

## Evidence-Based Social Anxiety Intervention (Research Brief)

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Masia Warner, C., Colognori, D., Brice, C., Herzig, K., Mufson, L., Lynch, C., . . . & Klein, R. G. (2016). Can school counselors deliver cognitive-behavioral treatment for social anxiety effectively? A randomized controlled trial. *Journal of Child Psychology and Psychiatry*, doi:10.1111/jcpp.12550.  
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### Introduction

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This study addressed three critical issues in the school counseling field: the need for school-based interventions for students with anxiety, for evidence-based treatments in mental health, and for randomized controlled trials of school counselor-led interventions. *Skills for Academic and Social Success* (SASS; Masia et al., 1999) is a 12-week school-based group intervention for social anxiety disorder (SAD) that has shown success when implemented by psychologists. The researchers were interested to see if school counselor implementation of the intervention could be as successful as psychologist implementation, given the greater prevalence of school counseling personnel in secondary schools. In this study, the researchers found that students who participated in SASS had reduced anxiety and greater improvement in school functioning, whether the facilitators were clinical psychologists or school counselors.

### Method

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Participants were students in grades 9 through 11 in three suburban schools in New Jersey. Students were recruited to the study through an initial school-wide screening for social anxiety using self-report questionnaires, with subsequent parent telephone screening and diagnostic evaluation by a clinical psychologist. The final 138 study participants were primarily white (72%) and female (68%) with a mean age of 15.42 years.

Once they met the study entry criteria, participants were randomized to one of three conditions: SASS delivered by school counselors, SASS delivered by doctoral level psychologists, or a control condition which involved a nonspecific manualized group program designed for school counselors (adapted from *Skills for Life (SFL)*; Morganett, 1990). Students were randomized across the three groups within schools and by the severity of their SAD.

The school counselors and the psychologists implementing the SASS intervention were trained using the SASS manual and had weekly consultations with study psychologists throughout the study. Additional training for the school counselors included a 5-hour interactive workshop co- led by the treatment developer, and experience co-leading a 12-week SASS training group with a study psychologist. Additional training for psychologists in the study included listening to recordings of SASS sessions. While the control intervention (SFL) did not require training or consultation, to enhance treatment expectancy of the school counselors, the researchers mimicked SASS training by providing a manual, a 5-hour workshop, co-leadership practice, and

weekly supervision.

The SASS intervention consists of:

- 12 weekly in-school group sessions (40 minutes, with 3-6 students in a group) that address psychoeducation, realistic thinking, social skills training, exposure exercises, and relapse prevention
- Two follow-up group sessions to address relapse
- Two individual student meetings
- Four weekend social events (90 minutes) that provide exposure and skills generalization
- For parents there are two group meetings (optional but encouraged) to learn about SAD, the intervention activities, and ways to support the students
- The parent group content can also be used with teachers

Previous school-based implementation of SASS by psychologists had been found to be effective compared to a waiting list (Masia Warner et al., 2005; Effect size of 2.4 on primary outcomes) and to an attention control (Masia Warner, Fisher, Shrout, Rathor & Klein, 2007; Effect size of 1.9 on primary outcomes).

Students were assessed before, immediately after, and 5 months after the intervention completion on SAD severity, treatment response (from completely recovered to much worse), remission, social anxiety, and school functioning. Treatment characteristics that were measured throughout implementation included group attendance, treatment credibility, and therapeutic alliance as well as

## Results

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SASS was successful when delivered by school counselors:

- Students participating in both the psychologist- and school counselor-facilitated SASS groups significantly improved anxiety levels when compared to the SFL control group at post-intervention ( $p < .01$ ) and at 5-month follow-up ( $p < .001$ )
- Students participating in both of the SASS groups had significantly better school functioning post-intervention ( $p < .01$ ) compared to the SFL control group
- Treatment characteristics of attendance, credibility, and therapeutic alliance were consistent (and high) across both treatment groups

With appropriate training, school counselors were able to provide effective treatment to students with SAD:

- The school counselor-facilitated SASS group showed little difference in outcomes in comparison to the psychologist-facilitated SASS group
- School counselors had slightly lower fidelity for delivery of the intervention compared to psychologists, but student outcomes were relatively equal for both groups nonetheless

## Limitations

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While this is an extremely well-conducted randomized controlled trial, there are some limitations. First, the school counselors implementing the intervention received much more training and supervision than under normal circumstances. To remedy this, the authors suggest that training could be streamlined through the use of training videos. We suggest that training could be targeted to address specific competencies related to the intervention, given that most school counselors have training in conducting group counseling. Second, the diagnoses of SAD in this study were made by clinical psychologists, so there was not overlap of assessment and treatment for the school counselors. We suggest that this could be addressed through collaboration with school psychologists, who often do diagnostic assessment of students and collaborate with school counselors on treatment issues for students. And third, the population studied was relatively homogeneous and within similar school contexts, limiting generalizability.

## Implications for Practice

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SASS is a school-based and evidence-based treatment for social anxiety disorder that school counselors can successfully deliver to have a significant impact on student mental health. Using a manualized intervention with rigorous research evidence of efficacy is a way to be more effective and efficient in our practices.

The authors argue for the importance and benefit of mental health treatments in school contexts, given how many youth meet diagnostic criteria but remain untreated. School settings are the easiest context in which to provide this type of intervention, as assessment, treatment, follow-up, and remission prevention are all simpler for adolescents to access. SASS is specifically designed to address social anxieties in schools so students can gain real-life exposure in school social settings, can have peer-based support for improvement, and can practice skills in a naturalistic setting. Given the finding that school counselors can implement this type of manualized group intervention successfully, they are a logical choice as treatment providers since most high schools have school counselors. In addition to the requisite clinical skills, they have ongoing access to students to provide relapse prevention and follow-up. This study powerfully demonstrated that school counselors can be successful mental health treatment providers for high school students with SAD.

## References

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