CREATIVE EXPOSURE INTERVENTION – GROUP VERSION FOR SOCIAL ANXIETY:
A MIXED METHODS REPLICATION STUDY

by

Michael Todd Trexler
Liberty University

A Dissertation Presented in Partial Fulfillment
Of the Requirements for the Degree
Doctor of Philosophy

Liberty University
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2020

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ABSTRACT

College counseling centers struggle to accommodate the number of students seeking mental health services today. For the last decade, the leading problem among college students has been anxiety, including social anxiety. Studies indicate that group counseling is a practical solution to address these concerns. This mixed methods replication study explored the use of the Creative Exposure Intervention – Group Version (CEI-GV) with social anxiety. The CEI-GV is a brief, integrative approach that incorporates art with anchoring skills, cognitive-behavioral interventions, and mindfulness with self-compassion. Descriptive statistics, a paired t test, and Moustakas’s methods were used to analyze the data in this study. Results indicated that CEI-GV impacted group participants ($N = 8$) as described by three themes: emotion regulation, helpful, and difficult. Participants also reported several positive changes in their physical sensations/feelings, thoughts and emotions, and social behavior and experience as a result of attending the group. These changes included: less physical tension, more awareness of their feelings and physical sensations, more control over their sensations, more skill and control in managing their thoughts and emotions, more objectivity in their thoughts and emotions, and more control and comfortability in social behavior and experience. Overall, participant social anxiety severity decreased from severe to mild as indicated by the Social Phobia Inventory. This dissertation study concludes with implications, limitations, and recommendations for future research as they pertain to college counseling and clinical practice.

Keywords: social anxiety, group counseling, college students, art, creativity, cognitive-behavioral, Creative Exposure Intervention (CEI), mindfulness, self-compassion
Dedication

This dissertation is dedicated to my daughter, Olivia SaLang (사랑) Trexler. From the womb, Olivia, you have had my heart. You were created to love and worship God, a precious blessing to Him and all who encounter you. Your name, Olivia, is biblical for peace, SaLang is Korean for love, and you are my bundle of joy! It is with peace, love, and joy that I bless and honor you. May this dissertation inspire you to pursue all that God has for you. May this study encourage you to chase all your passions, especially your artistic giftings. Always remember, Daddy/Appa (아빠) loves you forever and ever—throughout all eternity with Jesus! Be blessed my little one.
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List of Abbreviations

Association for Creativity in Counseling (ACC)
American Psychiatric Association (APA)
Cognitive behavioral therapy (CBT)
Cognitive-behavioral group therapy (CBGT)
Creative Exposure Intervention (CEI)
Creative Exposure Intervention – Group Version (CEI-GV)
Creative Self-Compassion Tool (CSCT)
Eye-movement desensitization and reprocessing (EMDR)
Group psychotherapy (GPT)
Institutional Review Board (IRB)
Progressive muscle relaxation (PMR)
Social anxiety disorder (SAD)
Social Phobia Inventory (SPIN)
CHAPTER ONE: INTRODUCTION

The number of students seeking mental health services at college counseling centers has increased in recent years, challenging center directors to explore innovative ways to meet these demands. Some have opted to introduce triage services, limit the number of sessions per student, provide off-campus referrals, offer additional group counseling opportunities, deliver ongoing case management, or provide a combination therein (Kitzrow, 2009). The severity of pathology among college students has also intensified. In a survey of 621 college counseling centers, the following was reported: 151 centers experienced student suicide attempts, 368 experienced student deaths by suicide, 276 sent students to a hospital for psychological reasons, 243 sent students for psychiatric hospitalizations, and 251 had students who were involuntarily hospitalized (LeViness, Bershad, & Gorman, 2017). Statistics such as these speak to the gravity of the mental health crisis happening on college campuses today.

Currently, anxiety is the leading problem among college students seeking counseling, with 48.2% of students seeking treatment for this issue, followed by stress (39.1%) and depression (34.5%), according to the latest report from the Association of Universities and College Counseling Center Directors (LeViness et al., 2017). Most collegiate mental health reports do not delineate between generalized anxiety and social anxiety, although current literature recognizes that social anxiety impacts this age group. The Center for Collegiate Mental Health (2017) distinguished the two anxieties and reported an increase of college students seeking counseling for social anxiety from 2010 to 2016; however, the report neglected to articulate the specific number of students. Studies have shown that college-aged students with
social anxiety are at an increased risk for developing social or emotional problems like loneliness and depression (Russell & Topham, 2012), dropping out of school (Nordstrom, Swenson-Goguen, & Hiester, 2014), and reporting a diminished quality of life (Ghaedi, Tavoli, Bakhtiari, Melyani, & Sahragard, 2010). College students are developing independence as young adults, making new friends, and taking on additional adult responsibilities; social anxiety only complicates these transitional concerns.

Group interventions for treating social anxiety disorder (SAD) in college students have included cognitive-behavioral group therapy (CBGT; Heimberg & Becker, 2002) and group psychotherapy (GPT; Yalom & Leszcz, 2005), which have produced comparable results (Bjornsson et al., 2011). Many experts even consider group counseling to be a standard in the field for college counseling centers (Denton, Gross, & Wojcik, 2017). CBGT is comprised of psychoeducation, exposure, and cognitive restructuring, while GPT highlights group process. Integrating creativity, including art, with this modality of treatment is a meaningful way for college students to express their internal experiences (Boldt & Paul, 2010). In fact, the Association for Creativity in Counseling (ACC; n.d.), a division of the American Counseling Association, aims to “advance creative, diverse, and relational approaches to counseling services” (p. 1). The Creative Exposure Intervention – Group Version (CEI-GV) for anxiety (Sosin, Trexler, & Harrichand, 2019) is a brief model that incorporates psychoeducation, exposure, a thought record, mindfulness with self-compassion, and art in a group format to treat anxiety; however, research is needed to determine if it is an effective intervention for social anxiety with college students. The components of CEI-GV have preliminary support for their effectiveness for anxiety with college students: psychoeducation ($M = 4.71$ on a five-point Likert scale from strongly disagree to strongly agree regarding its helpfulness), deep breathing ($M = $
4.33), systematic relaxation ($M = 4.14$), safe place and safe place with art ($M = 4.00$), CEI-GV Trigger Processing Chart ($M = 4.12$), Creative Exposure Intervention (CEI; $M = 4.42$), mindfulness with self-compassion ($M = 4.00$), group experience ($M = 4.58$), and overall satisfaction ($M = 4.71$; Sosin et al., 2019). This dissertation study extends the evidence base for the use of the CEI-GV with college students experiencing mild to severe social anxiety.

### Background of the Problem

Social anxiety is characterized by fear, anxiety, or avoidance in the context of social situations (American Psychiatric Association [APA], 2013). College students suffering with social anxiety often experience it within their thoughts, emotions, and bodies, before, during, and after involvement in a social setting and experience an actual or perceived fear of negative evaluation or rejection from others (Hope, Heimberg, & Turk, 2006). It is common for these individuals to ruminate on negative thoughts after taking part in a social situation (Brozovich & Heimberg, 2008). During these disturbances, thoughts can be critical, self-denigrating, and judgmental (Dannahy & Stopa, 2007), causing an individual to feel overwhelmed and focus on physical sensations, such as blushing, excessive sweating, or an increased heartrate (Clark & Wells, 1995). Moreover, these symptoms tend to provoke situational and emotional avoidance (Lange, Rinck, & Becker, 2014). Issues such as these can permeate the entire college experience and have long-lasting effects if not treated (Arjanggi & Kusumaningsih, 2016). College is a critical time for students with social anxiety because symptoms emerge with consistency around the age of 19 and solidify by age 24 (Wittchen & Fehm, 2003). Fortunately, evidence-based treatments for social anxiety exist and are integrated into CEI-GV to address the negative effects of the disorder, which are discussed in the Conceptual Framework section of this chapter and further articulated in Chapter Two.
Statement of the Problem

With increased demands for services and limited resources, there continues to be a need to apply brief models of counseling to college students with mental health concerns; and while there has been controversy around the use of time-limited models (Ghetie, 2007), evidence suggests that most treatment gains occur within the first 10 sessions (Anderson & Lambert, 2001; Lambert & Ogles, 2004; Wolgast, Rader, Roche, Thompson, & Goldberg, 2005). The preliminary CEI-GV study addressed the ongoing concern surrounding the time-limited nature of the model by providing a group experience for treating anxiety in a brief, six-week format with preliminary results indicating effectiveness. As the prevalence of social anxiety is increasing on college campuses, CEI-GV is an ideal model for treatment because it integrates interventions already established to reduce social anxiety symptomology. Still, additional study is needed to understand how effective the components of CEI-GV are at impacting the regulation of social anxiety for college students.

Purpose of the Study

The purpose of this study was to evaluate the effectiveness of CEI-GV with college students suffering from mild to severe social anxiety. The overarching goal of the study was to determine whether clients experience a reduction of social anxiety severity after participating in CEI-GV. Attention was given to the impact of the components of CEI-GV on participant social anxiety, as well as participants’ perceptions of change in physical sensations/feelings, thoughts and emotions, and social behavior and experience.

Nature of the Study

This study was experimental in nature and used a mixed methods research design that explored both participant experience and overall effectiveness of the components outlined in
CEI-GV for social anxiety. This research is a replication of the preliminary study for anxiety (Sosin et al., 2019). Qualitative data were gathered through weekly debriefing questionnaires completed by participants (see Appendix A) to understand the impact of the CEI-GV components on participant experience and the perceived changes in physical sensations/feelings, thoughts and emotions, and social behavior and experience. Data collected from the Social Phobia Inventory (SPIN; Davidson, 2015) and the Group Counseling Evaluation (see Appendices B & C) were used to provide quantitative data. The SPIN measures overall social anxiety severity with avoidance, fear, and physiological subscales. The Group Counseling Evaluation evaluates the helpfulness of each component of CEI-GV and overall group experience. Qualitative data analysis was performed Moustakas’s (1994) phenomenological approach. A paired t test examined the statistical significance of the SPIN pretest and posttest results. Descriptive statistics were used to analyze the quantitative data gathered from the Group Counseling Evaluation. The following research questions guided this project:

**RQ1:** What impact did the CEI-GV components have on the group participants?

**RQ2:** What changes did the participants perceive in their physical sensations/feelings, thoughts and emotions, and social behavior and experience as a result of attending CEI-GV for social anxiety?

**RQ3:** How effective was CEI-GV in improving social anxiety severity for the group participants?

**Conceptual Framework**

Sosin (2015, 2016) first presented the CEI model publicly at the Virginia Counselors Association convention in 2015 and presented it again a year later at the ACC conference, although she had previously been using the intervention for nearly 30 years in private practice.
She also described its step-by-step use in a case illustration of an adolescent female suffering with posttraumatic stress symptoms as a result of being bullied in a 2016 study (Sosin & Rockinson-Szapkiw, 2016). Sosin et al. (2019) applied CEI in a group counseling setting with college students suffering with clinical levels of anxiety. This phenomenological study explored client satisfaction and its helpfulness in decreasing anxiety symptoms. The clients in the study acknowledged that the psychoeducation, emotion regulation tools, charting, and CEI were all effective interventions that helped them regulate anxiety and reduce distress. While the CEI demonstrated some effectiveness in that study, Sosin et al. (2019) recommended that further studies use a more rigorous method to test the model with a larger sample size. This dissertation study presents mixed methods research aimed at understanding the impact and effectiveness of the CEI-GV specifically for social anxiety. The following section outlines the theoretical models that support the interventions outlined in CEI-GV, the literature base for each intervention, an outline of each CEI-GV session, the current gap in the research, and the rationale for utilizing a mixed methods research design.

**Theoretical Framework**

Social anxiety is a mental health concern that affects one’s physical sensations (feelings), thoughts and emotions, and social behavior and experience (Brozovich & Heimberg, 2008; Clark & Wells, 1995; Dannahy & Stopa, 2007; Hope et al., 2006; Lange et al., 2014). Although the literature is limited about college students with social anxiety, research indicates that college students sometimes use maladaptive coping to manage these symptoms (Schry & White, 2013). Therefore, providing effective ways for clients to regulate social anxiety is paramount for counselors to support the effective management of symptoms and prevent additional problems and mental health concerns. CEI-GV focuses on helping participants develop a skill set of
research-based techniques designed to regulate social anxiety over the course of six group sessions. These skills are interventions taken from cognitive behavioral therapy (CBT), mindfulness with self-compassion, and creativity (art-based) in a group context. Session components include psychoeducation, anchoring skills, a thought record, exposure, CEI, and mindfulness with self-compassion.

**Cognitive-behavioral therapy.** CBT, an empirically supported treatment for SAD (Gordon, Wong, & Heimberg, 2014; Hope et al., 2006), targets the thoughts, feelings, and behaviors associated with the fear of negative evaluation or rejection from others. In a randomized controlled study of college students with SAD in a group setting, Nordmo et al. (2015) compared two groups receiving Internet-delivered CBT where one of the groups received a preliminary session of psychoeducation based on Clark and Wells’s (1995) model of SAD. They found little to no difference in the effectiveness of the treatment for SAD with the addition of psychoeducation. Studies indicate, however, that exposure and thought records are helpful CBT interventions for addressing the maladaptive thinking and behaviors commonly associated with social anxiety (Hawley, Rector, & Laposa, 2016).

Exposure is a behavioral intervention that helps individuals tolerate the interoceptive responses of social anxiety (e.g., blushing, increased heartrate, etc.); however, as Clark and Wells (1995) reasoned, exposure alone is not sufficient in treating social anxiety since confronting interoceptive information does not challenge the maladaptive perceptions and cognitive processes that perpetuate it. Thought records, on the other hand, focus on identifying and changing these maladaptive cognitive processes and distortions, as well as underlying core beliefs (de Oliveira et al., 2012). Consequently, coupling these two interventions is important in the treatment of social anxiety.
Mindfulness. Mindfulness-based interventions have also been helpful in targeting symptoms of social anxiety (Bogels, Sijbers, & Voncken, 2006; Piet, Hougaard, Hecksher, & Rosenberg, 2010). Mindfulness is maintaining a present-focused awareness and attention without judgment on internal or external stimuli (Baer, 2006) while inquisitively altering one’s focus to various aspects of the experience (Bishop et al., 2004). Rasmussen and Pidgeon (2011) found that high levels of mindfulness predicted lower social anxiety as mediated by self-esteem in a convenient sample of college students in Australia. In another study, Dekeyser, Raes, Leijssen, Leysen, and Dewulf (2008) found mindfulness to be associated with lesser social anxiety for college students in Belgium. Presently, there is need to study mindfulness with American college students with social anxiety.

Self-compassion. The CEI-GV implements mindfulness alongside self-compassion. Self-compassion is defined as the “ability to hold one’s feelings of suffering with a sense of warmth, connection, and concern” (Neff & McGehee, 2010, p. 226), which involves self-kindness, one’s shared experience of being human, and mindfulness (Neff, 2003). Researchers are beginning to explore the use of self-compassion with social anxiety, and while no studies exist that focus on college students, Werner, Jzaieri, et al. (2011) found that adults with SAD exhibited less self-compassion compared with a control group of healthy adults; however, higher levels of social anxiety did not correlate with lesser self-compassion.

Art. Case and Dalley (1992) stated “the essence of art therapy lies in creating something” (p. 50). Although very little research exists about art therapy, focusing-oriented art therapy (Rappaport, 2009) incorporates art with attentional shifting, a component of mindfulness, which is also applied in CEI-GV as a creative means for regulating anxiety. There are a few studies that make use of art in the treatment of anxiety. For instance, Sandmire, Gorham, Rankin, and
Grimm (2012) utilized art in a group context and found it effective in reducing participant anxiety. Similarly, Aaron, Rinehart, and Ceballos (2011) reported art to be an effective intervention in decreasing anxiety in both individual and group contexts with undergraduate students. However, other studies have not demonstrated such results. Yu, Cong, Ma, Jiang, and Li (2016) and Henderson, Rosen, and Mascaro (2007) found little to no improvement when applying art to treat anxiety. No studies currently exist on the use of art in the treatment of social anxiety.

**Group counseling.** As previously discussed, there are several group models for treating social anxiety. The two common models are CBGT and GPT. Bjornsson et al. (2011) compared these two models in a study with undergraduate students with social anxiety. Although the researchers hypothesized that participants in CBGT would see greater improvements in their social anxiety than those in GPT, their hypothesis was not supported. In fact, social anxiety improved for all participants in the study. In another study, Thorisdottir, Tryggvadottir, Saevarsson, and Bjornsson (2018) compared sudden gains in improvements of social anxiety symptoms with college students participating in either CBGT or GPT. The results established no significant difference between groups during treatment; however, those who attended GPT had more sudden gains at post-treatment and follow-up. Moreover, they found that sudden gains occurred early in treatment for both groups even when the CBT interventions had not been introduced to the participants. Consequently, the group process may be a key factor in reducing symptoms of social anxiety in college students. Additional research is warranted. CEI-GV is a group intervention that incorporates both CBT (exposure and thought record) and group process. The literature base for each component of CEI-GV is further discussed in Chapter Two of this dissertation.
Session-By-Session Overview

In session one of CEI-GV, participants learn about the connection between social anxiety and the body’s fight, flight, and freeze responses and are introduced to anchoring skills to support central nervous system down-regulation, which are practiced throughout the group. The anchoring skills include deep breathing exercises, systematic relaxation, imaginal safe place, and safe place depicted with art. Anchoring exercises have been found to be effective interventions for grounding and regulating emotional experiences, as well as assisting clients in becoming more aware of their bodily felt experiences (Jerath, Crawford, Barnes, & Harden, 2015; Ma et al., 2017). While these interventions prepare participants to approach and process anxiety-provoking social situations (Lange et al., 2014), there is a lack of research as it pertains to the regulation of social anxiety. In a meta-analysis, Manzoni, Pagnini, Castelnuovo, and Molinari (2008) reported that applied relaxation, progressive relaxation, and meditation were all effective strategies for reducing anxiety symptoms in 19 studies that implemented relaxation training as treatment for anxiety. In a randomized control study with 40 participants, Ma et al. (2017) found that deep breathing exercises were effective in decreasing negative affect, sustaining attention, and reducing physiological symptoms with patients overwhelmed by stress. Similarly, Jerath et al. (2015) expressed the importance of focusing on both the body and emotions, as well as their interrelationship. These studies demonstrate the usefulness of anchoring techniques outlined in CEI-GV. Research is needed to determine their effectiveness with social anxiety.

In the second session, participants learn what a trigger is and how social anxiety is experienced within thoughts, emotions, and bodily sensations. Participants also learn how to chart using the CEI-GV Trigger Processing Chart to monitor and modify their social anxiety experiences (see Figure 1.1).
In a quantitative study that examined the use of exposure and thought records, Hawley et al. (2016) found both interventions to be effective in decreasing symptoms of social anxiety with participants \(N = 100\) who received 12 two-hour group sessions of CBT for SAD. The results showed that the frequency of use of thought records helped symptom reduction, and that more symptom alleviation occurred after exposure compared to the thought record. Interestingly, they also examined the moderating impact of perfectionism. They found that individuals with perfectionist characteristics practiced the CBT skills more initially, and consequently experienced significant symptom reduction, but as treatment continued, their frequency of use was lower. These results suggest that these individuals may experience less symptom reduction over time because skill acquisition and ongoing emotion regulation practice is needed to support symptom improvement. CEI-GV equips participants with a variety of bio-psycho-social and diversity emotion regulation tools, and emphasis is placed on practicing each tool outside of sessions.

Individuals suffering with social anxiety tend to focus inwardly on their thoughts and feelings associated with the fear of judgment (Clark & Wells, 1995). The CEI-GV Trigger Processing Chart utilizes the downward arrow technique to explore underlying core beliefs that
trigger such feelings and automatic thoughts or images (Beck, 1995). Cognitive-based models for SAD also seek to help individuals change core beliefs associated with social phobia (e.g., “I’m unlikable”). De Oliveira et al. (2012) examined the efficacy of trial-based thought records in changing maladaptive core beliefs. The participants ($N = 36$) in this study were randomly assigned to either the trial-based thought record group ($N = 17$) or conventional cognitive group ($N = 19$). Each group met for 12 one-hour sessions; the first five sessions focused on cognitive psychoeducation, and the remaining sessions focused on changing core beliefs using either the trial-based thought record or conventional cognitive interventions. Results indicated that the trial-based thought record was as effective as conventional cognitive methods. Although de Oliveira et al. (2012) reported that exposure was not actively used in their intervention, the procedure involved having participants “re-activate unhelpful core beliefs and associated negative emotions” (p. 328), which is an element of exposure.

In session three, participants further learn about the connectedness of thoughts, emotions, and bodily sensations (feelings) with social anxiety and how to use CEI to chart anxious reactions in a creative way. This component integrates the CEI-GV Trigger Processing Chart as participants visualize and depict a safe place in the center of a sheet of paper with art supplies as the first step (anchoring). This guided experience provides participants with a tool to regulate their experience and find safety, a primary emotional need (Greenberg & Paivio, 1997). Current manualized treatments, such as eye-movement desensitization and reprocessing (EMDR; Shapiro, 2018) and dialectical behavioral therapy (Linehan, 2015), utilize visualizations like safe place, but research is needed to determine their effectiveness with social anxiety.

CEI-GV utilizes safe place as an emotional regulation tool and starting place for exposure. Consistent with focusing-oriented art therapy (Rappaport, 2009), CEI begins and ends
with the safe place. Next, participants are instructed to visualize a socially distressing event and imagine placing a spoke of awareness going out from the safe place to the most disturbing aspects of the situation (exposure). Afterward, participants depict the situation, thoughts, feelings, and core beliefs in the white space around the safe place using art supplies, and then return to the safe place. Attention is then given to brainstorming how to lovingly and kindly apply self-soothing in the event (anchoring). For example, the participants focus on their needs by asking questions like, “What would you say to someone you love?” or “How can I bring warmth to soften and soothe this distress?” Finally, the participants are instructed to artistically depict their answers to these questions around the safe place using the art supplies. Participants are asked to continue this practice until the experience is felt completely (regulation).

CEI is an exposure-based intervention. In a randomized control study that compared self-focused exposure therapy (a prolonged exposure-based treatment; \( N = 13 \)) and traditional CBGT (\( N = 14 \)) with 27 participants with social phobia, exposure was found to be speedier in changing negative cognitions, and traditional cognitive interventions (e.g., psychoeducation, hierarchy of fears) were more effective in decreasing social avoidance (Borgeat et al., 2009). At 12-month follow-up, all the participants reported improvements with social phobia, and that eight sessions were appropriate in addressing their symptoms. The modality of treatment (individual vs. group) was not discussed in this study; however, decreases in social avoidance may be contributed to the group exposure (e.g., forced social interactions) instead of the cognitive interventions.

The final component of CEI-GV is to help clients to have a kind and friendly attitude toward themselves, which is facilitated by mindfulness with self-compassion. During session four, participants learn how to objectively observe and become mindful of this inner experience while also demonstrating an openness and ability to apply self-compassion. Participants also
learn how past- and future-oriented thinking relates to social anxiety and how to bring their attention back to the present moment, specifically when social anxiety is triggered. In this session, participants discover how social anxiety and self-criticism are connected and how to transform self-criticism into self-compassion. To this aim, participants are introduced to the Creative Self-Compassion Tool (CSCT), which begins with safe place, and are instructed to depict a recent event that caused social anxiety while paying attention to the critical, bully voice within. Use of the CSCT concludes with applying self-compassion using art supplies. This intervention is very similar to CEI.

Recent studies provide preliminary evidence that mindfulness practices are beneficial for social anxiety (Keng, Smoski, & Robins, 2011; Norton, Abbott, Norberg, & Hunt, 2015), especially within a cognitive framework that postulates problematic self-focused attention as a maintenance feature of SAD (Clark & Wells, 1995). In a quantitative study, Kocovski, Fleming, Hawley, Ho, and Antony (2015) studied the mechanisms of change in individuals diagnosed with SAD, explicitly acceptance, cognitive reappraisal, and mindfulness. The participants (N = 69) were randomly assignment to a mindfulness and acceptance-based group, a traditional CBT group, or a waiting list. Individuals in the treatment groups met for 12 two-hour sessions. Assessment instruments were used to measure social anxiety, cognitive reappraisal, mindfulness, and acceptance. Each instrument was administered at pre-treatment, mid-treatment, post-treatment, and three months post-treatment. Results suggest that mindfulness was a mechanism of change for both groups. The researchers also recognized that acceptance and cognitive reappraisal are similar constructs, and mindfulness and cognitive reappraisal are correlated, as are mindfulness and acceptance. This study suggests mindfulness is an effective intervention for SAD.
CEI-GV tools are practiced each week as they are introduced to the group, and participants are also instructed to practice them between sessions. Sessions five and six are devoted to practicing the tools and processing recent situations of social anxiety. Session six concludes with developing a maintenance plan for continued practice. Table 1.1 outlines each session, including the weekly supplies. A step-by-step treatment manual for CEI-GV may be obtained from the authors (Sosin & Trexler, 2019).

Table 1.1

**CEI-GV Supplies and Session Content**

<table>
<thead>
<tr>
<th>Weekly Supplies</th>
<th>Session 1</th>
<th>Session 2</th>
<th>Session 3</th>
<th>Session 4</th>
<th>Session 5</th>
<th>Session 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large white drawing paper</td>
<td>Psychoeducation (PE): social anxiety activation; social anxiety regulation as a skill; regulating social anxiety with anchoring tools</td>
<td>PE: Regulating social anxiety with exposure tools; core beliefs</td>
<td>PE: Regulating social anxiety with creativity</td>
<td>PE: Regulating social anxiety with mindfulness, self-compassion, and realistic perspectives</td>
<td>PE: Becoming an expert at regulating social anxiety through diligent practice over time</td>
<td>PE: Developing a maintenance plan</td>
</tr>
<tr>
<td>Selection of quality colored pencils, markers, and crayons for the art portions</td>
<td>Anchoring tool one: deep diaphragmatic breathing</td>
<td>Review session 1 PE and tools</td>
<td>Review session 1 and 2 PE and tools</td>
<td>Review session 1-3 PE and tools</td>
<td>Review session 1-4 PE and tools</td>
<td>Review session 1-4 PE and tools</td>
</tr>
<tr>
<td>Hard surface(s) for the art portions</td>
<td>Anchoring tool two: systematic relaxation</td>
<td>Tool: CEI-GV Trigger Processing Chart</td>
<td>Tool: The Creative-Exposure Intervention (CEI)</td>
<td>Tool: The Creative Self-Compassion Tool (CSCT)</td>
<td>Tool: Practice</td>
<td>Tool: Maintenance Plan</td>
</tr>
<tr>
<td>CEI-GV Trigger Processing Chart (Figure 1)</td>
<td>Anchoring tool three: safe place</td>
<td>Homework: practice tools and journal</td>
<td>Homework: practice tools and journal</td>
<td>Homework: practice tools and journal</td>
<td>Homework: practice tools and journal</td>
<td>Homework: follow maintenance plan</td>
</tr>
<tr>
<td>Anchoring tool four: safe place depiction</td>
<td>Homework: practice tools and journal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Research Gap

This dissertation furthers the literature base for CEI-GV as a replication study, but it also built upon the research that is lacking in the areas of social anxiety and college students, brief integrative group models for college counseling centers, and creative interventions for clinical mental health counseling. Because CEI-GV is early in its development as a group intervention, this study utilized a mixed methods design to uncover the phenomenon and experiences of the participants in regulating social anxiety with the CEI-GV components. The study also explored the outcome of symptom severity for participants when using CEI-GV as a group treatment with college students suffering from mild to severe social anxiety. The methodology of this study is further discussed in Chapter Three.

Key Terms

The following is a list of operational definitions for the relevant terms discussed in this research study.

Avoidance. The Wiley-Blackwell Handbook of Social Anxiety Disorder is used to define avoidance as a safety behavior, which includes “limiting speech, avoiding eye contact, and low self-disclosure, essentially attempting to hide the self” (Alden, Regambal, & Plasencia, 2014, p. 167).

Creative Exposure Intervention – Group Version (CEI-GV). CEI-GV is a brief group model that incorporates psychoeducation, anchoring exercises, a thought record, exposure, CEI, mindfulness with self-compassion, and art to treat social anxiety.

Fear. This study defines fear in social situations, such as “talking to a stranger or peer, going to a party, or giving a speech” (Aderka, McLean, Huppert, Davidson, & Foa, 2013, p. 352), in two ways: fear of negative evaluation and fear of positive evaluation. The fear of
negative evaluation “consists of feelings of apprehension about others’ negative evaluations, distress over these evaluations, and the expectation that others will evaluate one negatively” (Watson & Friend, 1969, as cited in Weeks & Howell, 2014, p. 433). The fear of positive evaluation “consists of feelings of apprehension about others’ positive evaluations of oneself and distress over these evaluations” (Weeks & Howell, 2014, p. 433).

Physiological symptoms. Physiological symptoms of social anxiety are articulated in the SPIN: trembling, blushing, heart palpitations, and sweating (Davidson, 2015).

Social anxiety. For the purposes of this study, social anxiety is defined by the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (APA, 2013) as:

(1) Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions (e.g., having a conversation, meeting unfamiliar people), being observed (e.g., eating or drinking), and performing in front of others (e.g., giving a speech); (2) the individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated (i.e., will be humiliating or embarrassing; will lead to rejection or offend others); (3) the social situations almost always provoke fear or anxiety; (4) the social situations are avoided or endured with intense fear or anxiety; and (5) the fear or anxiety is out of proportion to the actual threat posed by the social situation and to the sociocultural context. (p. 197)

Assumptions and Limitations

The current study helps build a base for the effectiveness of CEI-GV; however, like all research, there are assumptions and limitations. First, most of the components of CEI-GV have independent empirical evidence for their effectiveness with social anxiety. Therefore, it was assumed that this integrative approach would render similar results. In fact, it was acknowledged
that the results of this study might be like that of the initial study with generalized anxiety (Sosin et al., 2019). Second, there is a supposition that the participants were truthful when providing feedback about their experiences in the group. Results of the study are contingent upon this assumption, and to ensure participant trustworthiness, members for this study consented to confidentiality, were encouraged to be fully honest, and were advised that data would be reported without their identifying information.

While this study addressed the research problem, it utilized a convenience sample to provide preliminary data for the effectiveness of CEI-GV for social anxiety with college students. Consequently, the results cannot be generalized to other higher educational institutions since each institution has its own culture and student demographic, and also because each group is composed of different individuals with unique characteristics. Additionally, the nature of qualitative data is to explore the distinctiveness of a specific set of individuals within a specific context. To further establish the empirical base of CEI-GV, future research may wish to utilize this treatment protocol in settings outside of colleges and universities with a variety of populations. This discussion is developed further in Chapter Five.

**Significance of the Study**

The prevalence of social anxiety increases year-by-year on college campuses (LeViness et al., 2017), and while CEI-GV has demonstrated preliminary effectiveness in improving symptoms of generalized anxiety (Sosin et al., 2019), additional research is necessary to establish it as an effective treatment for social anxiety with college students. This dissertation study was designed to replicate the preliminary study by exploring how the components of CEI-GV impact the regulation of social anxiety with college students. Moreover, this study provides additional
data on effectiveness of psychoeducation, anchoring skills, thought records, exposure, mindfulness with self-compassion, and art-based interventions in the treatment of social anxiety.

**Chapter Summary**

This chapter introduces the reader to the increased needs facing college counseling centers, the impact of social anxiety on college students, and the need to further develop CEI-GV as a creative group intervention for social anxiety. The effectiveness of the components of CEI-GV in regulating and decreasing participant social anxiety severity were explored. Relevant literature on the various components of the CEI-GV protocol was briefly reviewed but is described further in Chapter Two. Moreover, the assumptions and limitations for this study were outlined in this chapter but are articulated in greater depth in Chapter Five.

**Organization of the Remaining Chapters**

This dissertation is divided into five chapters. The current chapter introduces the reader to the background of the problem, statement of the problem, purpose of the study, nature of the study, conceptual framework, key terms, assumptions and limitations, and significance of the study. Chapter Two consists of a review of the literature. Chapter Three contains the research method, including the research design, procedures, and data processing and analysis. Chapter Four provides the reader with the results of the study. Finally, Chapter Five closes with a summary of the findings, conclusions, and recommendations for future research.
CHAPTER TWO: REVIEW OF THE LITERATURE

The CEI is an integrative treatment approach that utilizes anchoring skills, cognitive-behavioral interventions, mindfulness with self-compassion, and art. It was first introduced as an individual treatment for posttraumatic stress disorder (Sosin & Rockinson-Szapkiw, 2016). Most recently, however, it was modified into a group format to treat college students with generalized anxiety; the model and initial findings were presented at the 2019 American Counseling Association annual conference in New Orleans, Louisiana (Sosin et al., 2019). Incorporating this intervention as a group modality is a meaningful way to treat multiple individuals at a time. Over the past decade, college counseling centers have experienced a significant influx of students seeking services (LeViness et al., 2017; Xiao et al., 2017); thus, this intervention provides a practical solution to address this need.

This dissertation study replicated the preliminary CEI-GV for anxiety study with the purpose of evaluating its effectiveness with college students suffering with mild to severe social anxiety. The first research question explored the impact of the CEI-GV components on group participants. These components include anchoring skills (i.e., deep breathing, systematic relaxation, and safe place), cognitive-behavioral interventions (i.e., psychoeducation, thought record, and exposure), mindfulness with self-compassion, and art within a group counseling modality. Each component in this model is tailored to assist clients in regulating distressing emotions like social anxiety. For instance, the anchoring skills allow participants to down-regulate their felt experiences of social anxiety; the cognitive-behavioral interventions provide insight into and reflection of cognitive and affective processes in the present moment;
mindfulness with self-compassion exercises allow participants an opportunity to recognize to their needs and to kindly respond to the internal, critical voice often associated with social anxiety; art is used to allow participants to creatively interact with the components of the CEI-GV model. Combining these interventions allows participants to learn how to approach, monitor, and modify socially anxious situations. The second research question reviewed perceived changes in physical sensations/feelings, thoughts and emotions, and social behavior and experience as a result of attending CEI-GV for social anxiety. The third research question examined the effectiveness of CEI-GV on improving social anxiety severity. Consistent with the purpose, research questions, and conceptual framework of this study, this chapter provides a literature review of the components outlined in the CEI-GV model.

The following keywords were used for the literature search: social anxiety or social phobia, counseling or therapy or treatment, group counseling or group treatment, college or university, deep breathing, systematic relaxation, safe place, psychoeducation, thought record, exposure, mindfulness, self-compassion, and art or creative therapy. The search queries employed the following iterations: (social anxiety OR social anxi* OR social phobia) AND (counsel* OR therap* OR treat* OR psyc* OR group OR group counsel*) AND (college OR university) AND (psychoed* OR breathing OR deep breathing OR relax* OR systematic relaxation OR safe place OR visual* OR imagery OR cognitive restructur* OR thought record OR thought chart* OR expos* OR mindful* OR self-compass* OR art OR creativ*). The databases utilized in this inquiry were: APA PsycNet, EBSCOhost, Gale Academic OneFile, Google Scholar, ProQuest Psychology Journals, PsycInfo, and PsycTherapy. Additional sources were obtained from the reference sections of the selected journal articles. This literature review also included research support for the methodology of this study, the use of differing
methodologies to investigate outcomes, and the rationale for choosing a mixed methods study design.

Research Support for the Components of CEI-GV

This opening section provides an analysis and synthesis of the extant research for each component of the CEI-GV model. Within this review, attention is given to comparing and contrasting differing viewpoints, identifying the relationship between this study and those in existing literature, articulating the limitations of the existing literature and research gaps, affirming the argument as to the need for this study, and describing the potential themes and perceptions expected in the results of this dissertation. Whenever possible, emphasis is placed on college students with SAD in the United States.

Anchoring Skills

The anchoring skills applied in CEI-GV include deep breathing, systematic relaxation, and safe place (i.e., imaginal and with art). Several manualized treatments (e.g., acceptance and commitment therapy, dialectical behavioral therapy, and EMDR) include these exercises or other forms of anchoring skills to help clients feel safe and grounded in the present moment. Accordingly, anchoring is a skill set that promotes emotional safety and security within the body and mind (Levine, 1997; Ogden & Fisher, 2015). This section outlines the literature base for each anchoring tool in the CEI-GV model.

Deep breathing. Deep breathing, also known as diaphragmatic breathing, is the practice of taking slow, full, deep breaths into the lungs and abdomen followed by slowly exhaling in an effort to support relaxation and the stabilization of the autonomic nervous system (Kim, Roth, & Wollburg, 2015). Studies indicate that deep breathing exercises are effective in relieving physical discomfort and pain (Chen, Huang, Chien, & Cheng, 2017). A few studies express the
value of using breathing techniques to reduce negative emotions (Jerath et al., 2015). The existing literature, however, is very limited for their use in treating SAD, and no study uses a college sample. One study by Goldin and Gross (2010) explored the use of breath-focused attention in emotional regulation for adults with SAD. When compared to a distraction-focused attention task (i.e., counting backwards), the researchers found that breath-focused attention for 12 seconds demonstrated more therapeutic gains in regulating the acute distress associated with the negative, self-critical beliefs common to those suffering with social anxiety. Simultaneously, the researchers examined the neural activity of the participants through fMRI scans. They reported that focused breathing exhibited a reduction of amygdala activity, and consequently, activated the parasympathetic nervous system. Jerath, Barnes, Dillard-Wright, Jerath, and Hamilton (2012) explained that this mindfulness-based meditative practice (e.g., focused breathing) is beneficial because it allows for synchronicity between the cardiac and respiratory systems, activates the parasympathetic nervous system, and increases prefrontal cortical functioning that supports a present-focused and relaxed experience. Consistent with these findings, CEI-GV integrates deep breathing as a tool to help participants regulate social anxiety by down-regulating the central nervous system. Though evidence supports the use of breathing exercises as part of clinical treatment, Western society is just beginning to implement its use in clinical practice (Jerath et al., 2015). Therefore, additional study for its clinical application is warranted.

Breathing exercises have been practiced in Eastern cultures for thousands of years. Yogic breathing, known as pranayama, is a controlled breathing practice used to enhance one’s spirituality or health (Brown & Gerbarg, 2005). In recent years, Western researchers have begun exploring the impact of breathing techniques on psychological and physical health. Kjellgren,
Bood, Axelsson, Norlander, and Saatcioglu (2007) explored the effects of yoga breathing on the wellness of college students in Norway. They examined the practice’s influence on anxiety, depression, and stress and found that yogic breathing not only helped reduce symptoms in these areas of mental health but also increased participants’ sense of optimism. Similarly, Doria, de Vuono, Sanlorenzo, Irtelli, and Mencacci (2015) reported that Sudarshan Kriya Yoga, which includes deep breathing exercises as well as body positions, meditation, and cognitive-behavioral procedures, decreased participant anxiety and depression levels. These studies provide evidence that breathing exercises are applicable to and practical for supporting reductions of psychological distress. To date, no study has examined the use of breathing exercises for SAD among college students. Therefore, this dissertation study addresses, in part, this research gap.

**Systematic relaxation.** The relaxation technique applied in CEI-GV involves intentionally softening each part of the body from head to toe. As needed, individuals are instructed to apply and release muscle tension as described in Jacobson’s (1938) progressive muscle relaxation (PMR) exercise. This method of systematic relaxation has been found to reduce distress; however, only a few of studies have explored its use with social anxiety in adults (Clark et al., 2006; Cougle et al., 2019). In fact, the studies that exist apply different relaxation techniques, namely Jacobson’s (1938) PMR and Öst’s applied relaxation (1987), which are consistent with the method practiced in the CEI-GV model.

Clark et al. (2006) conducted a study of adults with social anxiety in Europe to explore the therapeutic value of applied relaxation with exposure in comparison to cognitive therapy. They found that both treatments were effective in reducing social anxiety; however, cognitive therapy demonstrated greater effectiveness than exposure with applied relaxation. Moreover, participants in the exposure and applied relaxation group pursued other treatments outside of the
group (e.g., personal counseling). This data supports Clark and Wells’s (1995) conceptualization that exposure alone is not enough to effectively treat social anxiety. Additionally, Cougle et al. (2019) reported that PMR is not an adequate standalone intervention either. While this suggests that both interventions provide some improvements for social anxiety, more treatment interventions may be needed to maintain therapeutic gains (e.g., CBT). Conversely, Joy, Jose, and Nayak (2014) examined the impact of PMR on high school students experiencing moderate to severe social anxiety. Conceptually, the researchers chose PMR as an intervention to target stress and found a correlation between application of the technique and a reduction of social anxiety severity with the participants, which speaks to both social anxiety as a stress-provoking experience and PMR as a powerful tool to address it. The existing literature and therapeutic models support the incorporation of relaxation into any anxiety-based treatment, but more research is needed. CEI-GV applies relaxation as an anchoring tool to facilitate emotion regulation, while relaxation techniques produce symptom reduction. Combining relaxation with other interventions that target social anxiety may produce longer-lasting results. Consequently, CEI-GV has promise to be an effective model for treating SAD.

**Safe place.** The final anchoring exercise found in CEI-GV is safe place: the visualizing of a memory, fantasy, or place to create a felt sense of safety and security. Finding felt safety within the body and mind promotes emotion awareness and regulation (Levine, 1997). Safety is at the heart of the safe place exercise in CEI-GV. EMDR applies safe place as a resource in preparing clients for trauma treatment (Shapiro, 2018). Interestingly, no evidence base was found for the contexts of its use. Shapiro described the practice of safe place in her text but did not speak to any research evidence for its application.
In this literature search, the following keywords were used: *safe place, imaginal safe place, safe place and EMDR*, and *safe place and trauma and treatment* using the databases outlined in the opening section of this chapter. The search rendered no results specific to the intervention; however, there were some studies that made use of imagery and visualizations with SAD but not for the purpose of anchoring. For instance, McEvoy, Erceg-Hurn, Saulsman, and Thibodeau (2015) applied imagery-enhanced CBT to target images associated with social anxiety. To this aim, participants represented their negative thoughts with an image, which is practiced in the CEI. Afterward, guided imagery was applied to address and target the images. Compared to CBGT, imagery-enhanced CBT was found to have a greater effect size, although both groups had large effect sizes. These data suggest that the use of imagery is an effective intervention in the treatment of SAD because it does not solely rely on verbal-linguistic cognitive interventions. Similarly, aspects of CEI-GV are nonlinguistic (e.g., art) to address socially anxious situations, thoughts, feelings, and emotions. Although the purpose of using safe place in CEI-GV is to develop an anchoring skill, the use of imagery employed throughout the model is likely to be effective for treating SAD. Additional research to explicitly explore the clinical practice of safe place to build a research base for its clinical use may be beneficial.

The aim of deep-breathing, systematic relaxation, and safe place in CEI-GV is to facilitate relaxation and down-regulation of the autonomic nervous system. The studies outlined in this section demonstrate the overall effectiveness of anchoring skills in reducing symptoms of social anxiety. CEI-GV approaches these exercises from an anxiety-informed perspective in that anxiety, including social anxiety is fear-based, and therefore, relaxing the body is paramount to effectively process a socially anxious situation. The goal of these anchoring exercises is not only to alleviate the social anxiety itself but to prepare individuals for approaching distressful
thoughts, feelings, and behaviors so that these experiences can be monitored and modified within a relaxed body and mind. Additionally, these exercises allow individuals to move out of the fight-flight-freeze state, while other CEI-GV components attempt to activate the frontal lobes so that participants can make decisions informed by their goals and values. Together, these interventions are likely to produce a reduction of symptoms and target the very cognitions and feelings associated with social anxiety.

Cognitive-Behavioral Interventions

The literature surrounding CBT for SAD is robust. In fact, several treatment models approach the disorder from a cognitive framework, including the models of Clark and Wells (1995), Rapee and Heimberg (1997), Hofmann (2007), Moscovitch (2009), and Stopa (2009). Accordingly, studies address the dysfunctional perceptions and processes common to those experiencing SAD through a variety of CBT interventions, including cognitive restructuring, exposure and response prevention, interoceptive exposure, psychoeducation, and thought records (Powell et al., 2013). Although CEI-GV was not developed for SAD, the model employs psychoeducation, a thought record, and exposure, all useful interventions to treatment the disorder. This section provides a critical analysis of the current literature surrounding these components.

Psychoeducation. Psychoeducation pertains to any psychological teaching about the human psyche or experience (e.g., thoughts, feelings, and behaviors). The purpose of psychoeducation is to educate individuals about their experience, to normalize these experiences, and to support personal insight (Lukens & McFarlane, 2004). Psychoeducation, in this study, is solely about SAD, its impact on individual experience, and the rationale for each component outlined in the model. Recent studies include a psychoeducational component in the treatment of
social anxiety to inform individuals about SAD, the cognitive model, cognitive restructuring, or a combination therein (Benbow & Anderson, 2019; El Alaoui et al., 2015; Huppert et al., 2018; Thurston, Goldin, Heimberg, & Gross, 2017). Each session of CEI-GV begins with five to 10 minutes of psychoeducation so that participants may learn about the impact of social anxiety on the body, thoughts, emotions, feelings, and behaviors and that they may gain an understanding for each component as it is introduced in group.

Nordmo et al. (2015) examined Internet-delivered CBT with and without an initial face-to-face psychoeducation session for SAD treatment. Their study showed no difference between groups that did and did not have the initial face-to-face psychoeducation, indicating that the addition of psychoeducation was not a key factor in treatment outcomes. Interestingly, Houghton and Saxon (2007) delivered psychoeducation as a standalone intervention to treat anxiety disorders, including SAD. Besides seeing a reduction in distress levels and the fear associated with their anxious symptoms, the participants in their study found this intervention acceptable in treating their symptoms, which speaks to the importance of familiarizing and onboarding clients to the method of treatment. Participants in the initial CEI-GV study also found the psychoeducation beneficial in understanding their anxiety symptoms and appreciated having a rationale for each component (Sosin et al., 2019). It was expected that this theme would also emerge in this dissertation study.

**Thought record.** Thought records are frequently used in CBT to help individuals recognize their thoughts and schemas (core beliefs) and to change maladaptive cognitions (Hope et al., 2006). Thoughts records are charts that include several columns for clients to identify and record situations and the associated thoughts, feelings, and behaviors. Generally, these charts include some component to help individuals challenge their automatic thoughts (e.g., cognitive
restructuring). The CEI-GV thought record, known as CEI-GV Trigger Processing Chart, includes six columns: date and time, disturbing event, feelings, automatic thoughts, Creative Exposure (or other bio-psycho-social-diversity tools), and after-care levels (see Appendix C).

The trial-based thought record was specifically designed to target unhelpful core beliefs (de Oliveira et al., 2012). Powell et al. (2013) utilized this thought record with individuals diagnosed with SAD. They saw improvements in participant quality of life by applying this thought record and utilizing the downward arrow technique to unearth core beliefs. The CEI-GV Trigger Processing Chart also employs the downward arrow technique for this reason. The difference between these thought records, however, is that trial-based thought records focus on challenging the core beliefs through a symbolic interaction of a prosecutor, defense attorney, and juror, while the CEI-GV Trigger Processing Chart emphasizes the awareness of a disturbing event, one’s feelings, automatic thoughts, and core disturbing beliefs. The CEI-GV Trigger Processing Chart does not seek to change the core beliefs, only to unearth them. Additional components in the model challenge core beliefs (i.e., CEI and mindfulness with self-compassion).

**Exposure.** Exposure is a behavioral intervention aimed at helping individuals gain control over a distressing and often avoided experience, which can pertain to a memory, situation, thought, feeling, emotion, and/or a behavior (Richard, Lauterbach, & Gloster, 2007). The goal of exposure is to desensitize the individual to the distress by gradually activating and regulating the experience in the present moment. Often, this intervention is repeated to create a more tolerable experience whereby individuals can identify and make appropriate cognitive, emotional, and/or behavioral changes.
McManus, Van Doorn, and Yiend (2012) compared the use thought records and behavioral experiments (i.e., exposure) to challenge negative beliefs for those suffering with anxiety (not social anxiety specifically). They found that both interventions were associated with greater improvements in beliefs compared to the control group, but that the behavioral experiments were more effective than the thought records. Although their study was not conducted with individuals with SAD specifically, Clark and Wells (1995) purported that cognitions must be addressed, and that exposure alone cannot change maladaptive beliefs. The CEI-GV model makes use of exposure and mindfulness with self-compassion to counter the negative core beliefs associated with social anxiety. Hawley et al. (2016) reported that both thought records and exposure were effective in treating individuals with SAD, but comparatively, exposure was associated with greater symptom reduction. These data substantiate the use of exposure as an appropriate intervention for the CEI-GV model. Most of the research surrounding CBT interventions for SAD has been conducted within the context of group counseling, which is outlined later in this chapter.

Psychoeducation, thought records, and exposure exercises are all common to CBT and found to be effective in treating SAD. Current research is mixed with regard to the utilization of these as solo inventions. Combining them, however, seems to be effective. The CEI-GV model integrates these components to address problematic thoughts, feelings, and behaviors, and since they are empirically supported, combining them with other interventions (e.g., anchoring, mindfulness with self-compassion, and art) may prove to be an effective integrative approach for the treatment of SAD.
Mindfulness and Self-Compassion

Mindfulness is the practice of awareness in the present moment without judgment (Kabat-Zinn, 1990). This awareness can involve one’s surroundings, internal experience, or the five senses. Self-compassion, on the other hand, is the act of treating oneself kindly when suffering personally (Neff, 2003). The literature base surrounding mindfulness is robust; however, research pertaining to self-compassion and social anxiety is limited. In fact, no study existed on the application of self-compassion with college students suffering with social anxiety at the time of this study.

Over the past decade, there has been an explosion of research examining the utilization of mindfulness in the treatment of mental health issues (Fjorback, Arendt, Ornbol, Fink, & Walach, 2011; Hofmann, Sawyer, Witt, & Oh, 2010; Kaviani, Hatami, & Javaheri, 2012). Several studies have focused on mindfulness and social anxiety, with some examining the fear of negative evaluation, self-ideal discrepancy, self-view, attentional processing, and emotion regulation. CEI-GV integrates mindfulness with self-compassion to help individuals become present in the moment without judgment and to challenge negative core beliefs from a place of compassion.

There is growing evidence to support the application of mindfulness and self-compassion with individuals suffering with social anxiety. Bogel et al. (2006) examined the effects of mindfulness integrated with task concentration training on the fear of negative evaluation and self-ideal discrepancy. They found a reduction in both attributes. Arana (2006) concurred that mindfulness helped decrease the negative evaluation from self and others.

Changes in one’s self-view are also impacted by mindfulness. For instance, Weeks, Heimberg, Rodebaugh, and Norton (2007) found improvements in both the fear of positive evaluations and the fear of negative evaluations. Goldin, Ramel, and Gross (2009) discovered
that mindfulness meditation reduced social anxiety while increasing self-esteem. Although not the primary focus of CEI-GV, the internalized, critical voice common to those suffering from social anxiety is addressed through mindfulness with self-compassion, which may contribute to improvements in self-esteem and negative evaluations. Interestingly, individuals with SAD exhibit less self-compassion (Werner, Jzaieri, et al., 2011). Thus, applying self-compassion in treatment is likely to impact the internalized, critical voice. These studies establish a platform for investigating the use of mindfulness with self-compassion for social anxiety.

Mindfulness has also been studied in group formats. Kocovski, Fleming, and Rector (2009) combined acceptance and commitment therapy and mindfulness exercises as outlined in mindfulness-based cognitive therapy. They examined the practical use of mindfulness-based cognitive therapy to treat SAD and determined that mindfulness and acceptance-based approaches are helpful interventions for treating SAD. Remarkably, they found some reductions in social anxiety prior to implementing exposure exercises. Exposure is introduced early in the CEI-GV model, while mindfulness is not presented until the fourth session. These data suggest that mindfulness may be more beneficial earlier in treatment.

Another mindfulness-based group intervention used to treat social anxiety is mindfulness-based stress reduction. Koszycki, Benger, Shlik, and Bradwejn (2007) compared mindfulness-based stress reduction with CBGT and found improvements in quality of life, mood, and social anxiety for both groups; however, CBGT resulted in significantly lesser participant fear and avoidance, which are two constructs of social anxiety. This dissertation explored the impact of fear and avoidance, as well as physiological symptoms, on participant social anxiety. Aspects of both interventions are applied in CEI-GV; therefore, it is logical that improvements would occur within these constructs.
Mindfulness and self-compassion are effective in the treatment of SAD in both individual and group modalities and as stand-alone interventions or implemented together. CEI-GV, in its current state, was deemed likely to bring desired changes (i.e., improvement in symptoms) in this study because the attributes of SAD are addressed, in part, through these interventions. For instance, mindfulness addresses the self-critical, judgmental voice, and self-compassion treats the suffering individuals with SAD experience. This dissertation provides a creative way to implement mindfulness with self-compassion in the treatment of SAD.

Art

Creativity in counseling involves the express use of art, dance (movement), drama, music, or poetry as a treatment intervention (Gladding, 2011). Free-form drawing is an art-based intervention used throughout the CEI-GV model to support participant self-exploration and awareness, as well as to down-regulate the central nervous system. The literature base for art interventions in counseling is growing. In fact, research indicates that art provides expression of incidents, thoughts, feelings, and emotions; thus, it is viewed as an adaptive coping skill (Malchiodi, 2011).

Recent studies have explored the use of coloring with college students suffering with anxiety, including social anxiety, with results suggesting it to be an effective tool to reduce anxiety levels (Ashlock, Miller-Perrin, & Krumrei-Mancuso, 2018; Sandmire et al., 2016; van der Vennet & Serice, 2012). In comparing the coloring of mandalas, placid designs, and blank sheets of paper, van der Vennet and Serice (2012) found that all participants had a decrease in anxiety, but those who colored mandalas showed slightly greater results. Sandmire et al. (2016) had similar results in the comparison of coloring mandalas, clay modeling, and free-form drawing. In contrast, Duong, Stargell, and Mauk (2018) found equal results when comparing
coloring a mandala and coloring a blank sheet of paper for the reduction of anxiety symptoms with graduate counseling students. In another study, Ashlock et al. (2018) suggested that adult coloring books were as effective as coloring mandalas. Consequently, coloring is a useful emotion regulation tool in anxiety treatment.

The aforementioned studies provide initial evidence that supports free-form drawing as an appropriate and effective intervention for anxiety. The literature is mixed, however, concerning what type of art is more effective (e.g., coloring mandalas, free-form coloring, etc.), but it is evident that participants benefit from all of these tools. Additional study is needed to further explore their use with social anxiety, but because the CEI-GV model utilizes drawing in each session, the researcher anticipated that this component would positively impact the severity of the participants’ social anxiety.

Group Counseling

Group counseling is a modality of treatment whereby several individuals (e.g., 6–12) meet for counseling with one or two therapists (Yalom & Leszcz, 2005). Current literature supports group counseling as an effective treatment modality for SAD (Barkowski et al., 2016). In fact, CBGT has been extensively researched for its effectiveness for social anxiety and is the standard treatment for SAD. A few studies found participants who completed CBGT to have greater improvements in anxiety than wait list control groups and similar findings when comparing CBGT to individual CBT (Barkowski et al., 2016). The primary interventions associated with CBGT include cognitive restructuring, exposure, and homework, all components found in the CEI-GV model.

Historically, psychological studies have utilized wait list groups to control for treatment effectiveness. Bjornsson et al. (2011) challenged this tradition by employing GPT as the control
in their study of college students with SAD. They hypothesized that CBGT would be more effective than GPT in decreasing symptoms of social anxiety; however, their results indicated very little difference between groups except that the CBGT group had higher attrition rates and underutilized group process. The researchers concluded that group work naturally produces the exposure of a social setting, and as previously discussed, exposure is an effective intervention for treating social anxiety. It is appropriate to note that weekly participant interactions in group may have contributed to the results of this dissertation study. Furthermore, groups provide members with an opportunity to receive emotional support from one another (Yalom & Leszcz, 2005), which normalizes their experiences while creating a sense of community. Subsequently, social anxiety symptoms are likely to diminish.

Heimberg and Becker’s (2002) standard model for CBGT consists of 12 or more two-hour sessions comprised of assessment, psychoeducation, hierarchy of feared situations, self-monitoring, cognitive restructuring, exposure, addressing core beliefs, and planning for relapse prevention. Studies have compared their model with other group treatments, including mindfulness and acceptance-based group therapy (Kocovski, Fleming, Hawley, Huta, & Antony, 2013), GPT (Bjornsson et al., 2011), and exposure group therapy (Hofmann, Heinrichs, & Moscovitch, 2004). Although not the focus of this review, a number of additional studies have compared CBGT with pharmacological regiments (Blanco et al., 2010; Cottraux et al., 2000; Davidson et al., 2004; Furmark et al., 2002; Heimberg et al., 1998; Ledley et al., 2005). The emphasis of this review is on studies that have compared other group interventions with CBGT; however, a number of individual treatments have been compared to CBGT, including Internet-based CBT (Hedman et al., 2011), individual cognitive therapy (Mörtberg et al., 2007), exposure
alone, virtual reality exposure (Anderson, Edwards, & Goodnight, 2017), and supportive therapy (Cottraux et al., 2000).

In a study conducted by Kocovski et al. (2013; \( N = 137 \)), mindfulness and acceptance-based group therapy was found to be as effective as CBGT in terms of outcome. Their results markedly indicated that those in the mindfulness and acceptance-based group therapy were found to have increased acceptance and mindfulness, but both groups resulted in less participant rumination and were found to show greater improvements than the wait list control group. These findings may suggest that group work itself (i.e., exposure) is effective in treating social anxiety. Conversely, cognitive-behavioral conceptualizations of social anxiety suggest that exposure alone is not sufficient in treating social anxiety as it does not address the cognitive complexities underlying SAD (Clark & Wells, 1995; Rapee & Heimberg, 1997). However, Hofmann et al. (2004) found exposure group therapy without cognitive interventions to be as effective as CBGT in reducing social anxiety. They also found that participants in both groups had more significant changes in negative self-focused thoughts, as well as self-perceptions, compared to the wait list control group. Again, these findings may suggest that the exposure experienced in group work is effective in producing positive outcomes for individuals with social anxiety.

Other researchers have explored group interventions without comparing them to CBGT directly. For instance, Ossman, Wilson, Storaasli, and McNeill (2006) utilized acceptance and commitment therapy in a group format to address experiential avoidance with socially anxious individuals. They found that as experiential avoidance decreased through traditional acceptance and commitment therapy interventions (e.g., cognitive diffusion, acceptance, present moment, etc.), psychological acceptance increased. Remarkably, social anxiety symptoms were not explicitly targeted, but significant reductions occurred from this treatment, which contrasts with
the CBT framework that postulates that processing direct events through cognitive restructuring, exposure, and relaxation techniques is what produces change. Perhaps there is more to the experience of being in groups than what is being studied at this time.

Herbert, Rheingold, and Goldstein (2002) adapted CBGT into a brief, six-week model. Following Heimberg and Becker’s (2002) traditional group model, the researchers utilized cognitive restructuring, exposure, and homework but also integrated social skills training into the exposure exercises. The researchers compared the results of this study with previous studies on CBGT, and while their data suggested effectiveness, the addition of social skills training into the model, and the fact that the study did not have an active comparison group, indicates their results are promising but limited. Additional research is needed to further explore the utilization of brief models for social anxiety treatment. Consistent with this literature, however, it is appropriate to explore CEI-GV as a group modality for social anxiety within a brief framework.

The interventions utilized in group work are meaningful and supported by current literature as an appropriate modality for treating SAD. The studies outlined in this review suggest that change is brought about through the integration of cognitive and behavioral approaches, but there is some evidence that group process is another powerful conduit for change. Moreover, brief models are appropriate for college counseling settings to allow more students to be seen at once, but additional research is indicated as to whether brief group work is as effective as traditional group work (e.g., 12–18 sessions). This dissertation study expands on the initial CEI-GV study by replicating it with individuals diagnosed with SAD. Since social anxiety is experienced within a social frame, the exposure of being vulnerable in a group setting and the interventions learned and practiced that facilitate down-regulation are likely to have some impact on participant symptomology.
Research Support for the Methodology of This Study

The CEI-GV model is in its early stages of development. Only preliminary data for its use with generalized anxiety is available (Sosin et al., 2019). Consequently, the overarching aim for this study was to replicate the initial study on its effectiveness by exploring participant experience and the model’s efficacy in treating social anxiety. Research intention informs research method and design (Heppner, Wampold, & Kivlighan, 2008); therefore, a mixed methods approach is a fitting approach for this study where the qualitative data speak to participant experience and quantitative data determine the statistical effectiveness of treating social anxiety with the CEI-GV model.

Mixed methods designs in counseling research are becoming popular because they provide an enriched, complementary summary of results (McLeod, 2011). Mixed data protects studies from misleading interpretations that qualitative or quantitative data alone may purport, especially in the evaluation of treatment models (Hanson, Creswell, Plano-Clark, Petska, & Creswell, 2005). Several randomized controlled studies exist that examine treatment effectiveness of models for social anxiety that use a quantitative data analysis (Barkowski et al., 2016; Bjornsson et al., 2011; Hofmann et al., 2004; Kocovski et al., 2013). However, at the time of this dissertation, only one study was found that employed a mixed methods approach to evaluate CBT for social anxiety. In that study, McManus, Peerbhoy, Larkin, and Clark (2010) investigated the impact of CBT on their participants (N = 8) using interpretative phenomenological analysis and pretest/posttest/12-month follow-up scores for the Social Phobia Anxiety Inventory. The four themes that emerged in their study were: (a) social phobia as a way of being; (b) learning to challenge social phobia as a way of being: transformative mechanisms of therapy; (c) challenges faced in the pursuit of change; and (d) a whole new world: new ways
of being (McManus et al., 2010, pp. 586–587). These themes were identified as linear in nature from pretreatment to posttreatment. Moreover, the researchers confirmed the importance of the therapeutic relationship and normalizing social anxiety experiences during the treatment. They also reported that an experiential approach was helpful for the participants, specifically in addressing avoidance and attentional shifting, which are addressed through the components of the CEI-GV model. The researchers further articulated that triggering clients puts clients at risk for dropout, so triggering should be approached skillfully. CEI-GV begins with anchoring skills for this reason. The mean scores on the Social Phobia Anxiety Inventory also showed how CBT positively impacted participant social anxiety severity (pretest: $M = 129.95$; posttest: $M = 68.68$; follow-up: $M = 70.27$; McManus et al., 2010). This study characterizes how rich data can be expressed when a mixed methods design is applied to evaluate treatment effectiveness; it speaks to both sides of the coin (qualitative and quantitative).

Qualitative research designs are also appropriate in the initial stages of developing a treatment model (Berríos & Lucca, 2006). No qualitative studies were found for this purpose with social anxiety, but one study investigated participant experience of social anxiety. Hjeltnes, Moltu, Schanche, and Binder (2016) explored “how young adults experience the personal impact and consequences of struggling with symptoms of social anxiety in their everyday lives, and what they describe as their own concerns and reasons for seeking help” (p. 1706) among 29 Norwegian university students. The themes that emerged in their study were: (a) from perceiving oneself as shy to interpreting anxiety as a mental health problem; (b) experiencing emotions as threatening and uncontrollable; (c) encountering loneliness as relationships fall away; (d) hiding the vulnerable self from others; and (e) deciding to face social fears in the future (Hjeltnes et al., 2016, p. 1709). This study is an example of how one’s experience of
social anxiety can inform what is addressed in treatment, which is very useful in the preliminary work of treatment development. Since CEI-GV continues to evolve, it is important to understand the impact of the model on participant experience, as well as the statistical effectiveness.

Chapter Summary

CEI-GV is a practical, brief group intervention that supports college counseling centers in meeting increased needs. Its use of anchoring skills, cognitive-behavioral interventions, mindfulness with self-compassion, and art establish it as an integrative approach grounded in research. The literature base surrounding the components of CEI-GV are established except for the safe place intervention. Currently, only preliminary data for combining these interventions with generalized anxiety exist. The research surrounding the components with college students with mild to severe social anxiety is very limited or does not exist. Overall, there is a lack of research for the anchoring skills and art-based interventions outlined in the model for SAD, mixed reviews about psychoeducation and exposure used as standalone interventions, and a lack of research regarding the use of mindfulness with self-compassion for SAD. This literature review, however, suggests that these interventions implemented together may produce longer-lasting results compared to any of the interventions used independently. This dissertation expands the literature by examining the treatment of SAD with CEI-GV. The next chapter outlines the methodology of this study.
CHAPTER THREE: METHODS

The first two chapters of this dissertation cover the background for the study, including the conceptual framework and literature review. This chapter focuses on the methodology. As a replication study, this dissertation expanded the initial findings of the CEI-GV for anxiety. More specifically, it explored the impact the components have on social anxiety severity in college students in terms of avoidance, fear, and physiological symptoms, as well as perceived changes in physical sensations/feelings, thoughts and emotions, and social behavior and experience. This mixed methods study provided an opportunity to investigate both participant experience and the effectiveness of the components outlined in the model; the findings will be used to further develop the model. The qualitative data gathered spoke to the phenomenon of the participants’ experiences while data collected from the SPIN (Davidson, 2015) and the Group Counseling Evaluation (Sosin & Trexler, 2019) provided quantitative data with which to measure the statistical effectiveness. This chapter offers pertinent information about the researcher followed by the research design and approach, data collection and analysis, trustworthiness of the study, and ethical considerations.

About the Researcher

I am a licensed professional counselor with 15 years of experience working in the mental health field. My interest in the CEI-GV model began after co-leading the initial study with the developer, Lisa Sosin, Ph.D. My desire to use creative approaches in counseling, including in group work, is what initially sparked my interest in joining her. I have had an ongoing professional relationship with the developer for the past 12 years: I was a graduate student in two
of her classes, her supervisee during my post-graduate training, and a doctoral student under her faculty leadership as program director for the Ph.D. program in Counselor Education and Supervision at Liberty University. At the time of this study, I was the director of Student Counseling Services at Liberty University where the study took place. After running the group and collecting data, however, I relocated to the Midwest and currently work as a mental health clinician providing clinical services to medical trainees at a medical school.

I acknowledge that several needs could be addressed through the development and evaluation of a brief, creative group counseling model such as the CEI-GV. First, I realize the need for exploring and developing models outside of those used in traditional individual counseling, as the number of students seeking services grows exponentially each year (Xiao et al., 2017). The CEI-GV model allows more students to be served at a given time. One barrier to consider, however, is that not all students are appropriate candidates for group work. Careful screening is necessary and expected for all counseling groups (Yalom & Leszcz, 2005), including the CEI-GV. Second, there is a lack of research pertaining to the use of creative approaches for treating SAD with adults. As stated previously, the CEI-GV model integrates empirically supported interventions with art to “advance creative, diverse, and relational approaches to counseling services” (ACC, n.d., p. 2). This model expands the field as a creative approach to treatment. Additionally, this study furthers the literature base of anchoring techniques and mindfulness with self-compassion for SAD. For these reasons, this dissertation investigated CEI-GV as a viable treatment option for social anxiety. The next section outlines the research design and approach for this study.
Research Design and Approach

This study explored the use of CEI-GV, a six-week counseling group, with college students experiencing mild to severe social anxiety. The study utilized a mixed methods research design for several reasons. First, the overarching goal of this study was to replicate the initial CEI-GV study by exploring the model’s impact and effectiveness with social anxiety. For this reason, I sought six to 12 participants to align with best practices for counseling groups (Yalom & Leszcz, 2005), and since this number of participants constitutes a low sample size for a quantitative study with no control group, gathering qualitative data helped to further develop the model by allowing me to explore the experiences of each participant in the group. Second, quantitative data gathered concurrently triangulates the qualitative data and makes this study richer (McLeod, 2011). In fact, exploring qualitative and quantitative data together is a meaningful method for developing a treatment protocol (Hanson et al., 2005). With these objectives in mind, the following research questions guided this project:

**RQ1:** What impact did the CEI-GV components have on the group participants?

**RQ2:** What changes did the participants perceive in their physical sensations/feelings, thoughts and emotions, and social behavior and experience as a result of attending CEI-GV for social anxiety?

**RQ3:** How effective was CEI-GV in improving social anxiety severity for the group participants?

While the first two research questions are exploratory in nature, the third research question called for a hypothesis. I hypothesized that CEI-GV would demonstrate effectiveness as evidenced by a score reduction of social anxiety severity on the SPIN from pretest to posttest. The null hypothesis was that CEI-GV would not demonstrate effectiveness as evidenced by no change of
social anxiety severity on the SPIN from pretest to posttest. Next, I explain the selection of participants, measures, and assumptions.

Selection of Participants

After Institutional Review Board (IRB) approval from Liberty University was obtained (see Appendix E), promotion of CEI-GV for social anxiety occurred through posters displayed across campus, as well as by word of mouth through counselors conducting initial screenings with students seeking treatment for social anxiety at the counseling center. Interested students were provided the consent form (see Appendix F) and scheduled for a semistructured clinical interview (see Appendix G) with me. Participant consent forms were collected and questions about the research project were answered at the start of each clinical interview.

Individuals included in CEI-GV for social anxiety endorsed mild to severe symptoms of social anxiety as indicated by the SPIN (Davidson, 2015). Individuals with mild depression or passive suicidal ideation or who were taking medication (only selective serotonin reuptake inhibitors) and agreed to no medication changes during treatment were also permitted to be included in the study. Individuals excluded from the study included those with social anxiety less than mild as determined by the SPIN; active suicidal ideation (plan and/or intent); a history of suicidal behavior; a history of non-suicidal self-injurious behaviors; current posttraumatic stress disorder with intrusive memories, re-experiencing, or dissociative symptoms; active substance abuse/misuse; a history of brain injuries; active OCD or symptoms that interfere with functioning more than one hour per day; psychosis; and dementia, as well as those currently taking benzodiazepine medication.
Measures

Three instruments were used to collect data for this study: the SPIN (Davidson, 2015), weekly debriefing questionnaires (Sosin & Trexler, 2019), and the Group Counseling Evaluation (Sosin & Trexler, 2019). The SPIN was administered as a pre-post assessment to measure social anxiety severity with the subscales of avoidance, fear, and physiological symptoms. Debriefing questionnaires were used to gather qualitative data on the impact the CEI-GV components had on the group participants and their perceived changes in physical sensations/feelings, thoughts and emotions, and social behavior and experience as a result of participating in CEI-GV for social anxiety. The Group Counseling Evaluation provided an opportunity for participants to anonymously share feedback about the group. Each instrument is discussed in detail below.

Social Phobia Inventory (SPIN). The SPIN is a self-administered, 17-item assessment that rates social anxiety severity with three subscales: avoidance, fear, and physiological symptoms (Davidson, 2015; see Appendix D. Participants respond to each question using a five-point Likert scale (0–4) from “Not at all” to “Extremely.” Scores range from 0 to 68 (see Table 3.1).

A few measures have been compared with the SPIN to investigate its construct validity: the Beck Anxiety Inventory (r = 0.43; Bravo, Betanzos, Navarro, & Blazquez, 2017), the Beck Depression Inventory (r = 0.762; Wieser, Hambach, & Weymar, 2018), and the World Health Organization Disability Assessment Schedule (r = 0.30; El-Tantawi, Raya, Al-Yahya, & Zaki, 2010). Likewise, several measures have been used to assess the SPIN’s convergent validity: the Brief Social Phobia Scale (r = 0.57, Connor et al., 2000; r = 0.59, Osorio, Crippa, & Loureiro, 2006); the Liebowitz Social Anxiety Scale (r = 0.55, Connor et al., 2000; r = 0.89, Nagata, Nakajima, Teo, Yamada, & Yoshimura, 2013), the Social Interaction and Anxiety Scale (r =
0.60, Antony, Coons, McCabe, Ashbaugh, & Swinson, 2006; \( r = 0.72 \), Bravo et al., 2017; Dogaheh, 2013; \( r = 0.88 \), Sosic, Gieler, & Stangier, 2008; \( r = 0.68 \), Tavoli, Melyani, Bakhtiyari, Ghaedi, & Montazari, 2009; \( r = 0.77 \); and the Social Phobia Screener (\( r = 0.73 \), Batterham, Mackinnon, & Christensen, 2016). A Pearson’s \( r \) of 0.40 to 0.59 indicates a moderate correlation, 0.60 < 0.79 a strong correlation, and 0.80 < 1.0 a very strong correlation (Evans, 1996). Regarding its reliability, Connor et al. (2000) found the internal consistency of the SPIN to be at Cronbach’s \( \alpha = 0.95 \), the subscales of fear, avoidance, and physiological symptoms at Cronbach’s \( \alpha = 0.89, 0.91, 0.80 \) respectively, and test-retest reliability at \( r = 0.78–0.89 \). The data suggested that the SPIN has moderate to very good validity and reliability except when compared with the World Health Organization Disability Assessment Schedule.

Table 3.1

<table>
<thead>
<tr>
<th>Range</th>
<th>Severity/Distress Level</th>
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<tbody>
<tr>
<td>0–10</td>
<td>Absence of symptoms</td>
</tr>
<tr>
<td>11–20</td>
<td>Borderline or very mild social anxiety</td>
</tr>
<tr>
<td>21–30</td>
<td>Mild social anxiety</td>
</tr>
<tr>
<td>31–40</td>
<td>Moderate social anxiety</td>
</tr>
<tr>
<td>41–50</td>
<td>Severe social anxiety</td>
</tr>
<tr>
<td>51+</td>
<td>Very severe social anxiety</td>
</tr>
</tbody>
</table>

**Debriefing questionnaires.** The weekly debriefing questionnaires provided qualitative data, as each participant was asked to articulate his/her understanding of the psychoeducation, to identify what was helpful from each session, and to explain how she/he would strengthen these skills after the group on the questionnaire (Sosin & Trexler, 2019; see Appendix A). These questionnaires also gave attention to how CEI-GV impacted participants in terms of physical sensations/feelings, thoughts and emotions, and social behavior and experience. Participant compliance with practicing the tools between sessions was recorded on the questionnaires as well, which is described in the discussion section of this dissertation.
**Group Counseling Evaluation.** The Group Counseling Evaluation is an anonymous 14-item assessment that explores participant feedback about the group (see Appendix B). The purpose of the first question is to confirm that the participant had been experiencing disturbing levels of social anxiety before the group began. Questions two through eight explore the helpfulness of each CEI-GV component, question nine asks participants if they experienced a decrease in social anxiety, and question 10 seeks overall satisfaction. Questions 1–10 use a five-point Likert scale from “Strongly Agree” to “Strongly Disagree.” Questions 11–14 are evaluative and qualitative in nature (Sosin & Trexler, 2019). This evaluation was created by the developer of the model.

**Data Collection and Analysis**

This section provides an overview of the data collection and analysis procedures for the study.

**Data Collection**

Students who expressed an interest in CEI-GV for social anxiety were scheduled for a semistructured clinical interview with me. During these 60-minute individual sessions, participants completed the SPIN to determine their initial eligibility for the study. Only those with mild to severe social anxiety and who met the inclusion criteria were selected. Besides being used as a screening tool, the SPIN was used to obtain a baseline score for each participant’s social anxiety. The SPIN was also given during the first and last sessions as an outcome measurement (pretest/posttest). The debriefing questionnaires were completed weekly at the conclusion of each group session. These questionnaires were adapted for social anxiety from the questionnaires in the initial CEI-GV study. Before completing these, participants were asked to be honest and thorough in their written responses. At the conclusion of the group
during week six, participants completed the Group Counseling Evaluation and were scheduled for individual exit interviews. During these 60-minute exit interviews, each question from the questionnaires was reviewed, and participants were afforded an opportunity to modify any response s/he had previously made (i.e., member checking).

**Data Analysis**

Descriptive statistics, a paired *t* test, and Moustakas’s methods were used to analyze the data in this study. This section outlines how these methods were applied in the data analysis in Chapter Four of this dissertation.

**Quantitative data analysis.** Descriptive statistics are summarized by measures of centrality (mean, median, and mode) and measures of variability (the range, interquartile range, variance, and standard deviation; Warner, 2012). For this study, the mean and standard deviation were used to report the findings of the anonymous Group Counseling Evaluation to help illuminate the impact the CEI-GV components have on group participants from a quantitative perspective. A paired *t* test was used to analyze data from the SPIN to determine the statistical difference in participants’ social anxiety severity between two points in time—pretest and posttest. The independent variable in this study was the CEI-GV treatment, while the dependent variable was social anxiety severity as measured by the SPIN. Pretest and posttest means were input into the SPSS software and a paired *t* test was executed. The mean, standard deviation, correlation, *t* score, and significance are reported in Chapter Four. The following research questions guided the quantitative data analysis: “What impact did the CEI-GV components have on the group participants?” and “How effective was CEI-GV in improving social anxiety severity for the group participants?”
Qualitative data analysis. Moustakas’s (1994) analysis methods were applied to analyze the qualitative data obtained in the weekly debriefing questionnaires and Group Counseling Evaluations. This analysis was performed through four stages: epoche, phenomenological reduction, imaginative variation, and synthesis of meanings. The following research questions guided this qualitative data analysis: “What impact did the CEI-GV components have on the group participants?” and “What changes did the participants perceive in their physical sensations/feelings, thoughts and emotions, and social behavior and experience as a result of attending CEI-GV for social anxiety?”

Epoche. Epoche is a Greek word meaning “to stay away from or abstain” (Moustakas, 1994, p. 85). Husserl (1970), the developer of transcendental phenomenological research, used this word to describe the act of suspending one’s judgments for clarity to emerge when studying a phenomenon. It is an introspective process whereby the researcher seeks to see clearly without internal or external distractions. Epoche involves being aware of and letting go of one’s biases, presuppositions, and prejudices in order to observe phenomena from a place of honesty and openness. Consistent with this practice, I engaged in meditation and reflective journaling before reviewing each debriefing questionnaire transcript. I allocated time and space to observe, recognize, reflect, journal, and bracket my assumptions, biases, and expectations about the data before I proceeded with phenomenological reduction.

Phenomenological reduction. The next process in this analysis was phenomenological reduction, a process whereby the researcher repeatedly gazes upon and describes the qualities of the phenomena as they appear until the nuances are recognized and clearly seen (Moustakas, 1994). This procedure begins by bracketing the researcher, meaning that she or he sets aside all distractions and completely focuses on the research process. Next, the researcher identifies and
describes the qualities (i.e., horizons) of the phenomena, a process called horizontalization.

Afterward, only the horizons relevant to the phenomena are kept; repeated or irrelevant statements are disregarded. From here, the horizons are clustered into textural themes or descriptions of the phenomena.

For this dissertation, I engaged this process by carefully reading through each weekly debriefing questionnaire to get a sense of how the participants experienced CEI-GV for social anxiety. Then, I read each participant’s debriefing questionnaires, looking for how the participants were impacted by each component of CEI-GV, including psychoeducation, deep breathing, systematic relaxation, safe place, safe place with art, the CEI Trigger Processing Chart, CEI, and CSCT. Participants’ experiences of perceived changes in physical sensations/feelings, thoughts and emotions, and social behavior and experience were also explored. As this process ensued, I identified the horizons discovered in the analysis and described the themes that emerged. I repeated this process for each participant’s weekly debriefing questionnaires. The themes were revised and refined until a complete understanding of what all the members reported was reached concerning the impact the components had on their social anxiety and what changes they perceived in their physical sensations/feelings, thoughts and emotions, and social behavior and experience as a result of attending CEI-GV for social anxiety. Qualitative data obtained from the anonymous Group Counseling Evaluations were also analyzed in this manner.

**Imaginative variation.** Imaginative variation makes use of the researcher’s imagination to consider the how of the phenomenon. In Moustakas’s (1994) words, “How did the experience of the phenomenon come to be what it is?” (p. 98). The goal of this procedure is to clarify the meanings of the phenomenon and categorize them into structural themes or essence of the
phenomena. I employed imaginative variation by searching for and noticing “underlying themes or contexts that account for the emergence of the phenomenon” (Moustakas, 1994, p. 99).

**Synthesis of meanings.** The final step in transcendental phenomenological analysis is producing written conclusions about the phenomenon through synthesizing the textural and structural descriptions obtained through phenomenological reduction and imaginative variation (Moustakas, 1994). The aim of synthesizing meanings is to generate conclusions about the essence of the phenomenon. I discuss my conclusions about the phenomena in Chapter Four of this dissertation.

**Trustworthiness of the Study**

In this study, credibility is established through the selection of appropriate participants, triangulation, member checking, transparency, and a thorough review of the analysis by my dissertation chair and committee members. Selecting participants who are appropriate for the group is necessary for establishing credibility. During the initial screenings, I ensured that every participant had mild to severe social anxiety, met inclusion requirements, and had an interest in art as a creative intervention. This intentional process supports the accuracy of the data (Morrow, 2005).

The data was also triangulated to add trustworthiness to the study. In this study, I specifically utilized methodological triangulation, which is the process of employing multiple methods to obtain an accurate picture of what is being studied versus only looking at it using a single dataset (Bloomberg & Volpe, 2016). I employed four points of data collection to determine if the qualitative findings were substantiated or disproved by the quantitative results. These included the SPIN, weekly debriefing questionnaires, Group Counseling Evaluation, and exit interviews. The exit interviews also provided member checking, as participants could
clarify, modify, or add to their initial responses provided during the group sessions. Member checking confirms that the participant reports are accurate and precise (Creswell, 2017). These processes increase confidence in the research data. As outlined in the procedure section, I strictly followed Moustakas’s method to analyze the qualitative data. Consistent with his method, I engaged in reflective journaling prior to reviewing any of the weekly debriefing questionnaires or Group Counseling Evaluations. During this journaling, I explored, identified, and bracketed my presuppositions and biases, and this material is presented in Chapter Five of this dissertation. This commitment adds rigor to the study (Morrow, 2005). Furthermore, the dissertation chair and committee members reviewed and checked my analysis very closely. It is also important to note that the reported “compliance of homework” practiced between sessions informed the discussion of the findings in this study, which is very significant because the results were impacted by whether the participants practiced the components outside of the sessions. Additionally, all group sessions were audio recorded and reviewed by the developer to ensure an accurate delivery of the CEI-GV protocol. The results of this study are specific to these participants, at this university, during this time period. However, the findings are likely to benefit similar groups, as the model integrates empirically supported interventions. In the next section, I discuss the ethical considerations for this study.

**Ethical Considerations**

As with all studies, it is the responsibility of the researcher to conduct himself or herself in a manner that is ethical and conscientious (Cone & Foster, 2006). In fact, there are safeguards in place to protect research participants and society from harm, which is achieved primarily through an IRB. Every institution that conducts research must have an IRB for securing the
ethical practice of research. For this dissertation study, IRB approval was gained before research was b (see Appendix E). Moreover, I followed each step as outlined in the IRB application.

Informed consent is another protective measure that supports the ethical practice of research. This written document provides participants with the details of the study, including information about the researcher(s), background information of the study, research procedures, participant benefits and risks, and other information such compensation, confidentiality, the voluntary nature of the study, and the contact information of the researcher(s). Each of these items was included in the informed consent document for this study (see Appendix F).

Additionally, I incorporated group guidelines to make certain group participants understood how to conduct themselves during group sessions (see Appendix H).

**Chapter Summary**

The present study is a replication study that utilized a mixed methods design to explore the impact the CEI-GV components have on participant social anxiety and participant perceptions of change pertaining to physical sensations/feelings, emotions and thoughts, and social behavior and experience and to determine the effectiveness of the intervention on social anxiety severity. The methodology chapter offers information pertaining to the research design, the selection of participants and measures, data analysis, trustworthiness of the study, and ethical considerations. This chapter addressed each of these matters to authentically and accurately report on how the study was carried out. In the next chapter, I articulate the findings of this study obtained by applying the methods described in this chapter.
CHAPTER FOUR: RESULTS

The purpose of the present study was to replicate the initial CEI-GV study (Sosin et al., 2019) by evaluating its use and effectiveness with college students experiencing mild to severe social anxiety. The intent was specifically to explore the impact of the CEI-GV components on the participants, their perceived changes in physical sensations/feelings, thoughts and emotions, and social behavior and experience, and the statistical effectiveness of CEI-GV in reducing participant social anxiety severity. The first three chapters of this dissertation provided the background for the study, a review of the literature and empirical support, and the methodology for the study. This chapter outlines the selection of participants, their demographics, and the data analysis for the study.

Participant Selection and Demographics

A total of 17 students were scheduled for screening interviews with me. Two of these students did not attend their appointments and one canceled, making 14 the total number of students completing the screening. Of this number, four students did not qualify for the group due to an absence of symptoms, very mild social anxiety as indicated by the SPIN, or other exclusion factors (e.g., posttraumatic stress disorder); these students were provided individual counseling at the university counseling center. Ten students met the full criteria for inclusion in the group, were selected, and chose to participate; however, two students dropped out of the study at mid-point. Data were collected for the eight remaining participants \((N = 8)\) who completed the group. Due to a low number of student interest or eligibility, the group was run twice during the 2018–2019 academic calendar year, which was pre-approved by my dissertation
chair. The first group began in October 2018 and ended in December 2018 with three students ($N = 3$). The second group began in February 2019 and ended in April 2019 with five students ($N = 5$). For the purpose of this study and analysis, data from the two groups were combined.

During the exit interviews, each participant was asked to state his or her age, gender, race/ethnicity, sexual orientation, marital status, and class status. The age of the participants ranged from 18 to 25 with a median of 21. Participant demographics are summarized in Table 4.1.

Table 4.1

Demographic Characteristics of Sample ($N = 8$)

<table>
<thead>
<tr>
<th></th>
<th>$n$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
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<tr>
<td>Women</td>
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<td>Black or African American</td>
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<tr>
<td>Marital Status</td>
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<tr>
<td>Never married</td>
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<tr>
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<tr>
<td>Sophomore</td>
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<tr>
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<tr>
<td>Senior</td>
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<td>37.5</td>
</tr>
<tr>
<td>Graduate</td>
<td>1</td>
<td>12.5</td>
</tr>
</tbody>
</table>

Data Analysis

Quantitative and qualitative data were collected concurrently through the weekly debriefing questionnaires (Sosin & Trexler, 2019), SPIN (Davidson, 2015) and the Group Counseling Evaluation (Sosin & Trexler, 2019). At the conclusion of the group but before the exit interviews, I transferred each written response from the participants’ debriefing questionnaires to an Excel spreadsheet. During the exit interviews, participants reviewed their responses and modified them as needed. Moustakas’s (1994) methods were applied to analyze the data. The same procedure was conducted for the qualitative data obtained from the Group Counseling Evaluations. Next, I input each participant’s SPIN© pretest and posttest scores into
an Excel document. The quantitative data from the Group Counseling Evaluation scores were also recorded on this document. IBM SPSS Statistics Version 26 was used to execute a paired \( t \) test for the SPIN pretest and posttest scores, while the Analysis ToolPak in Excel was used to obtain the means and standard deviations from the Group Counseling Evaluation data. The following research questions guided the study:

**RQ1:** What impact did the CEI-GV components have on the group participants?

**RQ2:** What changes did the participants perceive in their physical sensations/feelings, thoughts and emotions, and social behavior and experience as a result of attending CEI-GV for social anxiety?

**RQ3:** How effective was CEI-GV in improving social anxiety severity for the group participants?

**Research Question One**

The first research question was addressed through analysis of the weekly debriefing questionnaires and qualitative data gathered from the Group Counseling Evaluations. Before I began analyzing the data, I spent time in meditation and reflective journaling to note areas of my personal life that were potential distractions. I also acknowledged my assumptions, biases, and expectations about the data, which included a desire to have positive results, to please my dissertation chair, who developed the CEI-GV model, a belief that group work could be the primary reason for its effectiveness, memories of the themes from the initial CEI-GV study, and a strong desire to finish my dissertation. After bracketing these personal reflections, I carefully read through the first participant’s weekly debriefing questionnaires to get a sense of how she experienced CEI-GV for social anxiety. Next, I looked for how she was impacted by the CEI-GV components. I also explored her perceived changes in physical sensations/feelings, thoughts
and emotions, and social behavior and experience, which relate to the second research question. I completed this analysis procedure for each participant’s debriefing questionnaires. I analyzed the Group Counseling Evaluations in the same manner.

Through the analysis process, I identified three themes that summarize the impacts the CEI-GV components had on group participants, namely, emotion regulation, helpful, and difficult. Each theme and subthemes is discussed and outlined in chart form in the following sections. Please see Appendix I for a comprehensive chart with all the themes and subthemes.

**Theme one: Emotion regulation.** The first theme found in this analysis was emotion regulation. Emotion regulation refers to the process of decreasing and managing distressful emotions, like social anxiety (Richards & Gross, 2000). Individuals who attempt to hide, ignore, or suppress emotions, both positive and negative, may find themselves with an emotional disorder (Barlow, Allen, & Choate, 2016). The principal goal of emotion regulation is to approach and process emotions in an adaptive manner (Barlow et al., 2011), which appears to be a primary component of treating emotional disorders. In fact, all eight participants spoke about how CEI-GV enabled them to learn how to regulate symptoms of social anxiety. The subthemes of: (a) avoidance and awareness, (b) approaching, feeling, and being vulnerable, and (c) freedom and identity reflect more specifically how this process took place.

**Subtheme one: Avoidance and awareness.** Emotion regulation begins when an individual recognizes his or her emotional avoidance and pursues awareness (Barlow et al., 2011). This subtheme emerged in the data as participants reported that they had been dodging their emotional experiences prior to beginning the group. Emotional avoidance is observed as an individual attempting to hide, ignore, or suppress emotion. For instance, when an individual chooses to be alone instead of attending a social event or engages in distraction activities (e.g.,
watching television, social media, etc.) to prevent anxiety, he or she is actively avoiding an emotional experience. Overall, the participants in this study recognized how they suppressed their emotions before starting the group, but as they learned CEI-GV skills in group, they found themselves facing their emotional experiences. One participant shared, “I keep a lot of things in and generalize them. I think it’s good for me to specify what I am actually feeling and process it instead of burying it like I usually do.” Before starting the group, she recognized that her typical behavior was to avoid her emotions. Similarly, another participant stated,

This [CEI Trigger Processing Chart] is a very convicting process because it shows me my insides, the ones I do not want to face, the emotions I don’t want to feel, but I have to because it just shows me who I am and how I need to grow.

These reactions are an expression of how the group created a space for members to recognize and respond to their emotional avoidance. Another member of the group shared, “[I] didn’t realize how uptight I felt before doing this exercise.” Likewise, another participant wrote, “It helped me slow my breathing. It helped me notice how fast my breathing was.” Still another participant said, “I didn’t realize how fast my thoughts wander until I was trying to focus on my breath.” She also shared, “Even the things that I know aren’t true feel so true when I’m triggered.” Her awareness surfaced as she slowed down. Participants reported that as a result of the CEI-GV components, they became more aware and tolerant of their experience with the disturbing social anxiety symptoms they were avoiding. As the group proceeded, the participants shifted into approaching their emotions, feeling their emotions, and being vulnerable about expressing their emotions.

Subtheme two: Approaching, feeling, and being vulnerable. Participant responses reflected that CEI-GV provided needed knowledge about and skills needed to effectively monitor
and modify social anxiety through approaching, feeling, and being vulnerable about their emotions and experiences. Approaching refers to consciously deciding to move toward an emotion instead of avoiding it (Barlow et al., 2011); feeling involves allowing oneself to consciously feel emotion in the body (Levine, 1997); being vulnerable pertains to honestly sharing the emotional experience with oneself and others (Yalom & Leszcz, 2005). The ability to approach, feel, and acknowledge uncomfortable emotions is key to learning how to regulate them (Barlow et al., 2016). Participants reported feeling empowered during this process of acknowledging their emotions and understanding the value of feeling and expressing them.

One participant said, “My feelings are valid. I don’t need to crush them and hide them. I need to process and feel them so I can slowly become emotionally happier and healthier.” This participant shared these words during the second group session, indicating that CEI-GV was already helping her to understand and respond to social anxiety symptoms more effectively. Moreover, she was becoming more comfortable with vulnerability, a key to connecting with others in meaningful and authentic ways. A couple of sessions later, she said, “I am letting myself feel my emotions and seek them in a healthy way. I feel a burden has been lifted off. I am learning to feel comfortable while being vulnerable.” Likewise, approaching, feeling, and being vulnerable was evident in another participant’s reflection: “I feel like I can better manage social anxiety when it comes up. I’m more willing to try things when I have tools to be able to calm myself.”

**Subtheme three: Freedom and identity.** Participants reported that they were finding freedom from social anxiety symptoms as CEI-GV progressed. In this context, freedom is defined as an absence of acute social anxiety and being oneself without hindrance. Participants clarified that this freedom was the ability to be themselves and participate in social activities that
those without social anxiety consider normal. One participant shared, “I have more freedom to just be myself than I ever have. I even walked on the bus first when I was with my friends, which felt good.” Prior to the group, she found herself avoiding social situations, and when she did meet with her friends, she was passive. Another participant reported “coming into herself” during the group. Still another participant said, “When I focused on breathing and relaxing, I was free [from social anxiety].” She had a sense of relief through the breathing and relaxation exercise. Someone else in the group reported, “I feel a sense of freedom when I walk about and I hold my head up high,” and that “I am free to go out and talk to new people.” Another participant concurred, “I am so thankful for these tools. Seriously, it’s a big thing for me. I now know that I don’t have to always live like this [socially anxious].”

Freedom for the participants included a sense of release to be who they are, to own and express their true identity. Here, identity is defined as the characteristics, qualities, and values authentically held by an individual. This ability to be themselves, to be embodied in themselves instead of living as an observer and controller of the self, is significant. People with social anxiety experience a painful sense of shame at the core of their personhood, which causes them to hide aspects of their true selves from others (Hedman, Ström, Stünkels, & Mörtberg, 2013). The CEI-GV participants discovered their humanity by simply feeling alive and being re-grounded in themselves. One participant shared, “Deep breathing reminds me of my heartbeat and that I am a living being.” He also said, “Through this [group experience], I started to see where I fit in in relationships. I discovered my voice.” Another participant stated that she learned a lot about herself in the group. Another member shared that she pays more attention to her thoughts about herself and others, and consequently, she is kinder to herself. These examples exemplify how regulating social anxiety fostered personal freedom and comfort with personal
identity for participants. The results of this study suggested the participants became more congruent with their personalities and values and less likely to feel shame about themselves. As one participant stated, “[CEI-GV] changed the way I view myself, for the better.” Table 4.2 presents the Emotion Regulation theme and verbatim quotes from participant data supporting these findings.

Table 4.2

**Themes and Vignettes for Emotion Regulation**

<table>
<thead>
<tr>
<th>Subtheme</th>
<th>Vignettes</th>
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<tbody>
<tr>
<td>Avoidance and awareness: Recognition of one’s resistance to emotional experiences.</td>
<td>I keep a lot of things in and generalize them. Instead of burying it like I usually do. It [CEI Trigger Processing Chart] shows me my insides, the ones I do not want to face, the emotions I don’t want to feel. Didn’t realize how uptight I felt before doing this exercise. It’s something I can take with me everywhere. It helped me slow my breathing. It helped me notice how fast my breathing was.</td>
</tr>
<tr>
<td>Approaching, feeling, and being vulnerable: Consciously deciding to move toward an emotion, allowing oneself to feel emotion in the body and awareness, and sharing the emotional experience with oneself and others.</td>
<td>I think it’s good for me to specify what I am actually feeling and process it. I am letting myself feel my emotions and seek them in a healthy way. I feel a burden has been lifted off! Learning to feel comfortable while being vulnerable. I need to process and feel them [feelings] so I can slowly become emotionally happier and healthier. I need to process them [emotions] more and be kinder to myself. Actually, confronting them and feeling them instead of letting them build up inside my soul and put up walls.</td>
</tr>
<tr>
<td>Freedom and identity: The absence of acute distress, being oneself without hinderance, and the characteristics, qualities, and values held by an individual.</td>
<td>I have more freedom to just be myself than I ever have. I even walked on the bus first when I was with my friends, which felt good. Grateful to have a new visual of how I often feel and who I truly am. Deep breathing reminds me of my heartbeat and that I am a living being. I discovered my voice. I found my place in relationships. …I was free. …it [CEI Trigger Processing Chart] just shows me who I am and how I need to grow. …it’s changed the way I view myself, for the better. I now know that I don’t have to always live like this. …there is freedom in knowledge. I feel a sense of freedom when I walk about, and I hold my head up high. I am free to go out and talk to new people.</td>
</tr>
</tbody>
</table>
Theme two: Helpful. Several aspects of CEI-GV were helpful for the participants, including the psychoeducation, deep breathing, safe place, safe place with art, the CEI Trigger Processing Chart, the CEI, practice, group process, and faith support. In this context, the term helpful refers to the effectiveness of a group component and its ability to facilitate psychological and emotional growth in an individual. All eight participants reported that CEI-GV for social anxiety was helpful. The subthemes explain what was specifically helpful for them.

Subtheme one: Psychoeducation. Psychoeducation made a significant impact on the participants. Psychoeducation refers to psychological teaching about the human psyche or experience. The psychoeducation portion of CEI-GV included: instruction about (a) social anxiety activation, social anxiety regulation as a skill, and regulating social anxiety with anchoring tools; (b) regulating social anxiety with exposure tools and understanding core beliefs; (c) regulating social anxiety with creativity; (d) regulating social anxiety with mindfulness, self-compassion, and realistic perspectives; (e) becoming an expert at regulating social anxiety through diligent practice over time; and (f) developing a maintenance plan. Overall, participants stated that the psychoeducation provided them with understanding and insight about social anxiety, which helped normalize their experiences.

One participant stated, “I think learning more about [social] anxiety is essential for me.” Several participants’ comments resonated with hers. For example, one participant wrote, “It really opened my eyes to what I am feeling.” Another participant stated, “The psychoeducation helped the rational side of me. Like yes, this [psychoeducation] makes sense. So now what? How? And we are learning about that. This [psychoeducation] was very practical.” Someone else said, “[It] helped clarify some things we’ve talked about,” and “it helped me define and
understand better what’s happening when I’m very critical and hard on myself, and how that’s connected to something I’m responding to.”

Three participants specifically reflected on the mind/body connection as shown in the following two quotes: “I never realized how related and intertwined breathing and [social] anxiety is“ and “It [psychoeducation] helped explain a lot of things going on in my body. It helped me understand what my body and mind are doing when I react to social situations.”

Another participant shared:

Hearing about how my brain is just always in a fight response is comforting. I think understanding it helps you know how to calm it down, and it’s hard to know how to soothe the anxiety if you don’t understand why you are anxious. . . . It was surprising to me how much it helps your mind when you relax your body. I realized how often my feelings or thoughts from past mistakes or future worry dictate my bodily sensations.

The insight gained from recognizing the interaction between the mind and body helped participants become more aware, and it gave them courage to face social anxiety. These findings show that members appreciated and found the psychoeducation portions of CEI-GV helpful for both understanding and regulating social anxiety. The psychoeducation portion taught members research-based (a) information that enabled them to understand and normalize social anxiety and (b) tools to modify their uncomfortable bio-psycho-social-cultural and spiritual symptoms.

**Subtheme two: Deep breathing.** Deep breathing is one of the anchoring skills taught in session one of the CEI-GV. It entails taking slow, full, deep breaths into the lungs and abdomen followed by slowly exhaling. Deep breathing promotes a felt sense of safety by activating the parasympathetic nervous system to stabilize the autonomic nervous system (Kim et al., 2015). The ability to relax and find peace inside is critical to applying the rest of the CEI-GV tools.
The participants were asked to track how often they practiced CEI-GV tools between sessions. Interestingly, while the anchoring exercises were used more frequently since they were introduced during the first week and practiced throughout the six weeks, the participants practiced deep breathing an average of 11.25 times between sessions compared to the other anchoring exercises (systematic relaxation, safe place, and safe place with art), which averaged 4.79 combined. Participants may have used the deep breathing exercises more frequently between sessions because, as one participant stated, ”It’s something I can take with me everywhere.”

Participant responses reflected that they found the deep breathing component relaxing and enjoyable. This anchoring tool helped them find relief and calm their bodies, as seen in the following quote from one participant: “I really enjoyed this [deep breathing] as it helped me calm my nerves and be at rest—even if it [were] for a little while. It was very calming.” Likewise, another participant stated, “It helped me calm down some and relax a little bit.” Someone else shared, “It helped me slow my breathing. It helped me notice how fast my breathing was.” Overall, participants reported that deep breathing was an effective and practical strategy for regulating social anxiety in that they were able to use it to calm their minds and bodies during times of acute social anxiety activation.

Subtheme three: Safe place. One of the core anchoring skills in CEI-GV is creating an imaginal safe place. Safe place provides an internal resource of retreat to use when feelings of social anxiety become overwhelming. Creating an imaginal safe place entails visualizing a memory, fantasy, or place wherein one feels safety and security. The safe place may be indoors or outdoors. It could be a place the individual has been before, or it could be completely made
up. The safe place may or may not include safe people who help the group member feel securely attached, or several people who love and accept them as they are.

Participants reported that the imaginal safe place exercise was helpful in that it brought feelings of joy, calm, confidence, happiness, soothing, and peace. This sense of “all fine” enabled them to feel safe in their mind and body and experience relief from social anxiety. For example, one participant reflected, “It brought a smile on my face. It brought loads of joy in that small glimpse of it.” Likewise, another participant shared, “This [safe place] was the most calming thing for me because it was fun.” Still, another participant simply wrote, “Love it!” She continued with, “I pictured myself with two children. . . . I only feel confident just being myself with kids/in a mountainous landscape, watching the sunrise.” She found emotional safety in her personal and experiential safe place. Another participant shared, “This [safe place] was relaxing. I was able to put myself into that place and it made me happy and I felt calm and warm.” Someone else stated, ”Safe place does not address negative thoughts but soothes me.” Another concluded, “[It] helped get my mind off of myself . . . [and become] less self-conscious.”

**Subtheme four: Safe place with art.** The participants expressed that depicting their imaginal safe place with art helped to calm and soothe anxious thoughts, emotions, and bodily sensations. Creating a safe place depiction with art entailed drawing one’s imaginal safe place on paper. Group leaders emphasized throughout CEI-GV that the appearance of the participants’ art did not matter. Instead, it was a means of them connecting with their actual felt experience and personhood.

Overall, participants reported that a sense of peace emerged while they were creating the depiction of their safe place with art. The process of breathing, calming their bodies, imagining a safe place, and depicting the safe place with art (the four anchoring activities) led to a decrease
in anxious thoughts and feelings, which, in turn, allowed them to think clearly enough to explore and modify social anxiety symptoms that were triggered by anticipation of or actual interpersonal events. This conclusion about the helpfulness of the anchoring tools, which are all utilized in the safe place depiction, is seen in the following comments about the safe place depiction made by three different participants: “I loved this [safe place with art]. It was calming and wonderful to see my safe place come to life. It brought fond memories of a day that was peaceful and beautiful, it was filled with joyful and lovely people.” “[It] really gave me a clearer view of my safe place. It was fun and relaxing.” “This [safe place with art] was my favorite thing we did today. There was something freeing about drawing the water and the flowers and bringing my safe space to life. It made it feel real.” “Just holding the crayon felt calming.”

**Subtheme five: CEI Trigger Processing Chart.** The CEI Trigger Processing Chart is a thought record comprising the date and time, disturbing event, feelings, automatic thoughts, Creative Exposure (or other bio-psycho-social-diversity tools used to regulate anxiety), and after-care levels. The participants reported that the CEI Trigger Processing Chart was helpful for processing emotions and unearthing core beliefs. Specifically, they reported that it provided a way to identify thoughts and feelings during situations in which they were socially anxious, to understand the root cause and impact of distressful social experiences, to slow down and face social anxiety, to apply tools to regulate social anxiety, and to track progress.

Overall, participants found it helpful to use the chart because it provided a way to slow down and observe what was happening in an objective way. Group members reported that mindfulness and monitoring, identifying and writing down anxious/disturbing thoughts, feelings, and bodily sensations, using the downward arrow to discover and label the core belief behind the disturbing experience, and applying tools to soothe and regulate the thoughts and emotions in the
process of recording them decreased social anxiety symptoms. One participant acknowledged, “The chart helped me see my progress, which is empowering.” Another participant said, “It helped significantly on how to channel and chart my emotions,” and, “It really helped me in processing my emotions.” Someone else in the group explained, “It helped me realize how much and in what ways that specific event impacted me and showed me how I can calm myself and lessen those feelings.” Another participant expressed, “[It] helped me find out what exactly is the cause of most attacks.” The tool supported awareness. Still another member said, “[It] helped me monitor my thoughts and feelings by stopping to remember a moment of social anxiety.” These statements express how using the CEI Trigger Processing Chart helped participants learn to monitor and modify the distressing thoughts, feelings, and bodily sensations that characterize social anxiety. Participants learned that when they took the time to label triggers, identify feelings and emotions, put words to their fearful thoughts, and respond with compassionate care to themselves—speaking to themselves the way they would to someone else they cared about—levels of social anxiety decreased. It was not always easy, but the more they practiced, the more they found their emotion regulation skills grew.

**Subtheme six: Creative Exposure Intervention (CEI).** The CEI is the culmination of the practiced tools because it incorporates anchoring, exposure, a creative manner to chart thoughts and feelings (thought record), mindfulness, and self-compassion. As with the other CEI-GV skills, the CEI takes time and a commitment to compassionate self-care. When participants made the decision to take the time to explore their social anxiety symptoms, their complex thoughts, emotions, and bodily sensations using the CEI, they found that their social anxiety levels significantly decreased. The CEI entails depicting one’s safe place, visualizing a socially distressful event, imagining a spoke of awareness going out from the safe place to the most
disturbing aspects of the situation, depicting the situation, thoughts, feelings, and core beliefs in the white space around the safe place, and returning to the safe place followed by applying loving-kindness to the situation.

Participant feedback reflected how helpful the CEI was for monitoring and modifying social anxiety for the CEI-GV group members, as seen in this feedback from several different participants: “[It] helped me identify and express things I haven’t expressed before. Helped me put good and bad realities together on the same page. Helped me generate affirming things to tell myself.” “I loved being able to depict not only my safe place, but my unsafe place as well. It really put things into perspective as a visual learner.” “This [CEI] helped me confront my thoughts safely and turn them around.” “Drawing the situations really helps with processing the truth from the lies.”

Overall, participants reported that the CEI was an effective way to creatively chart a distressing situation and its accompanying disturbing thoughts, feelings, and core beliefs. The participants learned to regulate social anxiety by moving toward the distress, applying kindness toward themselves, and returning to their safe place through the CEI process.

Subtheme seven: Practice. As with all skills, practice is a necessary component of mastery and maintenance. In this case, practice refers to the routine engagement of the CEI-GV tools. CEI-GV group leaders emphasize that the skills learned in the group are like any other skills. The more the participants would practice them, the better they would get at monitoring and modifying social anxiety effectively. Overall, participants reported that practicing helped them approach and move through their experiences and recognize the benefits of using the tools. One participant wrote, “I’m getting better, there are still areas where I struggle but practicing deep breathing and safe place help me get through it!” She recognized that it is helpful to
practice the tools in order to grow. Another participant reported, “The more I do them, the more I recognize the benefit of doing them.” Someone else shared,

The more I work on these skills, the more naturally they come. These techniques help me to step out of cloudy emotions and look at my experiences from an outside point of view.

This [review and practice] is helpful to try to soothe my anxious and self-critical thoughts.

The importance of continual practice was repeatedly emphasized throughout the group and as part of the maintenance plan. CEI-GV participants recognized that maintaining gains made during sessions entailed practice between sessions and after the group terminated.

**Subtheme eight: Group process.** Group process has been defined by Yalom & Leszcz, (2005) as “the nature of the relationship between interacting individuals” (p. 143). Best practice guidelines recommend group workers “assist members in generating meaning from the group experience” (Thomas & Pender, 2008, p. 116). In fact, group work provides counselees with emotional support, a shared experience, and mutual understanding (Tartakovsky, 2018), but it is the responsibility of the group worker to facilitate such an environment.

Participants in the CEI-GV reported relatability and a shared experience as gains from the group format and process. Relatability refers to being understood and supported by another person with a similar experience, and a shared experience involves interacting with one another in a group at a specific time and place together. Participants found it very helpful when others understood and related to their experience. Feedback from several different participants corroborates these conclusions: “Discussing briefly with others of what we are going through was peaceful. To relate with others who go through the similar things I do was really eye opening. I really liked the people in our group.” “Some of them [tools] seem so simple, I should have thought of them before, but there is something about doing them in a group, I don’t know
why, but it is helpful.” “I saw monitoring and sharing about my weekly experience with the group was a helpful and necessary element.” These findings suggest that the CEI-GV format and process was an important factor in the participants’ ability to learn to approach and regulate social anxiety.

**Subtheme nine: Faith support.** For this study, faith support is defined as encouragement from one’s cultural-spiritual beliefs and values. The CEI-GV participants organically incorporated their values and faith in the following ways without prompting from the group leader: discussing their personal relationship with God, acknowledging how their faith informs their identity, and relying on God during difficult times. For example, participants openly shared how they felt God was working in them during the group, and some reported shifting to seeing themselves to the way they believed God saw, accepted, and described them. Additionally, participants expressed how the CEI-GV tools encouraged them to trust God more. One participant shared, “It [CEI] soothed me and reminded me to draw closer to God and trust in His unfailing love, mercy, wisdom, and grace. It was a good experience for my heart and soul.” Another member wrote, “I think God is almost showing me the woman He has created me to be. . . that free, happy, joyful, confident woman that only comes out when I am in my safe place.” Likewise, another participant shared,

> Safe place with art, as well as the CEI Trigger Processing Chart, required me to reflect and think about how I see myself and helped me be refreshed through meditation on my identity in Christ. In Him, I am a beloved son.

He also said, “Safe place with art helped me better understand God’s love for me in Christ through visualization and artistic expression.” Moreover, one participant shared, “I had to lean
on God to get me through it [CSCT],” as she found herself being self-critical when engaging in the exercise.

In summary, the following CEI-GV components and experiences helped the participants regulate social anxiety: psychoeducation, deep breathing, safe place, safe place with art, CEI Trigger Processing Chart, CEI, practice, group process, and faith support. Table 4.3 outlines theme two with its subthemes and vignettes.

Table 4.3

<table>
<thead>
<tr>
<th>Subtheme</th>
<th>Vignettes</th>
</tr>
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</table>
| Psychoeducation: The teaching about the human psyche or experience.     | It really opened my eyes to what I am feeling.  
The psychoeducation helped the rational side of me. Like yes, this makes sense. 
Helped clarify some things we’ve talked about.  
It helped me define and understand better what’s happening when I’m very critical and hard on myself, and how that’s connected to something I’m responding to.  
Made me a bit more aware of things that trigger me.  
I think learning more about [social] anxiety is essential for me. It helps me feel like I have control over it instead of it controlling me.  
Useful to be reminded that not all thoughts that come each day are true.  
I never realized how related and intertwined breathing and [social] anxiety is.  
It helped explain a lot of things going on in my body. It helped me understand what my body and mind are doing when I react to social situations.  
Hearing about how my brain is just always in a fight response is comforting. I think understanding it helps you know how to calm it down, and it’s hard to know how to sooth the anxiety if you don’t understand why you are anxious.  
It was surprising to me how much it helps your mind when you relax your body.  
I realized how often my feelings or thoughts from past mistakes or future worry dictate my bodily sensations. |
| Deep Breathing: The practice of taking slow, full deep breaths into the lungs and abdomen followed by slowly exhaling. | I really enjoyed this as it helped me calm my nerves and be at rest – even if it [were] for a little while. It was very calming.  
It helped me calm down some and relax a little bit.  
Didn’t realize how uptight I felt before doing this exercise.  
It’s something I can take with me everywhere.  
It helped me slow my breathing. It helped me notice how fast my breathing was. |
| Safe Place: The application of visualizing a memory, fantasy, or place to create a felt sense of safety and security. | It brought a smile on my face. It brought loads of joy in that small glimpse of it.  
This was the most calming thing for me, because it was fun.  
Love it!  
This was relaxing. I was able to put myself into that place and it made me happy and I felt calm and warm.  
Safe place does not address negative thoughts but soothes me.  
Helped get my mind off of myself...less self-conscious. |
<table>
<thead>
<tr>
<th>Safe Place with Art: The exercise of drawing one’s imaginal safe place.</th>
<th>I loved this. It was calming and wonderful to see my safe place come to life. Really gave me a clearer view of my safe place. It was fun and relaxing. This was my favorite thing… It made it [safe place] feel real. Just holding the crayon felt calming.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEI Trigger Processing Chart: A thought record comprised of the date and time, disturbing event, feelings, automatic thoughts, Creative Exposure (or other tools), and after-care levels.</td>
<td>It helped significantly on how to channel and chart my emotions. It really helped me in processing my emotions. It helped me realize how much and in what ways that specific event impacts me and showed me how I can calm myself and lessen those feelings. Helped me find out what exactly is the cause of most attacks. The chart helped me see my process… Helped me monitor my thoughts and feelings by stopping to remember a moment of social anxiety.</td>
</tr>
<tr>
<td>Creative Exposure Intervention: An intervention that involves depicting safe place, visualizing and depicting the situation, thoughts, feelings, and core beliefs, and returning to the safe place and applying loving-kindness to the situation.</td>
<td>Helped me identify and express things I haven’t expressed before. Helped me put good and bad realities together on the same page. Helped me generate affirming things to tell myself. I loved being able to depict not only my safe place, but my unsafe place as well. It really put things into perspective as a visual learner. This helped me confront my thoughts safely and turn them around. Drawing the situations really helps with processing the truth from the lies. Comforting to be reminded that I am greatly loved and that I need to show myself more kindness. I learned a lot about myself today while I was getting lost in the art.</td>
</tr>
<tr>
<td>Practice: The routine engagement of CEI-GV tools.</td>
<td>Practicing with deep breathing and safe place helps me get through it! The more I do them, the more I recognize the benefit of doing them. The more I work on these skills, the more naturally they come.</td>
</tr>
<tr>
<td>Group process: The nature of the relationship between interacting individuals.</td>
<td>Discussing briefly with others of what we are going through was peaceful. To relate with others who go through the similar things I do was really eye opening. I really liked the people in our group. Some of them [tools] seem so simple, I should have thought of them before, but there is something about doing them in a group, I don’t know why, but it is helpful. I saw monitoring and sharing about my weekly experience with the group was a helpful and necessary element.</td>
</tr>
<tr>
<td>Faith support: Encouragement from one’s cultural-spiritual beliefs and values.</td>
<td>It [CEI] soothed me and reminded me to draw closer to God and trust in His unfailing love, mercy, wisdom, and grace. It was a good experience for my heart and soul. I think God is almost showing me the woman He has created me to be… that free, happy, joyful, confident woman that only comes out when I am in my safe place. Helped me be refreshed through meditation on my identity in Christ. In Him, I am a beloved son. Safe place with art helped me better understand God’s love for me in Christ through visualization and artistic expression. I am grateful to God for it [group]! Actually, trusting what God says about me is true! Rather trust in God and practice the exercises. I had to lean on God to get me through it [CSCT]. Being trained to go to my safe place in God for peace when distress comes to me.</td>
</tr>
</tbody>
</table>

**Theme three: Difficult.** Most of the tools were helpful for the participants; however, there were a few areas they found difficult, including systematic relaxation, the CSCT, and facing their self-criticism. In this context, *difficult* refers to the emotional challenges participants experienced while attempting to engage in a CEI-GV task, which was reported by the six women
in the group. The subthemes of systematic relaxation, CSCT, and self-criticism were specifically difficult for the participants.

**Subtheme one: Systematic relaxation.** Systematic relaxation is intentionally softening each part of the body from head to toe. The practice was introduced as an anchoring tool during the first session. For some, systematic relaxation was difficult in that it caused them to feel uncomfortable. For instance, one participant said, “I absolutely hated this exercise. . . . It honestly made me really antsy and nervous.” Another participant shared that it was “hard to focus,” and another expressed, “This [systematic relaxation] was rather difficult for me.” She also said, “It was hard to relax them [arms, shoulders, and hands] and keep them relaxed.” One participant explained why it was so difficult for her. She wrote, “I think it was hard for me because my natural go to is to have most things perfect on the first try and it was hard to release tension in some areas.” Although the purpose of systematic relaxation was to provide anchoring by systematically relaxing the body, part by part, many of the participants had a negative, dysregulating experience while practicing it.

**Subtheme two: Creative Self-Compassion Tool (CSCT).** The CSCT, introduced in week four, is an intervention, like the CEI, that starts and ends with safe place and depicts a socially anxious situation, but the CSCT specifically aims to recognize and address the critical, bullying inner voice through self-compassion. Some of the participants found the CSCT difficult because of harsh inner dialogue, challenges in believing kinder words, and difficulty regulating feelings through the exercise. One participant shared, “It was a struggle at first as I am very critical of myself.” She continued, “This exercise stretched me.” Another participant echoed this sentiment by stating, “This [CSCT] was hard for me. . . . I honestly don’t know how to believe the kind words. It is still a process.” The participants found they were inwardly harsh toward
themselves. Interestingly, CEI, introduced the session before CSCT, also included self-compassion (i.e., it encourages participants to speak compassionate words to themselves, as if they were speaking to a child or a dearly loved friend), but participants did not report it was challenging in that context. However, some did find engaging in self-compassion challenging with the CSCT. One participant said, “This [CSCT] was extremely challenging for me. I found it difficult to find ways to fight those thoughts I was feeling. Even the things I know aren’t true feel so true when I’m triggered.” Perhaps the participants were not prepared to more fully take on their “critical, bully” voices. Sadly, another participant shared, “I left feeling worse than when I came.” These difficulties, according to the participants, were related to the presence of a critical, shaming internal voice.

**Subtheme three: Self-criticism.** For this study, *self-criticism* refers to the negative, harsh self-talk that emotionally attacks the self. Participants found that developing compassionate and kind internal dialogue was challenging. It was hard for them to respond to the harsh, shaming, critical “voice” that was continually “talking at them” from within. The following statements provide examples of what the participants shared in the debriefing questionnaires: “It is very hard for me to be nice to myself.” “I really struggle with criticism, even if it is positive, constructive criticism.” “I am so used to not being nice to myself.” “I do not know how to speak kindly to myself because frankly I’m in the wrong and I don’t deserve to lie to myself.” Through the process of participating in the CEI-GV, members discovered that at the root of their social anxiety was a critical, internal bullying “voice.” They found it scary and difficult to combat this voice that seemed to reflect “the truth,” that they were unworthy of love and deserving to be shamed. Table 4.4 summarizes theme three with its subthemes.
Table 4.4

Themes and Vignettes for Difficult

<table>
<thead>
<tr>
<th>Subtheme</th>
<th>Vignettes</th>
</tr>
</thead>
</table>
| Systematic relaxation: The practice of intentionally softening each part of the body from head to toe. | I absolutely hated this exercise…it honestly made me really antsy and nervous.  
This was rather difficult for me.  
I think it was hard.  
This was hard for me.  
Hard to focus.  
It was hard to relax them [arms, shoulders, and hands] and keep them relaxed.  |
| Creative Self-Compassion Tool: A tool like CEI that recognizes and addresses the internal critical, bully voice by applying self-compassion. | It was a struggle at first as I am very critical of myself.  
This was hard for me.  
This was extremely challenging for me. I found it difficult to find ways to fight those thoughts I was feeling.  
I left feeling worse than when I came.  
This exercise stretched me.  
This was extremely challenging for me. I found it difficult to find ways to fight those thoughts I was feeling. Even the things I know aren’t true feel so true when I’m triggered. |
| Self-criticism: The negative, harsh self-talk that emotionally attacks oneself. | It is very hard for me to be nice to myself.  
I am so used to not being nice to myself. I honestly don’t know how to believe the kind words.  
I do not know how to speak kindly to myself because frankly I’m in the wrong and I don’t deserve to lie to myself.  
My natural go to is to have most things perfect on the first try.  
I’m not good at that [processing emotions].  
I really struggle with criticism, even if it is positive, constructive criticism.  |

To summarize, research question one explored the impact the CEI-GV components had on the group participants. Findings related to research question one reveal that the components facilitated emotion regulation and were mostly helpful, although systematic relaxation, CSCT, and facing self-criticism were difficult for the participants.

Research Question Two

The second research question explored changes the participants perceived in their physical sensations/feelings, thoughts and emotions, and social behavior and experience as a result of attending CEI-GV for social anxiety. First, all the participants reported changes in physical sensations/feelings. Individuals with social anxiety experience blushing, excessive sweating, and/or an increased heartrate (Clark & Wells, 1995). To determine if the CEI-GV was
effective in regulating these symptoms, the data were analyzed for participant responses reflecting a willingness to observe and approach the physical sensations, less distress associated with feeling the symptoms, and an overall decrease in symptoms. Participants in this study reported that as a result of CEI-GV, they experienced relaxation, less tension, and more awareness of and control over physical sensations. As a result of attending the group, the participants recognized their bodily sensations and felt better after using the tools. One participant stated that when she takes the time to use the CEI-GV tools, she feels “calmer, a little less tense.” She also expressed, “I pay more attention to my physical sensations and respond better to them.” Another participant shared, “When I notice the physical tension, . . . I am able to calm it down.” Likewise, another participant acknowledged that he is “more aware of [his] sensations and feelings” as a result of attending CEI-GV. According to the participants, the CEI-GV tools enabled them to become aware of and control the bodily sensations that accompany triggered social anxiety.

Next, all eight of the participants reported changes in their thoughts and emotions. Characteristic thoughts and emotions that accompany social anxiety are critical, self-denigrating, and judgmental thoughts and fear, guilt, and shame (Dannahy & Stopa, 2007). CEI-GV participants reported that through CEI-GV, they developed the awareness, skill, control, and objectivity needed to monitor and modify painful social anxiety thoughts and emotions. The tools helped them acknowledge and counter negative thoughts and emotions. One participant shared that she has “been able to take a minute to understand [her] feelings,” and that “this process has helped [her] write out those thoughts and combat them with positive ones.” She said, “I guess I would say, it is not just combating with positive thoughts, it’s fighting them with the truth.” Others said: “I am able to identify negative, critical thoughts more easily.” “I am able to
notice negative thoughts and identify them as negative.” “I pay more attention to my thoughts about myself and others, and I’m kinder to myself. I’m becoming a little more aware of my emotions and reactions.” “I am able to look at the situations more objectively and nurture myself.” One of the participants reported, “I cannot control the thoughts that pop into my head, but I can control how I combat them.” She also shared, “I have been able to notice where the root thought comes from and soothe it with truth. I definitely feel as though I have more control over my thoughts. My thoughts are not controlling me.” These examples demonstrate how the participants learned skills to monitor and modify debilitating thoughts and emotions activated by social anxiety triggers.

Finally, all the participants reported that their social behavior and experience changed as a result of participating in CEI-GV. Persons who are socially anxious avoid social situations and the associated emotions (Lange et al., 2014). CEI-GV participants reported having more control and comfortability in social situations, including confronting avoidance, resisting maladaptive behaviors, and engaging in CEI-GV tools to regulate social anxiety when it arose. As a result of attending the group, participants faced situations they would have normally avoided or ignored. One participant shared, “I was just on the phone with my friend and I had said something negative about myself, then I stopped myself and said no.” Not only did she recognize what she was doing, she was able to stop herself from the maladaptive behavior of avoidance. Instead, she recognized her negative thought and addressed it in the moment by saying no. Also, she shared that her family noticed her taking the initiative to calm herself. She clearly integrated the components of CEI-GV into her overall experience. Similarly, another participant remarked,
I feel more comfortable than I did around people and in group. I feel I can better manage social anxiety when it comes up. I’m more willing to try things when I have tools to be able to calm myself.

She, too, demonstrated an ability of more in control and comfortable with social situations.

To summarize, research question two explored perceived changes in participants’ physical sensations/feelings, thoughts and emotions, and social behavior and experience as a result of attending CEI-GV for social anxiety. Findings related to research question two are that the participants experienced less tension, more awareness of and more control over their physical sensations/feelings; more skill, control, and objectivity in their thoughts and emotions; and more control and comfortability in their social behaviors and experiences. Table 4.5 summarizes the participants’ perceived changes in physical sensations/feelings, thoughts and emotions, and social behavior and experience.

Table 4.5

Themes and Vignettes for Changes

<table>
<thead>
<tr>
<th>Subtheme</th>
<th>Vignettes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical sensations/feelings:</td>
<td>I haven’t been having as many panic attacks.</td>
</tr>
<tr>
<td>Less tense, more aware, and</td>
<td>I still get a little shaky and shortness of breath when panicked, but</td>
</tr>
<tr>
<td>having more control</td>
<td>it doesn’t consume me.</td>
</tr>
<tr>
<td></td>
<td>Calmer, a little less tense. I pay more attention to my physical</td>
</tr>
<tr>
<td></td>
<td>sensations and respond better to them.</td>
</tr>
<tr>
<td></td>
<td>I have more control over my physical sensations and ability to calming</td>
</tr>
<tr>
<td></td>
<td>myself.</td>
</tr>
<tr>
<td></td>
<td>I’m not as scared of becoming tense and immobile.</td>
</tr>
<tr>
<td></td>
<td>Relaxed.</td>
</tr>
<tr>
<td></td>
<td>I’m able to combat them [panic attacks] like a boss.</td>
</tr>
<tr>
<td></td>
<td>I have shorter panic attacks with less shaking than I usually do.</td>
</tr>
<tr>
<td></td>
<td>I am no longer nauseous every day.</td>
</tr>
<tr>
<td></td>
<td>I don’t really notice any palm sweat any more.</td>
</tr>
<tr>
<td></td>
<td>And when I notice the physical tension, I notice a lot, I am able to</td>
</tr>
<tr>
<td></td>
<td>calm it down.</td>
</tr>
<tr>
<td></td>
<td>More aware of my sensations and feelings.</td>
</tr>
<tr>
<td></td>
<td>Much more soothed and aware of how my thinking affects my whole being.</td>
</tr>
<tr>
<td></td>
<td>I have noticed reduced facial tension among friends and social situations.</td>
</tr>
</tbody>
</table>

Thoughts and emotions: More skill, control, and objectivity

I have been able to take a minute to understand my feelings. This process has helped me write out those thoughts and combat them with positive ones. It is not just combating with positive thoughts, it’s fighting them with the truth. I pay more attention to my thoughts about myself and others, and I’m kinder to myself. I’m becoming a little more aware of my emotions and reactions. I am able to identify negative, critical thoughts more easily. Peace, security.

I realize that many of the times I have attacks, they are about things I had no control over and that no one thinks is a really big deal. I cannot control the thoughts that pop into my head, but I can control how I combat them. When I am experiencing my anxiety, I think of my friend and what she would say to me. Just thinking about that helps, me calm down. These techniques help me to step out of cloudy emotions and look at my experiences from an outside point of view.

I am able to look at the situations more objectively and nurture myself. I have been able to notice where the root thought comes from and soothe it with truth. I definitely feel as though I have more control over my thoughts. My thoughts are not controlling me.

I am able to notice negative thoughts and identify them as negative. I have also started being nicer to myself and silencing the inner bully.

Social behavior and experience: More control and comfortability

I was just on the phone with my friend and I had said something negative about myself, then I stopped myself and said no. My family has really noticed me taking the initiative to do that [calmly express feelings]. I have gotten more brave . . . I am not as afraid because now I have the tools to fight back. I’m not as scared to be around people. Sometimes, I actually want to be with people.

I feel more comfortable than I did around people and in group. I feel I can better manage social anxiety when it comes up. I’m more willing to try things when I have tools to be able to calm myself. I’m ready to go out again.

I am not afraid to go out and be with people anymore.

I went out three times in one weekend.

Clearer purpose and greater clarity and joy in relationships.

I have become more comfortable socially.

I am definitely more calm socially and when presenting.

I’ve found more conversations and experiences to be positive.

Research Question Three

The third and final research question examined the statistical effectiveness of CEI-GV on social anxiety severity for the group participants. To test the hypothesis of a significant score reduction of social anxiety severity on the SPIN from pretest to posttest, a paired t test was executed. The correlation between the pretest and posttest was estimated at \( r = .380, p = .001 \), suggesting the appropriateness for a paired t test. The null hypothesis that CEI-GV would not demonstrate effectiveness was rejected, \( t(7) = 5.360, p = .001 \). Thus, the posttest mean was statistically significantly lower than the pretest mean. Cohen’s \( d \) was estimated at 1.922, which
is a very large effect size. Table 4.6 displays the data obtained from the SPIN. Table 4.7 provides a key for SPIN. Data are also provided for the subscales although not explored in this study.

Table 4.6

Social Phobia Inventory (SPIN) Pretest-Posttest (N = 8)

<table>
<thead>
<tr>
<th>Scale/Subscales</th>
<th>Pretest (M)</th>
<th>Posttest (M)</th>
<th>Difference (M)</th>
<th>SD</th>
<th>CORR</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPIN</td>
<td>44.2500</td>
<td>25.1250</td>
<td>19.1250</td>
<td>10.09155</td>
<td>.380</td>
<td>5.360</td>
<td>.001</td>
</tr>
<tr>
<td>Fear</td>
<td>17.0000</td>
<td>10.3750</td>
<td>6.6250</td>
<td>3.70087</td>
<td>.501</td>
<td>5.063</td>
<td>.001</td>
</tr>
<tr>
<td>Avoidance</td>
<td>18.8750</td>
<td>10.3750</td>
<td>8.50000</td>
<td>4.50397</td>
<td>.364</td>
<td>5.338</td>
<td>.001</td>
</tr>
<tr>
<td>Physical Symptoms</td>
<td>8.3750</td>
<td>4.3750</td>
<td>4.00000</td>
<td>2.72554</td>
<td>.593</td>
<td>4.151</td>
<td>.004</td>
</tr>
</tbody>
</table>

Table 4.7

Interpretation Table for the Social Phobia Inventory (SPIN)

<table>
<thead>
<tr>
<th>Scale/Subscale</th>
<th>Range</th>
<th>Severity/Distress Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social anxiety severity</td>
<td>0-10</td>
<td>Absence of symptoms</td>
</tr>
<tr>
<td></td>
<td>11-20</td>
<td>Borderline or very mild social anxiety</td>
</tr>
<tr>
<td></td>
<td>21-30</td>
<td>Mild social anxiety</td>
</tr>
<tr>
<td></td>
<td>31-40</td>
<td>Moderate social anxiety</td>
</tr>
<tr>
<td></td>
<td>41-50</td>
<td>Severe social anxiety</td>
</tr>
<tr>
<td></td>
<td>51+</td>
<td>Very severe social anxiety</td>
</tr>
<tr>
<td>Fear</td>
<td>0-6</td>
<td>Little bothersome</td>
</tr>
<tr>
<td></td>
<td>7-12</td>
<td>Somewhat</td>
</tr>
<tr>
<td></td>
<td>13-18</td>
<td>Very much</td>
</tr>
<tr>
<td></td>
<td>19-24</td>
<td>Extremely</td>
</tr>
<tr>
<td>Avoidance</td>
<td>0-7</td>
<td>Little</td>
</tr>
<tr>
<td></td>
<td>8-14</td>
<td>Somewhat</td>
</tr>
<tr>
<td></td>
<td>15-21</td>
<td>Very much</td>
</tr>
<tr>
<td></td>
<td>22-28</td>
<td>Extremely</td>
</tr>
<tr>
<td>Physical symptoms</td>
<td>0-4</td>
<td>Little</td>
</tr>
<tr>
<td></td>
<td>5-8</td>
<td>Somewhat</td>
</tr>
<tr>
<td></td>
<td>9-12</td>
<td>Very much</td>
</tr>
<tr>
<td></td>
<td>13-16</td>
<td>Extremely</td>
</tr>
</tbody>
</table>

Additionally, descriptive statistics were obtained from data gathered from the Group Counseling Evaluations but not for the purpose of addressing a research question in the present study. These data were obtained as required by the CEI-GV treatment manual. The data provide statistics regarding the self-reported helpfulness of the components in decreasing participant social anxiety. Data indicate that the participants experienced the components of CEI-GV as
helpful except for systematic relaxation and the CEI-GV Trigger Processing Chart, showing means between “neither agree nor disagree” and “agree.” Data signify that the participants found deep breathing most helpful, which is consistent with the qualitative data analysis. Table 4.8 presents the descriptive statistics for the Group Counseling Evaluations.

Table 4.8

<table>
<thead>
<tr>
<th>Component</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychoeducation</td>
<td>4.625</td>
<td>0.74402800</td>
</tr>
<tr>
<td>Deep breathing</td>
<td>4.857</td>
<td>0.37796473</td>
</tr>
<tr>
<td>Systematic relaxation</td>
<td>3.875</td>
<td>0.991031209</td>
</tr>
<tr>
<td>Safe place and safe place with art</td>
<td>4.250</td>
<td>0.886405260</td>
</tr>
<tr>
<td>CEI-GV Trigger Processing Chart</td>
<td>3.625</td>
<td>0.916125381</td>
</tr>
<tr>
<td>Creative Exposure Intervention</td>
<td>4.375</td>
<td>1.060660172</td>
</tr>
<tr>
<td>Creative Self-Compassion Tool</td>
<td>4.125</td>
<td>0.83452960</td>
</tr>
<tr>
<td>Group experience</td>
<td>4.625</td>
<td>0.517549170</td>
</tr>
</tbody>
</table>

**Chapter Summary**

A sample of eight college students participated and completed CEI-GV for social anxiety. Three themes emerged from an analysis of the weekly debriefing questionnaires regarding the impacts the CEI-GV components had on the participants. These themes include emotion regulation, helpful components, and difficult components. The participants indicated that prior to the group, they were avoidant and lacked awareness about their social anxiety. As the group proceeded, however, the participants began to approach, feel, and be vulnerable about their emotions. Consequently, they experienced freedom and identity. Also, several components of CEI-GV helped reduce social anxiety. These included the psychoeducation, deep breathing, safe place, safe place with art, the CEI Trigger Processing Chart, CEI, practice, group process, and faith support; nevertheless, systematic relaxation, the CSCT, and self-criticism were difficult components for them. The participants perceived several changes in their physical sensations/feelings, thoughts and emotions, and social behavior and experience as a result of
attending CEI-GV for social anxiety. These consist of feeling less tense, more aware of and having more control over physical sensations/feelings; more skill, control, and objectivity with thoughts and emotions; and more control and comfortability in social situations. The hypothesis of a significant score reduction of social anxiety severity on the SPIN from pretest to posttest was supported. In the next chapter, I discuss these findings, as well as limitations of the research, implications for the counseling field, and recommendations for future studies.
CHAPTER FIVE: SUMMARY, CONCLUSIONS, & RECOMMENDATIONS

The need for mental health services on college campuses grows exponentially each year (Xiao et al., 2017). Studies indicate that anxiety, including social anxiety, is the leading mental health problem among college students today (LeViness et al., 2017), and that group counseling is the gold standard for treating social anxiety (Denton et al., 2017). The present study targeted this need by replicating the initial CEI-GV study (Sosin et al., 2019) with social anxiety. A mixed methods approach was used to explore the impact the CEI-GV components had on participants and their perceived changes in physical sensations/feelings, thoughts and emotions, and social behavior and experience as a result of attending CEI-GV for social anxiety. The statistical effectiveness of CEI-GV on participant social anxiety severity was also examined.

Results of the study indicated that the participants moved from avoiding their socially anxious experiences to learning how to regulate them through the CEI-GV components. They described experiencing several changes as a result of attending the group. These include less physical tension, more awareness of their feelings and physical sensations, more control over their sensations, more skill and control in managing their thoughts and emotions, more objectivity in their thoughts and emotions, and more control and with social behavior and experience. While most of the tools were helpful, a few components were challenging, including systematic relaxation, CSCT, and self-criticism, a common experience for those with social anxiety. Moreover, the statistical analysis of CEI-GV on participant social anxiety severity suggested that the group was an effective intervention for treating and regulating social anxiety with college students. This chapter offers a discussion of these findings, implications for social
change, recommendations for action, limitations of the study, and recommendations for further study.

**Interpretation of the Findings**

Data for this study were collected through the weekly debriefing questionnaires, Group Counseling Evaluations, and the SPIN. The following research questions guided the study:

**RQ1:** What impact did the CEI-GV components have on the group participants?

**RQ2:** What changes did the participants perceive in their physical sensations/feelings, thoughts and emotions, and social behavior and experience as a result of attending CEI-GV for social anxiety?

**RQ3:** How effective was CEI-GV in improving social anxiety severity for the group participants?

I applied Moustakas’s analysis methods to the weekly debriefing questionnaires and Group Counseling Evaluations to answer the first two research questions. A paired $t$ test was executed to examine the pretest/posttest SPIN scores for the third question. The following sections outline the analysis of the findings.

**Research Question One**

The first research question explored the impact the CEI-GV components had on the group participants. Utilizing Moustakas’s (1994) analysis methods to answer this research question, I discovered three themes: emotion regulation, helpful, and difficult. A discussion of each theme is presented in the following sections.

**Emotion regulation.** Emotion regulation “refers to efforts made to influence the particular emotions one has, when one has them, and how these emotions are (or, in some cases, are not) experienced and/or expressed” (Gross, 1998, as cited in Jazaieri, Morrison, Goldin, &
Gross, 2015, para. 532). Mood disorders have been conceptualized as a result of emotional and experiential avoidance or emotional dysregulation (Barlow et al., 2011). It was evident that the participants in this study avoided their physical sensations/feelings, thoughts and emotions, and social behaviors and experiences prior to participating in CEI-GV for social anxiety. For example, one participant noted that she kept “a lot of things in” before the study. During the initial weeks of the group, however, she became aware of her avoidance and began allowing herself to approach social situations, feel her social anxiety, and be vulnerable with others in the group. Several group members expressed similar sentiments. Subsequently, they experienced freedom and a renewed sense of self or identity; as one participant expressed, “I have more freedom to just be myself than I ever have.”

By allowing themselves to approach, feel, and be vulnerable, the participants learned to regulate their socially anxious thoughts, feelings, and behaviors. Research indicates that individuals with SAD have more difficulty regulating emotions as compared to healthy controls (Helbig-Lang, Rusch, & Lincoln, 2015), but findings are mixed whether individuals with SAD engage in avoidant emotion regulation (e.g., suppression and experiential avoidance) or engagement emotion regulation (e.g., cognitive reappraisal). For instance, Blalock, Kashdan, and Farmer (2016), Goldin, Jazaieri, and Gross (2014), and Kashdan and Steger (2006) found individuals with SAD utilize suppression and experiential avoidance more frequently than cognitive reappraisal, while Helbig-Lang et al. (2015) showed no difference between those with SAD and healthy controls. The current study indicated that the individuals engaged in avoidant emotion regulation prior to the group and engagement emotion regulation strategies as a result of attending the group. Interestingly, Farmer and Kashdan (2012) shared that individuals with higher social anxiety used avoidant emotion regulation, while those with lower levels of social
anxiety practiced engagement emotion regulation. The present study found that all of the participants, regardless of social anxiety severity, engaged in avoidant emotion regulation prior to treatment. However, after they started engaging in the CEI-GV, they began to experience freedom and a renewed sense of self.

**Helpful.** The word *helpful* refers to the effectiveness of a group component and its ability to facilitate psychological and emotional growth in an individual. This study found that psychoeducation, deep breathing, safe place, safe place with art, the CEI Trigger Processing Chart, and CEI were all helpful components of CEI-GV for the participants. Several members expressed that the anchoring skills, particularly deep breathing, were most helpful because they were able to practice them during acute moments of social anxiety. For example, one participant wrote, “It helped me calm down some and relax a little bit.” Another participant shared, “I didn’t realize how uptight I felt before doing this exercise.” The other participants shared similar statements. The quantitative data obtained from the Group Counseling Evaluations confirmed this appraisal. For instance, when asked to rate the statement, “The breathing exercises I learned in the group are helpful for decreasing social anxiety,” the mean score was 4.857, with 1 indicating strongly disagree and 5 strongly agree. Participants rated deep breathing the most helpful tool learned in CEI-GV for social anxiety. Additionally, they reported practicing deep breathing outside of group sessions more often than the other tools ($M = 11.25$), suggesting its helpfulness and usefulness.

The goal for engaging the participants in the anchoring exercises was to produce a grounded, present-moment experience whereby participants could down-regulate the autonomic nervous system. Participants reported that calming their bodies helped them get a better grip on social anxiety, which is consistent with literature surrounding emotion regulation: soothing
limbic system arousal and engaging the prefrontal cortex (Goldin & Gross, 2010; Jerath et al., 2012). For instance, when the limbic system is soothed through anchoring exercises as described in CEI-GV, an individual is able to access the prefrontal cortex to think more rationally about a situation. This internal interaction produces a relaxed body and mind needed to regulate social anxiety (Liou, Tu, Lin, & Yeh, 2014).

For many of the participants, this group was the first place they were able to adequately regulate social anxiety in the present moment. As the group leader and researcher, I witnessed their bodies soften as they practiced the deep breathing and other anchoring exercises. Breathing meditations have been found to decrease amygdala reactivity in patients with SAD (Goldin & Gross, 2010), and, consequently, create a relaxed state. Slow breathing exercises, in particular, can alter negative emotions like social anxiety, as the parasympathetic nervous system is activated through slowly exhaling (Jerath et al., 2015). The results in the present study support this data.

Group process, defined as “the nature of the relationship between interacting individuals” (Yalom & Leszcz, 2005, p. 143), was another meaningful component of CEI-GV. Group process was observed as participants shared with one another about their social anxiety. One participant shared, “I saw monitoring and sharing about my weekly experience with the group was a helpful and necessary element.” At the onset of the group, most group members were uncomfortable about being in the group, but as the group continued and they learned and practiced the CEI-GV tools, they became more comfortable and open with one another. This openness is evidence that they trusted one another, which was the result of group process (Gladding, 1992). As the group leader, I facilitated group process by encouraging participants to be open with one another at the onset of each session and by asking them to respond when others
shared. Research indicates that group cohesion is strengthened when group members engage in self-disclosure (Tschuschke & Dies, 1997), but group progress is hindered when self-disclosure is limited (Doxsee & Kivlighan, 1994). The findings in this study suggested that group process was helpful for the members.

Additionally, the data in this study indicated that members leaned on their religious/spiritual faith for emotional support. Although faith-based/spiritual practices and doctrine were not explicitly integrated into CEI-GV, the participants naturally discussed their faith in group and integrated it into the application of CEI-GV tools. An example of this was when one participant shared, “I had to lean on God to get me through it [CSCT].” Other examples of how faith and spirituality were used by participants during the CEI-GV include how CEI was a reminder to draw closer to God and trust Him, and that safe place helped to find peace in God. This finding makes sense. Although I could find no studies that examine the role of religious coping in individuals with SAD, the field of professional counseling highlights the importance of faith and spirituality to many who seek care (American Counseling Association, 2009; Ano & Vasconcelles, 2005; Pargament, 2007; Sperry, 2012). Moreover, studies emphasize spiritual integration in the treatment of depression (Rickhi et al., 2011), generalized anxiety (Rosmarin, Pargament, Pirutinsky, & Mahoney, 2010), and posttraumatic stress disorder (Bowlan, Edmond, & Fallot, 2012). Research is needed on spiritual integration in the treatment of SAD.

**Difficult.** Participants in the present study reported that the systematic relaxation and CSCT exercises were challenging. Likewise, they struggled with self-criticism. These three subthemes appear to be interrelated, as feelings of shame were evoked by these exercises. For instance, systematic relaxation is an exposure-based exercise that calls individuals to tune into
their internal experiences (e.g., emotions and thoughts) and bodily sensations. One characteristic of social anxiety is having a hypersensitivity to physiological sensations, such as blushing during times of heightened social anxiety (Clark & Wells, 1995). Naturally, the participants were unprepared to face the distressing internal experiences during the first session, and although systematic relaxation was introduced as an anchoring exercise, it had an opposite impact. As a result, participants only practiced this exercise an average of 4.25 times outside of group sessions over the course of the group.

Similarly, CSCT was only practiced an average of 2.875 times outside of sessions, though it was intended to address the negative, bullying voice often experienced with social anxiety (Dannahy & Stopa, 2007). Instead, the participants suffered increased feelings of shame, defeat, and self-criticism even though the goal of all the tools in CEI-GV is to facilitate and support emotion regulation. This finding corroborates with previous research. For example, a number of studies found emotion regulation difficult for individuals with SAD (Farmer & Kashdan, 2012; Helbig-Lang et al., 2015; Werner, Goldin, Ball, Heimberg, & Gross 2011), and consequently, individuals may experience frustration, discouragement, and shame for not being successful at regulating social anxiety early in treatment, which was observed in the current study. Interestingly, Hjeltnes, Moltu, Schanche, Jansen, and Binder (2019) described self-compassion as the antidote to shame and self-criticism, which is the sole intent of CSCT. As the model continues to evolve, however, additional thought should be given to address these difficulties.

**Research Question Two**

The second research question explored changes the participants perceived in their physical sensations/feelings, thoughts and emotions, and social behavior and experience as a
result of attending CEI-GV for social anxiety. The aim of the CEI-GV components was to regulate social anxiety. The participants in this study reported several positive changes as a result of attending the group, including less physical tension, more awareness of their feelings and physical sensations, more control over their sensations, more skill and control in managing their thoughts and emotions, more objectivity in their thoughts and emotions, and more control and comfortability in the social behavior and experience. Consequently, the participants became more aware of their feelings and learned to regulate social anxiety by relaxing their bodies, which produced less overall tension. Because the participants practiced the skills during every session, they became more comfortable with their physical sensations and feelings and subsequently felt they had more control over them. Similarly, Hjeltnes et al. (2016) reported that their participants experienced more awareness of physical sensations, the ability to observe and disengage from maladaptive cognitions, less emotional avoidance, improved sense of self, alleviation of maladaptive self-views, and better relationships as a result of participating in a mindfulness-based stress reduction group for social anxiety. They attributed their results to the awareness, mindfulness, and compassion skills learned in the group.

Although the participants in the present study were not directly asked to identify what brought about their changes, it appears that changes occurred because the anchoring skills (e.g., deep breathing, safe place, safe place with art) targeted physical sensations and feelings, and the CBT techniques (e.g., psychoeducation, exposure, and thought record) focused on thoughts and emotions, as well as social behavior and experience. The anchoring skills practiced in CEI-GV integrate aspects of mindfulness. For example, participants were asked to mindfully soothe their thoughts, feelings, and bodily sensations with positive images while practicing safe place and safe place with art. Mindfulness training has been found to increase one’s ability to
appropriately reflect on internal experiences and physical sensations and thereby regulate distressing emotions like social anxiety (Farb, Segal, & Anderson, 2013). Also, mindfulness helps to dismantle maladaptive thoughts although the specific mechanisms of change are undetermined (Dahl, Lutz, & Davidson, 2015). Similarly, the CBT techniques taught the participants to pay mindful attention to their thoughts, emotions, and social behavior and experience, which afforded them an opportunity to better manage them, as indicated on their debriefing questionnaires.

The participants in the present study experienced several positive changes in their physical sensations/feelings, thoughts and emotions, and social behavior and experience as a result of attending CEI-GV for social anxiety. Other group studies that integrate mindfulness practices reported similar results (Dahl et al., 2015; Farb, Segal, & Anderson, 2013). Additional study is needed to understand the underlying mechanisms of change in treating social anxiety with mindfulness.

**Research Question Three**

The third research question examined the statistical effectiveness of CEI-GV on participant social anxiety severity. I executed a paired t test from the means of the pretest ($M = 44.2500$) and posttest ($M = 25.1250$) SPIN scores. It is evident that a significant reduction in social anxiety occurred during this study, as the data reveal a severity shift from severe social anxiety to mild social anxiety; however, it was necessary to examine the effect size to show the strength of the relationship between the two variables. In this case, the effect size was very large, as Cohen’s $d$ was estimated at 1.922. Moreover, the $p$ value of .001 indicates very high statistical significance; therefore, the null hypothesis that CEI-GV would not demonstrate
effectiveness was rejected. These data suggest that CEI-GV is an effective intervention for treating and regulating social anxiety with college students.

Several studies indicate that brief models, like CEI-GV, are effective in treating social anxiety. In a randomized control trial, Härtling, Klotsche, Heinrich, and Hoyer (2016) compared individuals diagnosed with SAD undergoing cognitive therapy and task concentration training to address the fear of blushing with a wait list control. They applied cognitive therapy and task concentration training in group formats over the course of one weekend. They found that participants in both the cognitive therapy and task concentration groups had a decrease of social anxiety as indicated by the SPIN from pre-intervention (cognitive therapy: $M = 29.9$; task concentration training: $30.0$) to post-intervention (cognitive therapy: $M = 22.7$; task concentration training: $22.0$), with sustained or improved results at six-month and 12-month follow-ups. Similarly, Thorisdottir et al. (2018) compared CBGT and GPT with college students with social anxiety symptoms over the course of eight weekly two-hour sessions. Their results indicated no significant difference between the groups as indicated by a number of measures: Liebowitz Social Anxiety Scale, Clinical Global Impression Scale for SAD, brief fear of negative evaluation scale-straightforward items, and the Social Interaction Phobia Scale. Regardless of intervention, these studies, like the present study, indicate that brief group therapy is effective in treating social anxiety.

**Implications for Social Change**

The discussion above clarifies how this study’s findings compare to, contrast with, and extend previous findings on CEI-GV and social anxiety treatment in general. This study expands the literature base on the development of CEI as a group intervention, the integration of empirically supported techniques, and the application of creativity to an existing yet developing
counseling model. The initial study (Sosin et al., 2019) and this replication study demonstrated effectiveness for both generalized anxiety and social anxiety respectively, at least with these specific individuals. With the increase in number of students seeking mental health services (Xiao et al., 2017) and those suffering with anxiety and social anxiety (LeViness et al., 2017), CEI-GV provides a brief, six-week group counseling experience that can definitely benefit college counseling center directors. For instance, since each group is only six weeks in length, one therapist could offer CEI-GV at least twice per semester with 6–12 students per group, thereby treating 24–48 students annually. Additional therapists could offer more groups. With intentional planning and assimilation, CEI-GV is an ideal method for tackling the mental health needs at college counseling centers, especially for students with anxiety or social anxiety.

**Recommendations for Action**

Social anxiety is one of the leading problems among college students today, and unfortunately, college counseling centers struggle to keep up with the number of students seeking mental health services (Xiao et al., 2017). College students with social anxiety fear the negative evaluation of others within their thoughts, feelings, and behaviors (Hope et al., 2006), and it is common for them to think self-critically (Dannahy & Stopa, 2007), feel overwhelmed, focus on their physical sensations (e.g., blushing, increased heartrate), and avoid social situations (Clark & Wells, 1995). To address these concerns, the present study explored the use of CEI-GV with college students suffering from mild to severe social anxiety.

Overall, the components of the model were helpful in regulating social anxiety. The participants specifically expressed how the group process and the support they received from their religious/spiritual faith were helpful. They also reported that the psychoeducation, deep breathing, safe place, safe place with art, CEI Trigger Processing Chart, and CEI were the
specific tools that helped them regulate social anxiety. However, self-criticism prevented them from benefiting from systematic relaxation and CSCT, which fostered feelings of shame. Therefore, the developer should be intentional about addressing self-criticism and shame as she continues to develop the model. Targeting shame may better prepare group members to approach emotional distress when they learn and practice the difficult tools. In fact, addressing shame early in treatment will help confront self-criticism as it arises (Lazarus & Shahar, 2018). Gentle reminders to recognize and soothe self-criticism and shame when practicing the tools would also be beneficial.

**Limitations**

As with all research, this dissertation study has limitations. For one, I did not include a control or comparison group for this study, as CEI-GV is in its infancy stages. My intention was to investigate the current needs and development of the model by exploring its use with social anxiety for college students. Consequently, results cannot be generalized to other groups, populations, or disorders. However, this is not considered a limitation in qualitative studies, as they seek in-depth understanding of phenomena rather than generalizability. Also, the participants were asked to articulate the impact of each component immediately after it was introduced. Although they reviewed their answers from the weekly debriefing questionnaires and were able to modify their responses during exit interviews, a traditional interview after the group concluded would have allowed them to practice the tools and understand how they impacted their social anxiety over time. Nonetheless, the participants were asked during the exit interviews if they wanted to change anything from their initial responses. All modifications were included in the data analysis.
Recommendations for Further Study

The results outlined in this study provide some direction for further study. For example, systematic relaxation and CSCT were described as difficult by several participants. The developer may wish to explore whether these tools are necessary, and if so, perhaps when or how they are introduced to group members can be altered. Furthermore, CSCT was intended to address the harsh, critical voice, but many of the participants did not feel equipped to confront it. I believe feelings of shame are the reason for these difficulties. As previously discussed, shame must be addressed in future groups. It is my understanding that the developer has already revised the model to address shame and has run a group specifically addressing core feelings of shame.

Future studies may also wish to examine the effectiveness of specific components of the CEI-GV. For example, mindfulness and self-compassion awareness could be measured by a pretest/posttest to determine if growth appeared as a result of attending the group since these components are integrated in the model. Moreover, introducing biofeedback could help strengthen the anchoring components and the mind/body interaction. Results from this study indicated that the breathing exercise was very helpful for participants. Future researchers may want to compare CEI-GV as it is with a group that solely incorporates anchoring exercises. If results are comparable, anchoring exercises may be enough in regulating social anxiety.

Finally, I understand the developer intends to adapt CEI-GV into a transdiagnostic approach. Therefore, researchers may want to explore its use with other mental health concerns, such as depression, loneliness, and stress. Additionally, all CEI-GV studies to date have treated students within a Christian university. Future studies may benefit from conducting replication studies in nonreligious institutions with heterogeneous populations. Furthermore, there has been
no follow-up with participants to determine if gains are sustained. Future researchers may need to have follow-up meetings with participants at one-month, three-month, six-month, and 12-months post group to better establish this model as an effective integrative, brief model.

**Closing Thoughts**

Before beginning the analysis process, I spent time in meditation and reflection of my biases, assumptions, and expectations. I found this aspect to be the most important part of the entire process because of how the results could have been impacted had I not done so. Subsequently, I bracketed my desires to have positive results and to please the developer of the CEI-GV model, my assumption that group work could be the prime reason for the CEI-GV’s effectiveness, my recall of themes from the initial CEI-GV study, and my desire to finish my dissertation. As I proceeded through the analysis method, however, I felt like I was seeing the participants’ experiences for the first time, although I had been with them through the entire process from screening to exit interview. It was almost as if I were feasting on the data. The process of epoche helped me pull from the data instead of putting into it. It was quite fascinating. This experience is the essence of phenomenological research: bringing things to light (Moustakas, 1994). I found the richness of qualitative research invigorating. Additionally, the data were substantiated by the quantitative data that I included in the study’s design. The two coupled together established more rigor in this study.

In conclusion, I am confident that the results of this study are meaningful and useful for college students with social anxiety. College counseling center directors also benefit from a study that speaks to their real needs. Additionally, the developer profits from a dissertation study devoted to exploring and examining her model. To date, three CEI-GV groups have been completed and another one is currently underway, all with the intervention’s development and
research in mind. It is evident that CEI-GV is changing the lives of hurting people, and while additional studies continue to be needed, the model has certainly developed into an effective group intervention.

**Chapter Summary**

The final chapter of this dissertation opened by reviewing the needs and purpose of the study followed by presenting a brief discussion on the findings for each research question, implications for social change, recommendations for action, and limitations of the study. Overall, the data obtained during the study suggest that CEI-GV is an appropriate and effective intervention for college students experiencing mild to severe social anxiety. The chapter concluded with recommendations for further study.

**Summary of the Study**

The first chapter of this study provided pertinent background information, including the statement of the problem, purpose of the study, nature of the study, conceptual framework, key terms, assumptions and limitations, and significance of the study. Chapter Two reviewed extant literature regarding the components of CEI-GV: deep breathing, systematic relaxation, safe place, psychoeducation, thought record, exposure, mindfulness, self-compassion, art, and group counseling. Chapter Three presented the research design, procedures, and data processing and analysis. Chapter Four outlined the results of the study. Finally, Chapter Five concluded with a summary of the findings, conclusions, and recommendations for future research.
REFERENCES


Sosin, L. (2016). *Using a mindfulness based art technique to promote emotion regulation and self-compassion in counseling*. Experiential session presented at The Association for Creativity in Counseling 2016 National Conference, Savannah, GA.


APPENDIX A: Debriefing Questionnaires

Session One Debriefing Questions: Anchoring Skills
Deep Breathing, Systematic Relaxation, Safe Place

Debriefing Questions

1. What impact did the following components of CEI-GV have on you today?

Psychoeducation

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Deep Breathing

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Systematic Relaxation

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Safe Place

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Session Two Debriefing Questions: The CEI-GV Trigger Processing Chart

Debriefing Questions

1. How often did you practice the following CEI-GV tools in the last week?

   - Deep Breathing
     - 0 1 2 3+
   - Systematic Relaxation
     - 0 1 2 3+
   - Safe Place
     - 0 1 2 3+
   - Safe Place with Art
     - 0 1 2 3+
   - Reflective Journal
     - 0 1 2 3+

2. What impact did the following components of CEI-GV have on you today?

   Psychoeducation
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   CEI-GV Trigger Processing Chart
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
**Session Three Debriefing Questions: The Creative Exposure Intervention (CEI)**

**Debriefing Questions**

1. How often did you practice the following CEI-GV tools in the last week?

<table>
<thead>
<tr>
<th>Tool</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deep Breathing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systematic Relaxation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe Place</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe Place with Art</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEI-GV Trigger Processing Chart</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflective Journal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. What impact did the following components of CEI-GV have on you today?

**Psychoeducation**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Creative Exposure Intervention**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________
Session Four Debriefing Questions: The Creative Self-Compassion Tool (CSCT)

Debriefing Questions

1. How often did you practice the following CEI-GV tools in the last week?

   - Deep Breathing: 0 1 2 3+
   - Systematic Relaxation: 0 1 2 3+
   - Safe Place: 0 1 2 3+
   - Safe Place with Art: 0 1 2 3+
   - CEI-GV Trigger Processing Chart: 0 1 2 3+
   - Creative Exposure Intervention: 0 1 2 3+
   - Reflective Journal: 0 1 2 3+

2. What impact did the following components of CEI-GV have on you today?

   Psychoeducation

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   The Creative Self-Compassion Tool

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. Since attending the group, what changes are you noticing in the following areas:

   Physical sensations/feelings

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
Thoughts and emotions

Social behavior and experience
Session Five Debriefing Questions: Creative Group Counseling for Anxiety Review and Practice

Debriefing Questions

1. How often did you practice the following CEI-GV tools in the last week?

   - Deep Breathing □0 □1 □2 □3+
   - Systematic Relaxation □0 □1 □2 □3+
   - Safe Place □0 □1 □2 □3+
   - Safe Place with Art □0 □1 □2 □3+
   - CEI-GV Trigger Processing Chart □0 □1 □2 □3+
   - Creative Exposure Intervention □0 □1 □2 □3+
   - Creative Self-Compassion Tool □0 □1 □2 □3+
   - Reflective Journal □0 □1 □2 □3+

2. What impact did the following components of CEI-GV have on you today?

   Review and Practice of CEI-GV Tools
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
Session Six Debriefing Questions: How to Become an Expert

Debriefing Questions

1. How often did you practice the following CEI-GV tools in the last week?

Deep Breathing
☐ 0  □ 1  □ 2  □ 3+
Systematic Relaxation
☐ 0  □ 1  □ 2  □ 3+
Safe Place
☐ 0  □ 1  □ 2  □ 3+
Safe Place with Art
☐ 0  □ 1  □ 2  □ 3+
CEI-GV Trigger Processing Chart
☐ 0  □ 1  □ 2  □ 3+
Creative Exposure Intervention
☐ 0  □ 1  □ 2  □ 3+
Creative Self-Compassion Tool
☐ 0  □ 1  □ 2  □ 3+
Reflective Journal
☐ 0  □ 1  □ 2  □ 3+

2. What impact did the following components of CEI-GV have on you today?

Review and Practice of CEI-GV Tools
____________________________________
____________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

CEI-GV Maintenance Plan
____________________________________
____________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
3. Since attending the group, what changes are you noticing in the following areas:

Physical sensations/feelings
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thoughts and emotions
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Social behavior and experience
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
APPENDIX B: Group Counseling Evaluation

GROUP COUNSELING EVALUATION

Please provide your feedback about your group experience. This information is voluntary and will be kept confidential. We appreciate your honesty. Your feedback will help us understand your experience and enable us to increase the quality of the group for others.

For #1-9, please circle the number along the scale that best represents your counseling experience:

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree or Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

1. Before the group started I was experiencing disturbing levels of social anxiety.
   N/A 5 4 3 2 1

2. I learned helpful facts about social anxiety from the psychoeducation portion of the group.
   N/A 5 4 3 2 1

3. The breathing exercises I learned in the group are helpful for decreasing social anxiety.
   N/A 5 4 3 2 1

4. The systematic relaxation exercise I learned in the group is helpful for decreasing social anxiety.
   N/A 5 4 3 2 1

5. The safe place exercise I learned in the group is helpful for decreasing social anxiety.
   N/A 5 4 3 2 1

6. The Thought Record and Exposure Chart I learned to use in the group is helpful for decreasing social anxiety.
   N/A 5 4 3 2 1

7. The Creative Exposure Intervention I learned in the group is helpful for decreasing social anxiety.
   N/A 5 4 3 2 1

8. The present-moment awareness and compassion activities I learned in the group are helpful for decreasing social anxiety.
   N/A 5 4 3 2 1

9. After the group, the level of social anxiety I was experiencing decreased.
   N/A 5 4 3 2 1

10. I am satisfied with my overall group counseling experience.
    N/A 5 4 3 2 1

    (If disagree, please explain)

11. What were the best features of this group?

12. What didn’t you like or how might the group be changed?

13. How could the group counselor/leader improve?

14. Further comments on any of the above scales or about your group experience at the Counseling Center (use the back of this form if you need more room):


APPENDIX C: CEI-GV Trigger Processing Chart

<table>
<thead>
<tr>
<th>Column 1: Date and Time</th>
<th>Column 2: Disturbing Event (External [interpersonal situation] or Internal [i.e., memory, thought, feeling])</th>
<th>Column 3: Feeling/s with Subjective Units of Distress (SUDS) (Rate: 1-10)</th>
<th>Column 4: Automatic Thought/s Images with Belief Levels (BL) (Rate: 1-10) *</th>
<th>Column 5: Creative Exposure (or use other bio-psycho-social-diversity tools) Used to Decrease SUDS and BL</th>
<th>Column 6: After Creative Exposure (or use of other tools) (SUDS &amp; BL) (Rate: 1-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Monday / 9:15 AM</td>
<td>Being called on by the professor</td>
<td>Fear and panic SUDS: 10&lt;br&gt;Shame SUDS: 10</td>
<td>I am stupid BL: 8&lt;br&gt;No one likes me BL: 8&lt;br&gt;I am unsafe BL: 9</td>
<td></td>
<td></td>
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</tbody>
</table>

* Use the Downward Arrow Technique to get to the core disturbing belief(s).
APPENDIX D: Authorization to Use the Social Phobia Inventory (SPIN)

Dear Michael,

Thank you for your interest in the Social Phobia Inventory (SPIN). By this agreement you are granted permission to use the scale in the activity you have described, under the following terms:

1. You agree not to provide the scale to a third party unconnected with your project. If other off-site collaborators are involved with your work, their use of the scale is restricted to this work, and the signatory of this agreement is responsible for ensuring that all collaborators adhere to the terms of this agreement.

2. You may use the SPIN in written format for completion as a hard copy, or through administration over the telephone. The SPIN may also be administered in a secure electronic format if arrangements have been made to protect the scale from unauthorized distribution or the possibility of modification. In all presentations of the SPIN, including electronic versions, the full copyright and terms of use statement must appear with the scale. The SPIN should not appear in any form where it is accessible to the public and should be removed from electronic and other sites once the project has been completed.

3. The scale's content may not be modified, although in some circumstances the formatting or presentation may be adapted, with permission of Dr. Davidson, after reviewing any proposed adaptations. It is important that the entire copyright statement be retained verbatim on all formats of the scale.

4. If you create a non-English language or culturally modified version of the SPIN, please e-mail a copy of the English back translation of the SPIN for review prior to implementing the scale in your work. In addition, please include the following language at the end of the form:

   Scale is based upon the English language version of the Social Phobia Inventory, © 1993, 2014. Jonathan R. T. Davidson, M.D. All Rights Reserved. Translation by ........

   5. For use of the SPIN a student-rate fee of $30 US is requested, payable to Jonathan Davidson at
   [www.paypal.com], cheque, bank wire, international money order or Western Union.

5. Complete and return this form via email to

6. In any publication or report resulting from use of the SPIN, you do not publish or partially reproduce the scale.

If you agree to the terms of this agreement, please email a signed copy to the above email address. Upon receipt of the signed agreement and payment, we will email a copy of the scale. For questions regarding use of the SPIN, please contact Jonathan Davidson, at [email address].

Sincerely yours,

Jonathan R. T. Davidson, M.D.

Agreed to by:

[Signature]

7/29/2018

Michael Trevier
Name (printed) (optional)

Director & Doctoral Student
Title

Liberty University, Student Counseling Services
Organization
APPENDIX E: Institutional Review Board Approval

October 8, 2018

Michael Trexler
IRB Approval 3485.100818: Creative Therapy For Social Anxiety: A Group Counseling Experience

Dear Michael Trexler,

We are pleased to inform you that your study has been approved by the Liberty University IRB. This approval is extended to you for one year from the date provided above with your protocol number. If data collection proceeds past one year or if you make changes in the methodology as it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms for these cases were attached to your approval email.

Your study falls under the expedited review category (45 CFR 46.110), which is applicable to specific, minimal risk studies and minor changes to approved studies for the following reason(s):

6. Collection of data from voice, video, digital, or image recordings made for research purposes.

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects, 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.)

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

[Signature]

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
The Graduate School
APPENDIX F: Participant Consent Form

Consent Form
Creative Therapy For Social Anxiety: A Group Counseling Experience
Michael T. Trexler, M.A., LPC-S (VA), LMHC (IN), NCC
Liberty University

You are invited to be part of a group within a research study for students who experience social anxiety. You were selected as a candidate for this study based on being a current student at Liberty University, age 18 or older, reporting mild to moderate levels of social anxiety symptoms. This document provides information about the study and its procedures and how it may benefit you as a participant. We ask that you read this form completely and ask any questions you may have before agreeing to be in the study and taking the next steps.

Researchers
Michael T. Trexler, M.A., LPC-S (VA), LMHC (IN), NCC under the supervision of Dr. Lisa S. Sosin, Ph.D., LPC, LLP, BACS

Background Information
Many college students suffer with social anxiety at levels that can hinder personal and academic success. They experience physical, emotional, and even spiritual discomfort during times of heightened social anxiety. Often, there is a perception that they will be rejected if they say or do the wrong thing in a social situation. Some common symptoms include blushing, sweating, shaking, or having an increased heartbeat. Thoughts can often turn to self-criticism. Perhaps you are experiencing these difficult feelings and situations.

**The purpose of this study is to help alleviate social anxiety symptoms in the participants through a group experience and explore the experience of group participants during one post-treatment debriefing interview.**

Creative Therapy for Social Anxiety is a counseling group designed to assist people in decreasing social anxiety. This group teaches participants about social anxiety and introduces the Creative Exposure Intervention, which was recently developed by Dr. Lisa Sosin and has been used with positive results in her counseling practice (Sosin & Rockinson-Szapkiw, 2016). The intervention combines art and cognitive-behavior therapy interventions.

The attached document entitled “Research Step by Step Process” describes the group and research project in detail.

**The Creative Exposure Group Procedures**
The group will consist of 6-10 students, and it will be led by Michael Trexler who is a licensed counselor. The group will meet once per week for six weeks, and each session will last 90 minutes. During the first meeting, participants will take a brief survey entitled the Social Phobia Inventory (SPIN; Davidson, 2015). Participants will complete the SPIN again at the conclusion of the group during week six. Participants will complete debriefing questions (in writing) at the conclusion of each session. Participants are asked
to practice all the learned skills between group sessions. Each skill should be practiced three or more times each week.

Post-Group Procedures
After the group sessions are completed, students will be asked to participate in a debriefing interview (up to 60 minutes) with Michael Trexler who is trained in research methods appropriate for counseling. During the debriefing session, answers from the weekly debriefing questions will be reviewed one-by-one and edits will be made if necessary.

Participant Benefits
Participants may receive a direct benefit from this research by practicing the skills learned throughout the group because research has revealed that the information and interventions you will learn in the Creative Counseling Group are highly effective in reducing symptoms of social anxiety. Research also shows that results from participation in interventions of this nature are long-lasting (Barlow, 2014; Bazargan & Pakdaman, 2016).

Participant Risks
The risks involved in this study are minimal, which means they are equal to the risks experienced in everyday life. Participants may experience discomfort as they begin to face the thoughts, feelings, and behaviors that are linked to social anxiety. It is normal for individuals to experience a temporary increase in anxiety symptoms as they invest in personal change. Additionally, there may be times when participating in the study may trigger traumatic memories or significantly distressing events. It is possible that participants may need more individualized treatment beyond the group. To minimize these risks, a thorough assessment will be conducted to ensure that participants will be appropriate candidates for the group. Additionally, should individual counseling be indicated at any time during the group, participants will be referred to individual counselors at Student Counseling Services.

Compensation
Participants will not receive any financial compensation for participation in this study.

Confidentiality
All digital information such as emails and personal information and assessments will be kept private. We will maintain the privacy of each group member, and what happens in the group will stay in the group. We cannot guarantee that other group members will maintain confidentiality, but we will strongly encourage and explain the importance of confidentiality to the group and study. The records of this study will be kept private. In any report we publish, we will not include any information that will make it possible to identify you. Your name will be changed and any information that can be traced back to you will be deleted. Prior to analyzing the transcripts and pre, mid, and post SPIN assessment, all of your identifying information will be removed by Michael Trexler. Audio tapes will be destroyed, and the transcripts and surveys will be printed for analysis without any identifying information included. All printed material will be stored in a
locked file cabinet owned by Michael Tredler, and the transcripts and assessments will be stored on his password protected computer with all of your personal, identifying information removed.

Voluntary Nature of the Study
Participation in this study is voluntary. Your decision to participate or not will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting that relationship. If you choose to withdraw, you can contact Michael Tredler at mtrexler@liberty.edu. Upon withdrawal, all of the data we collected from you will be destroyed immediately.

Contacts Information and Inquiries
The researcher conducting this study is Michael T. Tredler, M.A., LPC-S (VA), LMHC (IN), NCC under the supervision of Dr. Lisa S. Sosin, Ph.D., LPC, LLP, BACS. You may ask any questions you have now. If you have questions later, you are encouraged to contact Michael Tredler at [redacted] or Dr. Lisa Sosin at [redacted].

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), you are encouraged to contact the Institutional Review Board, 1971 University Blvd, Suite 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

You will be given a copy of this information to keep for your records.

Disclosure

I have read and understand the description of the study and contents of this document. I have had an opportunity to ask questions and have all my questions answered. I hereby acknowledge the above and give my voluntary consent for participation in this study.

☐ Please initial here to indicate that you give the researcher your permission to audio-tape the debriefing session

Signature: __________________________ Date: __________________________

Signature of Investigator: __________________________ Date: __________________________
APPENDIX G: Semistructured Clinical Interview

Creative Exposure Intervention – Group Version for Social Anxiety
Semi-Structured Clinical Interview

1. Do you have any questions about the research project?

2. How did you hear about Creative Exposure Intervention – Group Version for Social Anxiety?

REVIEW INFORMATION ABOUT THE GROUP AND RESEARCH PROJECT

3. Tell me a little about your history with social anxiety.

INQUIRE ABOUT SOCIAL ANXIETY SYMPTOMS

4. In what kind of situations do you find yourself having social anxiety?

5. How does it impact your thoughts, feelings, and behaviors?

6. How do you cope with social anxiety?

7. Have you ever been in a psychoeducational or counseling group before? Was it helpful? Why or why not?

PROVIDE INFORMATION ABOUT GROUP FORMAT

8. How do you feel about being in this group?

9. How do you feel about using art as an intervention?

EXCLUSION FACTORS

10. Are you currently having any suicidal thoughts?

11. Do you have a history of suicidal behavior?

12. Do you have a history of non-suicidal self-injurious behaviors?

13. Do you currently have PTSD with intrusive memories, re-experiencing, or dissociative symptoms?

14. Are you currently abusing or misusing substances?

15. Do you have a history of brain injuries?

16. Are you currently taking benzodiazepine medication?

17. Do you have active OCD or symptoms that interfere with functioning more than one hour per day?

18. Do you have a history of psychosis or dementia?

ADMINISTER SOCIAL PHOBIA INVENTORY
APPENDIX H: Group Guidelines

CEI-GV Group Guidelines

- **COME ON TIME**
  - Please do not keep others waiting

- **COME EVERY WEEK**
  - Make a commitment to the group
  - Notify the office if you will be absent

- **BE SUPPORTIVE TO EACH OTHER**

- **BE CONSTRUCTIVE**
  - Avoid criticism, give constructive feedback
  - Help each other find the good side of things
  - Be caring, thoughtful
  - Please do not put pressure on each other (no “shoulds”)

- **EQUAL TIME FOR ALL**
  - Give everyone a chance to talk
  - One person talks at a time, no side conversations

- **KEEP IT PRACTICAL**
  - Focus on solutions, not on how bad things are

- **PLEASE DO THE HOMEWORK**
  - Practice what you learn
  - These tools can help with social anxiety, only if you practice
  - Remember to follow through with your goals

- **CONFIDENTIALITY**
  - Please do not discuss personal things with people outside of the group
  - You can discuss what you are learning with others
  - Do not talk about other people who are in group with you

- **TELL US IF YOU ARE UNHAPPY**
  - Bring your concerns to us
  - We want to work with you
  - Please do not stay mad at the group without letting us know

- **COME BACK TO THE GROUP**
  - Please do not drop out
  - Let us know if you feel upset or have concerns; we can work things out

I, ____________________________________________, have read, understand, and agree to abide by the group guidelines.

_____________________________________________ ______________
Participant (signature) Date

_____________________________________________ ______________
Group Facilitator (signature) Date
## APPENDIX I: Themes and Vignettes

<table>
<thead>
<tr>
<th>Major Theme</th>
<th>Vignettes</th>
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<tbody>
<tr>
<td><strong>Emotion Regulation</strong></td>
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<tr>
<td><strong>Avoidance and awareness:</strong> Recognition of one’s resistance to emotional experiences.</td>
<td>&quot;I keep a lot of things in and generalize them. ... instead of burying it like I usually do. ...it [CEI Trigger Processing Chart] shows me my insides, the ones I do not want to face, the emotions I don’t want to feel... Didn’t realize how uptight I felt before doing this exercise. ...it’s something I can take with me everywhere. It helped me slow my breathing. It helped me notice how fast my breathing was.&quot;</td>
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<td><strong>Approaching, feeling, and being vulnerable:</strong> Consciously deciding to move toward an emotion, allowing oneself to feel emotion in the body and awareness, and sharing the emotional experience with oneself and others.</td>
<td>&quot;I think it’s good for me to specify what I am actually feeling and process it... I am letting myself feel my emotions and seek them in a healthy way. I feel a burden has been lifted off! Learning to feel comfortable while being vulnerable. I need to process and feel them [feelings] so I can slowly become emotionally happier and healthier. I need to process them [emotions] more and be kinder to myself... Actually, confronting them and feeling them instead of letting them build up inside my soul and put up walls.&quot;</td>
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<td><strong>Freedom and identity:</strong> The absence of acute distress, being oneself without hinderance, and the characteristics, qualities, and values held by an individual.</td>
<td>&quot;I have more freedom to just be myself than I ever have. I even walked on the bus first when I was with my friends, which felt good. Grateful to have a new visual of how I often feel and who I truly am... Deep breathing reminds me of my heartbeat and that I am a living being. I discovered my voice. I found my place in relationships...I was free. ...it [CEI Trigger Processing Chart] just shows me who I am and how I need to grow. ...it’s changed the way I view myself, for the better. I now know that I don’t have to always live like this. ...there is freedom in knowledge. I feel a sense of freedom when I walk about, and I hold my head up high. I am free to go out and talk to new people.&quot;</td>
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<tr>
<td>Major Theme</td>
<td>Vignettes</td>
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<tr>
<td><strong>Helpful</strong></td>
<td>It really opened my eyes to what I am feeling…&lt;br&gt;The psychoeducation helped the rational side of me. Like yes, this makes sense.&lt;br&gt;Helped clarify some things we’ve talked about.&lt;br&gt;It helped me define and understand better what’s happening when I’m very critical and hard on myself, and how that’s connected to something I’m responding to.&lt;br&gt;Made me a bit more aware of things that trigger me.&lt;br&gt;I think learning more about [social] anxiety is essential for me. It helps me feel like I have control over it instead of it controlling me.&lt;br&gt;Useful to be reminded that not all thoughts that come each day are true.&lt;br&gt;I never realized how related and intertwined breathing and [social] anxiety is.&lt;br&gt;…hearing about how my brain is just always in a fight response is comforting. I think understanding it helps you know how to calm it down, and it’s hard to know how to soothe the anxiety if you don’t understand why you are anxious.&lt;br&gt;It was surprising to me how much it helps your mind when you relax your body.&lt;br&gt;I realized how often my feelings or thoughts from past mistakes or future worry dictate my bodily sensations.</td>
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<td><strong>Psychoeducation: The teaching about the human psyche or experience.</strong></td>
<td>Deep breathing: The practice of taking slow, full deep breaths into the lungs and abdomen followed by slowly exhaling.&lt;br&gt;I really enjoyed this as it helped me calm my nerves and be at rest – even if it were for a little while. It was very calming.&lt;br&gt;It helped me calm down some and relax a little bit.&lt;br&gt;Didn’t realize how uptight I felt before doing this exercise.&lt;br&gt;…it’s something I can take with me everywhere.&lt;br&gt;It helped me slow my breathing. It helped me notice how fast my breathing was.</td>
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<tr>
<td><strong>Safe place: The application of visualizing a memory, fantasy, or place to create a felt sense of safety and security.</strong></td>
<td>It brought a smile on my face. It brought loads of joy in that small glimpse of it.&lt;br&gt;This was the most calming thing for me, because it was fun.&lt;br&gt;Love it!&lt;br&gt;This was relaxing. I was able to put myself into that place and it made me happy and I felt calm and warm.&lt;br&gt;…safe place does not address negative thoughts but soothes me.&lt;br&gt;Helped get my mind off of myself…less self-conscious.</td>
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| Safe place with art: The exercise of drawing one’s imaginal safe place. | I loved this. It was calming and wonderful to see my safe place come to life.  
Really gave me a clearer view of my safe place. It was fun and relaxing.  
This was my favorite thing...  
It made it [safe place] feel real.  
Just holding the crayon felt calming. |
|---|---|
| CEI Trigger Processing Chart: A thought record comprised of the date and time, disturbing event, feelings, automatic thoughts, Creative Exposure (or other tools), and after-care levels. | It helped significantly on how to channel and chart my emotions.  
It really helped me in processing my emotions.  
It helped me realize how much and in what ways that specific event impacts me and showed me how I can calm myself and lessen those feelings.  
Helped me find out what exactly is the cause of most attacks.  
The chart helped me see my process...  
...helped me monitor my thoughts and feelings by stopping to remember a moment of social anxiety. |
| Creative Exposure Intervention: An intervention that involves depicting safe place, visualizing and depicting the situation, thoughts, feelings, and core beliefs, and returning to the safe place and applying loving-kindness to the situation. | Helped me identify and express things I haven’t expressed before. Helped me put good and bad realities together on the same page. Helped me generate affirming things to tell myself.  
I loved being able to depict not only my safe place, but my unsafe place as well. It really put things into perspective as a visual learner.  
This helped me confront my thoughts safely and turn them around.  
Drawing the situations really helps with processing the truth from the lies.  
Comforting to be reminded that I am greatly loved and that I need to show myself more kindness.  
I learned a lot about myself today while I was getting lost in the art. |
| Practice: The routine engagement of CEI-GV tools. | ...practicing with deep breathing and safe place helps me get through it!  
The more I do them, the more I recognize the benefit of doing them.  
The more I work on these skills, the more naturally they come. |
| Group process: The nature of the relationship between interacting individuals. | ...discussing briefly with others of what we are going through was peaceful.  
To relate with others who go through the similar things I do was really eye opening.  
I really liked the people in our group. |
Some of them [tools] seem so simple, I should have thought of them before, but there is something about doing them in a group, I don’t know why, but it is helpful. I saw monitoring and sharing about my weekly experience with the group was a helpful and necessary element.

Faith support: Encouragement from one’s cultural-spiritual beliefs and values.

It [CEI] soothed me and reminded me to draw closer to God and trust in His unfailing love, mercy, wisdom, and grace. It was a good experience for my heart and soul. I think God is almost showing me the woman He has created me to be... that free, happy, joyful, confident woman that only comes out when I am in my safe place. 

...helped me be refreshed through meditation on my identity in Christ. In Him, I am a beloved son. Safe place with art helped me better understand God’s love for me in Christ through visualization and artistic expression. 

...I am grateful to God for it [group]! ...actually, trusting what God says about me is true! ...rather trust in God and practice the exercises. 

I had to lean on God to get me through it [CSCT]. Being trained to go to my safe place in God for peace when distress comes to me.

<table>
<thead>
<tr>
<th>Major Theme</th>
<th>Vignettes</th>
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<tbody>
<tr>
<td>Difficult</td>
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<tr>
<td>Systematic relaxation: The practice of intentionally softening each part of the body from head-to-toe.</td>
<td>I absolutely hated this exercise...it honestly made me really antsy and nervous. This was rather difficult for me. I think it was hard... This was hard for me... Hard to focus... ...it was hard to relax them [arms, shoulders, and hands] and keep them relaxed.</td>
</tr>
<tr>
<td>Creative Self-Compassion Tool: A tool like CEI that recognizes and addresses the internal critical, bully voice by applying self-compassion.</td>
<td>It was a struggle at first as I am very critical of myself. This was hard for me. This was extremely challenging for me. I found it difficult to find ways to fight those thoughts I was feeling. I left feeling worse than when I came. This exercise stretched me. This was extremely challenging for me. I found it difficult to find ways to fight those thoughts I was feeling. Even the things I know aren’t true feel so true when I’m triggered.</td>
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<tr>
<td>Self-criticism: The negative, harsh self-talk that emotionally attacks oneself.</td>
<td>It is very hard for me to be nice to myself.</td>
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</table>
I am so used to not being nice to myself. I honestly don’t know how to believe the kind words. I do not know how to speak kindly to myself because frankly I’m in the wrong and I don’t deserve to lie to myself: …my natural go to is to have most things perfect on the first try… I’m not good at that [processing emotions]. I really struggle with criticism, even if it is positive, constructive criticism.

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<th>Major Theme</th>
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<td>Changes</td>
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**Physical sensations/feelings:** less tense, more aware, and having more control

I haven’t been having as many panic attacks.
I still get a little shaky and shortness of breath when panicked, but it doesn’t consume me.
Calmer, a little less tense. I pay more attention to my physical sensations and respond better to them.
I have more control over my physical sensations and ability to calm myself.
I’m not as scared of becoming tense and immobile.
Relaxed.
I’m able to combat them [panic attacks] like a boss.
I have shorter panic attacks with less shaking than I usually do.
I am no longer nauseous every day.
I don’t really notice any palm sweat any more.
And when I notice the physical tension, I notice a lot, I am able to calm it down.
More aware of my sensations and feelings.
Much more soothed and aware of how my thinking affects my whole being.
I have noticed reduced facial tension among friends and social situations.

**Thoughts and emotions:** more skill, control, and objectivity

I have been able to take a minute to understand my feelings...
This process has helped me write out those thoughts and combat them with positive ones. I guess I would say, it is not just combating with positive thoughts, it’s fighting them with the truth.
I pay more attention to my thoughts about myself and others, and I’m kinder to myself. I’m becoming a little more aware of my emotions and reactions.
I am able to identify negative, critical thoughts more easily.
Peace, security.
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<tr>
<th>Social behavior and experience: more control and comfortability</th>
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I realize that many of the times I have attacks, they are about things I had no control over and that no one thinks is a really big deal.

I cannot control the thoughts that pop into my head, but I can control how I combat them.

When I am experiencing my anxiety, I think of my friend and what she would say to me. Just thinking about that helps, me calm down.

These techniques help me to step out of cloudy emotions and look at my experiences from an outside point of view.

I am able to look at the situations more objectively and nurture myself.

I have been able to notice where the root thought comes from and soothe it with truth. I definitely feel as though I have more control over my thoughts. My thoughts are not controlling me.

I am able to notice negative thoughts and identify them as negative.

I have also started being nicer to myself and silencing the inner bully...

I was just on the phone with my friend and I had said something negative about myself, then I stopped myself and said no.

My family has really noticed me taking the initiative to do that [calmly express my feelings].

I have gotten more brave. I think I am not as afraid because now I have the tools to fight back.

I’m not as scared to be around people. Sometimes, I actually want to be with people.

I feel more comfortable than I did around people and in group. I feel I can better manage social anxiety when it comes up. I’m more willing to try things when I have tools to be able to calm myself.

I’m ready to go out again.

I am not afraid to go out and be with people anymore.

I went out three times in one weekend.

Clearer purpose and greater clarity and joy in relationships.

I have become more comfortable socially.

I am definitely more calm socially and when presenting.

I’ve found more conversations and experiences to be positive.