will be taken into consideration when creating a group manual. Evidence-based methods have been found to be the most successful in the management of social anxiety disorder. Therefore, the group manual will utilize these methods and will describe a variety of effective techniques that can impact students.

*Keywords:* sophomore students, social anxiety disorder, evidence-based treatments

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## Introduction

People all around the world struggle with anxiety on a daily basis. Anxiety can take on many forms such as generalized anxiety, separation anxiety, obsessive-compulsive, post-traumatic stress, or social anxiety disorder. However, not everybody experiences the same types of anxiety because there are quite a variety of kinds. Although the effects of anxiety can range from minimal to extensive, we can all understand and relate to anxiety in one way or another. Anxiety is something that begins at a young age for many people and can continue to worsen if not discussed and managed. With the implementation of this group manual, sophomores are able to evaluate their social anxiety and practice techniques to help relax their bodies.

According to REACH (2020), a study in Ireland indicated that social anxiety negatively affects adolescents both in their personal and academic lives. It was also discovered that the majority of participating teachers lack confidence in their ability to recognize and support adolescents with social anxiety. When school counselors are better educated on social anxiety, they can provide effective techniques and services in a group setting. This is why group focus counseling sessions are important to conduct with students so they can ease into the therapy process. This way students are able to explore the cause of these feelings, comprehend them, and offer solutions for handling particular circumstances. Lastly, there may be times when school counselors are absent or unable to find the time to hold certain sessions. Your client should be informed in advance as to when you will be out of the office and a referral can be made. However, it is important to attend every session to the best of your ability to avoid the client from feeling abandoned.

## Literature Review

### **Introduction**

Social anxiety can be a problem for children as well as adolescents. For most people struggling with this disorder, the severity may be so intense that they fear they have no control in social situations. This type of disorder can be quite problematic because it interferes with an individual's basic human need for connection. According to N. Van Zalk & M. Van Zalk (2015), young people may experience nonclinical social anxiety, which is defined by bodily symptoms such as shuddering, flushing, and sweating before, during, and after social interactions. These symptoms are characterized by social fears, significant discomfort, and negative self-talk.

To begin, a broad concept of social anxiety will be addressed in an effort to give this a universal but also put a very personal sensation into perspective. Even though social anxiety is often considered to be a stable feature, the symptoms and experiences of social anxiety can differ from person to person (N. Van Zalk & M. Van Zalk, 2015). Professionals must be aware of the literature and training programs that are most effective for adolescents. Therefore, this review of literature will illuminate three types of evidence-based therapy that are practicable for this population. The first will include school based skills-training programs which are studied to compare coping skills to performance and social anxiety. Another type of therapy focuses on maladaptive and adaptive emotion strategies to promote positive psychotherapy. Lastly, to be examined are cognitive behavioral therapies. These are important because it helps individuals become aware of negative thinking in order to view challenging situations in an effective way.

### **What is Social Anxiety Disorder?**

Social Anxiety Disorder (SAD) involves a range of serious impairments including poor academic performance and standard of living, loneliness, significant comorbidity with other mental diseases, and increased medicine intake (Nikolić, 2020). Adolescents may vary on their spectrum of impairments. However, these are a strong indicator of this disorder. A major risk factor in the development of social anxiety disorder is dysregulated shyness. This involves bashful, negative expressions and a temperature surge within the cheeks of the face or prolonged blushing. (Nikolić, 2020). This can be a contributing factor to the development of social anxiety disorder. Adolescents experiencing social anxiety often fear speaking up, asking, or responding to questions in front of peers, going to social gatherings, and presenting in front of an audience (Fisher, Klien, & Masia-Warner, 2004). If an adolescent is not interacting with others while forming friendships, this may have negative effects for their mental health.

Humans typically experience judgement from their peers every now and again. It is considered that being worried about other people's perceptions of oneself is adaptive since it encourages attachment (Nikolić, 2020). However, some adolescents experience negative evaluation at an extreme which in turn has a negative impact on day-to-day social interactions. The prevalence of Social Anxiety Disorder, amongst adolescents, is quite common, with percentages ranging from 4% to 9% (Fisher, Klien, & Masia-Warner, 2004). According to Fisher, Klien, & Masia-Warner (2004), parents frequently underestimate the difficulties that socially anxious adolescents may face, assuming that they will grow out of their anxiety. Treating social anxiety disorder at an early age is crucial to prevent feelings of isolation,



depression, and substance abuse later in life. The Surgeon General has recommended for enhanced research and dissemination of evidence-based therapies into community settings, recognizing the importance of increasing the use of effective treatments (Fisher, Klien, & Masia-Warner, 2004).

### **Measurement of Social Anxiety**

Due to the internalized nature of social anxiety and adolescents' reluctance to talk about their mental health, the condition frequently goes undiagnosed. So, how do we measure something like social anxiety? Is it based on frequent symptoms of depression, fear, or isolation? Researchers have found the Social Anxiety Scale for Adolescents (SASA) to be a reliable self-report test for social anxiety. The scale is used as a screening tool in educational settings, by evaluating age and gender variations in social anxiety throughout adolescence (Fitzgerald & O'Connor, 2018). SASA is based off of a two-factor model developed by Watson and Friend's (1969). The first factor measures cognitive symptoms known as Fear of Negative Evaluation as well as Social Avoidance and Distress (SAD), which is responsible for measuring behavioral symptoms. The cognitive symptoms of SAD include extreme reactivity to environmental and social risks, having negative information processing biases, and experiencing a repression of emotion. These cognitive characteristics have been demonstrated to have an effect on functions involved in academic success attention control and working memory (Fitzgerald & O'Connor, 2018). As for behavioral symptoms, students tend to refuse going to school and are more likely to drop out early. This may occur in situations where adolescents are prone to interacting with peers such as giving speeches or participating in sports.

### **Prevalence and Morbidity**

When individuals experience social anxiety at a young age, it can lead to significant impairment in one's ability to function. According to Ahmad, Bano, & Riaz (2019), the prevalence of social anxiety morbidity in adolescents typically ranges from 2 to 9% across their lifetime. According to Ahmad, Bano, & Riaz (2019), in various parts of the world, social anxiety affects 23% of Turkish university students, 9.2% of Malaysian university students, and 12.7% of Qatari university students (p. 1057). These numbers vary all over the world and which countries experience higher rates of social anxiety disorder. The symptoms of SAD, on the other hand, are quite common in adolescent boys and girls from diverse cultures (Ahmad, Bano, & Riaz, 2019). Despite the fact that social anxiety disorder is the third most common psychological health condition in the community, many parents and instructors are unaware of the symptoms in children and adolescents. Common symptoms associated with social anxiety disorder include school rejection, behavioral restraint, embarrassment, and severe shyness. These symptoms can lead to impairment on social, intellectual, and professional performance (Ahmad, Bano, & Riaz, 2019).

Regarding social anxiety in adolescents, various demographic characteristics are also evidenced in research, which show a variety of trends. The investigation of gender differences in social anxiety has sparked the interest of scholars. Researchers found that females were more prone to developing social phobia as compared to males (Ahmad, Bano, & Riaz, 2019). Not only were females more often diagnosed with social phobia but clinical anxiety as well. These two disorders were found to be more probable among women. In this study specifically, social anxiety prevalence was investigated among Pakistani adolescents. The Social Anxiety Scale for Adolescents (SAS-A) was utilized as a self-measure consisting of 18 items and a 5-point Likert

scale. It is important to understand the prevalence and morbidity associated in adolescents with social anxiety. While prevalence of social anxiety in adolescents is ever-changing, researchers were able to find high prevalence of anxiety with the use of the SAS-A (Ahmad, Bano, & Riaz, 2019).

## **Evidence Based Treatments**

### **School-based Skills-Training Programs**

Adolescents suffering with social anxiety disorder also experience symptoms associated with stress and other psychological needs. Heightened stress can create risk for other mental health issues such as depression and substance abuse. While this disorder can develop at a young age, symptoms can worsen over time if not treated. Van Loon et al. (2019) suggests implementing skills-training programs to effectively promote mental health in teens. According to Van Loon et al. (2019), one school-based training program focused on social skills training while the other aimed to deal with performance anxiety. Those who were placed in the performance anxiety experimental group, participated in small group weekly sessions involving pressure management and relaxation strategies. The social skills experimental group was instructed to engage in activities associated with setting boundaries and different coping strategies (Van Loon et al., 2019). It was found that adolescents had increased self-esteem, overall well-being, and decreased levels of stress. The waitlist control group on the other hand, received no training and were only responsible for pre and post intervention measurements, eight weeks after the experimental group.

According to Warner et al. (2016), the Skills for Academic and Social Success (SASS) program was assigned to 9<sup>th</sup> through 11<sup>th</sup> graders diagnosed with social anxiety disorder. School counselors, psychologists or Skills for Life were responsible for delivering the SASS program to

these students to determine if they could effectively deliver cognitive-behavioral therapy (Warner et al., 2016). When adolescents were treated by school counselors or psychologists, they found a significant decrease in anxiety levels and more improvement. Although psychologists were slightly more competent when assisting adolescents with social anxiety disorder, school counselors were very comparable (Warner et al., 2016).

According to Warner et al. (2016), many nervous adolescents go unnoticed. Therefore, finding a reliable and efficient method identification is crucial to the success of school-based treatment. The study satisfied diffusion and implementation standards by including key methodological features such as adolescents recruited from the same pool and randomized to treatments, therapists from the same pool and randomization to treatments, and EBT and UC provided in the same venue (Warner et. al, 2016). Overall, school counselors can give clinically significant care to youth with social anxiety disorder. SASS provided by school counselors outperformed a standard school counseling group following therapy and five months later. In the absence of external help, maintaining a high standard of execution and finding practical strategies for schools to recognize social anxiety disorder in students remain obstacles (Warner et. al, 2016).

### **Effectiveness of Self-Focused Attention and Safety Behaviours**

According to Leigh et al. (2021), the main reason that safety behaviors were utilized in this study was to test adolescents who were either high or low socially anxious individuals. The purpose of this task was for adolescents to engage in conversation under various situations. During the first conversation, the participants were instructed to engage in conversation under various situations (Leigh et al., 2021). In the second conversation, adolescents were told not to employ safety behaviors and to externally focus their attention. Understanding safety behaviors

and whether or not these are helpful for adolescents is important so we can learn their effectiveness in maintaining social anxiety in adolescents. When participants concentrated on themselves and utilized safety behaviors, they felt more worried, thought they were more anxious, and presented themselves in a negative light. Self-focus and safety behaviors were found to be unhelpful in social situations (Leigh, Chiu & Clark, 2021).

It appears that socially anxious youth are more likely to utilize safety behaviors and internal focus which creates harmful situations. As a result, the negative consequences are only felt by this demographic (Leigh, Chiu & Clark, 2021). Researchers believe attention retraining is helpful in reducing self-focus so adolescents can focus on social situations more externally (Leigh et al., 2021). Whereas behavioral trials would assist participants in testing their predictions in frightening situations, while abandoning their safety behaviors and concentrating on the reactions of others.

### **Treatment and Challenges of Skills for Social and Academic Success**

According to Warner et al. (2007), debilitating social anxiety is widespread in adolescents, and the majority of cases go untreated. Over the course of 12 weeks, the cognitive behavioral intervention developed for high school students outperformed a credible attention control treatment. In the SASS group, 59% no longer met the criteria for a diagnosis of social phobia. It's possible that intervening in the classroom maximizes benefits by providing a realistic setting in which to administer exposure and to allow for generalization. However, relaxation and simple implementation of social activities are unlikely to be beneficial because attention control, which incorporated these measures, was remarkably poor (Warner et al., 2007).

Many observations were made in the development of the research regarding the treatment of social anxiety disorder in a school setting. First off, adolescent social anxiety is rather

common and in the majority of cases, the problem goes untreated. In addition, past research has shown that social anxiety disorder can be detected and treated in the classroom, a situation in which damage is obvious and particularly where clinical care isn't available (Warner et al., 2007). Lastly, there were few rigorous investigations of adolescents with social anxiety disorder and school-based treatment. According to Warner et al. (2007), a 12-week CBT intervention developed for high school students outperformed a reliable attention management treatment in numerous aspects.

Although preliminary studies suggest that SASS is practical and possibly effective, delivering treatment in schools poses a number of problems. Initially, school employees were cautious about conducting research with their children. To help avoid these issues, the study found it helpful to contact Freedom from Fear which is a local nonprofit group that specializes on anxiety and depression (Nikolić, 2020). The organization was helpful in that it allowed them to set up and attend meetings with school officials to discuss the initiative. These members donated their time to support programs that were essential to the schools such as teacher workshops, mental health training, student mentoring, and parent meetings (Nikolić, 2020).

According to Nikolić (2020), the practicalities of space and timing were a constant source of frustration. Schools typically do not have adequate space for all the academic activities they wish to uphold, let alone extracurricular activities. This can make it especially difficult for employees to provide treatment to students when they struggle to find room for academic activities. In the future, further research will be important in order to demonstrate successful outcomes with the SASS program. Further investigation will still be needed to determine the program's viability for school-based therapy.

### **Cognitive-behavioral Therapy**

According to Hogstrom et al. (2019), the role of attention processes in the onset and the maintenance of social anxiety disorder is highlighted in cognitive and behavioral models. However, there is no clear agreement on what these attention traits are. The majority of attention research has employed experimental designs to capture how people who suffer with social anxiety disorder view the world. Determining how adolescents perceive situations in society could assist in explaining why adolescents have unfavorable feelings about social situations. These types of findings could lead to suggestions on improving evidence-based treatments like cognitive-behavioral therapy (Hogstrom et al., 2019).

According to Hogstrom et al. (2019), the dot-probe paradigm has been used in the vast majority of investigations on attention biases in anxiety disorders. Participants with social anxiety disorder were given nine internet-delivered CBT and three group exposure sessions over a 12 week period. The test was based on eye-tracking where participants were instructed to focus on different pictures on the screen. These were the only instructions given and the experiment lasted for 20 minutes (Hogstrom et al., 2019). There was also a group tested without social anxiety disorder to compare the differences among results in the two separate groups. Based on the results, both groups were more wary of angry expressions than neutral or joyful faces, as evidenced by a tendency for both groups to respond more quickly to social threats. Researchers understand this as a desire to avoid danger. (Hogstrom et al., 2019). It has been argued that a greater knowledge of social anxiety disorder's attention processes could have significant consequences for the development of particular attention bias remedies like attention bias modification. Better treatment responses were noted when participants paid more selective attention to threat (Hogstrom et al., 2019).

In another article, the goal of the study was to add to the body of knowledge by looking at the links between general interpersonal issues, particular interpersonal problems, style of attachment, and cognitive behavioral therapy outcomes in people with social anxiety disorder (Swee et al., 2021). After examining the associations between each of these issues, social anxiety was found to be adversely linked with secure attachment and favorably associated with frightened and preoccupied attachment types. Whereas fearful and preoccupied attachment styles were positively associated (Swee et al., 2021). According to Swee et al. (2021), this study adds to the literature in that it is to the first of their knowledge to look at general and particular interpersonal issues as both predictors and outcomes of individual cognitive behavioral therapy in a social anxiety disorder specific population. Outside of this study, however, it is unclear if cognitive behavioral treatments, are successful in addressing certain interpersonal issues and attachment patterns. It is still unclear whether cognitive behavioral therapy treatments especially with a relational focus have been effective in addressing specific interpersonal issues and attachment patterns (Swee et al., 2021).

According to Neufeld et al. (2021), social anxiety disorder is very recurrent amongst most anxiety disorders. In approximately 35% of social anxiety disorder patients, there were depressive symptoms. This is a huge problem because a lot of these individuals endure worsening problems. This is largely due to the fact that comorbidities would lead to worsened conditions and complicated treatment. In all parameters, participants improved during the posttest in both TBCT, and group CBT as compared to the pretest. The goal of this study was to compare the effects of two CBT interventions for social anxiety: individual TBCT, which is a new therapy in the area, and group CBT which focused on high social costs of exposure and



cognitive restructuring (Neufeld et al., 2021). The gold standard is to use CBT in the treatment of social anxiety disorder because results are in the same direction as those in the literature. Both types of therapies had lower levels of social anxiety and depressive symptoms than those on the waitlist, as evidenced by latent change ratings (Neufeld et al., 2021). Despite the fact that group CBT has a larger social cost than individual therapy, both therapies were equally helpful in lowering comorbidity symptoms in patients with social anxiety disorder, according to the findings.

According to the National Institute of Mental Health (2022), social anxiety disorder is thought to run in families, but no one knows why some family members suffer from it when others do not. Fear and anxiety are linked to various sections of the brain, according to research, and how these areas operate is influenced by genetics. Researchers are able to develop more tailored treatments by examining how the brain and body interact in people with social anxiety disorder. A diagnosis, usually from a mental health expert, is the first step toward effective therapy (NIMH, 2022). Psychotherapy or talk therapy, medication, or a combination of the two is commonly used to treat social anxiety disorder. Cognitive-behavioral therapy is supported by research CBT teaches adolescents new ways of thinking, acting, and reacting to problems in a way that makes the adolescent feel less worried and afraid (NIMH, 2022). More specifically, exposure therapy is a type of cognitive-behavioral treatment that focuses on gradually tackling the concerns that underpin anxiety disorders to be able to engage in the things that adolescents are avoiding.

Acceptance and commitment therapy (ACT) is another therapeutic option for social anxiety disorder. ACT offers a different approach to negative thoughts than CBT and employs tactics like mindfulness goal planning to help adolescents feel better. Relaxation activities are

occasionally used in conjunction with exposure treatment. CBT performed in a group treatment setting also has its own set of advantages for social anxiety disorder. Antidepressants like SSRIs and SNRIs are often used to treat depression but can also help with social anxiety disorder symptoms. It generally takes several weeks for them to begin working and may include side effects such as headaches, nausea, or problems sleeping.

### **Mindfulness-Based Interventions**

MBIs may be especially useful in treating maintenance variables in social anxiety disorder since they can target and stop avoidance and demotivation cycles (Carlton et al., 2020). According to Carlton et al. (2020), mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT) are two well-known MBIs. Behavioral avoidance of fear situations may occur when patterns of negative thinking occur, and as a side effect, they decouple social contact from its generally positive outcomes. (Carlton et al., 2020). Mindfulness practice can break the cycle of avoidance and demotivation by encouraging nonjudgmental observation of thoughts, feelings, and sensations. Furthermore, MBI outcomes have been compared to CBT and other modalities of treatment such as aerobic exercise and cognitive behavioral group therapy, have been proven to have both comparable and, in some cases, better effects (Carlton et al., 2020).

There are a few notable flaws in these studies which will need to be addressed in future research before more specific statements about MBIs potential efficacy for this population can be made (Carlton et al., 2020). One of the major limitations is the scarcity of research on MBIs. In order to determine efficacy rates more clearly between the two treatments in this demographic, future study should incorporate significant comparison groups such as CBT or CGBT. Most studies looking at MBIs in adolescent populations have used small sample sizes. As a result,

more robust conclusions are limited; this should be a major consideration in the design of future investigations (Carlton et al., 2020).

### **Conclusion**

Research has shown that with the right tools and training, therapy can be beneficial for those with social anxiety disorder. More specifically, cognitive behavioral therapy and mindfulness based interventions can be effective for social anxiety disorder. However, the use of a disorder-specific type of cognitive behavioral therapy has much more benefits as compared to generic treatment. More research needs to be completed across a variety of populations and settings in order to fully understand the effects of school-based skills-training programs, cognitive behavioral therapy, and skills for academic and social success. Along with research come limitations and challenges. Therefore, researching into these specific areas will help scholars decide which treatment modalities are most effective for adolescents with social anxiety disorder (Neufeld et al., 2020). As social anxiety continues to be on the rise, it is important for school counselors to properly educate themselves about the disorder. School counselors may need to seek out trainings or other services in order to achieve the best outcomes with students.

## **Group Overview**

### **Introduction**

Some groups focus more broadly on enhancing social skills and assisting individuals in resolving a variety of problems like loneliness, low self-esteem, and anger. However, a lot of support groups are created to focus on a particular issue such as panic disorder, depression, social anxiety, or drug usage. For the purpose of this group manual, the group leader's focus will center around social anxiety disorder in a small group setting. The type and purpose of group, screening process, length and frequency, size of group, group leader qualifications, and norms and goals will all be discussed. This will be a closed group which will involve the same sophomores weekly where all members will begin at the same time. The group leader chose a closed group because they increase support, trust, and cohesiveness among group members (American Psychological Association, 2023).

### **Type of Group**

The following group is for sophomores in high school to learn about ways to manage their social anxiety in daily situations. In this group students will learn from others that they are not experiencing these feelings alone. A group situation offers the chance to assist others by encouraging feedback among group members. Sophomores will find that it can help them combat self-defeating ideas. The group will focus on ways to recognize negative thinking, how to use positive self-talk, and learn stress reduction skills.

### **Purpose of Group**

The purpose of this group is to assist participants in building skills and confidence in a nurturing atmosphere (Child Mind Institute, 2023). The program focuses on areas of exposure such as attending the sessions, having group discussions, and practicing real-life situations

through activities. Most experts agree that exposure to feared circumstances is a crucial part of treating anxiety (Morrissette, 2021). However, because students were not receiving this exposure during COVID-19 pandemic, there was no way for them to conquer these fears on a daily basis. Students were receiving positive reinforcement to avoid the situations that would have provided them with the psychological treatment they need (Morrissette, 2021). Now that we are no longer in the pandemic, I notice how students are still struggling to engage in social situations as they try to avoid uncomfortable situations with other individuals around them in the school setting. This group will aim to address social anxiety symptoms as we discover tools that sophomores can utilize in everyday situations.

### **Screening**

Students will be chosen for this group through referrals. Parents and teachers may recommend students for the social anxiety group. A school counselor may also be a great individual to refer a student because they spend more time one-on-one with students, working with them in small groups, and observing behaviors in classrooms. As the school year begins, teachers and school counselors will begin interacting with students and noting any particular behaviors that indicate social anxiety. The group will begin two months into the school year, to allow staff members to get to know new students and develop relationships before beginning the group. All recommendations will be considered, and screenings will start as soon as they have been examined. Once reviewed, the school counselor will meet with students one-on-one to assess their capacity for emotion recognition and to identify those with the greatest needs for the group. The students who are approved will be given a note to bring home for their parents to sign, stating they are allowing their child to attend group sessions for social anxiety.

### **Length and Frequency of Group**

The length of this group is eight weeks. Once a week, the group will get together for 35 minutes at a time. The sessions will be completed in the general conference room. Students will be informed right away if the group leader is unable to conduct a session and the session will be conducted at the next scheduled session. If a student is sick or absent during one of the weekly sessions, the school counselor will determine if a meeting to discuss missed information is necessary. This way each member of the group are up-to-date and feel knowledgeable on all the same levels.

### **Size of the Group**

The group will consist of six to eight sophomores at a time. A small group size is important because it is less overwhelming and frightening for students who struggle with social anxiety disorder. This will allow the school counselor to give specific instruction to each individual and work with them more independently than if it were a larger group.

### **Group Leader Qualifications**

A certified school counselor with a master's degree from an accredited institution will be the group leader. It may also be beneficial to have a co-leader who is knowledgeable in this area and can help work on these skills with students one-on-one. If there are two group facilitators, they should both have experience working with high school students and have knowledge surrounding mental health.

### **Group Norms and Goals**

The school counselor and group members will work together to develop appropriate objectives at the first session. The school counselor must consider reasonable and achievable goals for the eight week time frame. To ensure that every group member understands and participates, all standards and goals will be appropriate for sophomore students.

Examples may include:

- Use good manners
- Respect differences
- Do not bully or harass others
- Listen to others when they speak
- Treat others the way you want to be treated

### **Unit Layout and ASCA Alignment**

Unit Objectives:

- Students will become familiar with the Generalized Anxiety Disorder survey
- Students will learn how anxiety affects the body
- Students will identify the level of their anxiety
- Students will practice a strategy to reduce anxiety
- Students will recognize negative thinking
- Students will practice ways to change their negative thinking
- Students will choose solutions that best meet one's needs
- Students will develop strategies for positive self-talk
- Students will learn ways to reduce stress
- Students will practice self-help skills
- Students will learn ways to check-in with themselves

ASCA Mindsets & Behaviors:

- M. 2 Sense of acceptance, respect, support and inclusion for self and others in the school environment

- B-LS 4. Self-motivation and self-direction for learning
- B-SMS 7. Effective Coping Skills
- B-SS 2. Positive, respectful, and supportive relationships with students who are similar and different from them
- B-SS 6. Effective collaboration and cooperation skills
- B-SS 8. Advocacy skills for self and others and ability to assert self, when necessary

### **Assessment Process**

Sophomores will be given a pre and post-screening survey to assess their level of social anxiety during the first and last sessions of the small group. The Generalized Anxiety Disorder- 7 survey is the screening tool that will be used to measure their level of anxiety. The survey consists of seven questions with anxiety ranging from not at all to nearly every day. The students will then add up their total score to determine how anxious they have been during the last two weeks.

### **Session 1: Introduction**

Objectives:

- Students will discuss with a partner what they believe social anxiety is
- Students will participate in an ice breaker activity
- Students will take the Generalized Anxiety Disorder – 7 survey

Outline:

- Introduce yourself and give everyone a warm welcome to the group! Begin by explaining that the group will be meeting at 3:45pm in the general conference room for the next eight weeks to learn how to better manage social anxiety.



- “We are going to start with an ice-breaker activity. Each of you will share your name and something fun you were a part of over the weekend.”
- Rules: “As a group come up with a list of rules so the group can feel respected and comfortable throughout the group process.”
  - Group leader will write the students ideas on the white board and compile these into a document to be saved for future reference.
- Pre-Test: Each student will be given the *Generalized Anxiety Disorder – 7 survey* to complete.
  - Group leader will explain that the survey is used as a screening tool which helps them to determine how each student has felt in the listed areas over the last two weeks. Instruct them to add up their column totals to determine their total score.
- Wrap-up: How did you feel about completing this survey? Did you find it difficult to answer the questions honestly?
- Please reference the GAD-7 Anxiety Survey which can be found at [https://adaa.org/sites/default/files/GAD-7\\_Anxiety-updated\\_0.pdf](https://adaa.org/sites/default/files/GAD-7_Anxiety-updated_0.pdf)

## **Session 2: An Introduction to Anxiety and How it Affects the Body**

### Objectives:

- Students will learn about social anxiety
- Students will learn about how social anxiety affects the body

### Outline:

- Welcome students back to their second session as a group.

- Begin by going around the room and having each student share two high's and one low of their week so far. (Highs: something good that happened, Lows: something that did not go so well).
- Next, the group leader will discuss what anxiety is:
  - “As individuals, we all may experience some sort of anxiety in one way or another. Anxiety isn't necessarily a bad thing because it can help us stay cautious and organized, making it completely normal on occasion. However, when anxiety is affecting your day-to-day life, it can become quite problematic. According to Cleveland Clinic (2023), an anxiety disorder goes beyond the normal panic and mild fear you might experience occasionally.”
  - “An anxiety disorder occurs when your ability to perform daily tasks is troubled by anxiety, anything sets off your emotions, and your reactions to situations are beyond your control. These symptoms can vary depending on the particular kind of anxiety disorder such as generalized, social, and separation anxiety disorder.”
- Group leader will share ways that anxiety impacts the body:
  - Breathing gets weak, shallow, and rapid
  - Can lead to stomach pain or excessive bloating
  - Leaves your immune system susceptible to illness
  - May cause high blood pressure
  - May impact short-term or working memory
- Hand out “Recognizing Anxiety Worksheet”: Group leader will say, “So, we have learned a little bit about anxiety and how it can affect us in our daily lives. Now we will

- be doing an activity on how it affects us individually because social anxiety is something that can impact us each differently in many ways.”
- Discussion: Who would like to share thoughts and/or actions that escalate your anxiety?  
Who would like to share thoughts and/or actions that calm your anxiety?

- Wrap-up: To leave group, I would like you to think about what triggers and calms your anxiety. Keep this worksheet in a folder where you can access it when you feel you need a reminder about what helps you to calm down.

## **Session 3: How to Recognize Negative Thinking and an Introduction to Problematic Thought Patterns**

### Objectives:

- The student will learn how to recognize negative thinking
- The student will improve their thought patterns by identifying cognitive distortions

### Outline:

- Welcome everyone back. Have each student share how they are feeling in the current moment.
- The group leader will begin by teaching the students on recognizing negative thinking.

Five ways we can recognize negative thinking are as follows:

- All-or-Nothing Thinking- visualizing everything in black and white, such as they are very fond of me or do not like me at all.
- Overgeneralization- Interpreting a bad experience that everything is bad, such as “I always fail at school.”
- Jumping to conclusions- Not having facts to back up negative interpretations, such as “I know what you are going to say.”
- Magnifying- exaggerating the significance of items like errors or another person’s accomplishment.

- Self-Blame- you hold yourself responsible for negative events you are not responsible for, such as “I’m not good enough.”
- Discussion: It is important to recognize negative thinking as an adolescent because many times we choose to let these thoughts consume us without making a conscious effort to change our way of thinking. Adolescents tend to have more of these thought patterns as they continue to mature throughout high school. This may be due to family issues at home, stress with assignments, or peer relationships. High trait anticipatory processing individuals prepare for social interactions by reviewing previous social blunders, practicing their responses, and formulating possible ways to get out of or avoid the issue (Mills et. al., 2014). One activity I found in particular to be of great benefit for sophomore students is “The Cognitive Model” worksheet.
- Group leader will explain how to complete the worksheet. They will read the example sheet as follows, then have each student create their own experience.

## **Session 4: Positive Self-Talk**

Objectives:

- Students will learn about how to overcome negative thinking
- Students will learn about and practice positive self-talk

Outline:

- The group leader will explain positive self-talk: Positive self-talk can be an extremely difficult mindset to have for sophomore students. As individuals, we tend to tell ourselves we are not good enough or unable to achieve a goal. This has been especially important since the pandemic because our losses and shifts have caused our mindsets to change. The instructor will begin by discussing the importance of a core competency, social-

- emotional learning (SEL). Sophomores can begin to practice positive self-talk when they understand self-awareness. This may entail discovering how to calm down, remaining grounded, and recognizing their internal thoughts (Woerkom, 2020).

Video on negative self-talk:

<https://www.youtube.com/watch?v=3ThUrVXz9j0&t=166s>

Discussion:

- How do you overcome negative thinking? What did the video teach you about your own negative thinking?
- What do you think and feel about the techniques mentioned?

Activity: Group leader will introduce “Positive Thinking Skills” worksheet.

- Please reference the “Positive Thinking Skills” worksheet which can be found at <https://www.clevelandmetroschools.org/cms/lib/OH01915844/Centricity/Domain/7278/101FreePositiveThinkingAffirmations.pdf>

## **Session 5: Learning Stress-Reduction Skills**

Objectives:

- Students will practice a deep breathing exercise
- Students will be able to explain how regulated breathing causes physiological changes in their bodies

Outline:

- Welcome back, everyone! Ask the class to describe an emotion they have experienced this week.
- Group leader: “Last week, we discussed how to overcome negative thinking and practiced positive thinking skills to help ease daily social anxiety. Today, we will practice

- a deep breathing exercise to help us relax our bodies and discuss physical changes we notice from deep breathing.
- Activity: Ask the students how they are feeling before engaging in a deep breathing exercise (belly breathing). The group leader will then introduce and demonstrate the idea of deep breathing as a technique for reducing stress that can be used right now as well as to learn to better handle tension in the future. All students must either be seated in chairs or stand with enough room between them, as directed by the group leader.
- Discussion:
  - “What changes did you notice in your body after belly breathing?”
    - Reduced heart rate, use less energy to breathe, improved muscle function
- Wrap-up: “Sometimes we experience high levels of stress which increase our anxiety and make our pulses race and our breathing quicken. When we choose to practice stress-reduction skills, like deep breathing, we begin to feel a sense of calmness.” Continuously encourage each student to practice breathing techniques at least once every day.

## **Session 6: Practice Self-Help Skills**

### Objectives:

- Students will learn common examples of negative thoughts you may be feeling in a threatening social situation and share a more realistic way of thinking
- Students will try to develop self-help skills that they can utilize when they feel a desire to flee a situation

### Outline:

- Welcome all of the students back! Have the students discuss how their week was. Ask if they engaged in any deep breathing exercises to help them relax.

- Explain: For week six, we will be discussing self-help skills.
  - “Self-help skills are actions or habits that help you become more independent and autonomous.”
- What are some self-help skills in your opinion?
  - Breathing exercises (diaphragmatic breathing, progressive muscle relaxation, guided imagery)
  - Focusing on surroundings such as the chalk board, color of the wall, or a water bottle
  - Taking ‘baby steps’ to exposing yourself to social situations such as volunteering in a small group or learning basic skills of communication
- Activity 1: Group leader says, “people who suffer from social anxiety disorder frequently think poorly of themselves and about what will occur in social situations.” What are some examples of this type of thinking? I will give you two minutes to write down your thoughts.
  - Examples:
    - “No one likes me!”
    - “I will do something embarrassing, and people will laugh at me”
    - “I am not as smart as my friend”
    - Nobody will speak to me.”
- Activity 2: So, what questions can we ask ourselves to change these thoughts in order to best help ourselves?
  - Examples:



- Am I certain I'll make a dumb comment at the party? No, I'm not positive.
  - How many times have I made a foolish statement at a party? Occasionally, but not always.
  - Is holding a dumb comment really that crucial to my future? It would be humiliating, but it wouldn't be the end of the world.
- Wrap-up: The students will share two examples of how they can change their thoughts from unrealistic beliefs to a more realistic way of thinking.
  - Here is an example you can use for identifying triggers  
<https://www.lustudentcounseling.com/images/services/Workshop-PDFs/AT-Student-Manual-2-Thoughts.pdf>

## **Session 7: Ways to Check-in with Yourself**

### Objectives:

- Students will practice ways to check in with themselves

### Outline:

- Greet students as they enter the room. Ask students, “what are some self-help skills you have used over the week?”
- Explain: “We have been trying various techniques for managing social anxiety these past few weeks such as recognizing negative thinking, practicing positive self-talk, and developing self-help skills. Which ones have you found to be most useful?”
  - Allow for response
  -

- Explain: “This week we are going to discuss ways you can check-in with yourself when you are feeling anxious and overwhelmed. Making time each day to check-in with yourself entails asking yourself how you are doing. You can organize your feelings in

- this area, evaluate your physical and emotional needs, and create a deliberate strategy for how to take care of those needs going forward.”
- Activity: Group leader will have students make a mental or written record of the things
  - Step 1: Give students seven minutes to make a list of everything they can.
  - Step 2: Look at each thing and consider what you can do to address it.
  - Step 3: If it is something you can handle, divide it up into manageable chunks.
- Reflect:
  - Would anyone like to share what is worrying or stressing you out right now?
- Wrap-up: It looks like we are out of time! I’m challenging you to use these tactics this week and we will talk about what worked and what didn’t when we get together the following week.

## **Session 8: Closing Group**

### Objectives:

- Students will experiment with breathing techniques and identify tools that may be helpful for positive self-talk, stress reduction, and self-help skills.
- Students will use techniques for reducing anxiety

### Outline:

- Welcome back to your last session everyone! We are going to get straight to work. This is our final meeting as a group. I would like to know one tactic from each of you that you have found to be effective since the beginning of our group. Let’s go around the room and share our thoughts.
- Explain: “Last week we talked about ways to check-in with yourself in times of stress and heightened social anxiety. We developed a written record by making a list of

everything that was currently worrying you and you were allowed seven minutes. This week we are going to test out some of my anxiety reduction techniques to see if they can help us feel in control when we are dealing with strong emotions.

- Activity 1: Group leader will instruct students to fill out “CBT Model Worksheet.” Please think of a situation that made you feel anxious (when, where, what, with whom). Next, please note the physical, cognitive, behavioral, and emotional impacts this situation had on your body.
- Reflect: Was it difficult to think of a specific situation where you felt anxious? Which area in the Cognitive Behavioral Model affected you the most?
- Activity 2: Sometimes understanding your own anxiety triggers can be difficult but it is important. Triggers can range from external events such as tests or internal stimuli such as an emotion or sensation which have led to your anxiety. The group leader will instruct students to fill out “Identifying Triggers Worksheet.”
- Reflect: Was it difficult to come up with anxiety triggers? Would anyone like to share a few of their triggers?
- Wrap-up: We all experience anxiety time to time. However, some individuals may need extra guidance and help with social anxiety. I hope you have learned throughout our small group that experiencing strong feelings of anxiety is more common than you may think. We have a wealth of coping mechanisms that we can employ in response to these strong emotions. Can anyone recall what we have learned throughout the weeks? Allow for responses.

## **Critical Analysis**

### **Strengths**

A few of the strengths included in this group manual are that it includes evidence-based interventions, focuses on helpful strategies for sophomore students, and interactive discussions that go along with the activities. Many students participating in this small group are likely to have been struggling with social anxiety for several years. So, although the interventions are not being implemented early on within their elementary years, these tools can be highly beneficial. These activities are inclusive of every group member and will have levels of variation depending on the student's level of social anxiety. As sessions progress, the group leader will have the opportunity to modify lessons as needed.

### **Areas of Improvement**

One area of improvement with this group manual is parent involvement. Although the student will need parent permission to participate in the small group, it would be important to have more parent involvement throughout the process. Social anxiety is not something that only occurs in the school setting and is common in all sorts of environments. Therefore, including parents in on the process could be beneficial so they understand how to best help their child at home as well. Another area of improvement would be to utilize a co-facilitator during each session to ensure more effective outcomes. Students would be able to receive more support while having an additional set of eyes on them.

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Week 2 Handout

# RECOGNIZING ANXIETY WORKSHEET

Recognizing how anxiety affects the body is an important part of helping you manage your anxiety symptoms.

Which words best describe how anxiety feels in your body?

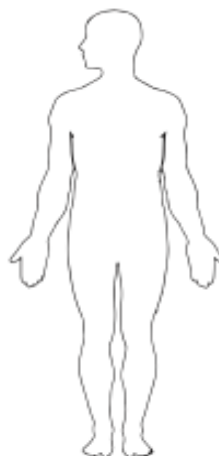
DIZZY  
NAUSEA

COLD  
SWEATY

TINGLY  
HEADACHE

TIGHT  
RACING HEART

OTHER: \_\_\_\_\_



Where do you feel anxiety? Put an X on the parts of your body that are most affected.

What thoughts and/or actions escalate my anxiety?



THOUGHTS:

\_\_\_\_\_

URGE FOR ACTION:

\_\_\_\_\_

What thoughts and/or actions help to calm my anxiety?



THOUGHTS:

\_\_\_\_\_

URGE FOR ACTION:

\_\_\_\_\_

Please reference the *Recognizing Anxiety Worksheet* which can be found at

<https://ckphu.com/wp-content/uploads/2020/01/Recognizing-Anxiety-Worksheet.pdf>

## Week 3 Handout

## The Cognitive Model

### Example Sheet

**Situation**

Something happens. This step covers only the *facts* of what happened, without any interpretation.

A coworker, who I'm usually friendly with, walked past me in the hallway without saying "hello".

**Thought**

Using thought, you interpret the situation. These interpretations are not always accurate. There are many ways to think about the same situation.

**My Actual Thought**

What did I do wrong? Why is she mad at me?

**Alternate Thought**

She didn't even notice me. She must have a lot on her mind.

**Feeling**

You experience emotions based upon your thoughts about the situation.

- Hurt
- Offended

- Unfazed
- Neutral

**Behavior**

You respond to the situation based upon your thoughts and feelings.

I couldn't stop thinking about what happened. Later, I acted coldly toward the coworker.

I wouldn't give the situation a second thought. I would act warmly to my coworker, as usual.

Please reference the Cognitive Model Worksheet which can be found at

<https://www.therapistaid.com/worksheets/cognitive-model-example-practice>

Week 3 Handout

## The Cognitive Model Practice Sheet

**Situation**

Something happens. This step covers only the facts of what happened, without any interpretation.




**Thought**

Using thought, you interpret the situation. These interpretations are not always accurate. There are many ways to think about the same situation.

My Actual Thought

Alternate Thought



**Feeling**

You experience emotions based upon your thoughts about the situation.





**Behavior**

You respond to the situation based upon your thoughts and feelings.



Please reference the Cognitive Model Worksheet which can be found at

<https://www.therapistaid.com/worksheets/cognitive-model-example-practice>

## Week 5 Handout

### Deep Breathing Exercise (Belly Breathing)

**Audience:**

Activity is appropriate and can be adapted for all levels K-12

**Purpose:**

Students practice deep breathing techniques as part of stress reduction

**Materials:**

No materials needed

**Content:**

Teacher/facilitator introduces and demonstrates the concept of deep breathing as a stress reduction strategy that can be used in the present moment as well as an excellent skill to master to more effectively cope with future stressors. Teacher/facilitator has all students stand with comfortable space between each other or seated in a chair.

Provide students with the following directions:

1. Stand straight up with feet shoulder-width apart
2. Arms and hands are relaxed downward
3. Body is relaxed
4. Eyes closed
5. Focus on lower abdomen (belly) and imagine a small balloon in that space
6. Breathe in slowly and deeply through nostrils, imagining the balloon inflating (*getting bigger/larger/growing*) slowly, hold a few seconds
7. Slowly exhale through the mouth, imagining the balloon gently deflating (*getting smaller, shrinking*); blow out of the mouth as if blowing out a candle
8. **Tip:** Place a hand over the lower abdomen to feel it go up and down, and make sure you're not breathing with the chest
9. Repeat at least 10 times

Ask students how different their bodies feel after the exercise. (Are they more relaxed/calm? Do they feel lighter? Great? Tired?)

**Extension:**

Practice several times with the class until they achieve a comfortable competence with deep breathing. Encourage students to practice on their own as well (e.g. while they are waiting in line for something, sitting on the bus to school, at bedtime, etc.). Have students teach the deep breathing technique to a friend or family member. Once students develop this habit, they will automatically go into deep breathing mode and relaxation.



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Please reference the Deep Breathing Exercise which can be found at

<https://www.edutopia.org/sites/default/files/resources/stw-glenview-stress-reduction-activities.pdf>