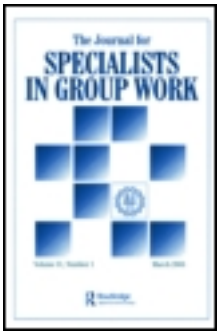

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"Build Your Social Confidence": A Social Anxiety Group for College Students

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PRACTICE

"Build Your Social Confidence": A Social Anxiety Group for College Students

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Social anxiety, a common concern among college students, carries significant negative consequences. Group therapy is an efficient and cost-effective way to provide treatment, and cognitive-behavioral group therapy (CBGT; Heimberg & Becker, 2002) is the most widely researched and empirically supported treatment for persons with social anxiety disorder. In this article, a session-by-session description of a social anxiety group designed specifically for college students is presented. The protocol combines elements from Heimberg and Becker's CBGT model along with social skills training, Padesky's (1997) "assertive defense of the self" intervention, and an interpersonal process component.

Keywords: *college students; group therapy; social anxiety*

Social anxiety disorder is one of the most commonly occurring mental health disorders with a lifetime prevalence rate of 12.1% (Ruscio et al., 2008). Social anxiety has been defined as anxiety resulting from the prospect or presence of personal evaluation in real or imagined social situations, in which the person is the focus of attention (e.g., conversations, public speaking; Schlenker & Leary, 1982). Individuals meeting the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed. [*DSM-IV-TR*]; American Psychiatric Association, 2000) criteria for social anxiety disorder have marked and persistent fear of one or more social situations and they avoid or are consistently distressed by the

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situation(s). Persons with social anxiety disorder generally recognize the exaggerated nature of their fears but their lives are significantly disrupted nonetheless. It is important to note that within the literature, the terms social anxiety disorder and social phobia are often used interchangeably. For the purposes of this article, we will use the term social anxiety disorder or the broader term social anxiety to include subclinical levels of the disorder.

Many models have been used to describe the potential causes and subsequent treatment of social anxiety. In 1982, Schlenker and Leary (1982) identified four categories of models: the social skills deficit model (anxiety is caused by actual lack of adequate social skills), the cognitive self-evaluation model (individual's perception of skills deficit is more important than actual skill level), the classical conditioning model (anxiety is caused by pairings between aversive social consequences and neutral stimuli), and the personality trait approach (anxiety is caused by underlying individual differences). More recent research suggests that the etiology of social anxiety involves a combination of the above factors (Heimberg & Becker, 2002; Rapee & Spence, 2004).

The Cognitive Behavioral Model of Social Anxiety Disorder

Research indicates that the anxiety experienced in social anxiety disorder appears different than other forms of anxiety due to the fear of negative interpersonal evaluation that is not found or found to a much lesser extent in other forms of anxiety (Schlenker & Leary, 1982). The cognitive behavioral model of social anxiety disorder (Clark & Wells, 1995; Rapee & Heimberg, 1997; Wells & Clark, 1997) provides an explanation as to how fear of negative evaluation and other components act in a feedback loop to create, exacerbate, and maintain social anxiety.

In summary, the complex model proposes that a person with social anxiety forms a "mental representation" of what his/her behavior and appearance will be in a particular social situation and how it will be seen by the audience, while also focusing most attention on the perceived threats of the social situation. Rapee and Heimberg (1997) stated that various pieces of information create the mental representation (e.g., previous experiences in social situations, internal cues such as physical symptoms, and external cues such as audience response), and most often the attention is placed on the negative aspects of each to help monitor a "potential threat." The discrepancy between the socially anxious person's perception of the audience's expectations (i.e., very high) and perception of the audience's appraisal (i.e., very poor) leads to fear of negative evaluation and prediction of dire consequences. Ironically, though the anticipation of the negative evaluation

is meant to prepare the individual for the potential threat, it actually elicits further physiological, cognitive, and behavioral anxiety symptoms. Ultimately, this increases the use of safety behaviors and avoidance of social situations, which subsequently reinforces the cycle. Furthermore, the cognitive behavioral model of social anxiety disorder applies regardless of whether the person is facing a social situation, anticipating future events, or ruminating about past social "mistakes." Recent research has continued to refine the cognitive behavioral model (Chen & Drummond, 2008; Weeks, Norton, & Heimberg, 2009).

Social Anxiety in the College Population

Cohort analyses indicate that the prevalence of social anxiety disorder has been increasing over the past four decades, and that young adults are often found to have higher lifetime and recent prevalence rates than older adults (Heimberg, Stein, Hiripi, & Kessler, 2000; Wittchen & Fehm, 2003). Social anxiety is a frequently reported problem among college students, (Purdon, Antony, Monteiro, & Swinson, 2001) regardless of racial/ethnic group membership, nationality, gender, or sexual orientation (Beidel & Turner, 1998; Pachankis & Goldfried, 2006). Social anxiety in the college population is problematic on several levels. Not only does it cause distress for the individual in social situations, but students with social anxiety are more likely than their non-anxious peers to face a variety of other challenges. Highly anxious students show a tendency toward excessive drinking relative to their peers, more susceptibility to the peer influences of drinking (Neighbors et al., 2007), and higher rates of cannabis use than their less anxious college peers (Oyefeso, 1991). In addition, high social anxiety has been linked to loneliness in college women (Bruch, Kaflowitz, & Pearl, 1988). Kessler (2003) conducted a comprehensive review of the implications of social anxiety in the general population. Results indicated that persons with social anxiety are also more likely to have co-morbid mental health issues (e.g., depression), increases in substance use, increases in physical disorders (e.g., cardiovascular disease), poor help-seeking behavior, and difficulty with normative transitions (e.g., reduced educational attainment, increased teenage childbearing). Furthermore, social anxiety is a significant predictor of both suicidal ideation and actual suicide attempts (Cougle, Keough, Riccardi, & Sachs-Erissson, 2009; Wunderlich, Bronisch, & Wittchen, 1998).

Why Group Treatment?

Group therapy has consistently been shown to be at least as effective as individual therapy (McRoberts, Burlingame, & Hoag, 1998;

Toseland & Siporin, 1986) and evidence suggests that the issues for which college students often seek help (e.g., anxiety, depression, interpersonal concerns, self-esteem issues) are best addressed via group work (Parcover, Dunton, Gehlert, & Mitchell, 2006). Many studies have found strong support for the efficacy of group therapy in the treatment of anxiety disorders (Garcia, 2004; Herbert, Rheingold, & Goldstein, 2002; Norton, 2008; van Ingen & Novicki, 2009; Woody & Adessky, 2002). In addition, group therapy is a cost-effective way of delivering services.

Cognitive-behavioral group therapy (CBGT; Heimberg & Becker, 2002) is the most widely researched and empirically supported treatment for persons with social anxiety (Herbert et al., 2005); however, the structure of existing CBGT protocols is not well-suited to college counseling center settings because of the constraints of the academic calendar, competing demands of student life, and finite staff resources. In addition, college students have special group therapy needs in terms of the developmental tasks they are facing; for example, they are often only beginning to develop more complex social skills (Johnson, 2009).

In the current article, a social anxiety disorder group that we have developed to meet the unique needs of college students is presented. Initial outcome data has shown positive results and the group has become so popular that we offer two sections of the group each semester. Given the salience of social anxiety to the college population and the promising nature of the following treatment protocol, this article should prove useful for college counseling center personnel. It will provide the reader with a conceptual framework for and detailed information about how to conduct a social anxiety group designed specifically to meet the needs of a college/university population.

PURPOSE AND OBJECTIVES

As noted above, the purpose of the group presented in this article is to deliver social anxiety group treatment that addresses the unique needs of a university population and the unique challenges of a counseling center setting. The group objective is to provide students with an understanding of the components of social anxiety and skills to increase overall social confidence. The primary therapeutic intervention is a series of engaging group activities designed to facilitate exposure to common anxiety producing situations. Other interventions include cognitive restructuring (which is used to reassess social danger) and "assertive defense of the self" (Padesky, 1997) and social skills training (which are utilized to increase confidence and reduce feelings of vulnerability). Our approach was designed to address multiple social anxiety pathways.

Recruitment and Screening

Several recruitment strategies are used to encourage appropriate students to join the "Build Your Social Confidence" (BYSC) group. The counseling center website is a useful outreach tool to educate students about the common nature of social anxiety and how the group can be helpful in treating this issue. We use a non-pejorative name for the group and a student-friendly description that is designed to normalize the issue. We also train counseling center staff about how to identify students who would benefit from the group, why group is the treatment of choice for social anxiety, and how to get students on board with group therapy. We strongly encourage counseling center staff to refer any student they believe might be appropriate.

Based on the idea that group screening and preparation is essential to the group therapy process (Bowman & DeLucia, 1993; Yalom, 2005), group leaders hold a pre-group information session (PGI) for the potential group members. The 1.5-hour session begins with a general overview of group format, content, and guidelines. This has proven to be an efficient way of providing information about the group and also gives the group members a sense of what group therapy might look like. Then, prospective group members complete brief paperwork, including several measures designed to assess two basic categories of social anxiety. The Social Interaction Anxiety Scale (SIAS) is used to measure fear of interacting in groups or dyads and the Social Phobia Scale (SPS) is utilized to measure fear of scrutiny or being observed. Both measures were developed by Mattick and Clarke (1998) and have demonstrated good reliability and validity (e.g., Osman, Gutierrez, Barrios, Kopper, & Chiros, 1998). Statements describing social anxiety symptoms are rated on a scale from "0—Not at all characteristic or true of me" to "4—Extremely characteristic or true of me." Each measure consists of 20 items such as "I have difficulty making eye contact with others" and "I fear I may blush when I am with others." Scores can range from 0 to 80 and cut-offs of 34 and 24 are suggested for identifying persons with clinically significant social anxiety on the SIAS and SPS respectively (Heimberg & Becker, 2002). We administer the SIAS and SPS in order to provide more information about potential members' social anxiety and to establish baseline measurements.

Finally, group leaders meet individually (in a separate room) with each potential group member. These brief meetings are used to determine appropriateness for the group and to address any questions or concerns about the group. There appears to be a link between the PGI screening process and increased attendance and compliance throughout the duration of the group. We suspect that this is because the prospective members who are not ready for group self-select out

and those who *are* ready gain familiarity with the group process and potential members prior to the beginning of group.

GROUP SIZE, COMPOSITION, AND FORMAT

Although the "BYSC" group uses a CBGT model as its basis of treatment, it is distinctly different in several ways from characteristic CBGT (see Table 1). One of the main differences is that there is much less time involved. CBGT (Heimberg & Becker, 2002) typically consists of 12–24 weekly sessions that last for 2.5 hours each. In the BYSC group, the sessions run 8 weeks and are only 1.25 hours in duration. Because of both the reduced time and larger group size (up to ten members versus five in CBGT), it is not feasible to work on individualized exposure plans. Also, we have found that college students respond much better to interesting structured activities than to identifying a particular role play in which they are willing to engage. Therefore, our exposure plans are implemented via activities designed to simulate social anxiety-inducing situations common to college students (e.g., dating, creating/establishing friendships, assertiveness with roommates and professors). The common anxiety producing situations were identified through feedback and data gathered from previous iterations of the group. During the PGI, students provide a personally relevant example of each of these situations and then rate their Subjective Units of Discomfort (SUDS; Heimberg & Becker, 2002) for each item on a scale from 0 to 100. This information is used to customize activities and to determine how much emphasis to place on certain topics.

The BYSC group is typically co-led by a licensed staff member and a trainee (social work intern, psychology intern, or psychology practicum student) but may be led by a licensed staff member alone. The

Table 1 A Comparison of CBGT and Modified CBGT

Group Structure	*What They Do (CBGT)*	*What We Do (Modified CBGT)*
Duration	12 to 24 Weeks	8 Weeks
Length	2.5 Hours/week	1.25 Hours/week
Size	5 Members	Up to 10 Members
Focus	Individualized Exposure Plans	Common Social Anxiety-inducing Situations
Treatment Components	Cognitive Restructuring and Exposure	Cognitive Restructuring and Exposure *Plus* "Assertive Defense of the Self" (Padesky, 1997), Social Skills Training, and Support/process

first author has created a manual and provides supervision and/or oversight of the BYSC groups. Group leaders open each of the eight sessions with a weekly check-in and homework review, in which students are encouraged to share successes or challenges they have experienced over the last week or issues about which they would like the group's feedback. Each group is then composed of psychoeducation about social anxiety and coping strategies, as well as in-session exposure activities that target the new concepts. Individual group members process their experiences following each activity and often provide and receive feedback from others in the group. Homework assignments are given at the end of group to encourage practice throughout the week and continuity between sessions. All members are given group binders in which to keep group information, handouts, and homework assignments. Overall, the group format is designed to provide clients with opportunities to learn that they are not alone in their fears, to practice facing their fears in a supportive environment, and to receive feedback from their peers. Although the session descriptions that follow are detailed, it should be noted that the specific focus may vary depending upon the needs and goals of the group.

OVERVIEW OF SESSIONS

Session 1

In this first session, we create safety by reviewing the group contract and build cohesion by facilitating introductions and sharing. Group members are asked to introduce themselves and include their first name, their major or course of study, and something that has nothing to do with anxiety. In a second round, group members are invited to share how social anxiety affects their life and/or what they would like to gain from the group. We point out themes and make process comments such as, "It seems like a lot of you can identify with feeling lonely." Early in the session, we also ask the group to generate a list of words or phrases they associate with social anxiety and we write them on the board. As group members offer words like "isolation," and "self-protective," they are able to share their personal experiences in a non-threatening way. Through interactive methods, psychoeducation regarding social anxiety and the cognitive behavioral model is then presented. We help group members understand how their social anxiety may have been learned and reinforced, and similarly how it can be unlearned and new coping strategies can be put in place. A brief rationale for each component of treatment is provided (wording inspired by Padesky, 2006): People with social anxiety

tend to overestimate the potential risk of criticism, rejection, or embarrassment involved in social situations. At the same time, they tend to underestimate their own ability to cope with any potential criticism, rejection, or embarrassment. Individuals with social anxiety also generally avoid the things that make them anxious and engage in a variety of safety behaviors (e.g., alcohol and drug use) that help them feel less vulnerable. We explain that we plan to help group members reassess social danger (via cognitive restructuring), increase confidence in their ability to cope with feared consequences (via assertive defense of the self and social skills training), and practice facing avoided situations and reducing safety behaviors (via exposure activities).

Finally, we introduce the first intervention, cognitive restructuring. We use a condensed version of Heimberg and Becker's (2002) model in which the concepts of automatic thoughts, thinking errors, disputing questions, and rational responses are presented. These are referred to throughout the group and incorporated into other interventions. For homework, group members are asked to record automatic thoughts and practice identifying thinking errors, disputing questions, and rational responses. We end with a check-out in which group members share what it was like to be in the group that day. Invariably, one group member says, "It feels good to know I am not alone" and other group members nod or chime in agreement.

Session 2

This session opens with a general check-in and review of the cognitive restructuring homework. The first new concept presented is "focusing outward versus focusing inward" (inspired by Padesky, 2006). We explain that people with social anxiety tend to focus inward on their own physical symptoms and self-critical thoughts, which perpetuates their anxiety. They are often so busy evaluating their social performance and deciding what they should say next that they are disconnected from the person with whom they are talking and therefore not able to respond in the most effective manner. This concept is demonstrated by having the group members get into dyads and try having a conversation in the two different conditions—focusing inward versus focusing outward—with accompanying written instructions to assist them. For example, in the focusing inward condition, group members are directed, "notice how anxious you are feeling . . . imagine how your partner is evaluating you . . ." In the focusing outward condition, they are instructed "listen to what your partner is saying . . . notice what is unique about him or her . . ." Prompts such as "What was that like?" and "Did you notice any differences in the two

conditions?" are used to facilitate a process discussion and to encourage members to relate this exercise to their own life experiences.

Session 2 also focuses on an introduction to and proper use of basic conversation skills, including nonverbal communication, open-ended questions, self-disclosure, and reflective listening (Jakubowski & Lange, 1978). We point out how reflective listening can assist students in focusing outward versus inward and in turn, reduce their social anxiety. Leaders provide a handout, describe each skill, demonstrate each skill, and ask group members to practice in dyads. The homework assignment is to practice the new conversation skills throughout the week.

Session 3

This session focuses on an introduction to the concept of "assertive defense of the self" (Padesky, 1997), in which students identify the specific negative responses they fear they will receive from others and then practice coping assertively with their worst social fears. Group leaders role-play the skill with each other and then facilitate group practice of the skill with an example on the board. Finally, group members work in dyads for a more individualized experience: First, group members identify a feared social situation and write down three or four feared responses (e.g., "You're boring" "I can't believe you don't know the answer to that—how did you even get into college?"). Then the partners help one another generate an assertive response for each feared negative comment. Finally, they read the "scripts" taking turns playing the role of the critical other. Time permitting, they repeat the script with the critical other being more aggressive the second time through. At the end of the activity, we process their experiences. Invariably, the anxiety morphs into humor and indignation. The group members realize 1) "No one is likely to say that"; 2) "If anyone did say that, it would say more about them than me;" and 3) "I could survive the situation if it were to occur." The homework assignment is to practice using "assertive defense of the self" imaginally when they find themselves fearing a negative response from others.

Session 4

Session 4 marks the beginning of the topic-based exposure activities. The first topic is "Initiating and Joining Conversations." The session begins with an introduction to the concept of exposure and a very brief explanation of how it works through habituation (in time, the body's natural processes bring the anxiety down) and/or hypothesis-testing—also known as behavioral experiments (realizing irrational beliefs are not true). Then, we review the conversation skills from

Session 2 and brainstorm ways to both start conversations and join existing conversations – a skill that many members have described as daunting. Next, the "Social Butterfly Exercise" (inspired by Heimberg & Becker, 2002) is introduced in which the group members get into groups of two or three and one person is selected to be the first social butterfly. The dyads or triads begin talking amongst themselves and the social butterfly is charged with approaching each dyad or triad one at a time. The social butterfly is instructed to find a way to join the conversation, talk with the group for a few minutes, and then move on to the next group. The group leaders observe and direct, telling the butterfly when to move on. They instruct the dyads and triads not to make it too easy for the social butterfly to enter the conversation—to make them work for it a little bit. When the social butterfly has interacted with each dyad or triad, the leaders direct him/her to switch places with a specific group member. The exercise continues until each person has had the opportunity to be the social butterfly. Afterward, the activity is processed. Group members share which strategies worked and which approaches did not. Group leaders provide feedback about positive things that they noticed about each group member (e.g., "Maria, I liked how you listened for a few seconds and then asked, "Are you guys talking about tattoos? I've been thinking about getting one." In general, we try to model for group members how to give positive feedback (and to a lesser extent constructive criticism). Group members are encouraged to share strategies used by fellow group members that they particularly liked.

A second activity, the "Prop Exercise," is designed to illustrate and facilitate practice of one effective strategy for initiating conversations. Group members are told that one way to start a conversation is to comment upon or ask a question about what someone else is wearing, carrying, etc. For this activity, group members are asked to pull something out of their backpacks that could potentially be a good conversation piece. Then, group members break into pairs and are asked to imagine that they are waiting for a bus. They role-play starting a conversation with the person sitting next to them at a bus stop, based on the prop the person is carrying. These role-plays are carried out one at a time and are usually very amusing. Afterward, group members process the activity and provide feedback to one another. The homework is to practice the skills of initiating and joining conversations.

Session 5

The topic for Session 5 is "Assertiveness and Interacting with Authority Figures." We begin by introducing a handout in which examples of the different styles of interacting (passive, aggressive,

passive-aggressive, and assertive) are illustrated. Then, six types of assertive messages are introduced (Jakubowski & Lange, 1978). Several activities are utilized depending upon time and the needs of the group. One is the "Annoying Behaviors Exercise" in which each member is assigned an annoying behavior in which to engage via slips of paper drawn from a hat. Annoying behaviors include talking on a cell phone loudly, chair kicking, gum chomping, and pencil tapping, among others. Each group member takes a turn playing the role of a student studying in the library for an important test. He/she then assertively asks group members, one at a time, to cease their annoying behavior. As directed on the slip of paper, some of the group members initially stop the behavior but resume it a few minutes later, requiring the studier to come back to the annoying group members and ask them a second time. (Note that repetition is essential in many of the activities, as it facilitates ample opportunity for exposure when the most anxiety provoking aspect of the interaction is short). Group members are encouraged to utilize the assertive messages reviewed at the beginning of the session to make requests.

A second activity is "Expressing Opinions." Many individuals with social anxiety report difficulty expressing opinions that differ from others'. In this activity, one group member is assigned "Express Opinion," one group member is assigned "Disagree," and the other members are assigned "Agree." The person receiving the "Express Opinion" assignment is asked to state an opinion about any issue of his or her choosing. Then, all but one of the other group members chime in with agreement and supporting arguments. Finally the group member assigned "Disagree" must express an opposing viewpoint. Roles are rotated until each person has played each role. This exercise exposes the group members to the situation of disagreeing with a majority opinion. We process the activities with questions such as, "What was the most challenging aspect of the Annoying Behaviors Exercise?" or "What was it like to disagree with the rest of the group?"

Additional role-plays centered on the assertiveness theme are added as time permits. For example, sometimes students express the desire to role-play interactions with professors such as asking for help with an assignment or asking for a letter of recommendation. For homework, students identify and carry out a specific task related to increasing assertiveness.

Session 6

The topic for Session 6 is "Initiating Social Contacts and Moving Acquaintances Toward Friendship." The session begins with a discussion about what group members struggle with in this category (e.g.,

not knowing what to invite people to do, fear of "coming on too strong"). The idea of how to express interest in someone is discussed and reviewed. Then, the concept of "hot buttons" is introduced (Gabor, 2001). A hot button is a topic about which the group member feels passionate, a subject she/he could potentially converse about at length. Group members choose three hot buttons and write them on a nametag. Then, group members mingle and find someone with a hot button similar to theirs. Next, they engage in conversation with that person about their hot buttons. They are encouraged to use the social skills they have learned (e.g., self-disclosure) to connect with one another. After processing the activity, the members are asked to pair up with the person which whom they spoke previously for a "second meeting." They are instructed to talk for a few minutes and role play making plans to get together for an activity based on their common hot button. Most group members find this activity very valuable, as they tend to avoid initiating social contacts and typically have difficulty making friends. For homework, each group member identifies and initiates a specific social contact.

Session 7

The topic for Session 7 is "Public Speaking," as most students in the group find talking in front of others to be a highly anxiety provoking situation. We begin by providing a handout and reviewing tips for managing public speaking anxiety and then we move into the activity. The focus is on delivering impromptu speeches; however, group members are told the previous week that they are welcome to bring prepared speeches to the group if they have an upcoming presentation they would like to practice. Group members draw speech topics out of a hat. They have 15 seconds to think about their topic and then they must start speaking. Speech topics include silly things such as "Pickles" and more serious topics such as "Qualities I Admire in Others." The first round of speeches is 30 seconds, the second round is 1 minute, and the third round is 1.5 minutes. Again, repetition is a key factor with the hope that the speeches become easier (and longer) each time. After each speech, group members are asked to provide feedback via the prompt, "What did X do well?" Often, group members' speeches are humorous and entertaining and they receive feedback that their nervousness was not apparent. In general, it tends to be a confidence booster for all of the group members.

Session 8

Session 8 is typically a review and wrap-up but can also be an opportunity to address additional issues that the group selects.

For example, in the past, group members have requested to practice job interviewing skills. In that case, we provided information about interviewing "do's and don'ts" and gave them a list of the most common interview questions for group members to practice in pairs.

When Session 8 is conducted as a review, group members pull pieces of paper out of a hat that instruct them to practice a particular skill learned in the group (e.g., role play asking your neighbor to turn down the music; come up with a rational response for the thought, "If I ask my professor for help, I will be imposing on him."). The final exercise is the closing activity in which group members share progress they have made and progress they have observed in one another. They are given a list of prompts to choose such as:

- Share one important thing that you learned about yourself or social confidence.
- What was the most helpful thing about being in this group?
- Share one example of how someone in the group has supported or inspired you.
- Share one example of progress you have observed in another group member.

At the end of the last group, the members are asked to fill out an anonymous group evaluation form and to once again complete the SIAS and SPS.

EVALUATION OF GROUP AND FUTURE DIRECTIONS

While this was not designed to be a research study, we routinely administer pre- and posttest measures to evaluate the effectiveness of our groups. The data presented here represent the two most recent semesters of the BYSC group. The 12 participants (7 males, 5 females) ranged in age from 20 to 29, with a mean age of 21.8 ($SD = 2.5$). Seven participants identified as White, 2 as Asian American, 1 as Hispanic American, and 2 as Multiracial. Ten were undergraduate students and 2 were graduate students. A wide variety of majors was represented. Outcome data suggest that the BYSC group is a promising intervention. On the Social Interaction Anxiety Scale and Social Phobia Scale, the mean baseline scores were 48.4 ($SD = 10$) and 33.8 ($SD = 14.8$) respectively. Following the 8-week intervention, the mean scores were 31.3 ($SD = 10.6$) and 16.8 ($SD = 13.6$) respectively. Paired t-tests indicated that the reported decreases in social anxiety were statistically significant ($p < .0001$). On our standard post-group evaluations, 100% of the students indicated "strongly agree" or "agree" to the items "I relate better with others" and "I have gained a new

perspective." In response to the statements "I communicate more effectively" and "I would do group therapy again," 86% responded "strongly agree" or "agree."

For the past four years, we have used feedback and evaluation data to refine the group protocol. For example, in response to suggestions from students, we have gradually incorporated more social skills activities to facilitate practice with establishing friendships. Based on feedback and data collected so far, we are considering additional modifications. Given that most individuals have been suffering from social anxiety for many years (Wittchen & Fehm, 2003), it is unrealistic to expect that students will learn to manage it in one semester. An ultimate goal would be to develop groups for various stages of treatment in which students could gradually move into more challenging real-world tasks.

Another proposal is to develop outreach programs aimed at addressing developmentally normative social anxiety. Stewart and Mandrusiak (2007) have suggested that a variety of developmental and contextual issues place college students at particular risk for social anxiety disorder and make primary prevention a desirable modality. An idea we have considered is to use socially competent peer models/educators. Sometimes when we give an example of how to handle a particular social interaction, group members will laugh and say, "I would never say that." This has prompted the idea of utilizing socially skilled peers to ensure that the content is fresh, current, and realistic. Given the increasing prevalence of social anxiety among younger cohorts, the far-reaching and potentially devastating consequences of the disorder, and the fact that the group therapy format is uniquely well-suited to addressing social anxiety, specialists in group work in college/university settings should continue to pursue work in this area in the future.

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