

VANCOUVER ISLAND UNIVERSITY

Supporting and Understanding Children Who Suffer from Social Anxiety Disorder in

India

by

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B.EdMaths& Science

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We accept this Graduate Applied Project as conforming
to the required standard.

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Abstract

Social anxiety disorder (SAD) is far beyond typical shyness or fear to attempt any uncomfortable social situation; it creates intense fear about being scrutinized or embarrassed regarding that particular exposure. This project designs a website that includes information regarding social anxiety, its impact, and provides other helpful resources related to classroom awareness to inform Indian school teachers about SAD. Teacher's attitudes towards student in the classroom plays a crucial role in order to overcome any easy or difficult hurdles in the child's learning phase. This project plans to help teachers tackle or understand a student's difficult situation with respect to SAD in a classroom which will easily ameliorate the future negative impact on that particular child's life. The purpose of this project is to increase awareness about SAD, its impacts, and various intervention and support for school teachers in India and provide a resource for them to learn about it, so no children go un-helped.

Keywords: Website, Social anxiety disorder, Canada and India

The website address is: <https://jagritichaphekar.wixsite.com/help>

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TABLE OF CONTENTS

Abstract.....	iii
Acknowledgements.....	iv
Table of Contents.....	v
List of Figures.....	vii
Chapter 1- Introduction.....	1
Context.....	4
Justification of Project.....	5
Background and Definition of Terms.....	6
Brief Overview of Project.....	9
Chapter 2- Literature Review.....	11
Orientation: The Indian Context.....	11
Understanding Social Anxiety Disorder (SAD).....	13
Background – SAD in India.....	16
Awareness.....	19
Strategies.....	24
Challenges.....	27
Needs.....	27
Solutions.....	30
My Project.....	32
Chapter 3- Product Overview and Rationale.....	34

Rationale for Creating the Website.....	34
Project Design and Steps To Completion.....	37
Overall Comments.....	44
Support for Type Of Secondary Data.....	44
Conclusion.....	45
Chapter 4- Reflection.....	47
Reflection.....	48
Benefits.....	49
Limitations.....	50
Future Direction.....	51
Conclusion.....	51
References.....	53
Appendix A.....	59

List of Figures

Figure 1: ‘Home’ 38

Figure 2: ‘Introduction of SAD’ 38

Figure 3: ‘Introduction for SAD’ 39

Figure 4: ‘SAD in the classroom’ 40

Figure 5: ‘What can we do for children?’ 41

Figure 6: ‘Impact’ 42

Figure 7: ‘Resources’ 43

Figure 8: ‘Blogs’ 43

Chapter 1

Aspirations of being part of this wonderful country with its natural beauty and extraordinary heritage has been my dream come true. I moved here recently and have explored the scenic beauty with wide open arms. I am already in love with Canada. Now, as I am excited to experience the social and cultural patterns of the country, I am trying to fit in. I am a teacher by profession, which makes me eager to learn more about children and their needs, and type of education along with the facilities the system provides them. I suppose understanding children's need is my priority in every manner—and trying to fulfill their needs is my duty. My work is an important step towards learning about children's needs in my home country, India, and translating my experiences in Canadian order to improve my home country.

Introduction

Education, which means to learn various new concepts, begins with the birth of the child and thus it has an important role the child's cognitive development. Schooling can be considered a turning point for these developments, and this transition has a deep impact on learning and cultivating various skills and features of every child. With respect to school, teachers have the potential to make a tremendous contribution to this cognitive development during the early development.

During my school days as a child, I never participated in any games or social events. As I grew up, I started noticing how different I was from my fellow classmates. It raised several questions in my mind. Why was participating in school activities were so difficult for me? Why doesn't my family bother to help me with my social difficulties? Why do my teachers not notice such a critical issue in me? The primary focus of the important people in my life was only my school grades and academic intelligence.

Once, on a playground, I was pulled out of the dodge-ball team in front of an audience because of my shy and fearful attitude. This was the first incident, but it had a tremendously negative effect on my self-confidence. Because of that event, I didn't participate in any outdoor sports until I went on to high school. The impact of such a simple social put-down remained in mind throughout those school years. It made me more introverted and anxious in social situations.

Through my school career, I was an average student. It was difficult for me to earn an "A" grade which would have made my parents happy, especially my dad, who expected only strong academic results. Because of my poor marks, he never showed the confidence that I could do something in my career or that someday I would become successful. Eventually, this thought process impacted my life in various ways. I became a very rigid and introverted person. I became uncomfortable with people and comfortable with boundaries and limitations. I started searching for safe and comfortable zones where I could feel free and hide myself from any social exposure. Thus, these situations gave me very few friends, no social contacts, and increased my fear of social interactions. Further, the impact persisted in my college life too. I never participated in any events or parties, and I limited myself to a reserved style of living. I was always looking for a comfort zone where I could fit in.

During my college years, I applied for a part-time tutor position to earn extra income. I tutored groups of students from different grades, and I started to gain self-confidence as I interacted with the children. My work cultivated a confidence in me that I could teach well, and that confidence allowed me to stand in front of students and speak without hesitation. It brought a tremendous positive change in my life. Furthermore, after graduation, I continued working and this gave me a wonderful opportunity to work in classes as an assistant teacher.

After a few years, I pursued my Bachelor of Education and began to work in a school where I used to teach fifth to eighth-grade subject Mathematics. After leaving my job at the school, I began to work as an assistant teacher.

My journey as an introvert child cultivated an ability to experience empathy towards children and their struggle to fit in with their social surrounding. However, my own difficulty with social interaction has never left me. Thus, my own experience and my personal life journey has shaped me as a teacher and created a deep sense of responsibility to holistically address student needs. All children have a right to live a normal and happy life with the best opportunities to facilitate progress and be successful. In my opinion, it is the support and confidence of parents, teachers, and other people that allows children to gain trust for oneself. I think this relationship between support and self-confidence is crucial. I understand that there is a need for a positive upbringing for every child and I believe that every child deserves supportive and caring relationships with their parents and teachers. Unfortunately, not all students understand this. Because of my own social anxiety experience and realization of the limited awareness about this condition, I recognize a unique opportunity to spread awareness regarding such negative experiences that may stem from social anxiety disorder (SAD). This motivates me to want to do it—with a hope of changing Indian society.

Pursuing the Master of Education program in Canada has enabled me to feel that I can advocate change for students who are suffering as I did. Looking at myself as a teacher with a lingering sense of social anxiety, I realize that if someone took responsibility towards my learning needs at an earlier age, it might have changed the scenario completely. Although today I feel I am successful in my life, it took a lot from me and I had to fight to overcome so many obstacles. I want to be that person who understands these needs of children and help

them overcome their obstacles as early as possible. This is so that their weaknesses will not impact them for the rest of their life, like my weaknesses affected mine. I want to learn practical skills for teaching in a diverse classroom so that I do not leave any child's needs unattended and support them with the best approaches for their best future.

Context

In India, the main documented cause of social anxiety disorder among school children and adolescents is parents' high educational expectations and pressure for academic achievement (Deb, 2001). Indian parents tend to focus more on percentage and grades than on practical skills. Another reason is the presence of a lack of motivation for participation in school activities and teachers' ignorance because of a limited knowledge with respect to special education. To change such thinking, teachers should enact a form of revolution according to the growing needs of society. Socio-demographic having a correlation with anxiety reveals well-established relationships with gender and socioeconomic status, but little evidence of school contribution can be seen.

Generally, in India, more girls than boys develop anxiety disorders and symptoms. According to Deb (2001), girls report a greater number of worries, higher levels of social anxiety, separation anxiety, and higher levels of generalized anxiety as compared to boys. For socioeconomic factors, the status has been found to be both related and unrelated to social anxiety. Broadly speaking, social disadvantage is associated with increased stress which can be leading to SAD (Goodman, Ewen, Dolan, Schafer-Kalkhoff, & Adler, 2005). Thus, it can be observed that social and financial status along with gender bias influences SAD in children of India to affect both their learning and social functioning, which also influence children's performance in schools and other achievements leaving a lifelong impact. Moreover, children

usually become irrational about all type of social situations and avoid exposure to several different social events, and try to limit his or her self.

Justification of Project

People can experience social anxiety without necessarily meeting the criteria for social anxiety disorder in which different important events of life are affected and may leave a lifelong impact. As a student, life is all about learning and developing various skills with its knowledge. And school is a place where they learn this through social interaction with teachers and other related people, thus social interaction is both expected and required. School is where being judged and criticized by others is common as well as a necessary part of cognitive development, and where struggling to cope with social situations and feedback can result in negative response that makes it more challenging to overcome social stress. The understanding and wisdom of teachers is crucial for initial cognitive development of such children by giving them the necessary support in order to avoid any lifetime impact because of different type of larger or meagre events. SAD may cause significant distress and impairment in educational attainment, employment opportunities, as well as impact the development of professional, peer and intimate relationships, and financial independence (Nagata, Suzuki, &Teo, 2015).

The most effective way to reduce the impact of SAD is early identification which will allow for maximum focus on exposure of such social situations, and which involves direct or imagined controlled exposure to events or situations that create social anxiety. Support groups and self-help practices are also beneficial for people with SAD. Regularly exercising, eating well, managing stress, spending time with loved ones, practicing exercises or meditation, and monitoring school records can help prevent social anxiety from getting worse. The fundamental

aspect to consider is educating teachers and parents clear with respect to SAD by increasing awareness, and teachers in schools of India would benefit from it.

Background and Definition of Terms

According to the doctors of India, depression affects more than 10 % of the Indian population--but day to day anxieties are a serious concern with 25% of the population considered at the first stage of depression (Iyer, 2013). Social anxiety disorder (SAD), also known as social phobia, is an anxiety disorder characterized by a significant amount of fear in one or more social situation, causing considerable distress and impaired ability to function in at least some parts of daily life (American Psychiatric Association, 2013). These fears can be triggered by perceived or actual scrutiny from others. SAD is arguably one of the most common mental health problems seen in primary care, only being exceeded by depression, however, it frequently goes unrecognized (Zakri, 2015).

Spence and Rapee (2016) defined SAD in simpler terms as fear or anxiety in social situations in which the individual is exposed to possible scrutiny by others and a fear of acting in a way that will be negatively evaluated by others. This could result either result from the individual's own behavior or from showing anxiety symptoms such as blushing, trembling or sweating (Spence & Rapee, 2016). Where possible, social situations are avoided or are endured with intense anxiety.

Maddox and White (2015) defined SAD as an excessive preoccupation with social situations and negative evaluation by others which may be magnified by an awareness of one's social difficulties. Consequently, this increased anxiety may lead to inaccurate processing and interpretation of social cues, avoidance of social encounters, and fewer opportunities to acquire new learning or practice social skills during interpersonal interactions.

Many children with SAD can also experience physical symptoms, such as a rapid heart rate, nausea, and sweating, and an anxiety attack when confronting a feared situation. Although they cannot recognize that their fear is excessive and unreasonable, students with SAD often feel powerless about the situation and thus become overly focused on the anxiety level they feel during that particular situation.

Taylor and Arnow (1988) explained that self-focused attention in social situations is a critical factor in social anxiety and impairs social performance. Fear of being evaluated negatively by others always exist back of the mind every socially anxious child and hence it is a major feature of social anxiety. SAD, where problematic social situations are evaluated as being hostile, accept it as a signaling danger and believe they have an inability to overcome the demanding situation. In several different cases, the threat is of negative evaluation and a judgmental view from the audience. As self-evaluation results in an increased level of expectation from own performance, the maintenance of personal public image becomes of utmost importance. The experience of shame is a crucial aspect, where being in front of stranger audience is more complex and uncomfortable than with close loved ones and thus this type of social events affects children with social anxiety.

Creswell, Murray, and Cooper (2014) suggested that there is a need for more focused strategies for altering anxious children's cognitions which is not warranted in mid-childhood, and in late childhood cognitive approaches may be better focused on promoting children's perceptions of control rather than challenging their own threat interpretations. Ollendick and Benoit (2012) explained that developmental transition point increases social evaluation which indeed is a part of normal development. As the transition from toddlerhood into childhood and adolescence, the child begins to place increasing importance on how peers, friends, and adults

perceive them and how they come across socially. Sometimes such reactions to social situations are not uncommon and are part of normal development. However, for a small but not insignificant number of children, normal developmental processes results in social anxiety. Further, when social anxiety does not disappear over time and causes considerable distress and interference, and it may result in SAD.

The feeling of pressure and anxiety, triggered by the presence of others and comes, in part, by not preparing oneself for socially interacting with others. Creating a comfortable environment that mimics the same social settings will help those with social anxiety adapt to such situations and practice them more often so that it causes less anxiety in the future. Unfortunately, not all teachers understand social anxiety or strategies to use to ease and alleviate it.

Affrunti, and Ginsburg, (2012) explained about role of parents which is crucial and important. Parenting style and parental behaviors, such as parental over control (e.g., overprotection) and possibly parental rejection are directly associated with levels of anxiety in their children. Parental over control is hypothesized to diminish a child's opportunity to explore new situations and acquire new skills, including social skills, and thus may result in lower social competence and higher social anxiety and avoidance. Therefore, it is also important to encourage a deeper awareness of social anxiety among so that parents understand the needs of their children.

Here, the ultimate motive of this project is to focus on the importance of awareness regarding SAD for especially for teachers, but also for parents of, and students who are anxious. Specifically, this emphasizes the need for an external support which can be done with a website. Thus, in my opinion, a website is a resource which can assist teachers in determining their

student's needs, identify those needs at an early age, and encourage more positive adult-child interactions. This might also encourage working together to build a positive and supportive environment for such children by providing them the best opportunities for themselves to be someone in their own life.

Brief Overview of Project

In this project, I created a website resource that will allow teachers to better support children who suffer from SAD. Part of this project gathered secondary research to find out about the level of awareness regarding SAD in India and provide suggestions regarding how children can be supported in schools. My work explored the level of awareness of SAD within the students themselves and strategies for teacher's that can help children and allow them to overcome SAD. Thus, I was interested in the practical outlook of how social anxiety exists in children of Indian society because it can have a lifelong adverse impact on children and create impairments in several domains of life.

The aim of my project is to bring awareness regarding social anxiety, spread its detailed information with respect to various factors and needs, examine its roots, and share what support services are available related to it throughout the society which can help teachers to understand their needs and overcome them.

I have created a practical platform – a website mainly for teachers that will include effective evidence-based strategies and support services for several social anxiety-related issues that are available. As well, it includes accurate information regarding SAD criteria, causes, symptoms, and potential solutions. This website is accessible to help as a resource for teachers who need it, and be well-known to teachers, students, and parents for any social anxiety related information.

Although most specifically designed for teachers, I would advocate its benefit for the school team that is part of student's daily interaction, learning enhancement, skills, and development. This website offers possible solutions to common social anxiety problems and allows the teachers to learn about student's needs and how to best tackle them in the classroom through available detailed information and strategies. It acts as like a helpline for the needs of such students, which teachers will be notified of. It also allows teachers to encourage students to open up and talk about their problems, while encouraging teachers to offer support and listen to them about their needs. This communication about social anxiety is essential. Teachers may also be able to adapt the class to account for what students need and to figure out the applicable solutions. Ideally, this resource will make an important impact regarding awareness of SAD and will help in supporting the needs of socially anxious students around different regions of India.

Because I am personally aware of the negative power of SAD, I wanted to help these children by avoiding the negative consequences and painful lifelong memories of socially anxious experiences. My clear vision is to cultivate more and more awareness about SAD--and to provide resources for teachers to assist students who suffer from this disorder.

Chapter 2: Literature Review

Orientation: The Indian Context

In India, there is a presence of a lot of academic stress that shows its impact in different aspect of a child's environment (i.e., home, school, neighbourhood, or friends). Deb, Strodl, and Sun (2015) stated that various conditions from school—such as tests, grades, studying, and competitions—are the sources of stress for students. Overall, this academic stress results in high levels of negative outcomes in the areas of career, exercise, nutrition, substance abuse, and self-care. Furthermore, academic stress is a risk factor which may increase the likelihood of social anxiety as well as major depression. Moreover, different social situations, especially the new experiences or those marked by a certain degree of formality, are usually evaluated as a negative experience for socially anxious students. However, when such experiences bring embarrassment and fear of being humiliated therefore creating a sense of subjective suffering and life restriction, then it may be indicative of the intense condition of SAD.

In India, the main cause of anxiety among school children and adolescents is the high educational expectations of parents and the pressure for academic achievement (Deb, 2001). Despite the availability of medication, therapy, and other techniques that could significantly help children for more productive lives, many children suffering from social anxiety disorder are not able to seek appropriate support and care from any source. SAD is a type of anxiety disorder which has a deep impact and plays a significant role in the life of Indian students. The students themselves experience distress about the awareness of their own anxiety issue and fear that others will become aware of this weakness. This self-evaluation affects the students' performance which is impacted by self-imposed expectation. Failure to perform academically, failure to speak aloud in an audience, or failure to tackle any stage act is mostly the act which

influences shame. Socially anxious children regulate their emotions, but the processes involved in regulating emotion tend to be ineffective (Kerns & Brumariu, 2014).

The self-worth of students in Indian society is mostly determined by good academic performance, and not by the child's individual potential and qualities. Unfortunately, the magnitude of social anxiety in school children has not yet been recognised sufficiently by the educational system or parents in India, even after observing children's unexplained headaches, migraine, and hypertension which may indeed be an outcome of their stressful lives which indicates the need for proper attention from classroom teachers. Even activities like sports, music, painting, or swimming should be for the purposes of fun or stress relief activities rather than a competition.

Fisher, Masia-Warner, and Klein (2004) stated that the avoidance of social situations has also been proposed to maintain the social anxiety in a child. According to a behavioural perspective, behavioural avoidance is negatively reinforced whereby avoidance decreases the distress experienced by socially anxious people. In addition, avoidance or escape from such events prevents inhibits the student's ability to learn the necessary skills to successfully manage these situations. The cognitive approach emphasizes the impact of avoidance on thoughts, whereby the avoidance of social interactions limits opportunities and challenges the performance. According to this concept, social skills may be adequate, but social anxiety resulting from negative expectations impairs performance. Further, experience like this impairs student performance in the classroom and make them anxious towards different exposure of experiences.

One of the biggest challenges in addressing problems related to SAD in India is the general lack of awareness about it, especially in the school teachers who lack awareness and

cannot identify it in the classroom. Increasing awareness about SAD in teachers with students themselves and parents is of utmost importance such scenario. Improving accessibility and affordability to support services would encourage more students to seek help during their early years of SAD. As there is a need for more focused research on SAD in India, my project aims to build awareness by gathering all available support services for Indian children with social anxiety and providing strategies for school teacher's assistance.

Therefore, the given literature review will further define SAD and present detailed information about the available support services and its awareness in existence for school teachers for students in schools in India. To that end, my query is aimed at examining the existing literature in order to create a research base identifying the needs of students with SAD, and how their teachers and school team work adapt to meet those needs. This literature review will begin by examining: (a) an Understanding Social Anxiety Disorder; (b) SAD in the Indian context; (c) needs and solutions; and (d) a transition into Chapter 3.

Understanding Social Anxiety Disorder (SAD)

Social anxiety disorder (SAD) is characterised by intense fear of any social and performance-based situations where evaluation occurs (American Psychiatric Association, 2013). A few examples of events that are feared by those with SAD include: public speaking, meeting strangers, and talking with any authority figures. According to a study by Iverach and Rapee (2014), the prevalence of SAD corresponds with the increased importance of social and peer relationship as well as a heightened vulnerability to social embarrassment, which is associated with children's development through childhood. The study also stated that the development of SAD is influenced by a host of factors, including biological and psychological vulnerabilities, genetics, temperament, cognitive styles, as well as parental and peer influences. Hence, it gives

us an idea of what existing different pathways may encourage the emergence of SAD.

Consequently, it can be observed that SAD impedes the normal social development of the child and brings significant functional impairment. Therefore, students with SAD avoid social, educational, and occupational situations which involve public interaction. This can have a lifetime impact if not taken care of in early development and it is associated with low self-esteem, lower education and socioeconomic status, unemployment, and financial dependence. The disorder is also a high risk of major depression, which may serve as a pathway through which the overall severity of symptoms is increased. However, even without the presence of major depression, social anxiety disorder remains a serious and disabling condition. As a result, exposure to feared situations is typically accompanied by anxious anticipation, distress, and avoidance.

Ginsburg, La Greca, and Silverman (1998) demonstrated that children with high levels of social anxiety perceived their social acceptance and self-worth to be low, and reported more negative interactions with peers, such as having enemies at school and being made fun of or teased by peers, than did low socially anxious children. Furthermore, this pattern of relations was obtained for overall levels of SAD, social-evaluative concerns, and discomfort around new and familiar peers. There is accumulating evidence that negative, exclusionary, or aversive interactions with peers contribute to feelings of social anxiety symptoms, especially to social evaluative of peer groups. Once children become socially avoidant and inhibited, they may have restricted opportunities for social interactions and behave less confidently with their peers, further contributing to their social impairment. Peer rejection represents a significant stressor for most children which results in social anxiety disorder.

Kaur and Kaur (2015) explained SAD as the fear and anxiety of being negatively evaluated by other people, which results in the individual experiencing feelings of inadequacy, inferiority, embarrassment, humiliation, and sometimes may even progress to major depression. These clusters of symptoms are diagnosed as social anxiety disorder (SAD), or social phobia, which makes it severe enough to cause significant distress or functional impairment in normal life. SAD is associated with maladaptive beliefs about objectively positive emotions and positive events. Individuals with SAD estimate positive events to be less likely to occur and anticipate experiencing more frequent and negative reactions to positive social events than do non-anxious individuals.

Honnekeri, Goel, Umate, Shah, and De Sousa, (2017) suggested that, “social anxiety disorder (SAD) is a globally prevalent, chronic, psychiatric disorder affecting young children and adolescents which has co-morbidities including major depression, substance abuse, lower educational and work attainment and increased suicide risk, it has a significant negative impact on children’s future” (pp. 115). According to this study, SAD or social phobia comprises of two parts: (a) interaction fears, which include fears of initiating or handling social interactions; and (b) performance fears, which include fears of being under observation or being the center of attention (p. 116). According to the American Psychiatric Association (2013), the core defining features of SAD include fear or anxiety in social situations in which the individual is exposed to possible scrutiny by others and a fear of acting and either it results from the individual’s own behaviour or from showing anxiety symptoms such as blushing, trembling or sweating.

Spence and Rapee (2016) stated that social anxiety includes fear or anxiety in any social situations or events in which the individual is exposed to possible scrutiny by others and a fear of acting in a way that will be negatively evaluated by others. This can be due to the individual’s

own behaviour or from showing excessive anxiety symptoms such as blushing, trembling or sweating, which may result in the avoidance of social situations or these situations are endured with intense anxiety. The study also suggested that social anxiety during childhood tends to persist if left untreated with onset prior to 11 years of age and increases the risk of persistence into adulthood and further a lifetime impact. Similarly, APA (2013) criteria B stated that exposure to different fearful social events on every occasions provoke anxiety, which may take the form of a situation prone panic attack.

Keller (2003) suggested that despite being a common psychiatric disorder, SAD is still under-recognized and under-treated. Students with social anxiety experience anticipatory anxiety prior to events and, if the situation is sustained, suffer intense and distressing symptoms of SAD. Deb, Strodl, and Sun (2015) stated that in India, the scenario is worse and that it is more common in adolescents. Moreover, it is also associated with lower educational achievements, unstable employment, a high absence and drop-out rate in adolescents in school, and often resulting into reduced productivity that can lead to dependence on family, state, society, and country (Deb, Strodl, & Sun, 2015). As well, disabilities in diverse functional areas and impaired quality of life are the two major consequences of SAD.

Background – SAD in India

Social anxiety has very high rate of comorbidity with other mental health problems such as major depression and substance abuse. This condition may also result in the lack of recognition of a students' major gift and talents. Thereby, early diagnosis of this condition is imperative with early classroom intervention. Symptoms of social anxiety in children frequently include tantrums, crying, freezing, clinging to parents or other familiar people and inhibiting interactions to the point of refusing to talk to others.

Importantly, Di Blasi et al. (2015) suggested that in India, or anywhere in the world, high levels of SAD among children often lead to other serious disorders such as substance abuse disorders and are associated with impaired psychosocial functioning. Different studies have also shown evidence that high levels of social anxiety are associated with negative life events such as trauma and childhood abuse, victimization, and negative peer relations. Therefore, worldwide awareness important as well as an accessible support system that will allow the children to be made known of at an appropriate stage of social anxiety is important. If the support is not provided on time, then the self-image dimensions can be impaired in adolescents suffering from SAD. Thus, in my opinion, teachers in India play an important role in identifying, supporting, and understanding such students as well as their needs in order to make sure early diagnose and a bright future for them.

Moreover, Brice et al. (2015) stated that social anxiety affects approximately one in every seven adolescent children in Asia. SAD persists into adulthood when left untreated, as only about approximately 12% of socially anxious students in Asia will receive adequate support services. These findings make SAD among the most common yet untreated disorders in students. Thus, accessible support services in schools are necessary. Although there is a great difference between the occurrence of social anxiety and available services, detection of SAD in students may be the main obstacle. Given that academic settings provide unparalleled access to children, youth and anxious adolescents often incur the most impairment at school, it is logical that schools should offer a natural setting to identify students suffering from social anxiety. To enhance identification, proactive screening methods and interventions can be beneficial.

Another point to consider, as highlighted by Kaur and Kaur (2015), is the existence of positive relationship between SAD and alexithymia in adolescents. Here, Kaur and Kaur (2015)

explained the word alexithymia as the inability to identify, interpret, and verbalize physical signs of emotional arousal in oneself and others. This study in India shows that male adolescents report higher levels of alexithymia and lower levels of social anxiety compared to female adolescents. In this way, we can see in India that there is need of more accessible support services because of this vast gender difference which may be made possible through teacher awareness and by providing strategies for them as Indian schools have maximum female teachers. The study identifies the need of support to reach the female group of India which is possible by awareness through the education system.

ClydinaKhandagale, the primary author of, “A Study to Assess the Effectiveness of Self-Instructional Module on Reduction of Social Anxiety Among Adolescents” (2017) is a clinical instructor at Sadhu Vaswani College of Nursing in Pune, Maharashtra, India. Her co-author, ShubhangiDumbray, is the Principal at Tehmi Grant Institute of Nursing Education in Pune, Maharashtra, India. Their (2017) study showed a significant negative correlation between socioeconomic status and social anxiety level. In this study, there were 210 adolescents participants sampled from secondary schools from Pune city and included both boys and girls. Participants were selected by stratified random sampling technique. 23 students with moderate levels of social anxiety were administered a self-instructional module. This study was conducted in two different stages, where initially all participants were assessed with the help of a questionnaire in order to determine the levels of social anxiety among the participants. Then a self-instructional module was developed, in which the interventional group of adolescents having moderate levels of SAD were provided with a self-instructional module for reducing the levels. After three months of intervention, a post-test was conducted. In conclusion, the results showed levels of social anxiety were higher among children with a low socioeconomic level.

Miller et al. (2011) explained that anxiety, specifically SAD, has high prevalence rates and these results indicate that anxiety is one of the most commonly occurring child or youth mental health concern as well as the most referred problem to mental health care providers. Students who receive mental health services receive them only in the school setting. Therefore, school teachers which are the part of this school setting should be well acquainted with the knowledge information related to SAD and various services which they can use. The degree of adult impairment associated with SAD varies widely and seems heterotypic in presentation, from academic and work-related functioning to an overall low level of quality of life. Thus, considering India has a drastic variance in children's socio-economic background, schools are the only place where an equivalent strategy of help can be provided for SAD students.

Awareness. Moran (2016) stated that children do not have the life experiences to effectively handle anxiety symptoms and that experience may change their ability to cope. Also, it was reported that teachers will have at least one student in their classroom with any anxiety disorder. Additionally, as school plays such a significant role in students' identity development, teachers are in a unique position to recognize and provide essential support for students. Even teachers agree that schools should be involved in addressing the mental health needs of children and they need additional knowledge such as recognizing the signs of SAD and developing strategies for working with students exhibiting problems. The two most frequent anxiety disorders in middle childhood and adolescence are SAD and generalized anxiety disorder (GAD). Therefore, teachers can provide numerous accommodations within the classroom setting that will assist and support the student with social anxiety disorder.

Masia Warner, Fisher, Shrout, Rathor, and Klein (2007) stated three specific points concerning the impact of SAD on a child's education. First, socially anxious students are rarely

identified in classrooms, and parents and teachers typically underestimate children's need for help. Partnering with schools creates opportunities to educate school personnel and parents, and thus facilitates easy and early detection and help. Secondly, children are often reluctant to seek mental health treatment due to perceived stigma existing in the community, and these worries are particularly influential for individuals with intense fears of negative evaluation and embarrassment. Offering intervention in a nonclinical setting may reduce the stigma associated with mental health services. Finally, given that socially anxious students experience significant distress in the school environment, intervention at school allows for real world practical approaches such as real-life exposures, and participation of peers and teachers.

Cunningham and Suldo (2014) stated that students with SAD are common in a classroom, but underestimated and often are only recognized because they tend to disturb class or violate school rules. For many, they may not have an obvious outward display of symptoms. Additionally, SAD is most likely to first manifest during the elementary school years, whereas the onset of a depressive episode occurs typically during adolescence. Thus, awareness for SAD for every classroom teacher is a must and schools need effective mechanisms in place to accurately identify students who may need such services in identifying elementary school children who self-report elevated levels of social anxiety.

Di Blasi et al. (2015) stated another crucial point regarding the "self-image which is the sum of subjective perceptions about oneself, one's body, mental functioning, social attitudes, and adjustment in different aspects of life" (p. 75). As social anxiety involves an intense fear and avoidance of interpersonal situations leading to significant distress and interference with daily life, the focus for students suffering from social anxiety symptoms should take into account impairments in self-image that may damage normal development and affect well-being. Here,

students with SAD tend to portray a negative self-image and this worsens the situation and may result in negative outcomes. However, higher educational and vocational goals for elementary school students and a more positive perception of the teacher, school and family relations may contribute towards awareness of social anxiety symptoms and its solutions. Hence, self-image should be a major part to achieve intense awareness for the teachers in Indian schools.

Brice et al. (2015) stated Asian students' have slightly elevated scores in relation to other students with SAD symptoms, and this result from the lower rates of service use for SAD students. This finding is not only the result of a scarcity in the school system—but also in the community. The study also reports that the scenario for SAD students remain largely undetected, likely because their impairments are not readily observable and teachers are not aware of SAD symptoms and causes. Therefore, children keep the problems to themselves resulting in the teacher and parents not knowing what the child exactly is going through; this leads to the lifelong impact of SAD. Hence, we can see an at-most need of awareness primarily in teacher and schools for SAD.

Further, Kaur and Kaur's (2015) study reported that females are at higher risk. Indian females have higher rates of SAD and its dimensions, namely fear of negative evaluation and social avoidance and distress, as compared to male adolescents. Additionally, counselling as a strategy can help and focus on various SAD dimensions and emotion-oriented counselling can help by learning to identify and describe their related emotions. Thus, the study discusses awareness which can be achieved with the contribution towards counsellors who need to work with SAD children. Hence, the study makes a case for Indian schools by highlighting counsellors as a service to reach the needs of SAD students.

Furthermore, Nair et al. (2013) said that the level of education has a protective influence on social anxiety among girls pursuing high school. Early identification of the factors associated with anxiety disorder and the subtypes, especially for SAD, can be useful in predicting, preventing, or treating the disorder in adolescent girls. Thus, in India, higher education for every female child is a step forward towards the SAD awareness and a type of support service. Teacher awareness is a crucial part of it and must be achieved very soon.

Alternatively, Miller et al. (2011) stated that anxiety disorders are equally distributed across socioeconomic status and different ethnic groups, and that it also remains stable throughout the lifespan. Importantly, regardless of gender or class, SAD in India often goes undetected and untreated even though teachers observe certain signs of anxiety and are not able to identify it because of their limited knowledge of SAD as well as a lack of information with respect to classroom strategies for supporting such students. Prevention and early intervention programs for anxiety are critical, as data suggest that unaddressed anxiety in childhood and adolescence can lead to secondary disorders (i.e., depression, emotional disturbance, and substance use) and can affect important areas of life functioning later. With early intervention for anxiety management, evidence suggests that the problems associated with anxiety can be curtailed. Treatment gains from early intervention have long-lasting effects, thus reducing the time an individual is affected.

Khandagale and Dumbray (2017) stated adolescent is a period of transition in which feelings and thoughts are primarily expressed through their behaviour and they respond intensely to people or any social events. These intense and unstable feelings can account for their extreme sensitivity to the response of others which may occur as being easily hurt, fear of disappointing them, and make them fearful of others. During this transition, it is common to experience a

mixture of emotions, including anticipation, excitement, fear, anxiety, depression, stress, and even feelings of loneliness and isolation. A major change from childhood to adolescence is the development of self-consciousness. Adolescents become aware of how others view them and react to them, and this awareness makes teenagers feel apprehensive and extremely self-conscious. Adolescents are at a high risk for the development of problem behaviours that are distressing and socially disruptive. Anxiety disorders are the most common mental, emotional, and behavioural problems that occur during childhood and adolescence. Thus, in such situation teachers and also parents must understand the difficulties that the child is facing and how to handle situations such as this in order to overcome the child's needs at that state. Overall, extreme awareness is a need in India.

Moran (2016) suggested that social anxiety can be considered a normal part of childhood and adolescent, however, anxiety can become a disorder when it interferes with functioning in various aspects of child's life, such as school and social relationships in school. This leads to having a higher risk of negative outcomes for those children with untreated SAD such as increased substance use and other psychological conditions. Although it is not the responsibility of teachers to diagnose students with anxiety, many roles are appropriate for teachers in relation to students and anxiety in middle school. Overall, awareness is a must in India and for teachers it is a necessity.

Russell and Topham (2012) suggested that to reduce invisibility and to improve awareness of social anxiety in the classroom, staff educated on how to recognise social anxiety and to be cognizant of the causes and effects of safety and avoidance behaviours on student performance and student-teacher impression formation. It is, in reality, not easy for teaching staff to be able to discriminate between shyness and social anxiety thus it is suggested to use a

more pragmatic approach so the teacher may consider how general pedagogic approaches can be employed in the classroom to reduce potential performance anxiety and embarrassment for all students. These may include graded exposure for public speaking social anxiety in higher education tasks, the promotion of small group teaching and activities, peer-support for self-disclosure and exposure in class and avoiding asking questions of students in large groups unless it is clear the information is being freely volunteered. Finally, attention is important for early integration and proactive interventions in supporting students and preventing withdrawal from university. In particular, there is a need to engage with the “quiet student” who may fail to come forward for help and advice. This has a particular resonance given the low rates of help-seeking reported in this survey.

Strategies. Sarver, Beidel, and Spitalnick (2014) stated for students with social anxiety in school, existing single directed classroom and audience-based virtual environments appear to evoke subjective distress and successfully target exposures for public speaking fears alone. However, existing environments generally shows there are currently no data on the application of virtual environments to augment behavioural treatments for students with SAD. Thus, although promising, the potential application of this technology to children is unknown. In addition, there are accumulating data that exposure therapy alone does not produce the optimal outcome for such students. Existing data suggest that children with SAD exhibit social skills deficits and that social skills training added to exposure therapy produces the optimal treatment outcome. Overall, a brief awareness regarding virtual environments helps exposure therapy with social skills training for students with social anxiety disorder.

Other research is clearer in terms of strategies. A study conducted by Cunningham and Suldo (2014) supported the notion that both depression and anxiety disorders can be treated in

schools effectively by using cognitive-behavioural interventions. Teacher nomination is a method that entails asking teachers to identify students in their classroom who exhibit symptoms of specific forms of internalizing or externalizing behaviour of students. It is advantageous as it is efficient, non-intrusive, cost-effective, and universal in that teachers are asked to consider all students in a classroom. To check the validity of this method, the study evaluates the accuracy of teacher nominations in identifying elementary school students who repeatedly reported elevated levels of social anxiety and depression.

Once identified, Ranta, Laakkonen, and Niemi (2016) suggested that mind reading, counseling, and personalization tendency discussion should be considered for inclusion in psycho-education modules of CBT treatments and school-based preventive programs. Behavioural experiments (BEs) should be planned in a way that rules out the mind reading tendency. A BE tests for socially anxious student negative predictions about themselves in any social situations act by making them behave differently than before and observes what social consequences the new behaviour will have. The desired positive outcome of a BE is directly observable and not one that is inferred from what others might think of them. Cognitive-behavioural models on the development and maintenance of emotional problems stress the interrelationships between thoughts, feelings, and behaviours. These concepts are worth applying for SAD students in a classroom and can work positively.

Furthermore, DiBlasi et al. (2015) stated that teams who work with students suffering from SAD may wish to target affect regulation and modulation abilities to increase child's emotional tone. Attention might also be paid to adolescents' health behaviours and their ability to develop supportive peer-relationships since these factors promote better social adjustment and foster a more positive self-image. Brice et al. (2015) suggested self-ratings accurately represent

functional impairment in socially anxious students, and it is possible that Asian American students are underserved with support services. It is also possible that establishing culturally-sensitive instruments may help inform Asian Americans that are in need of additional services. Easy identification and proactive screening methods in school are valuable tools for identifying children's with SAD.

As Gren-Landell et al. (2013) stated, treatment models of SAD may need to include components that address PTSS which has been demonstrated in some students. Posttraumatic symptoms, like intrusive cognitions, involve emotions and physical sensations and may be, in part, based on prior social experiences that the child experienced. Further, these images impact the self-image as it is a common underlying factor in such students. The images are updated in situations reminding various unpleasant social events. Addressing such unifying characteristics and components of PTSD can help the strategies to work more deeply as SAD children only disturbed by daily events, but from memories of past events. It is important to note that this method has not been evaluated fully, but the study suggests it can work in some cases.

Moran (2016) suggested the need to implement universal prevention programs in schools since the onset of SAD is typically in childhood. The focus should be on key areas such as academics, peer relationships, and social-emotional development, which will minimize risk factors that may increase the risk for the manifestation of the disorders. Overall, school collaboration with counsellors will allow for the development of these efforts as they are focused on a comprehensive program that addresses prevention for all the students. Indian teachers and counsellors both need to have adequate knowledge about SAD to overcome such student's needs.

Khandagale and Dumbray (2017) stated that a moderate level of social anxiety was reduced with the help of the self-instructional module. The self-instructional module consisted of

detailed information regarding SAD including its forms, signs, and situations that may provoke and cause it. This module was validated by experts from the various fields of Nursing, Psychiatry, Psychology and Education. Basically, this strategy focuses on self-awareness in students with SAD which proves to be a fruitful effort towards decreasing the levels of anxiety. Thus, this strategy can serve as a helping hand for teachers of India schools.

Miller et al. (2011) emphasized another effective intervention program—the Skills for Academic and Social Success (SASS) treatment model, which can be delivered in high school settings and can reduce symptoms of social anxiety among students. Spreading awareness among teachers and providing mental health services in schools is advantageous given that school-based interventions can ultimately reach a larger number of affected children. Mental health services in schools prove advantageous given that school-based interventions can ultimately reach a larger number of children on early stages. School is an optimal environment to deliver both educational and mental health services to young kids.

Challenges

Needs. Cunningham and Suldo (2014) found that early identification of student's needs for support and services is crucial for teachers. Systematic educator nominations appear a promising method for identifying children who may go unreported, further in social contexts in which more invasive universal strategies such as school-wide self-report screenings may not be feasible. But the validity of this method as an initial step indicates a need to use a more comprehensive universal strategy when attempting to locate all students in potential need of services.

Additionally, Di Blasi et al. (2015) stated that teachers should be educated on SAD symptoms primarily and take that into account for the analyses of the impairments in self-image

that may damage normal development and affect well-being. Teachers in the classroom with children suffering from social anxiety symptoms may wish to target affect regulation and modulation abilities to increase patients' emotional tone, while it may be important for attention to be paid to their health behaviours and their ability to develop supportive peer-relationships. This is since these factors promote better social adjustment and a more positive self-image. Furthermore, Brice et al. (2015) reminded readers that while Asian Americans endorsed more distress, they did not receive help for SAD more frequently as compared to other ethnic groups, indicating there is a need of more intense evaluation in this area. Thus, the study gives the necessity of awareness in Indian teachers.

Khandagale and Dumbray (2017) suggested that development of a self-instructional module is a step towards reducing SAD. Further, an assessment of the effectiveness of the self-instructional module is important for analysing the level of reduction of social anxiety in children. This study also focuses upon the need for modified Interpersonal Psychotherapy-Adolescent Skills Training for depression, incorporating strategies for dealing with social anxiety and peer victimization. Negative peer experiences and parental coaching may need to be targeted to reduce social anxiety during early young age. A need to assess the effectiveness of internet-delivered self-help programmes on social anxiety among student can be beneficial too. Keeping this in mind, it is important for teachers to work on such knowledge accordingly and should understand the diverse needs of a diverse classroom.

In "The Predictive Factors for Anxiety Disorders Among Adolescents in a Rural Community Population in India," Nair et al. (2013) interviewed adolescents. This research used the Screen for Child Anxiety Related Emotional Disorders (SCARED), a self-rated questionnaire for measuring anxiety symptoms in children and adolescents. As well, the Modified

Kuppuswamy scale was used to assess the socio-economic status of an individual based on three variables: education, occupation and income. Lastly, the Beck Depression Inventory II (BDI-II) 21-items self-report inventory that was used to assess levels of depressive symptoms. Results supported the need for educating girls in the higher-secondary school level, which is an important step in the direction for decreasing the rate of SAD. A high level of awareness about the risk factors of social anxiety is needed in order to encourage a positive parenting style that may go a long way towards preventing SAD in children. Nair et al. (2013) also brought into awareness the need for the provision of financial aids which is one of the necessary steps towards increasing the socio-economic status for various families, which in turn will decrease the prevalence rate of social anxiety disorder.

The inclusion of more activities that bring equal opportunities and attention to every child with respect to social exposure during school may allow for the best outcome in reducing the level of social anxiety. Moran (2016) stated that teachers should readily value the needs of young students and be prepared to complete those needs in order to increase the chances of students achieving the best quality of life without any discrepancy. Moran (2016) also stated comprehensive guidance and support services are designed to meet the needs of children's in school. But as an educator, commitment can be on the development and provision of profound, easy support services, while highlighting the importance for professional practices a pathway. Health and wellness have to be supported in curricula, school-wide programs, and related policies.

Sweeney et al. (2015) said that implementing various interventions in schools enhances recognition and access to treatment for socially anxious students, but, without reliable means to accurately identify children in need of services, school-based interventions are not feasible.

Therefore, enhancing school-based detection as an application of intervention for socially anxious students is important and may require a different type of screening procedure. Finally, because social anxiety triggers can be found in the school environment, implementing treatments in schools allows for naturalistic exposures, real-world practice, and promotion of skills within.

Solutions. Firstly, Cunningham and Suldo (2014) stated that schools should provide mental health services in a proactive and preventative fashion which entails accurate and early identification of vulnerable children with elevated symptoms. With knowledge and best practice guidelines for assessments and interventions, teachers mostly identified approximately 1 student as socially anxious or depressed so there is a need for nominated students to be further evaluated with data from another source.

Secondly, Ranta, Laakkonen, and Niemi (2016) suggested the need for instrument and method development for identifying central socio-cognitive psychopathological mechanisms for students with social anxiety—instruments that can be particularly useful in early intervention or prevention programs for social anxiety in school contexts. It seems that the addition of effective consistency and emotional stability may reduce the risk of experiencing high levels of social anxiety. Moreover, Ginsburg, La Greca, and Silverman (1998), middle-school students, high levels of social anxiety at the beginning of the school year have also been found to predict low levels of companionship and intimacy in friendships during the course of the school year which shows that students affiliated with a peer group showed lower social anxiety risk and higher positive friendship qualities.

A study conducted by Di Blasi et al. (2015) showed positive perceptions of parental and family relationships along with higher educational and professional goals were positive predictors of social anxiety disorder. Thus, it should be adopted by teachers and schools for early

diagnosis and has implications for the need for resources. This study also suggested evidence-based treatment for socially anxious children which could be used to investigate whether interventions targeting aspects of self-image produce positive outcomes. Furthermore, Brice et al. (2015) suggested that establishing culturally-sensitive instruments may help in informing the needs of additional services, or rather, whether elevated scores are related to stigmatizing cultural ideals. Therefore, the study states there should be a proper focus on the cultural scenario for socially anxious kids in India with a professional target base intervention.

Kaur and Kaur (2015) strongly emphasized that counselling services can help to learn, identify, and describe student's emotions with respect to social anxiety in India. Schools and teacher combined efforts should provide support services like counselling for proper diagnosis and help support for school going boys and girls equally. Khandagale and Dumbray (2017) proposed another solution to consider is the use of Internet-delivered self-help programmes with added therapist guidance for SAD. UTalk intervention appeared feasible to administer in schools, with high satisfaction and preliminary benefit. Nair et al. (2013) found that public health level policies and programs should address these reversible factors, while at the individual level, and teachers should screen for SAD in student girls with lower levels of educational and socio-economic background.

Miller et al. (2011) demonstrated the need for a wide range of school programs and strategies which could lead to reductions in social anxiety symptoms. Peer counselling is also a promising approach to delivering school-based interventions, given the positive effect peers can have on each other. However, services delivered in school-based settings need to be established as being evidence-based. Moran (2016) suggested educating middle-level teachers about SAD, including the various other types of anxiety disorders that arise in middle age and have a long-

lasting impact. Collaboration with school teachers and counsellors can allow for the development of these potential solutions as they are focused on a comprehensive program that addresses prevention for the entire student body.

Ollendick and Benoit (2012) highlighted the need for a greater focus on some crucial factors which are termed as attachment from not only teachers, but even parents such as parental psychology, parenting practices, parent awareness, and ideally, peer and sibling influences. As well, support for a discussion of interpersonal issues, such as peer and sibling relationships, in the development and expression of childhood SAD. Although as supports to prevent SAD interventions are necessary and but they can inform us about maintaining them as well as how to mitigate the course of social anxiety. Cognitive factors such as the tendency to cope through avoidance and the impact of parent behaviour like parental modelling, parental facilitation and parent-child interactions should be intensely intervened. Intervention methods should include psychosocial along with cognitive interventions that address all of these interacting components for SAD.

My Project

In my opinion, there is nothing unusual about a child being shy in school days, but children with social anxiety disorder experience extreme distress over everyday situations such as playing with other kids, reading in class, speaking to adults, or taking tests. Often, children with social phobia do not even want to go to school. Therefore, in my project, my aim is to increase levels of awareness among teachers and other school staff by providing in depth information about social anxiety disorder which will decrease the chances of any child having negative outcomes due to social anxiety. My goal is to provide the best awareness about social anxiety, it can be just a phase for any school going child than a lifelong disorder in India. The

next chapter will give an overview of my project and how it will work to accomplish my vision for an effective awareness and support service for socially anxious students through teachers in India.

Chapter 3: Product Overview and Rationale

The internet is a useful technological achievement of the present day. Today's generation uses it for a variety of purposes such as obtaining information as well as for entertainment purposes. We find the internet a great source of information and when used in the right way, it is highly beneficial. In India, access to the internet is becoming more ubiquitous as more homes are connected to the net and will continue to grow in the future. Keeping in mind the Indian perspective, it is a multi-tool purpose with application in many aspects of life. Thus, creating a website was an appropriate format to support this project's purpose.

The goal of this project was to develop a support based website for teachers in Indian schools, to help students at need within their classrooms. This chapter presents a discussion of the development of that website resource, the purpose if which is to assist Indian schools with information and strategies to offer more effective school based services for students. Therefore, the website has different types of support strategies to help teachers identify, understand, and provide better support for students who are suffering from social anxiety disorder (SAD).

The chapter describes topics related to the project goals: (a) rationale for creating a website; (b) an explanation of the project design and steps to completion; (c) and support for the types of secondary data used in the website.

Rationale for Creating the Website

According to previous research, as outlined in the previous two chapters, as well as in my own personal experience, website resources for schools in India is helpful in facilitating effective planning and the implementation of school based SAD services. The reason for creating a website is that it can be updated according to the changing and advancing data. Also, it can be handled and accessed from any part of the world. In my opinion, a workshop cannot reach the

school to the same extent as it would need manpower and related other facilities. Further, this type of resource is especially important for Indian teachers since, unlike the North American school system, there is less knowledge and awareness about SAD. In India, teachers and schools have minimal information about this disorder and, therefore, they also have problems understanding the needs of such children.

In India, there is a stigma attached to students 'labeled' with disabilities and who experience challenges; hence children with symptoms of SAD are ignored and the importance of addressing the problem is minimized. Moreover, when SAD not identified at an early age, it can have a lifelong impact which may result in maladaptive development and poor outcomes. Therefore, it is essential that teachers become knowledgeable about the diverse needs of students in classroom. The website only aims to focus on the early identification of such children and give teachers information to better understand this disorder. This is ultimately a platform for basic understanding which will allow for early identification at an appropriate phase which could help improve the child's early learning years, having an important later impact.

Information technologies (IT) is considered a cost efficient and simple way to reach all teacher and student in schools as well as parents. Thus, a website for SAD puts these technologies into practice with teacher (as well as some information for students) who are the core audience. By understanding such needs of their student population, teachers can begin to assess and screen student behaviours. A resource such as this creates an awareness of this disorder and communicates the need for more sustained and effective SAD supports for students. As a result, students will be more likely to get the desired help sooner. Teachers need to know important information such as the: knowledge of supports that available, who to contact, what

symptoms of SAD look like, and language to use with students. According to Desrochers (2014), these are important training opportunities for teaching staff.

Furthermore, a website can meet the required needs of both teachers (and the students) as the needs of audience varies from person to person. And, at the same time, this website can be updated day to day as demanded by the targeted audience. In India, internet access is much easier and available; internet and information technology, hand in hand, can serve as a boon for developing nations.

Additionally, schools in various cities of India are now trying to bolster their standard knowledge of different disorders and problems children face during school years. They are also willing to act in order to solve such problems, but rural areas are still not as developed for such issues. A lack of awareness in small towns and smaller cities justifies a need to spread such knowledge throughout every Indian village and urban area and a website is the best solution because schools in India have started accessing internet service more broadly.

Currently in India, websites (such as <https://www.betterlyf.com/>) do exist where students can get counselors to help their anxiety issues. But these websites provide a type of professional special education training system and help for only SAD children. However, this project created a website specifically providing some profession type of strategies for teachers with respect to completing such children's need in a classroom as it is the part of their day to day life, mostly in school settings which in my observation India lacks.

With the Indian context in mind, there is a need for deep awareness which cannot be achieved by any handbook or workshop. A handbook cannot reach rural areas. With regards to workshops, there is not much rural development that the teachers can attain such workshops. However, it is important that the source should reach maximum teachers and schools and

a website available through internet made this connection possible. As Mehtalia and Vankar (2004) suggested, there is no Indian data regarding awareness of SAD children in teachers and schools. However, I feel that if the creation of this website can bring changes in at least one child's life—then it is worth doing.

Project Design and Steps To Completion

Teachers are often the first responders to see students who experience SAD issues in their classroom. Therefore, it was necessary to collect detailed information, a wide range of literature, and related strategies for teachers from all around the world. Then, in order to distribute this information and put it together I chosen a website platform through wix.com. Wix.com is a website building site which makes it easy and helps to create, design and publish websites.

Schools have quickly evolved to be the most effective mental health provider for students who experience mental health issues that affect their educational functioning (Williams, Splett, & Maras, 2011). With this rapid change, however, comes uncertainty among school staff who are educating children and who tend to lack the training, expertise, and understanding to effectively provide mental health services in the schools (Williams, Splett, & Maras, 2011). Hence the need to introduce strategies to meet the needs of a diverse class is imperative and cannot be neglected. Therefore, I have designed this website primarily with teachers as the intended audience, but also with an awareness that the information might be of interest to the students themselves.

To do this, I took the wide amount of information that I read and synthesized in my literature review, and tried to imagine how to create categories to support teachers new to the information—to be able to navigate through it more easily. The following screenshots and summaries explain how I have organized my website and give rationale for my choices.



Figure 1: 'Home'

Figure 1 is a screen shot of the first page of this website. Here the first page of the website is called 'Home' which presents the purpose of this project and which outlines 'My Mission' and overall goals of this website. The page consists of a picture which defines the intense fear and self-consciousness faced by a socially anxious child while public speaking due to lack of exposure. The page gives a brief explanation of who I am which explains why I am interested in this topic. Importantly, this information locates me as an interested researcher (but not as a trained professional). At the end I provide my name and email ID as a contact.



Figure 2: 'Introduction of SAD'

Figure 2 depicts the second section of my website. This section—‘Introduction of SAD’- provides basic information about SAD. The page starts with a picture of a group of students who forming a huddle in middle of some activity. This picture represents concerns fostering an awareness of SAD resulting in normal cognitive growth for all the school going children. Furthermore, I made specific image choices to connect to an Indian audience. It made sense to use pictures that represented the cultural group of my audience.

The page starts giving more basic information about SAD such as its definition and related features. In the middle of the information, there lies a picture representing me somewhere back in my childhood period as a young girl who wants to try but cannot because of lack of knowledge about SAD and its impacts. This link connects to four other pages (‘About’, ‘Teacher’, ‘Children’, and ‘Get Involved’). Readers can navigate the page by clicking on those tabs, or the ‘Read more’ button on the table.



Figure 3: ‘Introduction for SAD’

Figure 3 displays a page that layered under the main tab ‘Introduction for SAD’ (See Figure 2) and it is called ‘SAD’ social anxiety disorder. The title of the page indicates that this section is all about SAD. This page of the website is very important as it gives deep background about the topic that is likely unfamiliar to the Indian audience. It starts with an introductory

picture on the left hand side giving a certain ideas for what exactly this topic is about and the isolating effects. Further the information starts from the right hand side, initially giving answer to a question ‘what is SAD?’ continue with its meaning, definitions, symptoms, causes, and risk factors.

Although this is not a comprehensive engagement of the subject, it is a basic introduction to an audience who might not have the background, awareness, understanding, or vocabulary surrounding Social Anxiety Disorder. This page is – as it is labelled – a general, broad introduction. Later, depending on the interest, background, and reading level of the audience, a wide variety of sources (academic and more approachable) will be provided and audience members can chose further reading and information to match their interest level and ability.



Figure 4: ‘SAD in the classroom’

Figure 4 situates SAD in the classroom. The image on this page represents teachers coming across socially anxious students in classroom. This picture tells us about how a teacher plays primary role in every child’s learning phase with their cognitive development.

Additionally, here I have used a variety of knowledge and experience from this North American context mixed with various data and strategy from different websites, related articles, with other social media platforms to provide information to the Indian audience. The aim was to know how

schools and teachers from different parts of the world with same issues work to overcome it and what crucial strategies they are using which can be used by teachers in India.

Further, this page encourages teachers to aware that children can be helped with various components like self-understanding, teacher support or counseling. Thus, this page engages answers of three crucial questions: (1) Do any of my students in the classroom struggling with SAD?; (2) What are Strategies to Identify SAD?; and (3) Strategies to Work with SAD Students in a Classroom? Again, importantly, this is an opening conversation to encourage awareness and conversation regarding what I suggest is an unfamiliar topic, neither intended as a diagnostic tool nor to substitute professional support.



Figure 5: ‘What can we do for children?’

Figure 5 depicts a page this is accessed under the subheading Introduction to SAD (see Figure 2). This page is titled ‘What can we do for children?’ as a part of providing SAD information to students. The page has an animated picture on the right hand suggests the child’s fear for being in any social event or situation. The information of the page provides an explanation of the feelings children might experience.

This page provides information concerning the help which can be given through various available existing support services which introduces topics such as: counseling,

relaxation strategies, and medication. The information on this website aims to bring awareness but cannot develop a district-level database resource of services and provide this support in the website—nor should it be substituted for the care of a doctor or professional.

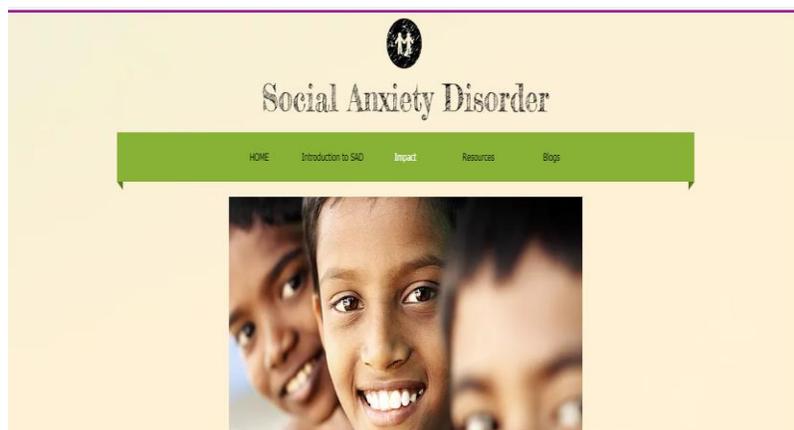


Figure 6: 'Impact'

Figure 6 leads readers to a main tab labelled 'Impact.' It has a joyful picture with three kids in it, representing how we should work to support children have positive experiences without any lifelong impacts. Therefore, the page further discusses three major components: lifelong impact, complications, and prevention.

It is necessary to discuss the lifelong impacts because we normally think that SAD is just a phase of life but, with my knowledge, it can have lasting impacts that affect day to day activities from childhood, adulthood to older. If it is taken care of in the beginning, then there is need to try hard for everyday routine activities. It will be easy and normal growing years for any SAD child.



Figure 7: 'Resources'

Figure 7 is one of the most important sections of the website, and invites readers to continue their learning by offering a variety of resources in different forms and at different reading levels. The page 'resources' provides links to various books, Youtube videos, and information from other websites and academic articles from all around the world which can help the audience in a respective manner.

Also, it will include two personalized stories—clear reminders about the ways that SAD has dramatic impact on students' lives.

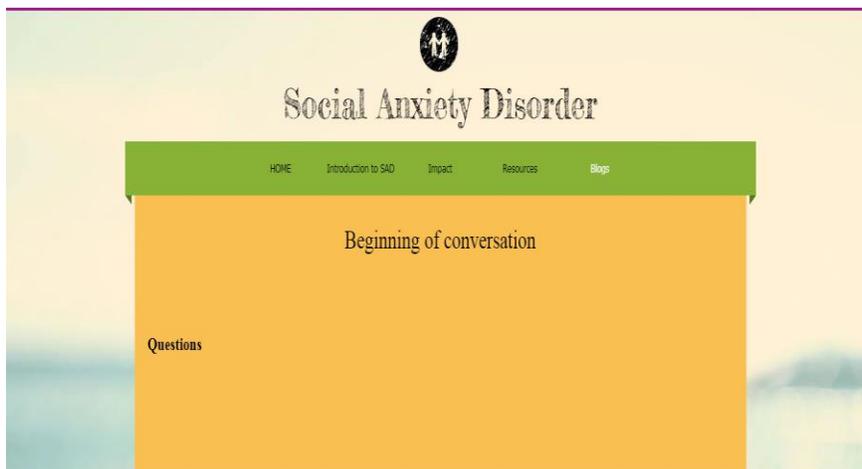


Figure 8: 'Blogs'

Figure 8 is the last page and it is labeled ‘blogs.’ It is a platform for allowing interested others to share their views and experiences in relation to this topic. This will serve as a platform for sharing and communicating with non-judgmental intention.

Overall Comments. Overall, my aim was to keep the look of the website simple and to the point—providing introductory, accessible information that focused on the topic and its related branches. I wanted to thoroughly spread awareness--of a topic that is largely misunderstood or ignored--in schools of India; thus the website should have a worldwide approach but with India’s diverse schooling type.

Support for Information Choices

The data for the project was gathered from the journal articles, other trustworthy websites, and blog articles from North America and India. For this project, I have collected information from both qualitative and quantitative studies (as demonstrated in my literature review). However, it has been written into a more accessible, summarized form; the purpose of this website is to give an introductory offering to the topic and that the Indian context and teacher audience, therefore, the information could not be strictly presented in a complex, academic form. This “translated” information will make things much easier for teachers to engage it and see how it might apply to the needs of their students.

Quantitative and qualitative methods of research are considered to be the core element for any study and are necessary in order to establish resources which are evidence-based. Leedy (2010) emphasized that quantitative and qualitative research practices are based on different suppositions. For example, they differ in terms of the intentions of the research, the methods used by researchers, the types of studies, the researcher’s part, and the degree to which generalization is possible. Researchers try to measure variables in specific ways when using

quantitative approaches. Therefore, these approaches are essential elements that informed this project. The qualitative research for this project is based on characteristics that cannot easily be reduced to numerical values and will result in having a better understanding of complex situations, collection of verbal and nonverbal data, and data findings are interpretive narratives (Leedy, 2010).

However, the data collected with my observations and experiences are also important. I have become aware that teachers in some schools in different parts of India are not broadly aware of the existing research, nor are they widely aware of such disorders, nor taught to identify the needs of different students in the classroom. Teachers are only focusing on the academic achievements as the school management and parent's demands the same.

Therefore, it is important to remember that the audience of the project is not trained special education teachers, rather teachers who might be new to the idea of SAD. Therefore, the data provided in the website is current, re-worded, and presented to the audience in a way to maximize its benefit and can spread awareness.

Conclusion

In conclusion, the aim of the project was to connect my social anxiety experience as a child with the international knowledge I have gained as a student myself. I have shared this connection by creating a website as a resource for teachers in Indian schools. However, the focus of this project was to fulfill the unidentified needs of students of each classroom and solve these problems during their early years. In the future, the website will be further developed and modified according to changes added in various concepts all over the world. Based on these facts and upcoming needs, a website with strategies and brief data were developed to assist school teachers as a resources tool that support planning and implementing school-based support

services. Finally, in this scientific era, a website has the ability to reach all the teachers, students and schools within various corners of India, therefore achieving the required goal. The website is build for successful awareness of social anxiety for a developing nation like India to complete my dream to serve as support to the needy students.

Chapter 4: Reflection

As a student in North America working on my research project, I felt lost when I searched for SAD based articles and other documentation for school based mental health services in India. All I found is that India is currently developing different resources for such issues—but they are neither prevalent nor accessible. It was also frustrating to see so few studies that exist on such an important topic, specific to the context of India. The lack of information also suggests a lack of attention to a topic that I feel is essentially important. Since India is my home country, I felt a responsibility to do what I could to assist in these developments.

Being a North American student gives me a different lens and has broadened my understanding of issues related to inclusive and special education. I can easily say that education in North America is inclusive education and based with a primary focus on creativity and innovation. Schools here follow an inclusive framework by incorporating collaborative work from various school participants, including teachers, staff, parents, special educators, and other teaching team. All fundamental stakeholders--like teachers, parents, and other staff work—with same motive which is implementation of meaningful inclusion. This was an important learning for me, and it modeled the future possibilities for back home in India.

Unfortunately, the education system in India, on the other hand, lacks creativity. The approach is more theoretical rather than practical. Education in India is more of a formality, no matter what the child's interests or likes, the child has to study specific curriculum. It becomes an everyday schedule. In India, there are also limited professional prospects with paths such as with only medicine, engineering, and accounting leading the list. If you aren't any of them, you are to be demeaned. These formal structures and traditional mindsets affect both student's choices—and also the supports for students who happen to be different.

Reflection

In order to conclude the work done in this project, it is important to step back and consider all the work. Thus, this chapter aims to give a reflection regarding to my learning about the process and also what I learned about the content. Education in schools should not be limited for any child, rather it should be exploring the in-depth needs of each and every child. However, here special education is a field which is crucial and should also be accepted positively in Indian schools.

As social anxiety is one of the disorders that not enough is known about—and students with SAD are sometimes unknown. It is the school's responsibility to fulfill such student's needs, with the teacher's appropriate knowledge and support. However, it is problematic because mainstream schools teachers lack professional knowledge that allows them to identifying or support students who have SAD needs. Thus, building this website can have a positive impact by reaching the schools all over India, providing assistance to teachers with SAD children in their classrooms—and even to the parents of these children too. It was my desire to solve a problem regarding lack of knowledge for teachers, and now this website can serve as a resource for teachers, and can promote awareness about social anxiety disorder. Student needs must be given priority by school, teachers and parents also, before negative lifelong impact occurs. Therefore, to achieve the goal of my project and to provide a support resource for teachers, this has been created.

This information has been collected from the research I have done from North American context but “translated” to the Indian audience, through my own lens as an Indian teacher. The research literature suggests the critical components of addressing social anxiety disorders in children include psychoeducation, skill building, and suggestions for help-seeking

(Kerns et al., 2013; Rudy, et al., 2012). The website provided helpful data by furthering the awareness in order to help it reach a larger and more diverse audience. It helps with all type of basic information from both teacher and student perspective, including definition, causes, symptoms, risk factors even significant distress situations. The website is structured further with respect to different aspects for teachers with SAD students in the classroom for exact facts representation. It gives the functioning of various strategies and techniques which can be used to overcome SAD. Teachers can get open access to classroom action awareness and students get the opportunity to understand their own scenarios. The current scenarios which represent and needs teachers early identification and understanding about a range of situations that provoke social anxiety, which include attending social events, giving a presentation in class, and starting conversations with new people.

Overall, the website has information available which can work on self-understanding about SAD of concepts. The website also helps to know how the impacts which can get severe if not considered as soon as possible. It shows how complicated it can get having lifelong adverse effects. Further, it gives more related worldwide examples for better understanding along with helpful videos and books as a resource. Lastly, it provides a platform for representing your thoughts and experiences for all the website audience. Hence, the website is for teachers and students of Indian schools.

Benefits

Teachers and support staff in schools from India lack the professional knowledge and techniques about teaching students who have exceptional needs for social anxiety disorder. Every teacher needs to know SAD to learn how to work with students in the classroom and can spread it to parents as well. Further, they can also share the use of various strategies and

communicate about it with the students. It will begin to solve the problem regarding the lack of professional knowledge and serve as a beginning to open the door to knowledge and resources, and promote the development of school-based support service. As technology keeps on changing and developing, my website will also need to improve with updates.

Limitations

I believe this project offers help and benefits. It is a starting point to providing information and opening doors that some people didn't even know existed. However, it has a few limitations too. The first limitation is related to the data available; there is a huge amount of information available on a global level thus there is a possibility that I have left some of the major information because of my limited access—and limited timeline. To overcome this issue, I will keep on researching for my website in order to keep it updated and try to collect more and more relevant information with respect to the topic.

Furthermore, it is not just the amount of information that may be a limitation, it is the type. In this project, the aim is totally focused on creating a helpful resource for awareness of teachers in India, but as a researcher, I have all the data collection based on my own experiences from North American context. I have tried to keep in touch with my experience in India, but as the study is done on an international level, I worry that it might not fully be applicable to the Indian school-based context. Therefore, it might be a bit difficult for the teacher to fully understand the information, keeping in mind the perspective of the Indian school.

Another limitation is the accessibility of the internet throughout various schools in India. Yes, although the internet has reached many corners of the world, including India, but there is a possibility of schools that are deprived of internet access just as they are deprived of many latest facilities. Further, some rural areas do not have the financial resources to have

devices that support using a website. Therefore, this website cannot reach the schools and spread awareness in such scenarios. Although I know this limits the spread of information in some places, it does not mean that my attempt is not valid or important. Rather, it means we need to rectify the base of the problem and I hope my ‘spread of information’ can help support the needs of children’s with teachers about SAD in particular.

Future Direction

As I noted above, there is much information available, and this resource was limited by time. Therefore, continuing to build and add information is a necessary step. Additionally, a future step is the creation of a resource section and that provides at least some help-line phone number of various psychologist and counselors available in different cities of India. Finally, I have not yet considered the idea of how to get the word out—on a broad level—that this resource exists and is available. A future step would also include how to inform teachers that is available for them to access.

Conclusion

Social anxiety disorder (SAD) is a highly impactful disorder for school children which can affect both daily lives and can leave a lifelong impact on a child. A child with SAD is afraid of several everyday situations—everything from eating or drinking with peers to answering a question in a classroom—these everyday events become near impossible challenges for SAD students. In situations like stage performances or speech, or being center of attention in a play, can crippling. Furthermore, as SAD is known to start early in their childhood, children’s often report negative experiences and victimization in early learning age, experiencing less positive approach from other related people in their life, and tend to withdraw from social situations during early developmental years. Thus, teachers can make their social situations easier just by implying a

few strategies in the classroom—something that this website aims to do.

As discussed in the first chapter, I have experienced certain symptoms of SAD by myself. Although it was not extensive, it has had a lifelong impact. Even today, I feel confused and withdrawn while talking to a new people or having to share my ideas in front of my colleagues during the MED's course work. I can do it but I am extremely nervousness and experience symptoms like trembling, blushing, sweating. As a girl who faced this--and didn't get any support or help as a child—I feel it is my humble responsibility to at least try to bring awareness for the SAD. My mission centers on spreading awareness about SAD, to do my best to prevent negative impacts for other struggling students.

Early identification and fulfilling the small needs of cognitive development in the everyday classroom itself by teachers and other caregivers is a necessary service to provide. Therefore, my vision is to spread awareness within the teachers, children's, parents, and school within every area of India. Thus, I have created a website for schools in India where teachers (and students) both can access the information about SAD easily and readily. In today's era, information through technology can bring changes and developing a website will keep it moving and constantly changing with upgraded updates. In this chapter, I have included my reflections on developing this website on SAD awareness—and spoke to my personal journey as a researcher and individual who has been challenged with this disorder.

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Appendix A

This project states my mission of creating a Website to support and understand children who suffer from Social Anxiety Disorder in India.

The website address is: <https://jagritichaphekar.wixsite.com/help>