

# Effect of Psychological Intervention Module on Managing Social Anxiety among School Students

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## ABSTRACT

**Introduction:** Social anxiety is the fear of being judged and evaluated negatively by other people, leading to feelings of inadequacy, inferiority, self-consciousness, embarrassment, humiliation, and depression. The main aim of this study is to check the effectiveness of psychological intervention in managing social anxiety among school students by experimental method.

**Methods:** The samples used in this study were school students of the age 13 and 14. The sample size was 60, out of which 30 were in the control group and 30 were in the experimental group. These groups were further divided into group A and group B for effective training. School was selected according to the availability and permission from the school. The samples were selected using purposive sampling method. The tool used here is Social Anxiety Questionnaire for children (SAQ-C) by Caballo, Arias, Salazar, Calderero, Iurtia, and Ollendick, 2012. This intervention module consisted of ice breaker, relaxation exercise, Identifying and challenging irrational thoughts, realistic thinking, overcoming avoidance, facing fears, social skills training, and assertiveness training and anti anxiety lifestyle.

**Result:** The statistical tools employed for the study were independent sample t-test and paired sample t-test.

**Conclusion:** The results indicate that the module was helpful in decreasing social anxiety in the students.

**Keywords:** social anxiety, sample size, questionnaire, cognitive restructuring, social skills, assertiveness, psychological intervention.

## INTRODUCTION

“Social anxiety is the fear of being judged and evaluated negatively by other people, leading to feelings of inadequacy, inferiority, self-consciousness, embarrassment, humiliation, and depression”, said Thomas A. Richards. If a person often becomes irrationally anxious in any of the social situations, but they tend to seem good whenever they are separated from social interacts, then "social anxiety" may be one of the

problems. Specific social anxiety is defined as the fear of having to speak in front of groups, whereas generalized social anxiety causes anxiousness, nervousness, and uncomfortable feeling in almost all social situations.

When children is said to have social anxiety, then they will have fear of facing the situations that involve talking to people. They usually worry that others will think ill of them. Social anxiety can prevent a child from engaging in daily activities like classroom interactions and from making long lasting relationships. By making the child face opportunities to interact along with support and praise, one can make the child learn to handle with social situations. One should seek professional help if their anxiety is affecting their own happiness in life.

For social anxiety causes, there are totally seven broad categories. They are, 1) Impact of any past trauma or how their parents treat them in the past, 2) Maladaptive Behaviour and false beliefs, 3) Temperament which is inhibited behaviourally and Attachment Style which is insecure, 4) Genetics, 5) Neurology, 6) The Influence of recent technology on people. (now a day people to talk to each other in person rather they talk through the devices, sometimes not even talking they used to send messages), 7) Many physical triggers. Each and every factor influences one or more of the other factors in most cases. Negative experiences and environments related to interactions in social situations cause people to develop maladaptive behaviours and negative beliefs. These behaviours and beliefs can cause social anxiety among people. The cognitive effects then change structure of the brain and functioning.

Research studies suggested that the social anxiety questionnaire for children (SAQ-C) can be used for children of the age 13-14 for predicting their social anxiety level. It shows that holding a negative image in mind led the participants appear more anxious and perform less well. A study showed that peer support, peer attachment and peer acceptance has a large influence on social anxiety among the adolescent girls. Another study shows that people with obsessive behaviours and fears of physical injury has greater effect of anxiety symptoms. Another study showed that people with social phobia are more likely to perform poorly and to evaluate themselves as inferior when compared to those with no psychiatric disorder. Another study highlighted the importance of workbook based cognitive intervention for social anxiety. Another study provides an example of non-CBT form of psychotherapy that may be efficacious in treating social anxiety disorder. Another study showed that social anxiety children shows social skill deficit when compared to non anxious children as assed by self and parents report. Another study results showed that, compared with their non-anxious peers, social phobic children demonstrated lower expected performance and a higher level of negative self-talk on social evaluative tasks.

**PreetiKandasamy, et al (2019)** did a qualitative study on Interventions for Childhood Anxiety Disorders – What Works Best from a Child’s Perspective. Its results showed that children’s narratives highlighted the importance of cognitive interventions. Further studies examining the efficacy of workbook based cognitive behavioral interventions are needed to address the current lack of trained professionals to deliver cognitive behavioural interventions.

**Thomas L. Rodebaugh, et al. (2004)** did a study on the treatment of social anxiety disorder. Its results showed that several cognitive behavioural interventions have some demonstrated efficacy for children and adolescents.

**Susan H. Spence, et al. (1999)** did a study on social skills, social outcomes and cognitive features of childhood social phobia. Its results showed that compared with their non-anxious peers, social phobic children demonstrated lower expected performance and a higher level of negative self-talk on social evaluative tasks.

## **METHODOLOGY**

The aim of this study is to check the effectiveness of psychological intervention module on managing social anxiety among school students. The objective of this study is to develop a training module on social anxiety and to check the effect of the module on school students by experimental method.

### **Sampling:**

After ethical committee approval from the institution and permission from concerned school, consent forms were sent to all parents and only after their permission all students were involved in the study. There were totally 134 students in the age 13 to 14, out of which 64 were selected for this study. As 4 students were absent during sessions they were excluded.

School was selected according to the availability of free time, completion of portions and permissions from authorities of the school. Three schools in the district Tiruvannamalai who finished the portions for half yearly examination and encouraged the beneficial activities were approached with proper permission through proper channel from the college and the school which gave permission for the training was selected.

The total number of samples were 60, out of which 30 were in control group and 30 were in experimental group. Each group had 15 male and 15 female. For effective training, both control and experimental groups were further divided into two groups as group A and group B, each with 8 males and 7 females in each group. The samples were selected by purposive sampling method by giving questionnaire to all the students of 8<sup>th</sup> and 9<sup>th</sup> standard who were of the age from 13 to 14 and the scores from their response were calculated. Social anxiety starts in students by the age of 13 and 14 according to the social anxiety disorder book by the British Psychological Society on NCBI. 60 students who had scored highest above 50 were selected for the study. From the 60 students, both male and female children were asked to pick up chits from 1 to 30 separately, were all odd numbered students were put in control group and even numbered students were put in experimental group. These groups were further divided into group A and group B with randomly selected 15 students in each group. Each of these group consisted of 8 males and 7 females. Students with age between 13 and 14, both the gender who can write and read English were included. Students with age below 13 and above 14, Tamil medium students and students with disabilities were excluded.

### **Tool used:**

The tool used to select the students with social anxiety was **Social Anxiety Questionnaire for children (SAQ-C)** by Caballo, Arias, Salazar, Calderero, Iruiria, and Ollendick, 2012. It consists of 24 items (6 dimensions each with 4 questions) with 4 point Likert scale ( $\alpha=0.90$ ).

### **Psychological Intervention module:**

Sessions in the psychological intervention module was developed by the researcher with the help of the results of previous reviews based on social anxiety in children. Some of the reviews were based on the cognitive behavioural techniques, exposure and workbook based interventions for social anxiety in children and adolescents. Also the Sessions and activities were developed under the guidance of experts in the focus group interview.

A pilot study was done using the same module to a group of 20 students, where 10 students were in the control group and 10 students were in the experimental group for 7 days and the results were found to be effective. The intervention module consists of the following sessions

#### a) Session 1:

Ice breaker and relaxation exercise was conducted. In Ice breaker, the game Chainlink was played. In this children sit in circle and one person started by saying for say, my name is Alex and I love chocolates. Then those who loved chocolates joined together and told all their names one by one. They all found and said something they had in common. This went on until all stood together and found something they had in common. It was a quick game to know their names and make them interact with each other. Next was the relaxation exercise. It consisted of 15 easy steps, which were to be followed by children with their eyes closed. Before beginning that exercise, the trainer made sure that the participants will not be disturbed. Total duration taken to complete this task was 45 minutes.

#### b) Session 2:

Identifying & challenging irrational thoughts was done. It is the process of discovering and challenging the negative, irrational thoughts. In this children first wrote an unpleasant situation then, they wrote their thoughts and feelings during that situation. Finally they wrote their behaviour during that situation. This exercise helped children identify their negative thoughts, feelings and behaviour for a particular situation and made them think of an alternate positive thought, feeling and behaviour.

#### c) Session 3:

Realistic thinking was covered. Mind trap is the activity given to the children. In this there were totally 5 traps. They were namely guilt trap, blame trap, catastrophe trap, helpless trap and all or nothing trap. Firstly, the traps were explained to children and then they were asked to write a situation in which they were in any one of those traps and the impact of it. Once they complete it, they were taught different ways to challenge those traps, so that they felt positive and gained confidence to face the upcoming fears. This exercise helped children know about different types of traps and also helped them learn ways to challenge those traps.

#### d) Sessions 4 and 5:

Overcoming avoidance was covered. FACE is the exercise given to them. In this exercise children firstly, found out some of the most fearful situations and rated them; secondly, arranged the situations from least fearful situation to most fearful situation; thirdly, wrote the steps need to be taken; lastly, they were taught some of the coping strategies.

e) Sessions 6 and 7:

Facing fears was covered. Systematic desensitisation technique was used. Children's most feared set of situations were broken down into 5 to 6 simpler steps during the session and they were made to face each and every step so as to overcome the fear.

f) Session 8:

Assertiveness training was given to the children. In this exercise children were divided into 3 groups. They started a conversation by writing and passed on the paper to next group. One group had to reply to it in an assertive way and the other group could reply in their comfortable way (assertive, aggressive, passive aggressive). Then finally the feedbacks were discussed. Trainer helped the children in writing reply to the conversation. This exercise helped children learn and practice assertive communication. Introduction was given for 10 minutes. Two rounds were conducted for 15 minutes each. Feedback session was conducted for 10 minutes.

g) Session 9:

Social skills training were given to the children. Pick up chits was the exercise conducted to the children. In this exercise, children get to learn about various social skills. Different social skills were written in chits and put in a box. Students were made to sit in circle and asked to pick chits one by one and discussed about different social skills. Their doubts were clarified and examples were given to understand each social skill.

h) Session 10:

Anti anxiety lifestyle were taught to the children. First the children were asked to do meditation for 10 minutes. Then, they were taught pranayama, a breathing exercise for 10 minutes. Then, they were taken to ground for playing for 15 minutes. Finally, different anti-anxiety lifestyles were written in chits and put in box. Students were made to sit in circle and asked to pick chits one by one and discussed about different anti-anxiety lifestyles for 20 minutes. Their doubts were clarified and examples were given to understand each anti-anxiety lifestyle.

After completion of the regular sessions to the experimental group students, the same sessions were explained and conducted in short for the control group students. All their challenges were written as letter and given to the trainer and the coping strategies for those challenges were also given to them in writing as a return letter. As school management did not provide much time for the training of control group, they were given tips on how to face and overcome fears but was not able to implement it with the help of the trainer.

All these 10 sessions were conducted on alternate days to both group A and group B i.e., 3 days per week. Once the 10 regular sessions were over, then 4 booster sessions were conducted. Booster sessions were conducted twice a week. During the booster sessions, children were checked whether they follow what they learnt during regular sessions in their daily life or not. If the children failed to follow, then they were given

tips on how to follow them in their daily life. The children were given changes to get help if in case they had any challenges facing certain situations. All children were given help in how to cope with such challenging situations and some common coping strategies and motivations were also given to all of them at the end of the booster sessions.

In the post test, again the same SQA-C questionnaire was given to both the control group and the experimental group of both the group A and group B children, after the completion of the intervention module and the booster sessions. Their scores were recorded. Now the pre test scores and post test scores were compared to check whether there is any improvement in the state of social anxiety of the children or not.

**RESULTS:** The independent t-test is mainly done in order to find whether there is any significant difference in the gender among the groups. From the Table 1, it is clear that there is no any significant difference ( $\text{sig.} < 0.05$ ) in gender during the post-test of both group A and group B of the experimental group. Thus the hypothesis 3 stating, there will be no significant gender difference in the post test scores on social anxiety in the experimental group is accepted. The results of the study regarding symptoms of anxiety in Mumbai city's regular school students in India by RSholapurwala, N Bala, S Karande, H Sant, AThakkar, and NJ Gogtay, (2018), is similar to the results regarding gender difference in social anxiety of this study.

**Table 1: Ind. sample T-test for post-test of exp. group**

Dependent variable	Group	N	Mean	t	Df	Sig.
Post Exp. (Group-A)	Male	8	48.12	.709	13	.491
	Female	7	44.57	.725	12.7	.482
Post Exp. (Group-B)	Male	8	35.62	-.939	13	.365
	Female	7	39.85	-.933	12.4	.369

The paired sample t-test is mainly done in order to find whether there is any significant difference between pre-test and post-test of both group A and group B of experimental as well as control group.

From the Table 2, it is clear that there is significant difference ( $\text{sig.} < 0.05$ ) in pre-test and post-test of both group A and group B of the experimental group. Thus the hypothesis 2 stating, there will be no significant difference in the pre-test and post-test scores on social anxiety in the experimental group is rejected.

From the mean values of this table it is clear that scores of post-test have been reduced when compared to the scores of pre-test in both group A and group B of the experimental group. This shows that the social anxiety of the students were decreased, indicating that the intervention given to the students in experimental group was effective. The results of the study by John Vijay Sagar Kommu, Shekhar P. Seshadri, Preeti Kandasamy, Shoba Srinath, Satish Chandra Girimaji (2019), correlated with the results of this study.

**Table 2: Paired sample T-test of experimental group**

Dependent variable	N	Mean	t	df	Sig.
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Pre Exp. (Group-A)	15	56.133	3.64	14	.003*
Post Exp. (Group-A)	15	46.467			
Pre Exp. (Group-B)	15	57.533	7.57	14	.000*
Post Exp. (Group-B)	15	37.600			

\* Significance at <0.05 level

From the Table 3, it is clear that there is significant difference (sig. < 0.05) in pre-test and post-test of both group A and group B of the control group. Thus the hypothesis 1 stating, there will be no significant difference in the pre-test and post-test scores on social anxiety in the control group is rejected.

From the mean values of this table it is clear that scores of post-test have been increased when compared to the scores of pre-test in both group A and group B of the experimental group. This shows that the social anxiety of the students were increased, indicating that there is a need for the intervention to the students of control group in order to reduce their social anxiety level.

**Table 3: Paired sample T-test of control group**

Dependent variable	N	Mean	t	Df	Sig.
Pre Con. (Group-A)	15	39.934	-2.66	14	.019*
Post Con. (Group-A)	15	45.467			
Pre Con. (Group-B)	15	40.934	-2.57	14	.022*
Post Con. (Group-B)	15	45.067			

\* Significance at <0.05 level

**CONCLUSION:** Students who have attended the training sessions have been seen with decrease in their level of social anxiety compared to their level before the sessions. Students who didn't attend the session have same of increased level of social anxiety. It is also proven that there is no gender difference in the post-test of experimental group.

**LIMITATIONS:** This module cannot be used to Tamil medium students as the questionnaire and the worksheets are in English. This module cannot be used to children with psychological disorder as it has many cognition related activities and many tasks needed concentration and thinking ability.

**IMPLICATIONS:** The findings may be used to reduce social anxiety among school students so that they, Gain confidence to face people, Gain self-esteem, Overcome their negative thoughts and face fears, Improve their interpersonal skills, social skills and assertiveness skills.

**FUTURE RECOMMENDATIONS:** Future studies can include activities especially for physically challenged people. New questionnaire and module worksheets for Tamil medium students can be

developed. Learning disability, hearing impaired children, visually challenged children can be focused and modules can be developed accordingly.

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