A BIBLIOTHERAPY PROJECT FOR CHILDREN WITH SOCIAL ANXIETY

By

Whitney Sundman

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Abstract

The purpose of this project is to provide a bibliotherapy resource for caregivers to use with children who are experiencing shyness or social anxiety. The project includes a thematic literature review on social anxiety that covers etiology, intervention, prevention and research on the use of bibliotherapy in treating social anxiety. Information that emerged from the literature was used to create a bibliotherapy resource in the form of a children's picture book entitled Quiet Ira. The book is coupled with a guide for caregivers on how to use the book as a bibliotherapy tool with a child who struggles with social anxiety. The story features a young girl who experiences social anxiety and is supported by caring adults in her life to manage the social anxiety. Interventions introduced in the story and caregiver guide include: psychoeducation, positive self-talk, exposure therapy, supportive relationship, mindfulness, social skills, externalizing, and references to other resources.

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Chapter One: Introduction

For as long as we have known, human survival has depended on our ability to work together, to commune and to be connected to one another. History has proven that when we cooperate and work together we can do incredible things; build pyramids, utilize electricity, land on the moon. Social connection and cooperation have been the backbone of our greatest achievements and are a powerful force in our ability to sustain day to day life. In the 1940's Maslow stated social belonging as a core and basic human need (as cited in Jones-Smith, 2016). Since then, others have recognized social connection as a human need. Comstock, Hammer, Strentzsch, Cannon, and Parsons (2008) in their work on Relational Cultural Theory recognize healthy relationships as necessary for development and mental wellness across the lifespan from infancy to adulthood. Brene Brown (2006) also advocates the necessity of human connection as an important factor for social-emotional wellbeing and a protective factor against shame and feelings of unworthiness. We need others in order to feel mental and physically well and we know that humans suffer physically and mentally when in isolation (Cacioppo & Cacioppo, 2014; Jordan, 2005). Perceived or forced social isolation leads to all kinds of ills, such as impaired executive functioning, sleep issues, depression, anxiety, and even earlier death (Cacioppo & Cacioppo, 2014). Social isolation can lessen an individual's resiliency when it comes to dealing with stress and trauma and can be seen as a trauma in and of itself (Comstock et al., 2008; Jordan, 2005). We need each other. We need each other to help raise, educate, and nurture our children, to play and to laugh with, to mourn and cry with, to work alongside. We rely heavily on others in social-emotional and even physical ways. Vast and connected human systems, like food and energy production and distribution, maintain our day-to-day life, creating

a connected world where we intrinsically rely on countless others in order to eat our next meal or sleep in a warm home.

Given the intensity and persistence of our human need to connect, it makes sense that experiences of fear or anxiety regarding our connection to others are among the most common of mental health concerns among children, youth and adults (Hyett & McEvoy, 2018; Stein & Walker, 2009).In essence, because we rely on others for our wellbeing and survival, we often fear the possibility of not getting this need for connection met (Cacioppo & Cacioppo, 2014; Hedman, Strom, Stunkel, Mortberg, 2013). The need for connection is only more imperative for the developing child who has a greater reliance on others for their social, emotional and physical wellbeing (Ludy-Dobson & Perry, 2012). Just as we might fear starvation or physical suffering we fear social isolation (Cacioppo & Cacioppo, 2014; Hedman et al., 2013). The fear of public speaking, a diagnostic criterion for Social Anxiety Disorder (SAD), has a prevalence of up to 30% in the general population (Tejwani, Ha, & Isada, 2016), while the prevalence of social anxiety is also common among mental health disorders at 7% in the United States (American Psychiatric Association [APA], 2013).

Purpose of the Project

The purpose of this project is to create a picture book resource for children who are beginning to struggle with social anxiety in the hopes of deceasing the distress of children and preventing an increase in social anxiety and comorbid disorders later in life. This social anxiety could range from shyness in front of groups to a diagnosable condition such as Social Anxiety Disorder. Early experiences of social anxiety could include, but are not limited to: feeling afraid to speak up in class, avoiding meeting new adults or peers, experiencing somatic symptoms like a racing heart or tight stomach in social situations (Spence & Rapee, 2016).

The reason for raising this conversation through the medium of a children's book is to facilitate discussion, raise awareness, decrease stigma around social anxiety, and help children feel less alone in their experience. The format of a picture book may not be suitable to every child experiencing social anxiety, depending on their interest in books and/or literacy challenges, but my hope is that this style of communication can reach children and families who enjoy children's fictional literature. I will also develop a handout with resources and tips, to give caregivers of children with social anxiety knowledge and resources that will help them support the young people in their lives who experience social anxiety. This hand out will include ways that caring adults can support children with learning social skills and managing their anxiety. It will also list other resources where more information or programs for children with social anxiety can be found.

Significance of the Project

The core fear in SAD is the fear of being judged and rejected by others (Spence & Rapee, 2016). Of course, we fear losing that which we depend on to maintain our health and happiness (Hedman et al., 2013). The tragedy of SAD is that this fear and anxiety manifests itself in a way that actually drives others away (Hedman et al., 2013; Spence & Rapee, 2016). Children with social anxiety often also have a trait of High Behavioral Inhibition as well as beliefs that others will scrutinize and judge them if they were to speak or engage socially, mixed with a fear that others will see their fear and anxiety (APA, 2013; Beidel & Turner, 2007; Spence & Rapee, 2016). To attempt to avoid judgment from others, they often act in socially unskilled ways, and engage in safety behaviors, like avoiding eye contact, not speaking or running away (Kley, Tuschen-Caffier & Heinrichs, 2012). They therefore do not gain opportunities to develop positive social skills, sinking them further into social isolation (Hedman et al., 2013; Spence &

Rapee, 2016). In the end, this can result in the socially anxious person actually being ignored, rejected, excluded, disconnected, and even victimized by others (Beidel & Turner, 2007; Kley et al., 2012; Spence & Rapee, 2016).

Socially anxious children might be left out or bullied by peers and are often quiet and subdued in school so teachers may even overlook these students who are suffering silently (Beidel & Turner, 2007). These isolating social situations can lead to further suffering and reduced mental wellness, setting the stage for other mental health issues, like depression, other anxiety disorders, and perhaps later substance abuse disorders to develop (Beidel & Turner, 2007; Shields, 2005; Spence & Rapee, 2016; Stein & Walker, 2009). Social anxiety has also been shown to eventually hinder success in career, education and romantic life (Shields, 2005).

The experience of social anxiety presents as a vicious cycle of fearing social isolation and then experiencing social isolation. It is a dreadfully perfect example of bringing towards oneself exactly what one fears. Seeing the maintenance of SAD in a child's life can be like watching a crushing self-fulfilling prophecy unfold. This is why it is so important to understand what causes SAD to develop and be maintained. With this understanding, helpful interventions and protective factors can be put in place before social anxiety prevents someone from reaching their full potential (Shields, 2005). It is important to catch this problem in childhood, as SAD can create debilitating and isolating realities that, without intervention, are harder to change as they grow older. The more that children experience victimization and neglect in their social relationships, due to their engagement in safety behaviors that mitigate their social anxiety, the harder it is for them to break these habits and move towards social connectedness.

Diagnosis of SAD increases tremendously in adolescence as anxiety becomes more pronounced and social-emotional consequences like victimization and isolation increase, but this

result could be mitigated if interventions are made in childhood (Caouette & Guyer, 2014; Shields, 2005, Spence & Rapee, 2016; Stein & Walker, 2009). Therefore, it can make a significant difference to help young people with social anxiety as early as possible. This project will be part of that work, as it will provide information and bibliotherapy as a form of early intervention for children experiencing the beginnings of social anxiety. The picture book project will address cognitive, physiological and social problems involved in social anxiety through children's fictional literature and introduce children and parents to tools from Cognitive Behavioral Therapy, Narrative Therapy, and Mindfulness Based Stress Reduction throughout the story. I will support the use of these therapeutic tools for intervention throughout chapter two's literature review.

Benefits

This project can benefit children struggling with social anxiety by helping them understand their experience, communicating the message that they are not the only ones who struggle with social anxiety, and offering alternatives to the vicious cycles that perpetuate social anxiety. These themes will be discussed in a creative way through the use of fictional story telling in the original children's picture book *Quiet Ira*. The guide for caregivers offers support and suggestions to adults (parents/guardians, teachers, counsellors etc.) who know a young person who struggles with social anxiety, so that children can be better supported by caring adults in their lives. Interventions introduced in the story and caregiver guide include: psychoeducation, positive self-talk, exposure therapy, supportive relationship, mindfulness, social skills, externalizing, and references to other resources. In the caregiver resource how to use the book as a bibliotherapy tool is also discussed. This will benefit caring adults as it educates them on how to use story as a creative way to help a child manage mental health issues.

Through creative intervention, education, and resourcing I hope that the effects of social anxiety on a child's life can be lessened and that early intervention can lead to preventing social anxiety from being maintained and decrease the risk of comorbid conditions such as substance abuse, depression, and other anxiety disorders from developing later in life.

Parameters

The first signs of social anxiety and high Behavioral Inhibition arise at an early age, around ages two to seven, when children can begin to experience fear of judgment from peers and physiological symptoms of anxiety, such as a racing heart or sweaty palms (Beidel & Turner, 2007; Spence & Rapee, 2016). The negative cognitive processes of social anxiety where, for example, a child negatively evaluates their own social behavior and fears the worst possible social outcome, may start to occur at age eight (Spence & Rapee, 2016; Stein & Walker, 2009). Therefore, the parameters of this project will be focused on, but not limited to, children ages eight to nine, or children in grades three to four. Children in this age group can begin to identify their cognitive processes so will identify more with the inner world of the character in the children's book project, whom will be displayed as experiencing some of these negative cognitive processes and working through them (Spence & Rapee, 2016; Stein & Walker, 2009). The goal of this project are that the project will offer information to caregivers and create a bibliotherapy resource for children with social anxiety in this general age group.

This project is limited in that it is not a replacement or substitute for therapy. It will not be, in itself, sufficient in meeting the needs of children who struggle with diagnosed Social Anxiety Disorder and who need the support of friends, family, doctors, psychiatrists, and therapists to combat SAD. This project is intended to be a tool for therapeutic use, to be used as bibliotherapy maybe through a live reading in session or as a take home resource for families. It

is intended to be an encouragement to children with social anxiety and their caregivers as it tells the story of a girl who is supported to manage her social anxiety as a model to children facing similar challenges. It is an invitation to children to see they are not alone in their struggle with social anxiety.

This is a resource where teachers, parents, and supportive adults can find information and skills to support children to better understand and manage their social anxiety. The aim is that this offers some hope, that with support things can change for the better. This is not a standalone solution to the complex problem of childhood social anxiety, but a resource and bibliotherapy tool for those who struggle with this issue.

Personal Location

This project is of personal significance to me because I myself struggled with shyness as a child. This shyness, left untreated, turned into social anxiety. The anxiety only grew worse throughout my teen and young adult years, holding me back from participating in social events or pursuing hobbies and interests that required me to interact with peers. I eventually became frustrated with my life because I continually felt I was missing out on friendships and hobbies that could bring me joy. I did not feel I was living up to my potential and wanted to change. So, in my later twenties, I started to receive counselling for social anxiety. I began to pursue new friendships, and engaged in self-help to tackle the distress that social anxiety had caused in my life. Currently, I am trying to make peace with how many experiences and relationships I missed out on because of social anxiety, but it is still challenging to look back and see what my life could have been. I still feel I am catching up to my peers who have a well-developed sense of confidence and who have strong peer friendships.

Acknowledging and accepting that this anxiety was a big part of my life was very helpful to me because it allowed me to process some things and gain perspective. It was also helpful to me to understand the phenomenon of social anxiety and that I was not alone in it. With education and support I was able to make some helpful changes in my life and build confidence and social supports that I never had before. I can only imagine that things might have been easier for me and I would not have sat out on so many opportunities if I had had support and education around social anxiety or shyness earlier in my life. The research supports early intervention for social anxiety and the importance of early intervention rings very true in my own experience (Brunello et al., 2000; Shields, 2005).

I have met children and youth who experience intense suffering and painful loneliness due to social anxiety. I see myself in them and I want to create a resource that is going to offer some information and support as early as possible. I have personally experienced that change is very possible. Social anxiety might always be present but it does not have to run someone's life or get in the way as much as it does when left untreated. It is my passion to create an easily accessible way for some awareness and skill development to begin for young people who are struggling with anything from shyness to diagnosed SAD.

Overview of the Project

This project explores childhood social anxiety and the use of bibliotherapy as a therapeutic tool for helping children understand and approach their social anxiety in different ways. The result of the literature review is the creation of a children's picture book that addresses issues of social anxiety relevant to children, as well as an informative handout for caregivers. The picture book and handout are designed to be a therapeutic resource and source of information for children with social anxiety and their parents. This chapter describes the

intention and usefulness of the project. Chapter Two includes a literature review of social anxiety's etiology and symptomatology, as well as treatment and interventions. Chapter Three describes the project plan in light of the literature review. Chapter Four will include the finished children's bibliotherapy picture book and information handout for caregivers as well as resources.

Chapter Two: Literature Review

Introduction to Social Anxiety

According to the Diagnostic and Statistical Manual (DSM) (APA, 2013), a diagnosis of Social Anxiety Disorder (SAD) can be made if the following criteria are met: fear of social situations where it is possible to be scrutinized by others; fear of showing anxiety symptoms and having those symptoms be negatively evaluated by others; social situations almost always producing fear unproportioned to the social threat; avoidance of social situations, or endurance of social situations with intense anxiety; these anxieties and fears lasting 6 months or more and causing significant life impairment; these fears, anxieties, and avoidances are not explained by other conditions. In children, there is added criteria that social fear is not just limited to interactions with adults but also present in interactions with peers (APA, 2013).

Social anxiety is viewed as a construct that exists on a scale of intensity, ranging from shyness to Social Anxiety Disorder (SAD) to Avoidant Personality Disorder (Hyett & McEvoy, 2018; Spence & Rapee, 2016). The amount of distress and life disturbance caused by social anxiety will mark where on the continuum someone's experience lands (Hyett & McEvoy, 2018; Spence & Rapee, 2016; Stein & Walker, 2009). Throughout history social anxiety was thought to be inconsequential shyness and was not recognized as a disorder until the 1980's DSM defined the condition and recognized the significance of the impairment it can cause (Shields, 2005). By the 1990's the disorder became known as one of the most common DSM diagnoses although statistics for the disorder among Canadians have been said to be difficult to poll as many who might have SAD do not seek treatment (Shields, 2005). According to the latest Canadian Community Health Survey (CCHS) by Statistics Canada, their 2002 Mental Health and Well-being Survey revealed that 3.0% of Canadian 15 years or older reported symptoms that met the

criteria for having social anxiety disorder within the last 12 months and 8.1% of Canadians reported that they have had symptoms that meet the criteria for social anxiety disorder during their lifetime (Shields, 2015). This shows SAD to be one of the most common psychiatric disorder (Shields, 2015).

The CCHS surveys did not, unfortunately, include peoples from some remote areas, the Canadian territories or those living on Indian Reserves or Crown lands (Shields, 2015) so data on many northern or remote populations presents a gap in knowledge regarding SAD's prevalence in Canada. There are studies showing that symptoms of SAD seem to be more prevalent among woman, those who are not married, individuals living in lower income households, transgender or gender non-conforming populations, homosexual men, Mexican immigrants, African Americans, Indian Americans, and in populations that experience victimization or oppression systemically or in the home (APA, 2013; Beidel & Turner, 2007; Jordan, 2005; Kaplan et al., 2019; Mahon, Kiernan & Gallagher, 2019; Polo & Lopez, 2009; Shields, 2005).

This literature review will focus children's experiences of social anxiety and SAD. Presentation, comorbidity, etiology, interventions and treatments will be discussed for non-diagnosable social anxiety and/or diagnosed Social Anxiety Disorder (SAD) in children. I will also look at how bibliotherapy can be a helpful tool for treating social anxiety and/or SAD in children.

Presentation

A few ways that Social Anxiety can present itself in children and youth include: rapid heartbeat, sweating, shortness of breath, dizziness, dry mouth, blushing, headaches, feeling nauseous and shaky, feeling afraid others will see their signs of anxiety and judge them, not wanting to attend school, not engaging in conversation with adults or peers, being socially

withdrawn, and being ignored by their peers (Beidel & Turner, 2007; Spence & Rapee, 2016; Stein & Walker, 2009). Stein & Walker (2009) also mention some warning signs that adults should watch for in their children that could signify that social anxiety might be a problem. These include having difficulty in: playing with others, meeting new people, developing peer relationships, speaking in class, making presentations, reading out loud, taking tests, writing on the board, eating in front of others, inviting friends over to play, going to parties, and playing sports.

Compounding Distress

Social anxiety in children often leads to loneliness and a lack of connection to peers, isolation, increased anxiety around peers, lack of opportunity to develop social skills, depression, panic disorder, separation anxiety, lower self-esteem, reduced success in school, increased internalization of problems, other anxiety disorders, depression, eating disorders, and substance misuse (Beidel & Turner, 2007; Spence & Rapee, 2016; Stein & Walker, 2009). These compounding factors can lead to comorbidity of depression and General Anxiety Disorder and increased substance use in adolescence if social anxiety is left untreated (Spence & Rapee, 2016).

Risk Factors - The Development and Maintenance of SAD

The following have been cited as key developmental and maintenance factors for SAD: genetics, neurobiology, overly controlling/intrusive parenting, insecure attachment, general trait anxiety in early childhood, cognitive factors, high behavioral inhibition, engagement in safety behaviors, social performance deficits, adverse/stressful life experiences and trauma (APA, 2013; Hyett & McEvoy, 2017; Spence & Rapee, 2016). Different pathways and combinations of risk factors can cause SAD and any one risk factor can affect mental health, not just the

development of SAD (Spence & Rapee, 2016). Alternatively, just because someone experiences many of these risk factors it does not necessitate the assumption that they have or will develop SAD (Hyett & McEvoy, 2017).

Genetics and neurobiology.

SAD does run in families but it is not known whether this is caused by either or both genetics and/or a shared environment (Spence & Rapee, 2016; Stein & Walker, 2009). There have not been clear findings for a specific gene associated with SAD, besides genetics linked to a general disposition of anxiety or anxious temperament like Behavioral Inhibition (BI) (Caouette & Guyer, 2014; Spence & Rapee, 2016). According to a study by Scaini et al. (2014) the heritability of non-disordered social anxiety symptoms is high (.59). Diagnosis of SAD also often occurs intergenerationaly within families, pointing to genetic and neurobiological factors as key players. Nikolic, Aktar, Bögels, Colonnesi and Vente (2018) say that children of parents with severe SAD experienced physiological hyperarousal in social situations, indicating a generational link may be highly biological in nature. Perhaps children inherit, or are influenced by, their parent's physiological fear response to social threat.

When it comes to the biology of SAD the amygdala and the nervous system seem to play a key role (Caouette & Guyer, 2014; Spence & Rapee, 2016; Stein & Walker, 2009). In a meta-analysis, Hattingh et al. (2012) found that the amygdala was more active in adults with SAD, compared to healthy controls, in response to social emotional stimulus. The amygdala is responsible for interpreting the emotional significance of stimuli (Van der Kolk, 2015). Studies have demonstrated that children and adolescents with SAD show amygdala hyper-activation when they give attention to threatening facial stimuli, and experience hyper-vigilance and greater emotional response to the social threat of that facial stimuli (Caouette & Guyer, 2014; Spence &

Rapee, 2016). Children with SAD show higher baseline sympathetic activity and lower parasympathetic activation in general but especially when responding to a social threat (Schmitz, Kramer, Tuschen-Caffier, Heinrichs, & Blechert, 2011). When faced with a social threat, they experience a higher heart rate than others and have a slower return to resting heart rate after the threat has passed (Schmitz et al, 2011). It is unclear if these biological markers are a cause or an effect of SAD.

Adversity and trauma.

The development of SAD is complex and multi-factored. For example, a temperament high in Behavioral Inhibition coupled with an experience of insecure attachment in childhood correlates to a higher likelihood of developing SAD later in life (Spence & Rapee, 2016). This is one possible path to the development of SAD among many, but in this example we do see that childhood trauma, as implied in insecure attachment, is connected to the development of SAD (Spence & Rapee, 2016).

There is a strong association between SAD and several types of trauma. Bishop, Rosenstein, Bakelaar, & Seedat (2014) say that it has long been known that emotional abuse and/or emotional neglect by caregivers is highly correlated with the development of SAD and again confirm this association through their study. A study by Kuo, Goldin, Werner, Heimberg & Gross (2011) examined types of childhood trauma experienced by those with SAD and found emotional abuse and emotional neglect to be associated with high rates of SAD, trait anxiety, and low self-esteem. Bandelow et al. (2004) notice that other childhood adversities play a part, saying that people with SAD report more instances of separation from parents, mental disorders in the family, and childhood sexual abuse than healthy control groups. Stein & Walker (2009) add that those with social anxiety often report coming from homes where they experienced

conflict with caregivers; adults were overly critical or communicated that the child was not good enough, or adults were overly concerned with what other people thought.

As mentioned above insecure attachment is noted as a contributing factor in the development of SAD. Shamir-Essakow, Ungerer &Rapee (2005) present the idea that insecure attachment, or having a caregiver that is unpredictable and inconsistent, predisposes a child to develop a temperament of high sympathetic arousal as a response to their unsafe relationship with their caregiver. This consistent state of sympathetic arousal can give rise to high behavioral inhibition, a heightened fear response and ultimately anxiety disorders (Shamir-Essakow et al., 2005). Freeman-Longo, Prescott, Bergman & Creeden (2013) say that regulating sympathetic arousal in social situations is challenging for children who have not received from a self-regulated caregiver the secure attachment interaction needed to development affect regulating brain systems. In this way insecure attachment can become a potential risk factor for the development of social anxiety (Freeman-Longo, 2013; Lewis-Morrarty et al., 2015).

Adversity at home clearly affects the development of SAD, but so does adversity faced outside the home; within peer relationships. Bullying, victimization, rejection, and exclusion by peers is cited in the literature again and again as a factor that contributes to SAD (Gren-Landell, Aho, Andersson, & Svedin, 2011; Stein & Walker, 2009; Wong & Rapee, 2016). Reijntjes, Kamphuis, Prinzie, & Telch (2010) completed a meta-analysis of longitudinal studies looking at the link between peer victimization and internalizing problems in children, and found that peer victimization is a predictor of internalizing problems, including social anxiety. More specifically, a longitudinal study by Storch, Masia-Warner, Crisp & Klein (2005) indicated that relational victimization predicted symptoms of social phobia in children a year later.

It makes sense that relational trauma and adversity, perpetrated by caregivers and/or peers, impacts the development and maintenance of social anxiety. Relationships become a source of trauma, a source of threat and therefore a source of anxiety. For those with SAD, anxiety in response to social situations is experienced physiologically in the body, with a high cortical response, amygdala activation, overactive sympathetic nervous system and general feelings of hyperarousal (Spence & Rapee, 2016). It is interesting that these physiological experiences align so closely to those of someone who has experienced trauma (Levine, 2008; Van der Kolk, 2015). Just as you would see a fear response to a trigger in those who have experienced severe trauma (Van der Kolk, 2015) it appears that close relationships act as a trigger for the socially anxious. Many people who have been victimized in the past, by peers or adults, later develop SAD or social phobia (Reijntjes et al., 2010; Spence & Rapee, 2016; Storch et al., 2005).

SAD often comes with engagement in safety behaviors, or behaviors that people feel keep them socially safe (like avoidance of eye contact, silence, or social withdraw etc.) in order to avoid drawing attention to oneself, hoping that avoiding attention will prevent them from being victimized or the risk being judged (Kley et al., 2012; Spence & Rapee, 2016). Unfortunately, these very safety behaviors signal to others that the person is distant, uninterested or different, which induces in some people the desire to criticize and victimization the socially anxious (Kley et al., 2012; Spence & Rapee, 2016). Bullying as a form of trauma becomes another adverse experience added onto whatever adversities or risk factors the person with SAD is already dealing with (Kley et al., 2012; Spence & Rapee, 2016; Storch et al., 2005).

Traits.

BI (Behavioural Inhibition) is a temperament. As a construct BI shares many similarities with SAD and has been associated with the development of SAD as it is marked by apprehension and anxiety when facing novel experiences (Henderson, Pine, and Fox, 2015; Stein & Walker, 2009). Strong evidence shows that a high BI is strongly correlated with, and a risk factor for, SAD (Caouette & Guyer, 2014; Chronis-Tuscano et al., 2009; Henderson et al, 2015; Hirshfeld-Becker et al., 2007; Spence & Rapee, 2016; Stein & Walker, 2009). Wong and Rapee (2016) suggest that SAD may be a severe and life impairing category of BI.

High BI includes a stress response in the body and amygdala activation that is very similar to the biological processes of SAD (Caouette & Guyer, 2014). High BI includes behaviors such as: making limited eye contact, maintaining proximity to attachment figures, avoiding threat, and using minimal verbal utterances (Spence & Rapee, 2016). Physiologically, a high BI temperament involves: high cortisol levels, anxious reactions to novelty, decreased ability to lower heart rate after threat, pupil dilation, and muscle tightening of the larynx (Spence & Rapee, 2016). A BI temperament often includes a strong stress response to social situations and a low ability to control this reaction (Henderson et al, 2015). All of these phenomena are also seen in Social Anxiety Disorder (Spence & Rapee, 2016).

Behaviors.

Children and adolescence with SAD tend to use safety behaviors, or behaviors they believe will keep them safe, as a way to reduce the chances of experiencing negative social interactions (Kley et al. 2012; Ranta,Tuomisto, Kaltiala-Heino, Rantanen & Marttunen, 2014; Schreiber, Hofling, Stangier, Bohn & Steil, 2012). It is thought that the inheritable genetic temperament trait of high BI predisposes a child to have higher cortical levels and to be more

likely to engage in safety behaviors early on, sometimes starting as early as the age of two (Spence & Rapee, 2016). Spence & Rapee (2016) also point out that studies have shown that if children with high BI are raised in an enriching, supportive and highly responsive environments their experience of high BI is mitigated.

There is also reason to believe that safety behaviors may not always be related to high BI but are a learned coping mechanism used by those who feel anxious in social situations as a way to protect themselves from negative social situations (Spence & Rapee, 2016). Safety behaviors of children and youth can include: avoiding eye contact, not attracting attention to themselves, saying very little, speaking in a low soft voice, covering their face and avoiding talking about themselves (Kley et al., 2012; Ranta et al, 2014). It is common that people with SAD attribute social success to the use of safety behaviors rather than to their true social skills, which further encourages them to use safety behaviors; yet engaging in safety behaviors creates a lack of genuine connection with others, poor social performance and poor relationships (Kley et al, 2012; Ranta et al, 2014; Spence & Rapee, 2016).

It is important to note that safety behaviors have been a way for children to survive their social anxiety and fear, and have been a source of comfort for them when engaging socially seems overwhelming (Kley et al, 2012; Ranta et al, 2014; Spence & Rapee, 2016). Children use safety behaviors and social withdrawal as solutions when they do not know of other possibilities. Children are often doing the best they can in order to get through the day and manage the intense fear of social situations that comes with SAD.

Social skills.

Social performance deficits, or a lack of social skills, adds to the development and maintenance of SAD (Spence & Rapee, 2016; Stein & Walker, 2009). Young people with SAD

often show their anxiety, which causes them to behave in socially unskilled ways, then peers pick up on this and they face more peer rejection, teasing, bullying, and cruelty (Spence & Rapee, 2016). Negative peer relationships could cause social anxiety and SAD to develop, but it is unclear which comes first, lack of social skills or SAD (Spence & Rapee, 2016; Stein & Walker, 2009). When young people do experience SAD they are less likely to interact with peers, so have less opportunities to develop social skills, causing a vicious cycle of being anxious and not having opportunities to feel socially successful and/or develop social skills (Spence & Rapee, 2016).

Cognitive factors.

It is still unclear if negative cognitive processes only maintain SAD or if they cause SAD to develop (Spence & Rapee, 2016). Cognitive-behavioral processes within SAD present a complex challenge. Kley, Tuschen-Caffir, and Heinrichs (2011) and Blote, Miers, Heyne, Clark & Westenberg (2014) present studies that support the idea that self-focused attention to inward aspects of self, increases anxiety by increasing negative self-image and decreasing social capability. This complex cognitive cycle seen in SAD has been observed in children and adolescents, eight years old and up (Kley et al, 2011; Bolt et al, 2014).

Spence & Rapee (2016) describe the well-known cognitive models of social phobia; Clark & Wells' (1995) Cognitive Model of Social Phobia and Rapee & Heimberg's (1997) Cognitive-Behavioral Model of Anxiety in Social Phobia, and outline the following as cognitive hallmarks in those with social phobia as put forth by these original writers:

- Anticipation of negative outcomes from their social performance, and low expectations for how they will perform socially
- Self-focused attention

- Negative self-evaluation during social performance or interactions
- Negative anxious processing before an event
- Greater rumination after a social event
- Negative interpretation of social information
- Distress caused by the negative interpretation of their own social behavior
- Excessive worry about conveying a positive image of themselves
- Belief that they will behave in an inappropriate and unskilled way in public and this will be a disaster
- Fear that others will notice and negatively judge them for being anxious
- Anxious thoughts become distracting and interfere with social skills

The cognitive processes associated with SAD do not seem to be part of the phenomenon of SAD for children under 8, before they reach a time when cognitive processes start to develop (Stein & Walker, 2009). Yet, young children still experience the somatic and emotional aspects of SAD and suffer social consequences of the disorder (Stein & Walker, 2009).

Summary of risk factors.

The etiology of SAD is not simple or straightforward. There are many paths and interacting factors that could place a child at risk for developing SAD (Spence & Rapee, 2016). Some, but not all, of the factors that place a child at risk for developing SAD include; severe family dysfunction, negative coping, depressive symptoms, low self-esteem, genetics, neurobiology, overly controlling/intrusive parenting, insecure attachment, general trait anxiety in early childhood, cognitive factors, high behavioral inhibition, engagement in safety behaviors, social performance deficits, adverse/stressful life events and trauma (APA, 2013; Hyett & McEvoy, 2018; Spence & Rapee, 2016; Stein & Walker, 2009; Wu et al., 2016).

Intervention

"In order to tackle social anxiety in your life, you need to learn new ways of relating to people, new ways of behaving around others, and new ways of thinking about social situations. Once you've learned these things, you need to practice them again and again." (Stein & Walker, 2009, p. 546).

Cognitive Behavioral Therapy (CBT).

Perhaps interrupting the vicious thought cycles and purposefully thinking different thoughts would ease some of the pain of SAD. Cognitive Behavioral Therapy (CBT) would be an option to approach this piece of the puzzle. CBT is the current leading treatment for Social Anxiety Disorder (Spence & Rapee, 2016; Stein & Walker, 2009). CBT treatment for SAD might include psychoeducation about anxiety and emotions, emotional-regulation strategies like breathing exercises, modifying maladaptive thoughts, and engaging in graded exposure to feared situations (Arch et al., 2012; Spence & Rapee, 2016)

CBT has proven to be somewhat effective for social anxiety but can be more effective if used long term and in groups. For example, Kerns, Read, Klugman, & Kendall (2013) point out that children diagnosed with social anxiety show greater improvement if CBT treatment is continued after symptoms of SAD have been reduced. CBT also includes other cognitive behavioral therapies like Acceptance and Commitment Therapy (ACT), which focuses on self-acceptance and managing feelings and sensations of anxiety rather than on stopping anxiety (Arch et al., 2012). Arch et al. (2012) describes what treating SAD with ACT might look like and mentions practicing mindfulness during anxiety, focusing on breath work and simply accepting and observing anxious thoughts without trying to change them. ACT for SAD also works on cognitive diffusion, or the practice of noticing anxious thoughts will pass like the

weather like other thoughts do, and anxious thoughts are not necessarily the truth. Further, ACT treatment also includes practicing behaviors that the client sees as valuable and in SAD this might mean practicing in-vivo or actual exposure to feared social scenarios while practicing the previous mentioned skills. Not only classic CBT is helpful, but other forms of therapy are also available and have been shown to be helpful (Arch et al., 2012).

There is also some evidence that effortful control processes, or the ability to shift attention from something stressful to something that is not stressful, could divert the development and maintenance of anxiety (White, McDermott, Degnan, Henderson, & Fox, 2011). There needs to be more research done in this area, but if this is so, it could impact how SAD is treated and effortful control could be included in cognitive approaches to treating SAD (Spence & Rapee, 2016).

Regularly checking in with a therapist and practicing CBT seems to really help children maintain lower distress levels created by SAD and propels them into a brighter young adulthood. It is important to remember that cognition and behavior are only a piece of the puzzle for those experiencing SAD and that children experience the physiological aspects of SAD before even having the ability to cognitively consider their experience of SAD. This hints at a need for treatment of SAD the goes beyond the cognitive domain.

Mindfulness.

Mindfulness is a key piece of a CBT approach called Acceptance and Commitment Therapy as well as its own branch of therapy called Mindfulness Based Stress Reduction (MBSR). Some mindful activities for young people experiencing physiological symptoms of SAD could include practices like mindful eating or mindful breathing, or the use of sensory objects like kinetic sand or crafts; anything to pull attention away from distress and ground the

mind and body in the present moment (Goldin & Gross, 2010). Goldin & Gross (2010) showed that people with SAD who practiced MBSR by doing breathing exercises experienced decreased negative emotions, less amygdala activation, and improvement in anxiety and depression symptoms.

Teaching MBSR to children is practiced is some schools through the implementation of mindfulness programs like MindUp and Mindful Schools curriculums which include training children to get in touch with an internal locus of control through teaching breathing exercises and body and emotional awareness through meditative breath work and body scans (Kielty, Gilligan, Staton & Curtis, 2017). Considering the connection between SAD and childhood trauma, it is important to note that mindfulness has been helpful for some who have experienced childhood trauma and has been shown to improve symptoms of depression and anxiety and improve quality of life (Ortiz & Sibinga, 2017; Van der Kolk, 2015). Noting that mindfulness is useful in treating SAD (Goldin et al., 2016), and when working with those who have experienced childhood trauma (Ortiz & Sibinga, 2017; Van der Kolk, 2015) MBSR could be helpful for those whose social anxiety is rooted in trauma as it introduces tools to increase an internal locus of control, safety and self-regulation which are important to healing trauma and its effects (Goldin & Gross, 2010; Herman, 1997; Van der Kolk, 2015).

CBT groups.

CBT groups have been shown to be effective for treating SAD. One study by Donovan, Cobham, Waters & Occhipinti (2015) showed that an intensive CBT therapy group for children with social phobia saw 76.9% of children free from diagnosis at the six month follow up. CBT group treatment often includes education about SAD, identifying and replacing negative self-talk, exposure exercises, social skills training, relaxation techniques, social problem solving

skills training which participants often practice together through conversation and role play scenarios (Beidel & Turner, 2007; Donovan, Cobham, Waters & Occhipinti, 2015). Masia, Klein, Storch, & Corda's (2001) study also showed that teens with SAD experienced marked or moderate improvement and half did not meet diagnostic criteria for SAD after treatment.

CBT groups for social anxiety act as the safe place to practice exposure to feared situations and builds relationships and social skills while challenging some of the anxieties and fears that perpetuate SAD (Beidel & Turner, 2007). Stein & Walker (2009) equate this idea of facing fears in group therapy to learning how to swim by going swimming, rather than by just talking about swimming. Groups also offer the opportunity to learn and develop social skills, helping break that vicious cycle seen in SAD where one avoids social situations because of fear and then consequently limits their opportunities to develop social skills (Beidel & Turner, 2007; Donovan et al., 2015). Groups are a fairly safe and intentional place to step into exposure experiences and build competence in social skills (Beidel & Turner, 2007; Donovan et al., 2015).

Social skills development and behavioral interventions.

Engaging in safety behaviors often creates a lack of genuine connection with others, poor social performance and poor relationships, ultimately feeding the fear of social rejection (Spence & Rapee, 2016). An intervention here is to teach prosocial skills and help children practice prosocial behaviors (Beidel & Turner, 2007). Some social skills could include: attending, reflecting, empathy, closed ended questions, open-ended questions, sharing interests, hobbies, information, excitements, and struggles (Beidel & Turner, 2007). The goal is to get them to recognize when their social success can be attributed to them showing up authentically as their true self and not attributed to safety behaviors (Beidel & Turner, 2007; Spence & Rapee, 2016; Wu et al., 2016).

For example, if a child regularly practices the safety behavior of minimal verbal utterances they can instead practice the social skill of talking about something that is of interest to them and a teacher or facilitator would encourage them to see that they made a connecting using the pro-social behavior of sharing a hobby rather than using the protective social behavior of staying quiet to avoid upsetting someone. Stein & Walker (2009) stress intervening as soon as possible with children to teach prosocial skills, and giving opportunities for them to flex their social muscles by getting them involved in structured and unstructured activities with peers. This can be done by teachers explicitly teaching social skills in the classroom or by encouraging interactive group activities. Parents can facilitate these interactions and skills by modelling pro-social skills and by arranging or facilitating opportunities for their children to interact with peers through things like play dates, sports, arts or cultural events (Beidel & Turner, 2007).

Protective factors.

Another interesting way of looking at combating SAD in children is to understand what the risk factors and protective factors are for SAD, and then work to limit risk factors and increase protective factors. Some protective factors that could inhibit or prevent the development of SAD include: high quality of life, positive coping skills, social skills development, and high self-esteem (Beidel & Turner, 2007; Wu et al., 2016). Any way of bolstering these protective factors could potentially help children with SAD. Wu et al. (2016) advocates that schools identify and teach at-risk children positive coping and emotional regulation skills, so they can learn to manage their anxiety in social situations. High quality of life is not always something that schools or parents can change about a child's situation but schools can implement basic programs that increase children's quality of life, like breakfast programs or clothing swaps to support vulnerable children in gaining access to those things that improve quality of life. Parents

and teachers can model and teach positive coping skills through practicing regulating their own emotions. Beidel & Turner (2007) advocate that parents and teachers can model and teach social skills at school and at home as well, which will build children's self-esteem.

Relationships and attachment.

High BI and over-protective or intrusive parenting styles, parents with anxiety disorders or dysregulated nervous systems and/or insecure attachment in childhood have been shown to be connected to higher likelihood of developing SAD later in life ((Lohrasbe & Ogden, 2017; Lewis-Morrarty et al., 2015; Muris, Brakel, Arntz & Schouten, 2011; Shamir-Essakow et al., 2005; Spence & Rapee, 2016). The development of SAD is tied to some unsafe dynamics within these caregiver relationships, so interventions involving safe and supportive relationships between caregiver and child are also very important to include in a holistic approach to treating SAD.

For example, one study of adopted children whose birth mothers had a diagnosis of SAD, suggests that the supportive and positive parenting style of adoptive parents buffers the impact of a genetic predisposition to a high BI and the development of SAD (Natsuaki et al, 2013). Important prevention and intervention for SAD lies in secure attachment and positive and supportive but not overly involved caregiving relationships where the caregiver is emotionally regulated and can regulate their own arousal state (Beidel & Turner, 2007; Lohrasbe & Ogden, 2017; Muris et al., 2011; Shamir-Essakow et al., 2005; Spence & Rapee, 2016). Parents and guardians can work to form non-anxious and secure attachment and engage their children in prosocial behaviors with themselves and with peers and other adults. This may involve some extra internal work and therapy for a parent who relates to their child in an insecurely-attached way or struggles with their own anxiety or emotional dysregulation (Lohrasbe & Ogden, 2017).

Freeman-Longo et al., 2013 stress the importance of "good enough" secure-attachment in order to regulate the arousal of the nervous system in social situations and maintain a calm and engaged state of arousal where social engagement is possible and optimal.

Ludy-Dobson & Perry (2012) advocate for caregivers to receive therapy to understand their own trauma and to learn emotional-regulation techniques for themselves. Caregivers can also learn secure-attachment nurturing activities like: patterned, consistent, repetitive and reparative experiences of relational safety; attuned and child led attachment techniques like cuddling, gentle holding, rocking, routines; and attunement and co-regulation skills (Ludy-Dobson & Perry, 2012).

Caregivers help children securely attach by allowing for the expression of negative emotions and encouraging/modeling affect regulation (Shamir-Essakow et al., 2005) as well as offering attuned support when a child is dysregulated (Lohrasbe & Ogden, 2017). All these things have a potential to heal any lack of attachment that a child has already experienced and creating these social connections with caregivers builds pro-social skills and confidence in children that they can then translate to their friendships and other relationships (Howe & Fearnley, 2003; Ludy-Dobson & Perry, 2012).

Other parent and teacher interventions.

As seen throughout this section parents and teachers can do a lot to support children to build positive and healthy relationships and help them understand and manage their social anxiety through attunement and attachment. Stein & Walker (2009) outline some other ways that parents and teachers can intervene include some of the following. Parents are encouraged to allow children to speak for themselves even when the child looks uncomfortable.

Parents can encourage use of prosocial skills. A creative way to do this is by explaining that learning these skills is like learning to ride a bike; it is hard at first but practice makes it easier. If the child resists parent encouragement to practice social skills, it is recommended that parents fund another supportive adult to encourage them too, like a school counsellor. Parents and teachers can model social skills by introducing themselves to others and engaging in conversation in a calm confident way in front of children. It is also recommended to give rewards or help children connect social skills to rewards. For example, if a child asks the bakery employee at the grocery store for a cookie, then they can have that snack.

Spence & Rapee (2016) encourage caring adults to training children to notice when they are making negative interpretations of social events so they see that these interpretations may not be true and other possibilities could exist. For example, if a friend walked away when the social anxious child was speaking to them the child might interpret this as their peer rejecting them. Another possibility is that maybe the friend had to go to the washroom or simply got distracted. Ludy-Dobson & Perry (2012) encourage caringivers to involved their children in the community in some way, with the intention of connecting children to other positive and caring adults; as it is important for them to be able to have more experiences of others who are safe and reliable.

Teachers can also be involved in helping a child with social anxiety. They could advocate that the child sees the school counselor. Teachers can also talk to children ahead of time and let them know they will call on them in class and provide some coaching beforehand so they will know the answer when called upon. The goal here, is to help them get comfortable speaking in front of others without embarrassing them. Teachers can also incorporate some short presentations into the curriculum to allow children to practice speaking in front of others.

Trauma-informed and body-based approaches.

Relationship could be a trigger for those with SAD to be reminded of social-emotional trauma. When threatened, the brain and body then kick into a state of fight, flight or freeze in response to the threat (Van der Kolk, 2015). The sympathetic nervous system and amygdala become active, and one experiences nervousness and anxiety in their body with a raised heart rate, quickened short breaths, sweating and more (Levine, 2008; Van der Kolk, 2015). Stress and anxiety of any type are highly physiological experiences that can be approached with physiological body based interventions (Levine, 2008; Van der Kolk, 2015).

Due to the highly physiological nature of SAD and its connection to adversity and trauma, it makes sense to work with trauma-informed practices such as body therapies like Somatic Experiencing or Pat Ogden's Sensorimotor Psychotherapy, in order to calm physiological stress and work through any trauma associated with social anxiety (Levine, 2008; Ogden & Minton, 2000). This might look like helping children find their window of tolerance (when they feel like they are moving from calm and alert to either a hypo arousal or hyperarousal state), developing safety and grounding within the body, practicing interpersonal attunement, and caregiver and child working together to understand the child's arousal level and teaching self-regulation and co-regulation skills to manage arousal level (Lohrasbe & Ogden, 2017).

Lohrasbe & Ogden (2017) advocate that caregivers, this could include parents/guardians or teachers, do this work together. This could look like a parents noticing if a child is in a state of hyperarousal (racing heart, maybe showing upset or fast paced speech and movement etc.) and using a soft tone of voice, gentle eye contact on the child's level and maybe soothing touch to stabilize their arousal, or using activities like deep breathing or jumping jacks to stabilize arousal (Lohrasbe & Ogden, 2017). In schools this could look like using a curriculum like *MindUp*

(Kielty et al., 2017) or Kuypers & Winner's (2019) *The Zones of Regulation* curriculum to teach body attunement and somatic regulation skills in school.

Self-help.

Stein & Walker (2009) suggest a model for working with social anxiety that uses some aspects of CBT to help people understand and address social anxiety in their own life, without the aid of a therapist. This could be helpful for people who are not ready to enter a therapeutic relationship and/or do not have the means to do so. For children, the adults in their life could engage them in these self-help activities and support their growth in this way.

There are several self-help books and programs available for SAD but the following is an example of what one might look like. Some that are useful to children and families include: Triumphing Over Shyness by Stein & Walker (2009); Raising the Shy Child: a parent's guide to social anxiety by Christine Fonseca (2015); 10 Mindful Minutes: giving our children - and ourselves - the social and emotional skills to reduce stress and anxiety for healthier, happier lives by Goldie Hawn and Wendy Holden (2011); ABC Ready for School: An alphabet of Social Skills by Celeste Delaney and Stephanie Fizer Coleman (2018); Socialsklz:-) for success: how to give children the skills they need to thrive in the modern world by Faye De Muyshondt (2013). Stein & Walker (2009) propose a four step model that includes the following: 1) Understand the anxiety pattern. 2) Change how you handle anxious thoughts in an anxiety inducing situation. 3) Change anxious behaviors. 4) Accept anxious thoughts and feelings as part of the growth process.

Other.

Other treatments for SAD include: pharmacology, talk therapy, interpersonal psychotherapy, and supportive psychotherapy (Beidel & Turner, 2007; Stein & Walker, 2009).

Brunello et al. (2000) covers pharmacology solutions for SAD and says they often includes the use of monoamine oxidase inhibitors (MAOIs) but these have many adverse side effects. Benzodiazepines have also been used but they are highly addictive, with adverse withdrawal effects and their use is controversial. Most recently SSRIs - selective serotonin reuptake inhibitors have been prescribed for SAD, especially paroxetine, which is most studied with the most positive results for SAD so far and minimal side effects.

I personally believe that treatment would need to be individualized depending on what the client is interested in or what they want. Stein & Walker (2009) mention the importance of proceeding with treatment for SAD in a linear fashion, trying one thing to see if it helps and then adding or moving on to another type of treatment if no improvement is seen. One single solution does not always work for everyone and often a holistic approach is needed to address SAD (Stein & Walker, 2009).

I also think working on self-esteem and courage to face fears and live authentically using something like Brene Brown's *The Daring Way* curriculum might be of benefit to bolster self-confidence and challenge those negative thoughts, issues of shame and safety behaviors that are so prevalent in SAD. Pursuing authenticity, vulnerability and courage in relationships could help counter ideas that safety behaviors need to be maintained to create connections (Brown, 2010). This could slowly and gently challenge young people to live a freer and more authentic social life if and when they are ready to engage in the challenges of facing the social fears and are ready to risk being more present in relationships.

The reason I think this would be a helpful direction to go is because Brene Brown's research focuses on experiences of shame and connection and social anxiety has been shown to be connected to shame and shame impacts the ability of children to connect (Hedman et al.,

2013). Hedman et al. (2013) connects shame and social anxiety by pointing out that a main feature of SAD is wanting to appear favorably to others but feeling they are unable to do so because they do not believe they are favorable. Feeling this need to portray a positive image to others in order to avoid a social disaster (Hedman et al., 2013; Spence & Rapee, 2016) touches on Brown's (2006; 2010; 2019) work which encourages people to challenge shame by showing up authentically and embracing the vulnerability of the possibility of being rejected but also the possibility of finding a real sense of belonging even though one is imperfect.

Possibilities for working with children using Brown's (2006; 2010; 2019) ideas include introducing children to the practice of shame resiliency by teaching skills for empathy (be there for others), connection (the challenge to show up as yourself, flaws and all), power and freedom (knowing that their choices can effect change). Brown (2006, p. 49) says, "…one of the most important benefits of developing empathy and connection with others is recognizing how the experiences that make us feel the most alone, and even isolated, are often the most universal experiences.". Helping children recognize that they are not alone in their difficulties and anxieties is an important step in healing shame and creating connection and community could perhaps be found in groups for children who experience social anxiety or simply through adults in children's lives sharing their own past experiences of hardship and resilience (Brown, 2006).

Bibliotherapy as Intervention and Prevention

Bibliotherapy has also been shown to be helpful in creating change for children struggling with various mental health concerns, including social anxiety. Using story as therapy, bibliotherapy, offers a way to open up conversation around many topics like social anxiety. Bibliotherapy and story can be a fun and interactive way to educate children, as they may relate to characters in a story who demonstrate ways of managing difficult issues, like social anxiety.

Jenkins (2013) beautifully states, “Stories are central to our development of self-concept and identity and how we distinguish ourselves from others - a process central to our wellbeing.” (p. 1). Storytelling has been used for centuries and by many Indigenous groups as a tool for understanding and insight (Jenkins, 2013). Yet, as science and technology have emerged as valid ways of making sense of the world, storytelling has moved to the wayside in western culture (Jenkins, 2013). It is important to reignite the use of story and continue to acknowledge its value, as this ancient practice can be used as a way to explore the intricacies of the human experience, to resolve conflict and to display the resilience of the human spirit (Jenkins, 2013).

The term ‘bibliotherapy’ was coined by Samuel McChord Crothers in 1916 in an essay he wrote about at minister who uses selected readings to help men successfully deal with many issues, from depression to unemployment (Bate & Schuman, 2016). Bibliotherapy does not specifically belong to any one therapeutic theory or modality but has been touted as helpful by Freud who loved literature and by the mindfulness movement which claims mindful reading can help relieve a troubled mind and bring comfort during distress and grief (Bate & Schuman, 2016).

Specifically, in a therapeutic context, bibliotherapy has been used as a way of using story to bring about social and emotional healing. Perry & Malchiodi (2008) describe bibliotherapy as the practice of choosing specific literature to suit the therapeutic process. Therapists have found that bibliotherapy helps reduce social anxiety and other forms of mental un-wellness (Chung & Kwong, 2009; Perry & Malchiodi, 2008). Symptoms of trauma have also been successfully treated with the use of bibliotherapy (Perry & Malchiodi, 2008). Bibliotherapy can be used on its own or paired with other treatments. In a study by Chung & Kwong (2009) clients with social anxiety joined a CBT therapy group that utilized bibliotherapy alongside the group work, which

was found to be effective. Latchem, J. M., & Greenhalgh, J. (2014) completed a systematic review of the literature and found eleven out of twelve studies showing reading, alone or with others, increases the well-being of people with neurological conditions. Sekhavatpour, Khanjani, Reyhani, Ghaffari, Dastoorpoor (2019) share results from a randomized control trial showing reading illustrated books reduces anxiety of children after surgery. Further, Brouzos, Vassilopoulos & Moschou (2016) support the use of bibliotherapy for social anxiety and found that storytelling contributed to the well-being and reduced social anxiety in children with a distinct physical appearance, such as children who wear eye glasses.

The benefits of bibliotherapy and the use of story in therapy are vast. Stories can be helpful for developing effective coping skills, and clients can receive guidance and insight by learning from the characters and the problems they face (Blenkiron, 2005; Vries et al, 2017). Stories help us create meaning and make sense of our past, present, and future (Blenkiron, 2005; Perry & Malchiodi, 2008). They give us the ability to re-story our lives, to acknowledge different plots, attend to different sub narratives and create our desired future. They harness the imagination and help us visualize new possibilities. Children are especially astute at using their imagination, so stories are a natural way for many children to engage with hope.

As Perry and Malchiodi (2008) thoroughly describe, storytelling describes universal and common experiences to help children see that they are not alone in their struggle, and that others have experienced these problems too. The children can identify and connect with characters, characters that suffer in the same way they do but who also model problem solving skills and claim different outcomes are possible. Reading also has a powerful calming effect and books can encourage self-soothing, with smooth rhymes or through the calming and fanciful imagery of picture books. When children can connect to a story personally it can help them engage with

their fears, concerns, worries, questions and other emotions from a different angle. The focus on a character outside of themselves creates a safe distance from the child's own problem so it is not overwhelming, but creates enough similarity that they can explore their problems in a new way.

Some guidelines for using bibliotherapy from Perry and Malchiodi (2008) include:

- Ask yourself if the story is relevant to the child's situation.
- The therapist can introduce what the book is about and why it is important, but try to avoid relating it specifically to the child's personal situation and let the child make any connections to their personal experience on their own.
- Be aware of reading level and developmental needs, choosing books that will be understood and enjoyed by the child.
- A good therapeutic book engages the imagination and the senses, children often like animal characters, beautiful illustrations and rhythmic language.
- Choose comforting and reassuring stories, ones that end with the problem being resolved.
- Books can encourage self-soothing, grounding, and mindfulness skills to help children learn these in a fun engaging way. Choose books with calming imagery. Some examples include: Breath Like a Bear by Kira Willey and Anni Betts (2017); If You Find a Rock by Peggy Christian and Barbara Hirsch Lember (2008); Listening to My Body by Gabi Garcia and Ying Hui Tan (2017).
- Alternate between light and heavier readings.
- Read stories or essays written by children their own age that they can relate to.
- Encourage with a child's free flow associations and ideas.
- Honor each child's unique perspective on the story; there is no right or wrong.

Some questions to ask a child when using bibliotherapy (Perry & Malchiodi, 2008) include:

- Are you like any of the characters?
- Do any of these characters remind you of someone?
- Who would you like to be in the story?
- Is there anything you would change in the story?
- What is your favorite part of the story?
- Did anything in the story ever happen to you?
- What do you think will happen to these characters a week from now?

It is worth noting that both reaching out loud together and reading alone are worthwhile therapeutic approaches (Latchem & Greenhalgh, 2014). For some children with attention or learning difficulties, or those without, storytelling does not have to be confined to reading books, but can be an engaging and interactive process created through other art forms; like free play, theater, puppetry, visual art making, story writing or music and dance (Malchiodi, 2010; Perry & Malchiodi, 2008)

Diversity in treating social anxiety.

As noted above in the literature review, there are studies showing that symptoms of SAD seem to be more prevalent among woman, those who are not married, individuals living in lower income households, transgender or gender non-conforming populations, sexual minority men, Mexican immigrants, African Americans, Indian Americans, and in populations that experience victimization or oppression systemically or in the home (APA, 2013; Beidel & Turner, 2007; Jordan, 2005; Kaplan et al., 2019; Mahon, Kiernan & Gallagher, 2019; Polo & Lopez, 2009; Shields, 2005).

Mahon et al. (2019) notes that minority stress and discrimination, or being different than the majority, is associated with heightened social anxiety and encourages engaging in supportive

community to build resilience to minority stress and subsequent social anxiety. Kaplan et al. (2019) also makes the connection that anticipation of social threat increases in situations of minority stress, which could lead to social anxiety. Jordan (2008, p. 1) speaks about the anxiety caused by being a minority saying, “Unmitigated chronic fear is an unsafe context that leads to a traumatic sense of disempowerment and personal immobilization, whether it is in war, childhood sexual abuse, living with a battering partner, or, perhaps in a subtler way, in being immersed in messages of un-safety, danger, and having no influence in the larger public domain.”. It is important to be aware and keep these socio-political stressors in mind when addressing issues of social anxiety in children who are part of minority groups and to not minimize the courage it takes to show up assertively in social or political spaces where one is a minority (Beidel & Turner, 2007).

Spence & Rapee (2016) point out that symptoms of social anxiety can be interpreted differently in different cultural settings. For example, being a socially withdrawn child is not interpreted as negatively by peers in East Asian countries and is even seen as a positive quality. Hofmann, Anu Asnaani & Hinton (2010) point out that the behaviors that come with SAD could be treated differently in different cultures depending what is defined as shameful behavior in that culture, as social anxiety is often concerned with avoiding public shame.

People’s experiences of social fear, and the social behaviors they want to avoid, are diverse and can vary between cultures. For example, in Japan there is a separate diagnosis that is similar to our diagnosis of SAD but is called Taijin kyofu-sho. Taijin kyofu-sho is a fear of causing embarrassment to others rather than to oneself (Beidel & Turner, 2007; Hofmann et al., 2010). Beidel & Turner (2007) also mention how silence is a form of communication in some Native American cultures. In conclusion, anxiety regarding social interactions is a common

human experience across cultures (Spence & Rapee, 2016) but it is worth noting that this anxiety may appear different in different cultures and that most samples in studies for SAD are drawn from American populations (Hofmann et al., 2010).

Summary of Literature Review

In the literature the etiology and risk factors that can lead to the development of social anxiety or Social Anxiety Disorder are broad yet mainly include: genetics and neurobiology, trauma and adversity, a trait of high BI, engagement in safety behaviors, lack of social skill development, and negative cognitive processes. Interventions for SAD covered in the literature include CBT, CBT groups, mindfulness, social skills development, strengthening protective factors (positive coping skills, high self-esteem, high quality of life, social skills, emotional regulation skills), working on secure child-caregiver attachment, body-based healing methods, CBT self-help books, and pharmacology. The literature indicates that bibliotherapy is also a useful therapeutic tool when working with social anxiety. It is understood that bibliotherapy helps readers gain insight, relate to characters and therefore feel less alone. Bibliotherapy can introduce effective coping skills, psychoeducational content, and new possibilities, all in a format that is accessible and captures the imagination of children. It addresses cultural diversity by discussing areas to be aware of regarding diagnosis and experiences of social anxiety cross culturally and among minority groups.

Chapter Three: Project Description

Introduction

This project includes a children's book about social anxiety and a one-page informative handout for caregivers of children with social anxiety. Both the children's book and handout have been informed by a thematic literature review on the topic of social anxiety.

Thematic Literature Review

Themes reviews include etiology, treatment and prevention of social anxiety, social anxiety in children, bibliotherapy and social anxiety, attachment and trauma's effects on social anxiety, and multicultural perspectives on social anxiety. Overall I collected over 80 sources using University of Northern British Columbia's (UNBC) academic library as well as the occasional use of Google Scholar, Prince George Public Library and the purchase of digital books. I utilized some of the textbooks and resources from my educational experiences as a graduate student in UNBC's Masters of Education Counselling program. Some of the search terms in my literature review included, but are not limited to: social anxiety, social anxiety in children, shyness, agoraphobia, social phobia, fear of public speaking, trauma and social anxiety, etiology of social anxiety, treatment of social anxiety, attachment and social anxiety, culture and social anxiety, minority social anxiety, behavioral inhibition, mindfulness social anxiety, cognitive behavioral therapy social anxiety etc.

I organized and prioritized information by reading abstracts and summaries of books and articles and then thoroughly reading the content of those that where applicable to this project. I collected data by highlighting paper printouts, using an excel spreadsheet, and an application called "workflowy" that helped me organize and move information around according to themes and topics.

The themes that emerged during the review were around etiology and risk factors as well as preventative and treatment interventions for social anxiety and social anxiety disorder. An overarching theme throughout the review was the critical importance of early intervention.

Outcome

As a result of the literature review, this picture book and caregiver handout includes information on etiology and maintenance factors of SAD as well as intervention measures. The picture book resource mainly utilizes bibliotherapy and weaves in multiple interventions by including elements of Cognitive Behavioral Therapy, psychoeducation/self-help, mindfulness, trauma-informed practice and commentary on possible behavioral and relational interventions as depicted throughout the fictional story.

I created this project to offer an interactive and educational resource to children and caregivers of children struggling with social anxiety in the form of a children's book and informative handout for caregivers. I created a children's fictional picture book around the theme of experiencing and managing social anxiety utilizing the data I have gathered on etiology, prevention, and interventions for social anxiety.

Summary

This book explores themes that emerged from the literature and includes content about: anxiety, mindfulness, self-talk, self-esteem, facing fears/exposure, self-regulation, social skills, and healthy relationships. I developed characters and scenarios for engaging storytelling to take place around these themes and helps children who are facing social anxiety through providing a demonstration of how someone could manage their anxiety. The story features a girl, around the age of eight, who begins to notice symptoms of social anxiety. Through the help of her Mom, a drama teacher, friends, and opportunities to face her fears, is able to manage and overcome some

negative cognitions, hyperarousal body sensations, negative emotions and unhelpful safety behaviors of social anxiety as she takes part in a drama class and theater production at her school.

Tools such as cognitive reframing, self-regulation, mindfulness, pro-social skills, new narrative building, exposure exercises and attuned caregiving are demonstrated in the story. Although specific research on narrative therapy for social anxiety could not be found the narrative therapy tool of externalizing is also demonstrated in this story to make the story more interactive, as the main character in the story seeks to manage her social anxiety, which is externalized as a monster (White, 2007). My hope is children will pick up on these skills and utilize some of them to manage their own emotional regulation and social anxiety experiences. Perhaps they could build a new narrative around their social anxiety as Ira did; a narrative that they are not the problem (social anxiety) and that social anxiety can be managed. I hope, especially with the support of a caring adult who can use the handout resource to guide them on how to use bibliotherapy, that conversations can be facilitated with children around helpful tools for change.

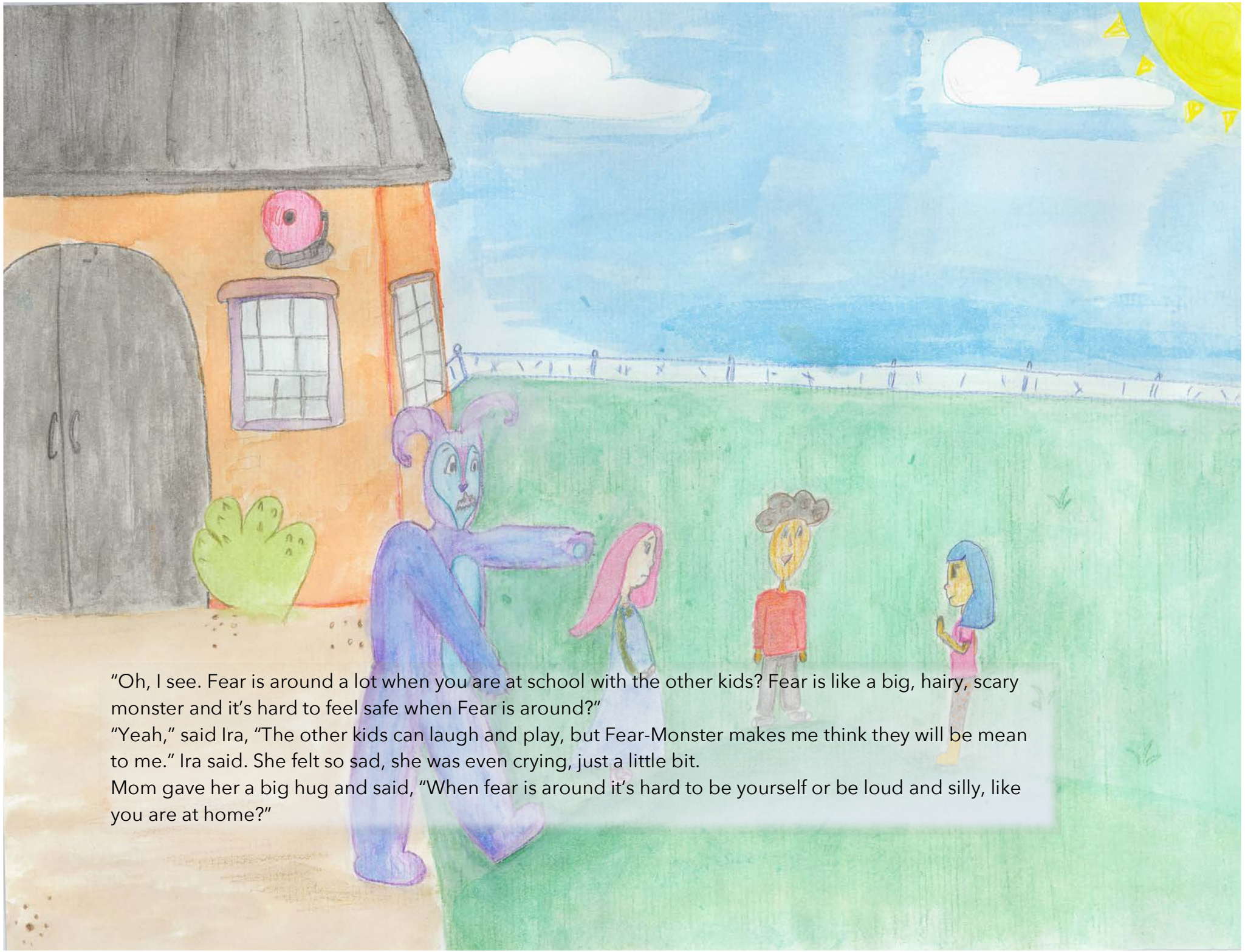
The characters in the picture book, friends and adults, represent diversity of cultural and family backgrounds. The picture book is written at a reading level suitable to children around age eight to nine. I followed the Scholastic Guided Reading Levels and wrote for grades three to four at the appropriate reading levels of J - T in the Scholastic Leveling Resource Guide (Scholastic, n.d.).

I have coupled this book with a handout for caring adults who know children with social anxiety. It focuses on the relevant information I have gathered throughout this literature review. This have included information on what children with social anxiety might experience, how to

use the book as a bibliotherapy tool, and what some possible interventions might be. The handout is a tool to inform caregivers (parents/guardians, teachers, counsellors etc.) about how they might help a child with social anxiety. The handout also lists resources that are available to support children experiencing social anxiety. The children's book and caregiver's handout come together, as the handout will be tucked into the back of the children's book.

Chapter 4 –Quiet Ira

"Hey Mom, look!," Ira said, "I drew a big scary, hairy monster! ROAR!"
"Haha, wow that is scary," Mom laughed, "and hairy!"
"Mom, I had a big bad day at school." she said, looking sad. "When other kids tried to talk to me my tummy did flip flops and squeezed real tight. My knees got shaky and my heart went 'thump thump' real fast, and then my words couldn't come out. The kids call me quiet and sad but I know I'm not, I'm loud and silly at home." Ira made a silly face.

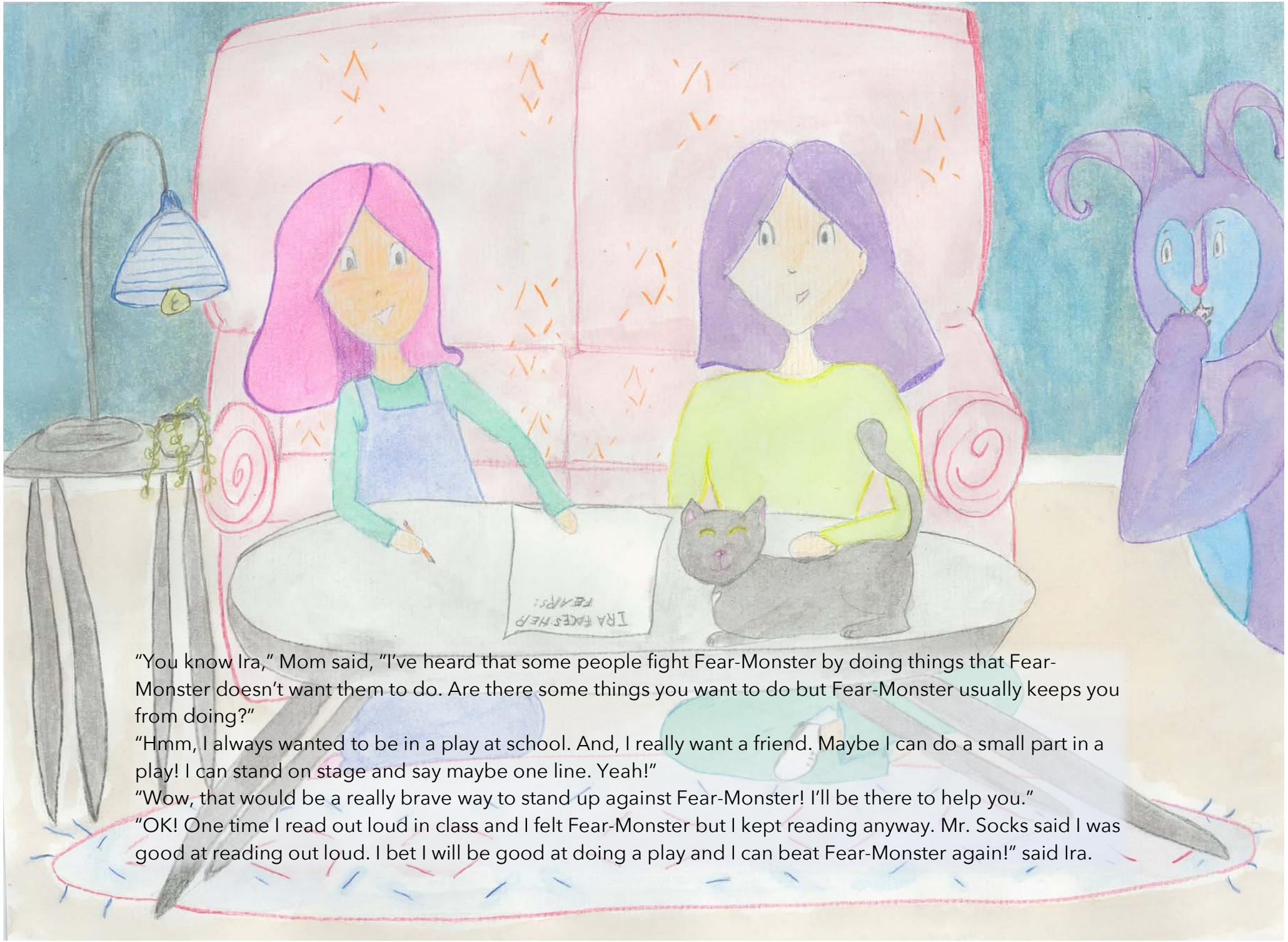


"Oh, I see. Fear is around a lot when you are at school with the other kids? Fear is like a big, hairy, scary monster and it's hard to feel safe when Fear is around?"
"Yeah," said Ira, "The other kids can laugh and play, but Fear-Monster makes me think they will be mean to me." Ira said. She felt so sad, she was even crying, just a little bit.
Mom gave her a big hug and said, "When fear is around it's hard to be yourself or be loud and silly, like you are at home?"

"Yeah, I don't like big, hairy scary Fear-Monster hanging around so much! I want him to go away. I'll...woosh him away with my wizard wand!" Ira wooshed her wand. Hairy, scary Fear-Monster, and Ira, and her Mom, and her cat Indie, were all of the sudden covered in Ira's magic wand sparkle dust. "Hahahahaha!" Ira and Mom laughed.

"It kind of exploded didn't it?" said Mom.

"Yeah, that was crazy!" Ira giggled. Indie cat shook his black fluffy fur and sneezed out sparkles, "Achoo, choo."



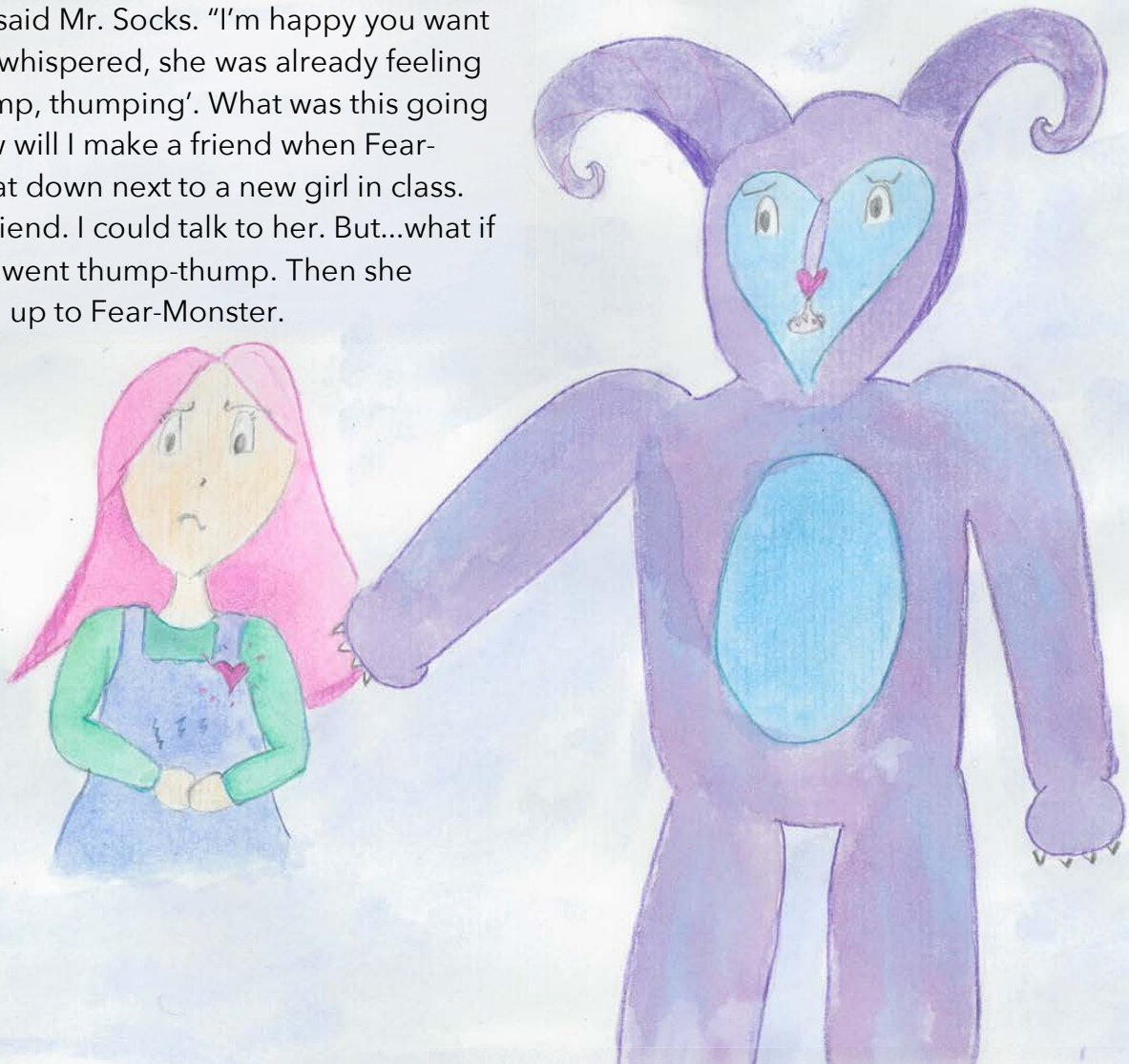
"You know Ira," Mom said, "I've heard that some people fight Fear-Monster by doing things that Fear-Monster doesn't want them to do. Are there some things you want to do but Fear-Monster usually keeps you from doing?"

"Hmm, I always wanted to be in a play at school. And, I really want a friend. Maybe I can do a small part in a play! I can stand on stage and say maybe one line. Yeah!"

"Wow, that would be a really brave way to stand up against Fear-Monster! I'll be there to help you."

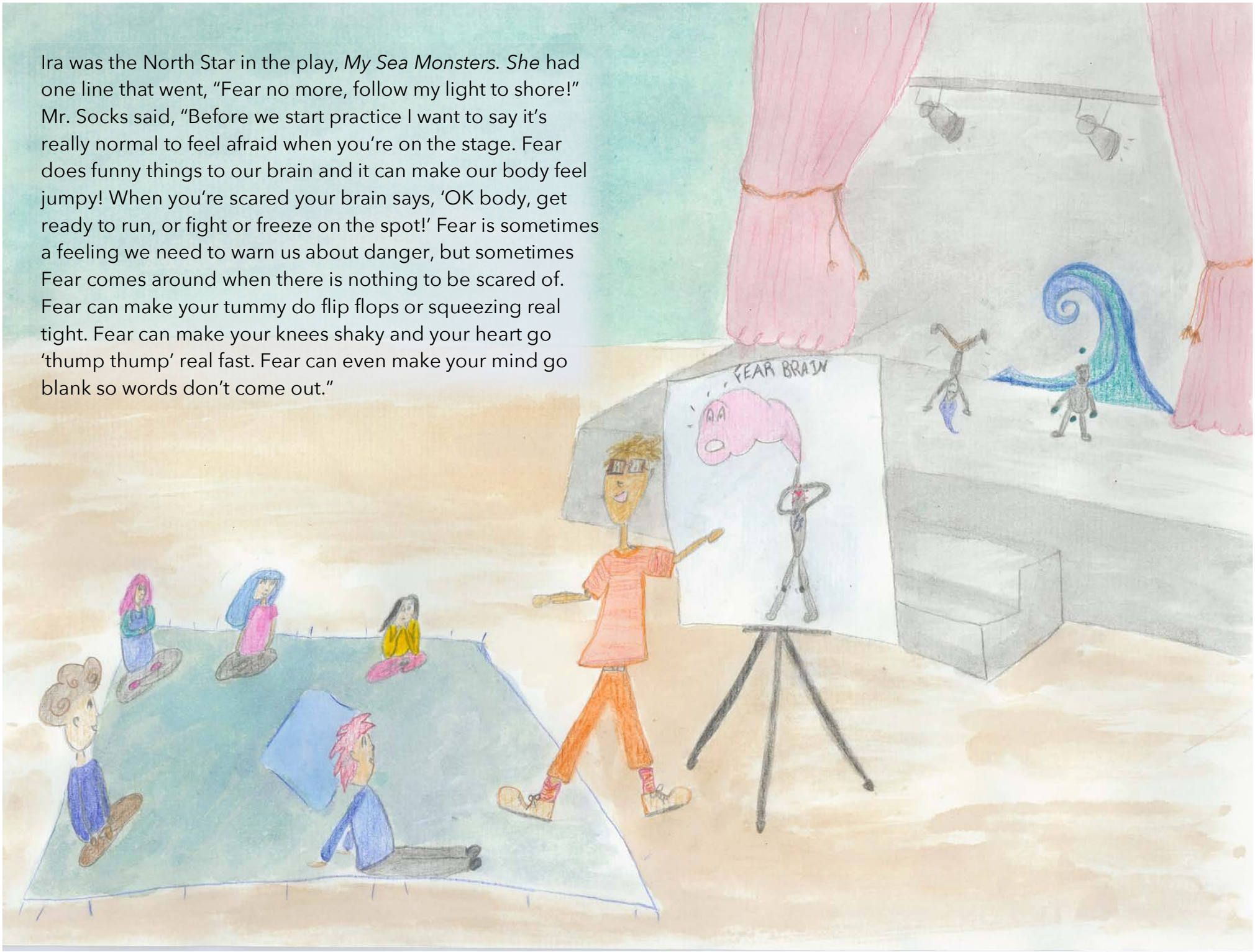
"OK! One time I read out loud in class and I felt Fear-Monster but I kept reading anyway. Mr. Socks said I was good at reading out loud. I bet I will be good at doing a play and I can beat Fear-Monster again!" said Ira.

"Welcome to theater class Ira." said Mr. Socks. "I'm happy you want to be in our play." "Thanks." Ira whispered, she was already feeling nervous and her heart was 'thump, thumping'. What was this going to be like?' she wondered. 'How will I make a friend when Fear-Monster makes me quiet?' Ira sat down next to a new girl in class. She thought, 'I want to be her friend. I could talk to her. But...what if she doesn't like me?' Ira's heart went thump-thump. Then she thought of how she could stand up to Fear-Monster.



Ira thought 'I guess I'll just sit down and see what her name is.'
"Hi, what's your name?" Ira quietly asked the girl.
"Hi! I'm Sia!", she said. "I love plays! I've been in 4 already! Who are you? I mean, what is your name? Have you been in a play before? Also, I have 4 cats! Do you like cats?"
Ira thought Sia talked lots and was funny and nice. She said her name was Ira and then class started. 'I did it.' Ira thought, 'I talked! I stood up to Fear-Monster! I think I can do this.'

Ira was the North Star in the play, *My Sea Monsters. She* had one line that went, "Fear no more, follow my light to shore!" Mr. Socks said, "Before we start practice I want to say it's really normal to feel afraid when you're on the stage. Fear does funny things to our brain and it can make our body feel jumpy! When you're scared your brain says, 'OK body, get ready to run, or fight or freeze on the spot!' Fear is sometimes a feeling we need to warn us about danger, but sometimes Fear comes around when there is nothing to be scared of. Fear can make your tummy do flip flops or squeezing real tight. Fear can make your knees shaky and your heart go 'thump thump' real fast. Fear can even make your mind go blank so words don't come out."



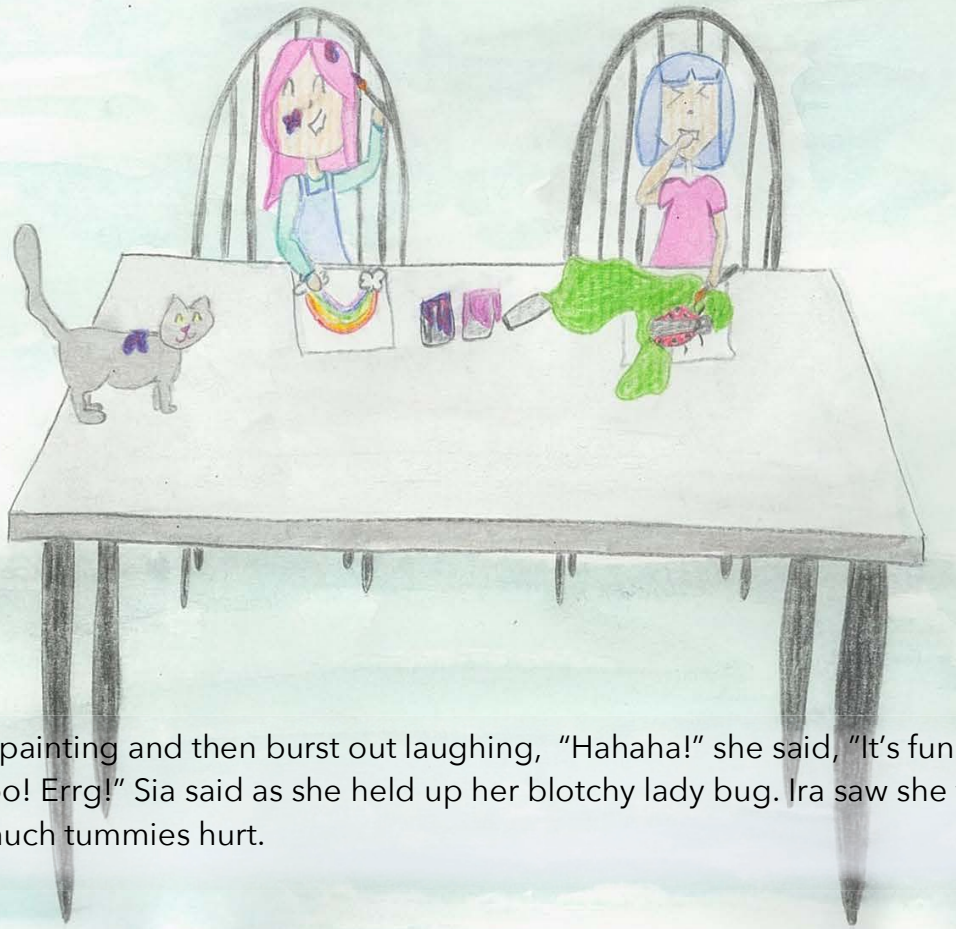
‘Hmm,’ thought Ira, ‘I didn’t know other people felt fear too.’ Mr. Socks explained how kids can beat fear by breathing a big breath into their tummy, like a balloon. He said, “Breathe in through your nose for 1-2-3-4-5. Hold your breath for 1-2-3-4-5. Breathe all the way out.” Ira tried and felt very calm.

Mr. Socks taught them that paying really close attention to something…not scary…can help kids stop thinking about Fear-Monster thoughts. He gave them goopy slime, spiky rocks, and round marbles. Ira got a marble. She paid really close attention to it and focused very hard on her marble. She saw it was purple and blue and shiny and smooth. It looked like water and felt like glass. She forgot about Fear-Monster for a minute. If Fear tells them being on stage is too scary, Mr. Socks said they could tell fear to be quiet. They can think, "Fear you're wrong. I am safe right now."

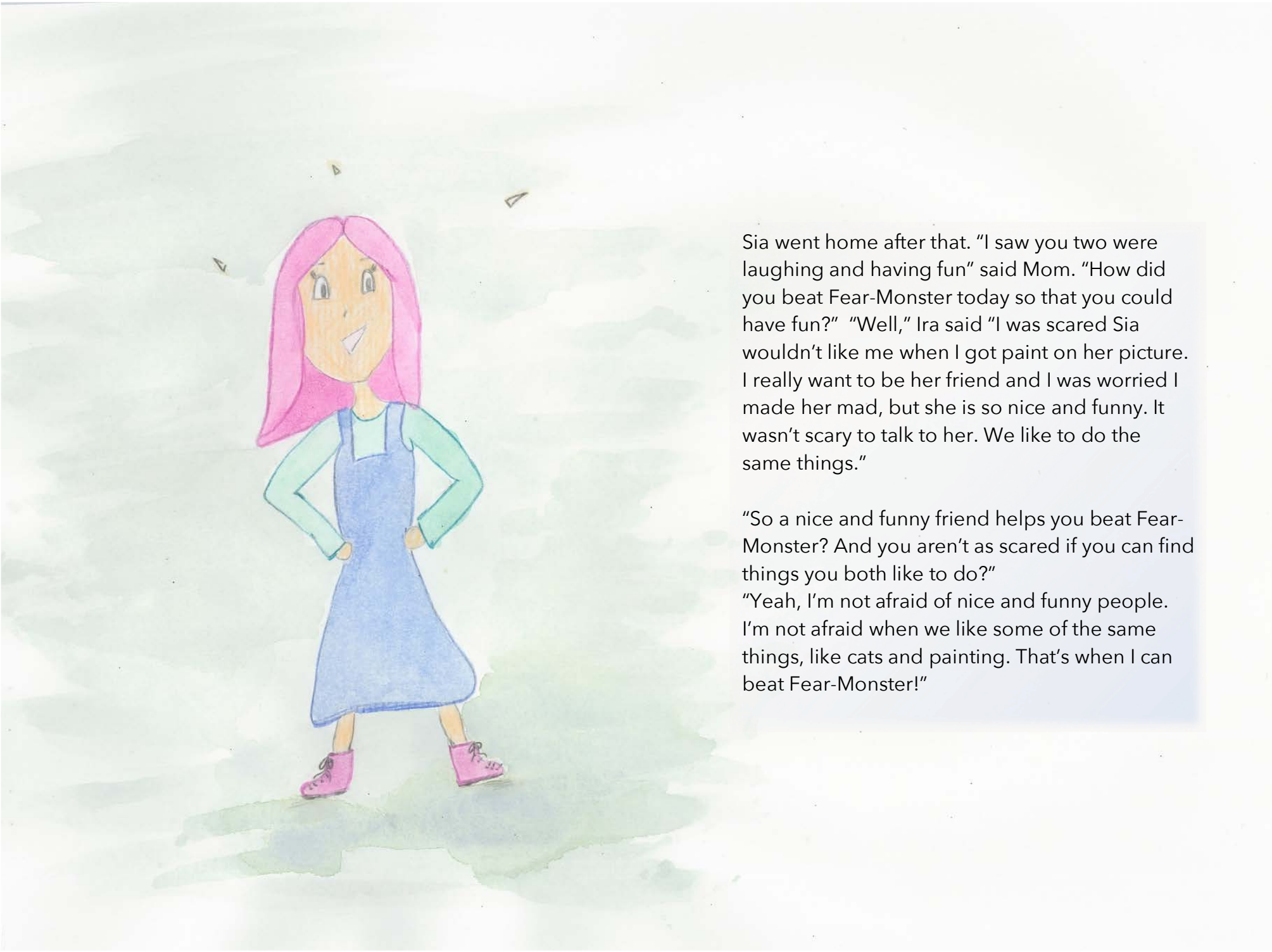
After class, Ira asked Mom how to make friends with Sia. Mom said they could have her over to play. Ira really wanted to ask Sia over but she felt scared, like Fear-Monster was getting in the way of her making a friend. Ira decided she really wanted a friend even if she felt shy. She felt her heart go 'thump thump' but walked over to Sia and asked her to come over. Sia said yes!

Mom once said to try to ask Sia a question if she didn't know what to talk about. They got home and Ira decided to ask, "What do you like to do for fun Sia?"

Sia said, "I love painting! Can I meet your Indie cat?!" Indie cat jumped on the table to say hi to Sia. Then they decided to paint. Ira was having so much fun! Paint was going everywhere! On her nose. In her hair. Then on Sia's ladybug picture. "Oops! Oh no! I'm sorry Sia!" she said. Ira began to feel so scared. Scared that Sia was going to get really mad.



Sia looked down at the painting and then burst out laughing, "Hahaha!" she said, "It's funny looking. Like a...bug boogie man! Boo! Errg!" Sia said as she held up her blotchy lady bug. Ira saw she wasn't mad and they both laughed so much tummies hurt.



Sia went home after that. “I saw you two were laughing and having fun” said Mom. “How did you beat Fear-Monster today so that you could have fun?” “Well,” Ira said “I was scared Sia wouldn’t like me when I got paint on her picture. I really want to be her friend and I was worried I made her mad, but she is so nice and funny. It wasn’t scary to talk to her. We like to do the same things.”

“So a nice and funny friend helps you beat Fear-Monster? And you aren’t as scared if you can find things you both like to do?”
“Yeah, I’m not afraid of nice and funny people. I’m not afraid when we like some of the same things, like cats and painting. That’s when I can beat Fear-Monster!”

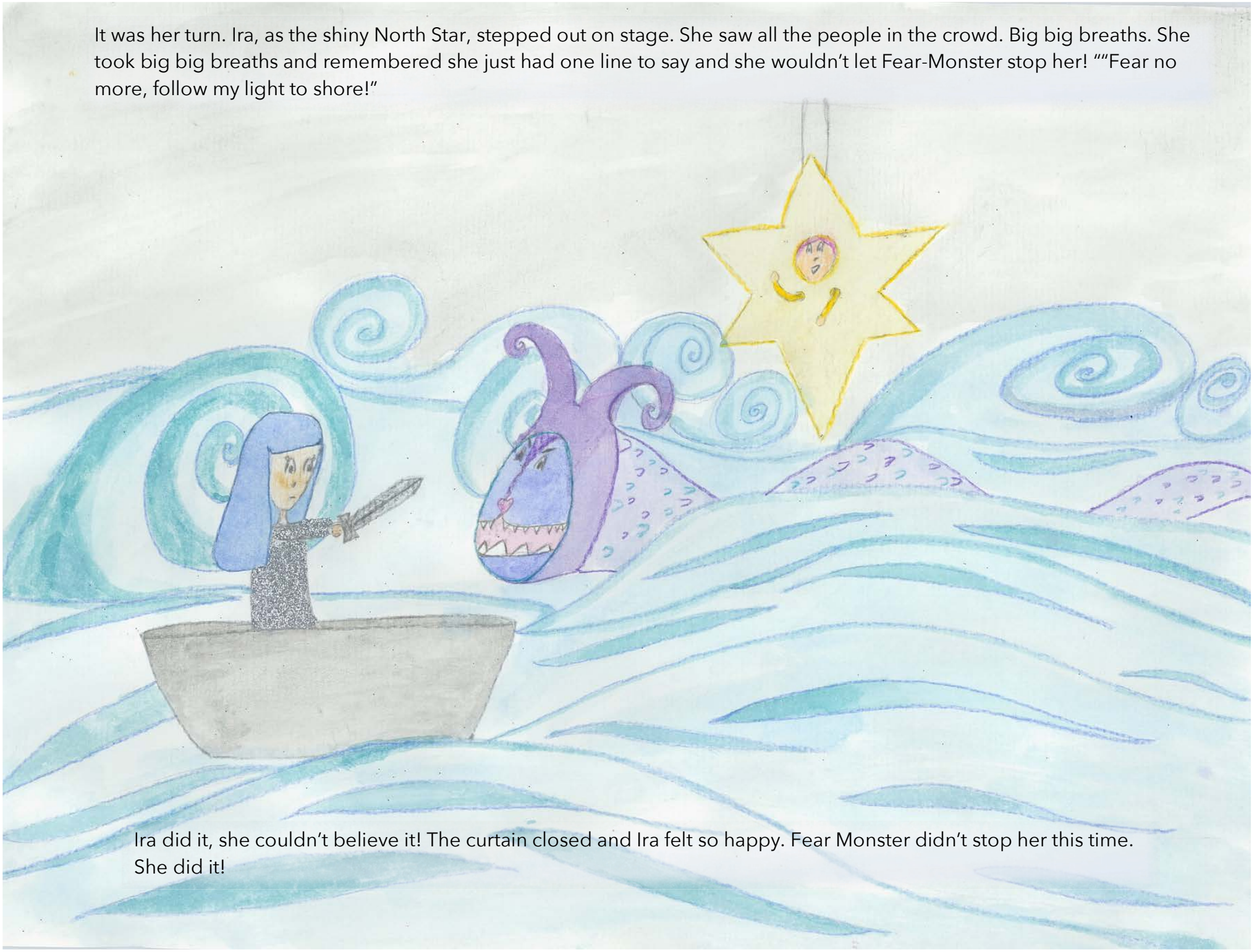
The next few weeks, Ira went to theater class and became good friends with Sia. At first she was scared to say her line in the play. She spoke verrry quietly. No one could hear what she said. She kept trying her line and faced Fear every day. Soon she was less and less afraid. When her heart was thumping and bumping, she took BIG deep breaths. When she was worried that people didn't like her, she remembered that Fear-Monster was making her scared. She stood up to Fear-Monster every time she said her line and every time she talked to Sia.

Soon she was saying her line loud and clear
,…with little fear!

Opening night came fast and it was time for everyone to come watch the play. Ira was excited and nervous. Her part was coming up soon. She peeked out at the crowd. She saw all the people and her tummy did flip flops. Her knees got shaky and her heart began to 'thump thump' real fast. She worried she would trip and fall on the stage and people would laugh. Her mind was racing really fast.

She reached into her pocket and found the marble Mr. Socks gave her. She focused really hard on the marble. It was heavy and shiny and blue. She forgot about fear for a minute. She took BIG breaths in and big breaths out. She thought of all the times she beat Fear-Monster and how she said her line real loud and made a friend. She was tough for fighting Fear-Monster. She said in her head, "Fear is wrong. I am safe right now."

It was her turn. Ira, as the shiny North Star, stepped out on stage. She saw all the people in the crowd. Big big breaths. She took big big breaths and remembered she just had one line to say and she wouldn't let Fear-Monster stop her! ""Fear no more, follow my light to shore!"



Ira did it, she couldn't believe it! The curtain closed and Ira felt so happy. Fear Monster didn't stop her this time. She did it!

After the play, they had a party to celebrate. Sia said they did so great! “Fear no more, follow my light to shore!” they both yelled as they gobbled down their cake.

For Caring Adults: How To Use This Resource With Children Experiencing Social Anxiety
Starting the conversation: What is shyness and fear like for you?

This book can be used to start conversations with children who might be experiencing shyness or social anxiety. Through conversation children may find it helpful to discover they aren't the only ones experiencing shyness or social anxiety. Having a caring and accepting adult to talk to is an important step towards healing and fighting social anxiety. This handout goes over several ways to support children in that process.

Some ideas for how to use this book in a therapeutic way:

- Reading this book aloud with a child is recommended, as it creates a space for conversation to start about their own experience of anxiety.
- Reading in an animated voice helps engage children in the story and bring the story to life. You can even practice the breathing exercises with your child to engage in skills displayed in the story.
- Encourage a child's free flow associations and ideas about the story, there is no right or wrong and each child will have a unique perspective.
- You can use Ira's experience of social anxiety as a starting point to ask about what social anxiety/shyness is like for them

Everyone experiences social anxiety a bit differently but in this story, Ira displayed what living with shyness or social anxiety is often like. Ira's heart racing, her knees getting shaky, and her stomach is upset in social situations. Sometimes this experience of anxiety made it hard for her to speak and she spoke very quietly and wanted to leave social situations. Anxiety made her nervous to sit in a circle of people she didn't know yet and it was hard for her to ask Sia to come

over for a visit. She often worried that people wouldn't like her and worried about doing something socially wrong and then losing a friend; like when she spilt paint on Sia's picture and worried Sia wouldn't want to be friends anymore. She had difficulty speaking in front of the crowd at the play. Overall she was worried that she would be rejected or would look silly or stupid in front of others and that they would judge her.

Some questions to ask a child about the story could include:

- Are you like any of the characters?
- Who would you like to be in the story?
- Is there anything you would change in the story?
- Do you ever feel fear like Ira does when you are making friends?
- What is your favorite part of the story?
- Did anything in the story ever happen to you?
- What do you think will happen to these characters a week from now?
- What does Fear feel like for you?

Working with Kids to Managing Shyness and Social Anxiety

Teaching about the body and anxiety

In the story Mr. Socks teaches about how our brains can respond to danger by going into fight, flight or freeze mode. Anxiety is a result of our body responding to threats and wants to keep us safe by getting us to leave the situation, freeze on the spot so we aren't seen, or fight back. Adults can help kids understand the anxiety response in the brain and body by explaining

this one on one, or in the classroom. A good kid-friendly video to help explain this can be found at: https://www.anxietycanada.com/learn-about-anxiety/anxiety-in-children/

Fear as a noun

In the story Ira's fear and anxiety is talked about as the Fear-Monster. The problem of fear is not Ira, she is not the problem and is then able to stand up against the problem of Fear when it gets too big. Talking about fear/anxiety as something separate from the person helps children feel a sense of power over the problem and avoids the possibility of children characterizing themselves as afraid and powerless. Caring adults can use this language by speaking about the problem as a noun. For example, say, "Fear does this or that to you. You stood up against Fear when you did ____." to promote this way of thinking for children.

The type of relationship a child has with Fear/Anxiety is also important. Ira thanked her fear and noticed it was trying to keep her safe, but she also didn't want it to get too big or controlling in her life. Ira and Mom talked about how Fear helped protect her from mean kids but keeping her out of the spotlight (in freeze mode) but how it is now trying to keep her quiet even around kind people. Noticing ways Ira stood up to Fear to help it shrink was key in helping her gain back power over Fear. Ira stood up to Fear when she said her line and when she asked Sia over to play. Caregivers can notice when children gain the upper hand or stand up against Fear/Anxiety in order to encourage them and their power.

Coaching and modelling social skills

During the story Mom gives Ira a few suggestions for how to interact with Sia and build a friendship. Some social skills that caregivers can encourage and role model to children might be: Finding things you have in common with someone, asking someone's name, generally showing

interest and asking people questions (maybe about what they like to do), inviting friends over, kindness, humor and laughter, sitting beside someone you would like to befriend.

Mom also supported social tasks that would facilitate opportunities for Ira to practice social skills. For example, she encouraged Ira to had Sia over and also talked to the teacher about getting Ira a suitable part in the play. Supporting opportunities for practice social skills makes change possible. It takes time and a few experiences of social success for a children's confidence to build up. Here are a few resources about helping kids build social skills:

- ABC Ready for School: An alphabet of Social Skills by Celeste Delaney and Stephanie Fizer Coleman (2018)
- Socialsklz:-) for success: how to give children the skills they need to thrive in the modern world by Faye De Muyshondt (2013).

Responding when a child shares about their shyness/social anxiety

During the reading of this book or as you open up the discussion about shyness and social anxiety, your child may begin to share about their difficult (and usually painful) experience of shyness. Ira's Mom modeled responding to a child with emotional support followed by brainstorming solutions with Ira. Out of care and concern we may tend to want to change and fix difficult situations for our children, but it is important to provide emotional support, and to validate how hard the experience of shyness has been, before moving to solutions. Acknowledging sadness, anger and any other emotion the child has about their shyness helps build an important connection with you as you become their ally in the stand against Fear/Anxiety. After painful feelings are validated and empathized with, people find it much easier to move into brainstorming about solutions.

Facing fears is small ways

Ira and her mom spent some time thinking about things that Ira wanted to do that Fear was keeping her from doing. Asking what Ira wanted helped her get invested in doing the hard work of facing Fear. Adults can help children identify what Fear/Anxiety is keeping them from doing that they really want to do, to help them get involved in their own change and to discover if they want to change. If children come up with some things to try please ensure that, like Ira, their goals are achievable and not too overwhelming for them. If Ira has had a main role in the play, she might have simply given up as that would be overwhelming for her to go from not speaking to friends to saying many lines in a play. Try to help children come up with some small steps, support their pace, work on being ok if they change the goal to something smaller, and simply encourage doing their best.

Change can be slow and challenging and facing fears takes tremendous amounts of energy and courage. Noticing and celebrating any small way that a child stood against Anxiety/Fear will help them build the confidence and courage needed for them to make larger changes later. Become a professional detective searching for times they have stood up to Anxiety/Fear and ask them how they were able to do that so they can notice their skills and strengths. Mom does this with Ira after her and Sia's play date by noticing that they were laughing together and wondering how Sia was able to laugh with her friend. This revealed that Ira is not afraid when people act nice and have a sense of humor.

Mindfulness and breathing exercises

Mindfulness Based Stress Reduction is often used to help children and adults manage anxiety. Ira used mindfulness when she was paying attention, on purpose, in the present moment to her marble. Objects can often help people with anxiety interrupt their worry thoughts.

Supporting a child to find an object, like a spikey rock or a stress ball or a marble, to help ground them in the moment could be helpful to them.

Ira also used deep breathing to slow her heart rate and calm the physical symptoms of anxiety. As you read Quiet Ira you can practice this deep breathing with your child. Make sure to breath slowly into the belly and blow the air all the way out. See this resource for more info about mindfulness:

- *10 Mindful Minutes: giving our children - and ourselves - the social and emotional skills to reduce stress and anxiety for healthier, happier lives* (Hawn & Holden, 2011)

Other options

One on one and group therapy have been shown to help children with social anxiety. One on one counselling provides individualized support while groups offer opportunity to practice social skills and feel less alone in the struggle against social anxiety/shyness.

For teachers, implementing programs such as *MindUp* (Kielty et al., 2017) or Kuypers & Winner's (2019) *The Zones of Regulation* curriculum can help children with social anxiety and introduce skills for general mental wellness.

Other resources

The following are a few select books that contain further information and ideas for adults who want to help children with social anxiety.

- *Triumphing Over Shyness* by Stein & Walker (2009)
- *Raising the Shy Child: a parent's guide to social anxiety* by Fonseca (2015)

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