THE EFFECT OF SOLUTION-FOCUSED AND SOCIAL SKILLS TRAINING GROUPS ON SOCIAL ANXIETY AND COPING STRATEGIES OF ETHIOPIAN UNIVERSITY STUDENTS

Doctoral Dissertation

Aman Sado ELEMO

Eskişehir 2019

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DOCTORAL DISSERTATION

Department of Educational Sciences

Program in Guidance and Psychological Counseling

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Anadolu University

Graduate School of Educational Sciences

July 2019

JÜRİ VE ENSTİTÜ ONAYI

Aman Sado ELEMO'nun "The Effects of Solution Focused and Social Skills Training Groups on Social Anxiety and Coping Strategies of Ethiopian University Students" başlıklı tezi 17.06.2019 tarihinde aşağıdaki jüri tarafından değerlendirilerek "Anadolu Üniversitesi Lisansüstü Eğitim-Öğretim ve Sınav Yönetmeliği"nin ilgili maddeleri uyarınca Eğitim Bilimleri Anabilim Dalı Rehberlik ve Psikolojik Danışmanlık Programında, Doktora tezi olarak kabul edilmiştir.

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ABSTRACT

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Department of Educational Sciences (Guidance and Psychological Counseling)

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The objective of this study is to test the effects of Solution Focused Psychoeducational Program (SFPP) and the Social Skills Training (SST) on the social anxiety and coping strategies of Ethiopian university students. Under this main objective, due to lack of validated measure, the Liebowitz Social Anxiety Scale (the LSAS-Amh) and the Brief COPE Inventory (The Brief COPE-Amh) were adapted to Amharic language. The adapted measures were examined for their psychometric properties.

This study involved a program piloted and experimented for its efficacious in managing anxiety and enhancing coping of Ethiopian university students. A 3X2 quasi-experimental research design was employed to three groups of participants (SFPP, SST and control groups) and two measurements were used (pre and post-intervention assessments). The scale validation, program piloting, and the quasi-experimental studies were performed in sequence involving a total of 429, six (6), and 32 participants, respectively.

Results revealed that the Amharic versions of the LSAS-Amh and the Brief COPE-Amh were valid and reliable, except the weak reliability concerns for Brief COPE-Amh subscales. Findings in the quasi-experimental study revealed that both SFPP and the SST are promising treatments to reduce social anxiety in Ethiopian university students. Both treatments (SFPP and SST) were efficacious in increasing participants tendency to use instrumental and emotional coping strategies. Additionally, the SFPP can provide benefit for participants on the active coping and planning as coping strategies.

Key Words: Coping strategies, Ethiopian university students, Social anxiety, Solution Focused Psychoeducational Program, Social Skills Training.

ÖZET

ÇÖZÜM ODAKLI VE SOSYAL BECERİ EĞİTİMİ GRUPLARININ ETIYOPYALI ÜNIVERSITE ÖĞRENCILERININ SOSYAL KAYGI VE BAŞA ÇIKMA STRATEJİLERİ ÜZERİNDEKİ ETKISI

Aman Sado ELEMO

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Anadolu Üniversitesi, Eğitim Bilimleri Enstitüsü, Temmuz 2019

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Bu çalışmanın amacı Çözüm Odaklı Psiko-eğitim Programı (ÇOPP) ve Sosyal Beceri Eğitiminin (SBE) Etiyopyalı üniversite öğrencilerinin sosyal kaygıları ve başa çıkma stratejileri üzerindeki etkisini test etmektir. Geçerli bir ölçme aracı bulunmadığından, bu araştırmanın temel amacına yönelik, Liebowitz Sosyal Kaygı Ölçeğinin (LSAS-Amh) ve Başa Çıkma Envanteri Kısa Formunun (The Brief COPE-Amh) Amharca diline uyarlaması yapılmış ve psikometrik özellikleri incelenmiştir.

Ölçek uyarlama çalışmasından sonra ÇOPP'un pilot uygulaması Etiyopyalı üniversite öğrencilerinde sosyal kaygıyı yönetme ve başa çıkma becerileri geliştirme açısından etkisi incelenmiştir. Daha sonra deney-1, deney-2 ve kontrol gruplu, ön test ve son test ölçümlü (3X2) yarı deneysel desen kullanılarak deneysel çalışma gerçekleştirilmiştir. Ölçek geçerliğinin sınanması, pilot program uygulaması ve yarı-deneysel çalışmalar sırasıyla 429, altı (6), ve 32 katılımcı ile gerçekleştirilmiştir.

Araştırma bulguları, Amharca diline uyarlanan Liebowitz Sosyal Kaygı Ölçeğinin (LSAS-Amh) ve Başa Çıkma Envanteri Kısa Formunun (The Brief COPE-Amh) geçerli ve güvenilir olduğunu göstermiştir. Sadece başa çıkma ölçeği güvenirlik katsayılarının düşük olduğu bulunmuştur. Deneysel çalışma bulguları hem ÇOPP hem de SBE programlarının Etiyopyalı üniversite öğrencilerinin sosyal kaygı düzeylerini azaltmada etkili olduklarını göstermektedir. Ayrıca ÇOPP'nın aktif başa çıkma ve başa çıkma becerilerini planlamaya katkı sağladığı, her iki programın da (ÇOPP ve SBE) katılımcıların araçsal ve duygusal başa çıkma stratejilerini kullanma eğilimlerini artırmada etkili olduğu bulunmuştur.

Anahtar Sözcükler: Başa çıkma stratejileri, Çözüm Odaklı Psikoeğitim Programı, Etiyopyalı üniversite öğrencileri, Sosyal Beceri Eğitimi, Sosyal kaygı.

ACKNOWLEDGEMENT

I would like to take this opportunity to thank all those who have contributed to this dissertation and made this journey to get its destination. First, my sincere appreciation goes to my supervisor, Prof. Dr. Ayşe Sibel TÜRKÜM, whose support and encouragement allowed me to pursue this area of interest with confidence and independence. Thank you sincerely for your enduring patience and wisdom throughout the process, and especially encouragement and direction in time of difficulties.

I would also like to express my gratitude to the thesis committee members Prof. Dr. Nilüfer ÖZABACI, Prof. Dr. Yelda KAĞINCI, Assoc. Prof. Dr. Bahtiyar ERASLAN ÇAPAN and Assoc. Prof. Dr. Zerrin TURAN for their critical suggestions and insightful comments. I wish to express my special thanks to Prof. Dr. Esra CEYHAN, Prof. Dr. Handan DEVECI, Prof. Dr. Yavuz AKBULUT, Ergün KARA and Dr. Sibel SÖĞÜT for their encouragement and support during difficult times. The contributions of Prof. Dr. Aykut CEYHAN, Assist. Prof. Dr. Bircan BAŞAK, Assoc. Prof. Dr. Işıl KABAKÇI YURDAKUL, and Assoc. Prof. Dr. Baki DUY during my doctoral course works are also unforgettable.

I also wish to extend my special appreciation to Assist. Prof. Dr. Waganesh ZELEKE, Ferhat BAYOĞLU, Assoc. Prof. Dr. Ahmet SATICI, Assist. Prof. Dr. Deniz GÜLER, Zübeyde E. SARICALI, Abdulatif H. ISMAEL, Abdushekur H. ZEKERIA, Mitiku H. ABDISA, Isaac E. ARAGAW, Tamiru D. ABEBE, Mohammed Desiso, Dr. Hasan A. YUNUS, Hawi M. Wako, Yasin Yimam, and Assoc. Prof. Dr. Hassen Sh. GEBEYO for their comments during the ssscale validation study.

I am very grateful to the Turkish government for granting me doctoral scholarships. The cooperation and support of Hawassa University and specifically Wondo Genet College of Forestry and Natural Resources is unforgettable. I am grateful to all study participants for their time and contributions.

Finally, I would like to acknowledge with gratitude, the support and love of my family. Special thanks to Sara, Sado, Haadhe, Abbaa, Harme, Kayyee, Mama and Lubu, I am very lucky to have you in my life!

Aman S. Elemo

Eskişehir 2019

10/07/2019

STATEMENT OF COMPLIANCE WITH ETHICAL PRINCIPLES AND RULES

I hereby truthfully declare that this thesis is an original work prepared by me; that I have behaved in accordance with the scientific ethical principles and rules throughout the stages of preparation, data collection, analysis and presentation of my work; that I have cited the sources of all the data and information that could be obtained within the scope of this study, and included these sources in the references section; and that this this study has been scanned for plagiarism with "scientific plagiarism detection program" used by Anadolu University, and that "it does not have any plagiarism" whatsoever. I also declare that, if a case contrary to my declaration is detected in my work at any time, I hereby express my consent to all the ethical and legal consequences that are involved.

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LISTS OF ABBREVIATIONS AND ACRONYMS

APA	: American Psychological Association
APPX	: Appendix
Brief COPE-Amh	: The Brief COPE-Amharic
LSAS-Amh	: Liebowitz Social Anxiety Scale-Amharic
SF	: Solution Focused
SFBT	: Solution Focused Psychological Program
SFC	: Solution Focused Counseling
SFPP	: Solution Focused Psychological Program
SST	: Social Skills Training
WOOP	: Wishes, Outcomes, Obstacles, Plan

1. INTRODUCTION

1.1. Background

Human being as a social entity, regardless of age, gender or race is supposed to establish and maintain social connections from childhood to adulthood. To make and maintain healthy social ties across lifetime begins in the process of socialization through mother, father and/or care giver (guardian) and continues to take shape with friends, teachers and other significant figures in the life of an individual. As healthy social relationships can have countless benefits for an individual's physical and mental health, people consider expectations, associate values and norms in the making and maintaining of quality social ties. Having accustomed to specific norms and expectations of specific social groups, people may sometimes find it difficult to be authentic to share their feelings and initiate interpersonal relations outside their familiar social groups.

Typically, after leaving high school, students may experience substantial adjustment related challenges given that they leave their long-established social groups and step into a new university life. The university life is an important distinguishing experience for youngsters to change their social support network, grow intellectually and address developmental related concerns. They join universities with excitement, great expectations and optimism about their future. However, successfully addressing these concerns and undergoing professional development requires students to feel competent in their behaviors, autonomous in their choices and experience relatedness (Deci & Ryan, 2002). Specifically, if an individual is brought up in an environment where expressing feelings and opinions openly is less likely encouraged, the possibility of encountering surprises and cultural shocks in university becomes high.

Seemingly, university is a place where young population gets better opportunities of expressing feelings, opinions or thoughts. During university life, though every university student may have desire to create good impression on others in their communication and interpersonal relationships, many of them may doubt their ability and perceive that they less likely succeed. Along with other difficulties encountered in university life, students who are less open to interactions may feel inadequate and remain withdrawn from social environment. A university students' personal and personality characteristics may influence how they address their developmental concerns, adjustment related demands and limit their social, and interpersonal interactions.

In many of the Ethiopian families, children grow in a family environment where they have little say in the decision-making processes (Sileshi & Sentayehu, 1998; Wako, 2016). This may indicate the limited opportunities of practice for individuals to express their feelings and prepare to make autonomous decisions prior to joining university life. The likelihood of encountering difficulties in making autonomous life decisions could be some of the experience individuals of Ethiopian family backgrounds experience. Lack of encouraging social environment, may have its own consequences of losing opportunities of practice that would have helped the young population to reveal their talents and realize their potentials. Despite lack of encouraging situations and practice, university students are expected to assume and take great responsibilities in the future. Hence, university students are expected to use the limited but available resources to prepare themselves for personal, professional and social roles. Hence, both before and after joining university, they should not limit themselves to getting only career related development. Striving to work on their personal development may help too.

Meeting new people, carrying out daily academic tasks, forming interpersonal relationships, succeeding different expectations from peers, family, and faculty can be an overwhelming experience to many undergraduate students (Dyson & Renk, 2006, p.1233). While attempting to adjust to the new social settings, an increasing number of students may demand skills for maintaining independence and self-sufficiency (Bowman, 2010, p.180). Moreover, university life involves competitive and stressful experiences for young people (Dayson & Renk, 2006). Such increased competitiveness and multitude of social evaluative concerns during undergraduate years may heighten susceptibility to real or imagined fear of embarrassment (Russell & Topham, 2012, p. 375). Inability to meet developmental needs in valued areas of life may increase the possibilities of experiencing mental health concerns including stress, social anxiety, and depression (Leigh & Clark, 2018, p. 388). Social anxiety has been found to be the most frequently mental health concern reported (Damer, Latimer & Porter, 2010, p. 9; Purdon et al., 2001, p. 204) regardless of age differences and nationality (Hofman, Anu Asnaani & Hinton, 2010, p. 1117). Such increased social evaluative concerns and perceived inability to deal with evaluative events in social interaction have the potential to escalate social anxiety in undergraduate students.

As feared situations provoke anxiety responses, individuals either endure intense discomfort or engage in avoiding the situations which can lead to functional impairment

and/or distress (Eren-Gümüş, 2006). High in social anxiety individuals perceive their peers experiencing symptoms of social anxiety as weak and less appealing (Purdon, Antony, Monterio, & Swinson, 2001). High in social anxiety individuals are reported to experience distortions in social cognition, attention, and interpreting information, as well as deficiencies in establishing empathy and adjusting behaviors (Miers, Blöte, & Westenberg, 2010). The frequency and duration of making direct eye contact, managing body movements, and initiating conversations (Fernandez Castelao et al., 2015), fear of inability to meet social expectations (Herbert et al., 2013) are among the difficulties of high in social anxiety individuals.

Research suggests that people with social anxiety lack social skills and participate less in social activities and choose professions that require low social interaction as compared to low socially anxious peers (Beidel et al., 2010). Moreover, these individuals tend to be overly self-conscious, exaggerate the negative consequences of the social encounter and see their social skills as inadequate (Hofmann, 2007), they experience impairment in their educational, occupational and social functionality. They lose tendencies of noticing the positives in their social-performance situations, and pessimistic interpretations may dominate their stories in such situations. Especially during the undergraduate years - a time of growth, learning, and exploration, experiencing social anxiety could limit the students' ability to make use of opportunities and realize their potential. Hence, thinking about the approaches to supporting students at risk of social anxiety would have an immense importance to students, families, universities and the country at large.

Despite the establishment of the Ethiopian Psychologists' Association in 1992 and the opening of psychology departments in many of the 44 universities in Ethiopia, culture-sensitive psychological practices that could support university students are lacking (Wondie, 2014). This was attributed to lack of culturally validated psychological outcome measures, cultural and contextual variations in the interpretations of mental health concerns, lack of well-trained professionals might have also contributed to the paucity of research works that would help to determine the prevalence of mental health problems in Ethiopia (Wondie, 2014; Swancott, R., Uppal, G. & Crossley, J., 2014). However, there is an increasing need for psychological support programs that provide support for university students.

Children in Ethiopia tend to be brought up under the strict rules and demands of parents (Cox, 1991). The same people are expected to be sociable, successful in their academic performance and become the honor for the family and relatives upon joining university (Heissler & Porter, 2010). Their success at school or at work tends to be considered to bring pride to the family, as failure is perceived to bring shame. Hence, individuals' commitment to meet expectations of family and becoming their pride is at the forefront, while their own feelings and thoughts become secondary. Similarly, an individual's mental health is yet to be a concern practically worked on in Ethiopian too (Lauber & Rössler, 2007). As an individual may not have the skills and competences required to adapt to the demands in university life, coupled with unrealistic expectations from family and relatives, a student may feel under intense pressure, feel inadequate, and may experience excessive fear of failure and high social evaluative concerns during the university years. In Ethiopia seeking help from others tends be perceived as sign of weakness. Hence, in such societies, experiencing mental health concern may be stigmatized (Vogel, Wester & Larson, 2007). Accordingly, university students in Ethiopia may less likely courageously seek for professional support.

Cross sectional survey studies report that psychological distress is prevalent in Ethiopian university students' population (Dessie, Ebrahim & Awoke, 2013; Haile, Alemu & Habtewold, 2017; Abebe, Kebede & Mengistu, 2018; Tesfahunegn & Gebremariam, 2018; Dachew, Bifftu, Tiruneh, Anlay, Wassie &, Betts, 2019). Being female, low social support, being freshman student, having relationship problems, and family history in psychological distress (Tesfahunegn & Gebremariam, 2018); financial problems and substance use (Tariku, Zerihun, Adissu & Jini, 2019) were identified as predictors of psychological distress. Moreover, psychological distress in Ethiopian university students was also associated with suicidal ideation, low social support and substance use (Dachew, Bifftu, Tiruneh, Anlay & Wassie, 2018). A study indicated less likely hood of psychologically distressed university students in seeking professional treatment (Gebreegziabher, Girma & Tesfaye, 2019). These studies suggest the importance of introducing psychological interventions to support students' ability to manage psychological distress. However, there was a dearth of empirical studies that examines the effects of psychological interventions on managing psychological distress in Ethiopian university students' population.

Individuals may employ different strategies to manage their anxieties. Some may avoid facing fear triggering situations, whilst others may engage in denial. Such strategies may help to reduce anxiety symptoms temporarily, if not dysfunctional as they tend to maintain the fear/anxiety in the long-term preventing individuals from engaging in goal directed behaviors (Carver, Scheier & Weintraub, 1989). Tendencies of using maladaptive coping was associated with lower levels of self-efficacy (Thomasson & Psouni, 2010). Particularly, increased tendencies of experiencing negative emotions and reduced positive self-worth happens as social anxious tend to set exaggerated social standards, underestimate self-ability, and anticipate unsuccessfulness in social performance situations.

Adaptive coping efforts can be grouped under two categories: problem focused coping and emotion focused coping strategies (Folkman & Lazarus, 1988). Dealing with social anxiety through adaptive ways may include attempting to understand the problem, mapping its effects, and coming up with alternative ways of approaching the problem or changing perspectives and behaviors in dealing with anxiety. Proceeding in this line of coping may include seeking psychological support, for example counseling. Individuals applying to problem-oriented coping strategies try to understand the causes of the problem and develop and implement alternative solutions. In this regard, though limited in number studies reveal that Ethiopian university students tended to use maladaptive coping strategies (Shiferaw, Anand & Nemera, 2015; Melaku, Mossie & Negash, 2015), while they also lack awareness about the availability of counseling and guidance service in university to seek support (Shiferaw, Anand & Nemera, 2015). Yet, in another study the use problem-focused coping (Kumar & Side, 2015) was reported as means to cope with psychological distresses. However, there is lack of published research works devoted to assessing the effect of psychological intervention on social anxiety and coping strategies of Ethiopian university students' population. Lack of validated instruments, limited scope in mental health services, and the tendency to rely on traditional healers and religious intervention (Wondie, 2014) might have also contributed to the paucity of interventional studies. It was cognizant of these needs that this study has aimed at validating the Brief COPE (Carver, 1997) and Liebowitz Social Anxiety Scale (Liebowitz, 1987) in Ethiopian university students' context. There is also a concern that Ethiopian university students might be at risk of social anxiety when attempting to address various changes and challenges encountered in their university life. On the

condition that the adapted scales become valid and reliable, they can be used as a tool to examine the effect of social anxiety management program planned to be experimented in this study.

A report by Center for Global Mental Health that aims to get clear understanding on ways of improving mental health conditions in Ethiopia and five more low- and middle-income countries revealed that over 75% of people with mental health concern do not receive any form of treatment (Emerald Final Report, 2017). Being cognizant of the importance of mental health, attempts of introducing mental health related policies in the national health policy of Ethiopia were made, however, these attempts did not extend to practical steps on the ground (Dessie et al., 2013). Attributable to lack of qualified mental health professionals in Ethiopia (Desta, 2008) the guidance and counseling centers in university campuses were not organized enough to provide psychological services to students' diverse needs.

Although it is estimated that the prevalence of social anxiety is high in the university students' context in Ethiopia, studies that aims at examining the effects of psychological interventions to manage social anxiety and enhance coping skills are hardly encountered in the literature. As a result, there is a dearth of body of literature indicating attempts of designing psychological interventions programs that could support management of the prevalence of social anxiety in the young population. Inevitably, students who could be at risk of social anxiety less likely to get psychological assistance.

Considering the challenges related to the yet to be established provision of mental health services in university campuses (Desta, 2008), it is logical to take advantage of psychological interventions that emphasizes amplifying individuals existing resources and strengths (Sklare, 2014). It might be less realistic to consider planning long-term treatment approaches given that there is a need to increase public awareness about the effectiveness of psychological support services (Eustis et al., 2017). Thus, considering strength-based approaches that emphasize client's existing resources and past successes as in Solution-Focused Counseling (Sklare, 2014) or strengthening the social skills and competence of clients through Social Skills Training (Olivares-Olivares, Ortiz-Gonzalez & Olivares, 2019) would be a laudable option.

There is reasonable evidence that the Solution Focused Counseling (SFC) based intervention is effective in managing social anxiety (George, 2008). Precisely, this approach to counseling centers around client's strengths in the counseling process and

builds clients' self-efficacy and optimism towards meeting identified realistic changes (Sklare, 2014). Moreover, it is a goal-oriented approach that focuses on building client's mindset on their present and future desired changes instead of centering on deficiencies (Chevalier, 1995). Though there is little empirical evidence, analyses of the studies that examined the effectiveness of a solution-focused counseling in managing anxiety revealed reduction in anxiety symptoms.

A six-session's solution-focused social phobia management group program with university students was found effective in improving coping with anxiety related avoidance, fear of evaluation, and feelings of worthlessness (Ateş & Gençdoğan, 2017). Moreover, a group-based solution focused therapy conducted for 12 consecutive sessions revealed significant reduction in social anxiety symptoms and improvement in their perceptions of self-efficacy (Baijesh, 2015). In another controlled study, Solution Focused Brief Therapy (SFBT) oriented group program resulted in increasing their constructive attitudes and self-efficacy while also reducing anxiety complaints in elders experiencing stroke (Wichowicz, Puchalska, Rybak-Korneluk, Gąsecki & Wiśniewska, 2017). These results suggest that solution focused psychoeducational program may help to manage social anxiety in university students.

Similarly, evidences indicate that Social Skills Training was a frequently considered intervention to reduce social anxiety symptoms (Olivares-Olivares, Ortiz-González, & Olivares, 2019). In the study, they reported that participation in a controlled SST was able to significantly reduce social situations feared/avoided. A study that combined SST intervention with Exposure therapy has also indicated a significant decrease in self-reported social anxiety (Beidel et al., 2014). Accordingly, considering the potential to bring changes in a brief period (Brasher, 2009), SFC oriented psychoeducational program and Social Skills Training were planned to be examined for their effectiveness to manage social anxiety and enhance coping skills in Ethiopian university student's context.

In Ethiopia, alongside the needs for psychological interventions that could serve to prevent mental health concerns or promotion well-being in higher educations, there is a demand for a valid and reliable tool to collect the data on the prevalence of social anxiety in the population understudy (Dessie et al., 2013). In this country, valid psychological instruments that would allow to measure psychological structures of social anxiety and coping in university students' population were not found. Accordingly, this study

involved adaptation and validation of the Liebowitz Social Anxiety Scale and Brief COPE inventory to ensure better understanding of the constructs in the Ethiopian university students' population and examine the effects of interventions in this study. Accordingly, the main objective of this study was to develop treatment programs and examine their effects to reduce the levels of social anxiety and improve coping skills in Ethiopian university students' context.

1.2. Research Questions

The main purpose of this study is to examine the effects of the Solution Focused Psychoeducational Program, here after SFPP on Ethiopian university students' social anxiety and coping levels. To this end, a nine-sessions program was developed and then its effect on social anxiety and coping strategies of students was assessed using quasi-experimental design with pretest and post-test measurements. Moreover, an alternative Social Skills Training, here after SST was also planned to be tested as the second experiment. Accordingly, the Amharic versions of the Liebowitz Social Anxiety Scale (LSAS-Amh) and the Brief COPE (Brief COPE-Amh) measures were administered to participants in the SFPP, SST and the no-treatment control groups. Hence, the following research questions were formulated:

1.2.1. Research questions related to social anxiety

1) Would there be any significant differences among the groups in their posttest scores of the measure of social anxiety?
2) Would there be any significant differences in the social anxiety posttest scores of the SFPP and the no-treatment control groups?
3) Would there be any significant differences in the social anxiety posttest scores of the SST and the no-treatment control groups?
4) Would participation in the SFPP group demonstrate significant within group changes in social anxiety at the posttest relative to the pretest assessments?
5) Would participation in the SST group demonstrate significant within group changes in social anxiety at the posttest relative to the pretest assessments?

1.2.2. Research questions related to coping strategies

1) Would participation in the SFPP result in significant changes in the posttest scores of coping strategies (self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioral disengagement,

venting, positive reframing, planning, humor, acceptance, religion and self-blame) among the groups?

2) Would there be any significant differences in the coping strategies posttest scores of the SFPP and the no-treatment control groups?
3) Would there be any significant differences in the coping strategies posttest scores of the SST and the no-treatment control groups?
4) Would participation in the SFPP demonstrates significant within group changes in the coping strategies at the posttest relative to the pretest assessments?
5) Would participation in the SST demonstrates significant within group changes in the coping strategies at the posttest relative to the pretest assessments?

1.3. Significance of the Study

University life features several critical developmental and adjustment issues that an individual in encounters on daily basis. In this dynamic period of growth, many Ethiopian university students leave their sources of social support and start studying in a different context. While leaving their comfort zones (families and friends), university students are expected to integrate their identity, enhance their intellectual development, adapt to the new changes in university life, establish relationships with others, discover their emotions, practice making autonomous life decisions and feel confident in the social and performance situations. However, the possibilities to make ease for students to cope with and get through these developmental and adjustment issues with little loss depends on the availability of quality psychological supports services in university counseling centers.

There is also a hope that mental health service provisions in Ethiopian universities that could get better than ever. However, cognizant of the current paucity of such psychological services, the present study aims at filling the gap through supporting students' abilities to manage their social anxiety and improve coping skills. As a result, findings of this study may shed light on the practice of Solution Focused Counseling and Social Skills Training modalities of treatments on anxiety management in the context of Ethiopian university students. Moreover, this interventional study may contribute to the field of psychological counseling and guidance as an empirical evidence on the applicability of each of the treatment modalities (Solution Focused and Social Skills Training) in Ethiopian cultural context. It may also provide clues about the appropriateness of psychoeducational programs or guidance groups for managing social anxiety and improving university students' levels of coping in Ethiopia.

1.4. Limitations of the Study

Interpretation of the results of this study should be considered in the context of the following limitations. The first limitation relates to lack of follow-up assessment. Post-intervention follow-up assessment of the outcome variables would have helped to determine long-term effects of the study. However, as some of the group members were graduating students, after which accessing them was impossible due to lack of internet connections, the follow-up assessment was not performed. Due to lack of follow-up assessments, it was not possible to make conclusion on the long-term effects of the interventions. Therefore, future research works may consider determining the long-term efficacy of both the SFPP and SST interventions on social anxiety and coping strategies.

Adaptation of the Western culture developed psychological instruments might help to engage in cross-cultural studies. However, in order to better understand psychological constructs such as social anxiety and coping strategies in the cultural context of the study population, developing a reliable and valid measure of coping specific to Ethiopian cultural context may help better understandings of the constructs and chances of obtaining a more meaningful impacts of interventions on coping.

As the study has relied on self-report scales in which participants give responses to the items based on their subjective measurement social anxiety and coping strategies. However self-report measures may have risks of receiving participants responses influenced by social desirability, situational influence or lack of recall sometimes. As a result, supplementing the self-report measures with qualitative data may help to explore group members progresses in their own words and assessment. Moreover, better understandings of the effects of intervention may also be established.

2. REVIEW OF RELATED LITERATURES

In this chapter, theoretical background of the study and related research studies in the literature were presented. The first section covers the concept of social anxiety and factors that maintain it, social anxiety and positive affect, and possible areas of interventions to manage social anxiety. Section two dealt with coping, strategies of coping with social anxiety, the classification and effectiveness of coping with it. The third section was about Solution Focused Counseling and its philosophical foundation, assumptions, the counseling process and techniques used within it. This part also covered how solution focused counseling in Ethiopian context works and research studies related to the effectiveness of solution focused counseling. The last section deals with Social Skills Training, its assumptions, techniques and studies about its effectiveness.

2.1. Social Anxiety

Anxiety is among the emotions that encourage an individual to act in ways that increase the chances of survival and opportunities of growth. Though it is unpleasant to experience anxiety, some levels of social anxiety can be helpful for a healthy life. Anxiety may help a person to look forward and plan that would assist an individual to be motivated to put extra effort into the work and make impression on others. Anxiety can also serve as a warning sign for a person to be cautious and careful in decision making and problem-solving. Though it is unpleasant to experience it, anxiety is not totally something to be unilaterally avoided due to its several life facilitative functions. However, intense and persistently experienced anxiety can lead to significant deterioration and incapacitation of a person by negatively affecting people's social and professional engagement.

Associated with social anxiety, fear of being judged or negatively evaluated by others, individuals may experience feelings of inadequacy, embarrassment and they may feel quite uncomfortable in social or performance situations. Social performance situations could be meeting other people or becoming the focus of attention of others while performing, given that the performance involves interpersonal evaluation or social evaluative concerns. Such social situations in which a person may experience social anxiety can sometimes be imaginary or actual. In such situations individuals with high social anxiety tend to view themselves negatively, underrate their social skills, expect to display incompetent and poor social performance situations compared to the people with low social anxiety.

2.1.1. Conceptualizing social anxiety

Social anxiety is associated with "a strong desire to convey a particular favorable impression of oneself to others and marked insecurity about one's ability to do so" (Clark & Wells, 1995, p. 69). Doubting the ability to impress others may have a substantial risk of behaving in an incompetent and undesirable fashion with its consequences of a loss of status or rejection (Gilboa-Schechtman, Franklin, & Foa, 2000, p. 731). In this situation, individuals tend to give considerable attention and effort to manage their anxiety and behaviors observable to others. There is a "marked and persistent fear of one or more social or performance situations…" in which high in social anxiety individual fears "acting in a way or showing anxiety symptoms that will be embarrassing or lead to rejection or offend by others" (American Psychiatric Association, 2013, p. 202). Consequently, the social situation, which triggers discomfort, unease, or intense fear of being negatively evaluated by others, must either be avoided, or intense distress would be experienced (American Psychiatric Association, 2013, p. 190).

Though some level of social anxiety is normal and helpful, on a continuum, social anxiety could extend from its mildest form to more intense and disabling end (Russell & Topham, 2012, p. 375). It is prevalent among females rather than the males at higher rate, and the gender difference is more pronounced in adolescents and young adults (American Psychiatric Association, 2013, p. 204). It has a very early onset beginning in childhood and covering the period between adolescence and young adulthood years (Fehm, Beesdo, Jacobi & Fiedler, 2008, p. 259). The beginning of social anxiety can be associated with the stressful experiences (e.g., bullying) encountered in a person's daily life. Despite its consequences such as the functional impairment and sufferings in social performance situation, social anxiety has remained the least understood psychological concern.

Shyness, self-consciousness, inability to act in a relaxed and natural way, submissiveness, overcontrol in their emotions are often characterized higher in individuals experiencing social anxiety (Beidel & Turner, 2007; Gilbert, 2001). Their high fear impairs their interaction with others in social performance interactions, leaves them isolated and ruins their positive and meaningful social relationships (Riordan & Singhal, 2018, p. 1104). They may also actively avoid expressing displeasure, making speech in public, talking to an authority figure or to an opposite sex, applying for a job opportunity and going out with friends (Panayiotou & Karekla, 2013, p. 283–294). It can also be associated with consequences of conformism to trends, vulnerability to lower self-

esteem, and distress (Leigh & Clark, 2018, p. 390), weak social skills, poor skills in guiding others, difficulties in attention, and learning (Bernstein, Bernat, Davis & Layne, 2008, p. 752), avoidance of social interaction, unease in social situations, and having troubles in building relationships (Russel & Topham, 2012, p. 378). While socially anxious individuals recognize their exaggerated anxiety, they often feel powerless to make changes because of the thoughts triggering their anxiety and high persistent fears (Damer, Latimer, & Porter, 2010, p. 8).

Though detailed examination of different models is not within the scope of this study, relevant literature indicates the presence of different models regarding the interpretation of social anxiety. Early interpretation of social anxiety was based on the social deficit model where anxiety is triggered by lack of adequate social skills (Schlenker & Leary, 1982, p. 642). Different from this earlier version, recent evidence indicated that individuals with high social anxiety exhibit intense fear, distress or avoidance mainly due to their biased thought processing that underlie and maintain social anxiety. This view is based on cognitive behavioral model (Clark and Wells, 1995; Rapee & Heimberg, 1997). The third model is the classical conditioning model, where anxiety can be learned through the association of the pairings of aversive social consequences and neutral stimuli; while the forth model is the personality trait approach where social anxiousness is considered to be a personality trait underlying individual differences (Schlenker & Leary, 1982, p. 642). Being socially anxious could not be simply minimized to insufficient social skills as there could also be distorted thoughts triggering the intense fear. The related literature is also inconclusive about the relationship between social anxiety and social skills deficiency. For example, the presence of association (Angélico et al., 2013) and the absence of association (Levitan & Nardi, 2009) were reported between social anxiety and social skills.

Biases in attention, interpretation, memory or imagery are commonly experienced by socially anxious individuals (Hirsch & Clark, 2004, p.80). They tend to have an increased self-focused attention, engage in pre- and post-event rumination negatively, use biased self-view related to information in order to make negative interpretations about how they appear to others, and they widely utilize safety behaviors to prevent feared catastrophes (Hodson, McManus, Clark, & Doll, 2008, p. 450). They tend to use negative self-statements, assess their social performances negatively, selectively focus on things

that did not go well in a social interaction and be preoccupied with worries that others will judge them negatively (Purdon, Antony, Monteiro, & Swinson, 2001, p. 204).

Individuals with high social anxiety are typically silent and reserved in social situations they are less familiar with (Stein & Stein, 2008, p. 1115). Among the most commonly reported feared social situation are acting, performing or giving a talk in front of an audience, while blushing in front of others was the most commonly avoided situation (Hakami, Mahfouz, Adawi, Mahha, Athathi, Daghreeri, Najmi & Areeshi, 2018, p. 42). Inhibition to participating in various social performances has negative effects on the interpersonal development of an individual. Persistent social anxiety significantly impairs the quality of life and psychosocial functioning (Olatunji, Sisler & Tolin, 2007, p. 579). Hence, the daily routines, occupational performance, or social life of a person could be debilitated by intense anxiety.

Individuals with high social anxiety tend to overrate the level at which their anxiety symptoms can be seen by others. They over apprehensively perceive that others will be critical of their anxiety symptoms as an indicator of their sign of deficiency, inadequacy and lack of intelligence, and that will have consequences such as embarrassment (APA, 2013; Clark & Wells, 1995). This is among one of the most important features of social anxiety. This feature partly constitutes negative self-evaluation. Probably, if the concerns about exhibiting symptoms of anxiety were not as such high, individual's anxiety might reduce considerably (Purdon, Antony, Monteiro & Swinson, 2001, p. 205). However, evidence show that individuals with social anxiety are lack of exhibiting a set of positivity (Weeks & Heimberg, Rodebaugh, Goldin, & Gross 2012, p. 301-312), including reduced positive affect and they have deficiencies in behaviors related to seeking for information or expressing their emotions (Kashdan, 2007, p. 348). They also tend to react negatively and feel unease even during the positive social events (Gilboa-Schechtman, Franklin, & Foa, 2000, p. 731). It is necessary to emphasize that such an over-concern about negative evaluation in social situation would inhibit people with social anxiety from approaching to the social situations.

The fear of evaluation is another important feature maintaining the social anxiety. Fear of either negative or positive evaluation is a basic feature of social anxiety. Both fears of evaluation (Weeks, Heimberg & Rodebaugh, 2008, p. 44) could be associated with the distorted interpretations of social interactions. Socially anxious individuals may have a belief that others would wait for persistent success in their future social

performance and start doubting their ability to meet the increased expectations (Heimberg, Brozovich, & Rapee, 2010, p. 412). The fear of positive evaluation is attributed to possessing a biased judgment about other people's great expectations while perceiving one's inability to meet the exaggerated expectations. Even after successfully engaging in a social activity with positive experience, socially anxious individuals are less likely to pay attention to positive emotions (Weeks, Heimberg & Rodebaugh, 2008). Their fear of evaluation probably overrides their thoughts.

Fear of appearing anxious or displaying physiological symptoms of anxiety (sweating, shaking of hands, stumbling over words or weakening of the voice), or appearing to be boring, or being incompetent are among the common concerns of individuals with high social anxiety (Stein & Stein, 2008, p. 1115). Along with self-consciousness, and the belief that everyone is to judge them negatively restrain individuals with social anxiety from focusing externally, and from living in the moment or enjoying what they are experiencing. Expressing feelings at the spot could be among the challenges experienced by socially anxious people. They fear that they would be judged for being authentic about their emotional experiences.

Individuals with high social anxiety are usually shy when they meet unfamiliar people, and they tend to be withdrawn, and remain quiet in social settings. In these situations, they may seem to be outgoing as they attempt to control their discomfort; however, they might internally be experiencing fear. When the intensity of anxiety gets high, they may start to show emotional or physical symptoms, which consequently becomes another leading factor to anxiety. Hence, they may tend to avoid social situations or abstain from engaging, instead they tend to use safety behaviors (having the company of others when they join social performance situations). Individuals with high social anxiety are distinguished by lower self-worth and highly critical of themselves (Stein & Stein, 2008, p. 1115). They also tend to engage in less intimacy among schoolmates, experience irritability from their peers, and have disengagement from relationship development with adults (Blote & Westenberg, 2007, p. 189; Alden & Taylor, 2004, p. 874). Due to their fear of rejection or negative evaluation, individuals may tend to engage in perceived peer affirmation behaviors (Stewart, Morris, Mellings, & Komar, 2006, p. 671).

Despite social anxiety being a manageable concern, individuals who are at high risk of social anxiety may less likely access psychological support programs. Research also

indicate that young generations, these days, struggle more with mental health issues than their peers in the past (Brunner, Wallace, Reymann, Sellers & McCabe, 2014:257). With the risk and prevalence of social anxiety among young adults, it is worrying that the gap between mental health needs and provision of mental health service is not fairly paid enough attention in less developed countries. Consequently, young adults, who experience struggles about mental health concerns, are less likely to reach their potential and to contribute to the development of their country. In order to ensure better conceptualization of the processes involved in social anxiety, and thereby develop possible interventions, understanding how social anxiety is maintained remains an important aspect.

2.1.2. What maintains social anxiety?

As individuals differ in terms of the persistence and intensity of their experience of social anxiety, the ways they deal with social anxiety may also differ from one another. Some individuals choose abstaining from the unpleasant anxious feelings or avoiding these situations through reverting to safety behaviors. Some individuals engage in thinking about feared situations. Some others may choose to attach meaning to their social anxiety and use it as an opportunity for growth. Some others may tend to reduce their anxiety through self-protective behaviors. However, avoidance of assertiveness and conflict, restrictions of emotional expression, and over reliance on others may temporarily help individuals as an aid to safety behaviors. However, avoiding rather than facing the challenges through safety behaviors could sustain social anxiety (Davila & Beck, 2002, p. 427). Thus, as demonstrated in Figure 2.1. there are cognitive and behavioral processes that maintains social anxiety.

One of the most important behavioral processes that may contribute to the self-perpetuating cycle of social anxiety is avoidance. Avoidance of social situation prevents a person with high social anxiety from perceiving any positive social feedback, which might be helpful in changing unrealistic beliefs (Juretić & Živčić-Bećirević, 2013, p. 190). Though avoiding social interactions help to manage embarrassment in such situations, it paradoxically impairs a person's ability to establish relations with others. It also indirectly puts them in a situation of being less likeable by their partners or colleagues (Alden & Taylor, 2004, p. 857). Being preoccupied by such fear of embarrassment, individuals less likely focus on what they can accomplish in social performance situations.

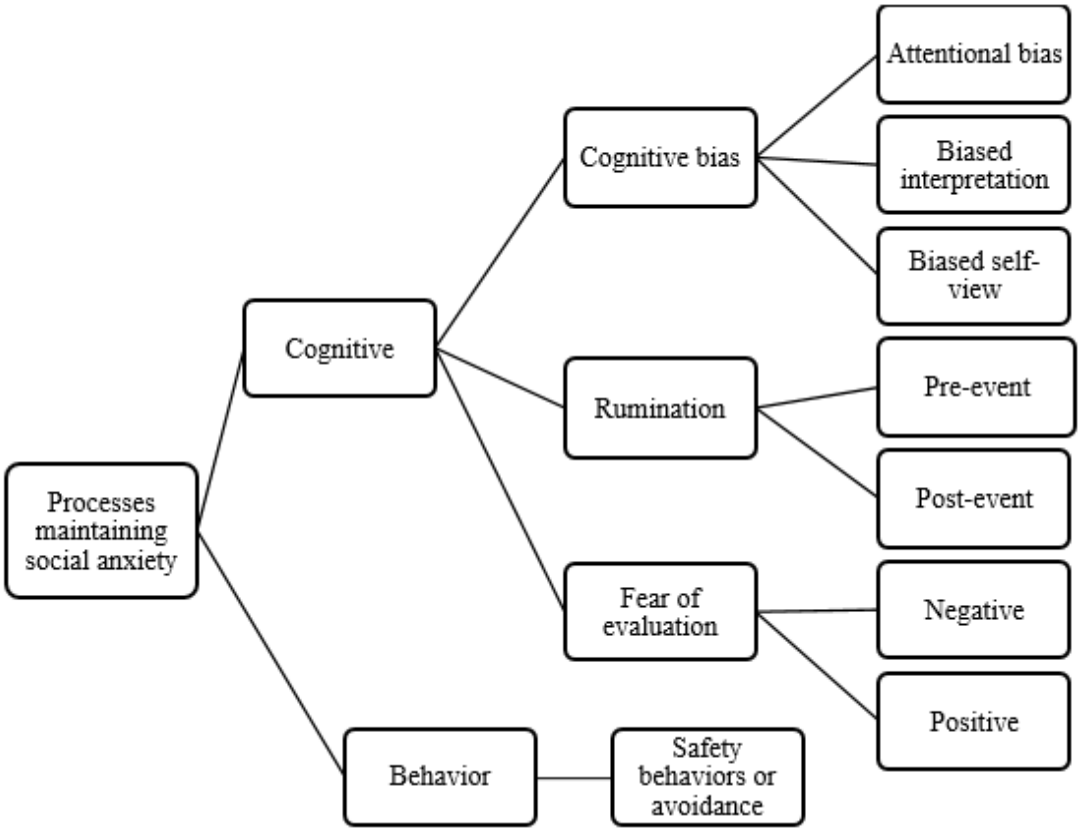

Figure 2.1. *Processes sustaining social anxiety*

The other important process that contributes to maintenance of the vicious cycle of social anxiety is rumination (Modini, Rapee & Abbott, 2018, p. 24). Rumination is a detailed and repetitive review about anxiety triggering social situations. It occurs when an individual anticipates the events about the worst-case scenarios both before the event (pre-event rumination) and/or following the event (post-event rumination). The tendency to negatively appraise the social performance situations and biased attentional focus to the negative aspects in the social events induces the belief of viewing social situations as threatening (Modini, Rapee & Abbott, 2018). Subsequent of a social performance, with a one-week follow-up, participants with high social anxiety were found to have higher levels of post-event rumination (Edwards, Rapee & Franklin, 2003). It is this repetitive, detailed review of negative post-event processing which reinforces intense social anxiety in individuals with high social anxiety.

Biased self-view also plays a key role in generating and maintaining social anxiety (Clark & Wells, 1995; Heimberg, Brozovich & Rapee, 2014). Three types of self-focused information produce negative self-view (Clark, 2001, p. 408). Firstly, individuals with high social anxiety tend to equate their feeling of anxiety with looking like an anxious

person. Secondly, they tend to take an observer's perspective about themselves. They tend to rely on the negative internal information or on the spontaneously occurring images to base their judgement on the observer's view about them. Thirdly, felt sense (misleading internal information) also contributes to the negative impression of one's social self. Based on internal bodily awareness, these individuals could view themselves as looking like stupid and uninteresting. This self-focused information can lead to the marked distortions.

Biased attention includes selective attention to threat-related social information and exaggerated self-focused attention. Negative self-views prevent the individuals from observing external information that disconfirms their fear (Spurr & Stopa, 2002, p. 947). Such self-criticism during or after social performance cases could play a role in triggering and sustaining social anxiety (Norton & Abott, 2016, p. 44). People experiencing high social anxiety hold more negative self-views and less positive self-views compared to those with low social anxiety (Goldin, Jazaieri, Ziv, Kraemer, Heimberg, & Gross, 2013, p. 301; Moscovitch, 2009, p. 125).

Another factor that maintains social anxiety is the distorted interpretation of social information. Social cues are ambiguous and can easily be distorted. Individuals with high social anxiety overcome ambiguous social cues through interpreting them as negative points (Clark & Wells, 1995, p. 69–93). Hence, negative interpretation is the default reactions of individuals with high social anxiety in the threatening social situations. Biases in interpretation tend to rely on pre-existing negative beliefs (Amir, Prouvost, & Kuckertz, 2013, p. 119). Preceding experiences in social situations, physical symptoms as internal cues, and audience responses as external cues could be used as pieces of information for the biased interpretation of individuals with high social anxiety.

Even though social interactions can be sources of positive social events and emotions (Kashdan, 2007), sharing pleasant social events, which reinforces social ties, may also be perceived negatively by individuals with high social anxiety. The self-doubt and underestimating one's social skills limit conveying the desired social impression, and the social situations itself might also be perceived as threatening. As socially anxious individuals are overly self-critical and view themselves negatively, their efforts to take active steps to have relations with others and engaging in positive social events might not be viewed positively. Their overt self-criticism contributes to deficits in their perceptions of their social skills and social self-efficacy (Kashdan & Roberts, 2004, p. 121). Even

after successful social performance, individuals with high social anxiety tend to devalue their achievement (Bogels, Rijsemus & De Jong, 2002). This could be associated with their concerns about how to manage anxiety during the social event or with their embarrassment due to their fear of losing the positive impression that they once achieved (Weeks, Heimberg, Rodebaugh, & Norton, 2008, p. 386). For this reason, socially anxious individuals are less likely to attend to positive emotions in social experiences. As there are few research studies focusing on the relationship between positive affect and social anxiety, it is relevant to explore the specific positive emotions that operates in socially anxious individuals.

2.1.3. Social anxiety and positive affect

Individuals with the social anxiety have the motive to be a valued member of a social group and to convey a desired impression. This desire of being socially valued, however, is accompanied by a considerable uncertainty about their inability to realize it. Instead, they experience an extreme fear of embarrassment in social and performance situations and become overly self-critical about being a socially anxious individual. Individuals with high social anxiety tend to have high negative affect, low positive affect and poorer social self-efficacy when associated to low in socially anxious controls (Kashdan & Roberts, 2004). While positive affect potentially enhances human functioning, individuals with social anxiety susceptibility experience negative emotional states and they avoid social situations (Fredrickson, 2004). Anticipating an excessive worry tends to reinforce the possibility of experiencing a negative emotional affect. Contrary to this view, selectively anticipating joy or any other positive feelings in an event in the future is more likely to intensify and strengthen the possibility of experiencing a positive emotion.

There is evidence about the association between anxiety and reduced positive experiences (Kashdan, 2007, p. 348). Socially anxious people are less likely to express their positive feelings and to describe their disappointments (Kashdan & Breen, 2008). However, the positive emotions explaining this association has been of interest in the relevant literature. According to Cohen and Huppert (2018), pride as a positive emotion was found to be associated with the social anxiety (Cohen & Huppert, 2018). In this study, low levels of pride were found to be a central factor contributing to the social anxiety. Pride is an appraisal of an individual's behaviors with a consequence of socially valued

outcome or of appraising a person for acting in a socially valued manner (Tangney and Tracy 2012). Individuals with high social anxiety tend to appraise their behaviors as less socially valued or perceive the outcomes of their performances as less socially valued (Gilbert, 2001). Deficiency of pride is the contributing factor to the development and maintenance of social anxiety. Absence of joy, which is a specific positive emotion related to positive affect, is associated with the lack of pride in individuals with high social anxiety (Cohen & Huppert, 2018).

The strategies such as counteracting the habit of focusing onto the negative aspects and ignoring or disqualifying the positive experiences can be savoring for these individuals. Savoring helps individuals to attend to a social event with the aim of enhancing the neglected or forgotten details of the positive emotional experiences (Bryant & Veroff, 2007). In this process, there is conscious appreciation, and enhancement of the positive aspects in life (Bryant & Veroff, 2007, p. 2). By this way, individuals who tend to focus on the negative experiences can be supported to attend to positive affect in the social events while it is happening or even in the pre- or post-events. Such interventions can have an influence on having more positive attentional focus (Seligman, Rashid & Parks, 2006). Conscious tendencies to positively biased information processing was also examined in terms of its relationship with the positive mood (Sanchez et al., 2013).

Another intervention through which people with high social anxiety can challenge their negativity bias is through hunting the good stuff in their daily lives (Hope et al., 2010; Ackerman, 2018). Intentionally identifying and appreciating the good things that occur in their daily lives can have the potential to unlock their positive emotions. Identifying the *Three Good Things in Life* each day, together with a causal explanation for each of the good things was found to increase the optimism and reduce distress (Seligman, Steen, Park & Peterson, 2005). The regular exercise of using three good things for at least a month was found to improve their well-being and resilience (Rippstein-Leuenberger, Mauthner, Sexton, & Schwendimann, 2017), happiness, optimism and hope (Fleming, 2006), positive affect, and trust (Yoichi & Naomi, 2015).

Attending to a positive life event and appreciating and enhancing positive emotions deriving from this event may have the potential to improve well-being. Adaptable interventions that may enhance positive emotions can have tendencies of improving the well-being and resilience to the life stressors (Smith & Hollinger-Smith, 2015, p. 192). Imagining positive life events can help to challenge counter-productive thought processes

and facilitate an individual's better focus on the task at hand. Consciously attending to positive emotions is essential for optimal functioning because, they may broaden the mindset, support the existing resources and promote flourishing (Fredrickson, 2004). Therefore, helping socially anxious individuals to purposefully attend to positive life events, and practice appreciating the positive aspects in their daily life events may enhance the individuals' beliefs of being able to engage in social performance situations.

Socially anxious individuals tend to have a bias in attending and interpreting social events negatively. The thought processes that play active role during these times tend to be unhelpful and negative. Hence, challenging and replacing the distorted thoughts to more productive and realistic types may help them engage in social performance tasks with concentration. For instances, engaging in *Real Time Resilience* can be among the ways people use to challenge some of their unhelpful thoughts. Real Time Resilience (RTR) is a coping tool that helps to immediately challenge arising negative and unhelpful thoughts (Reivich, Seligman, & Mc Bride, 2011). This coping tool was proved to be useful in helping individuals to replace these thoughts with positive and realistic thoughts. The tendency to be self-conscious of anxious thoughts could lead to low self-confidence and to taking initiatives to engage in social performance (Reivich, Seligman, & Mc Bride, 2011). The three strategies employed to challenge unhelpful thoughts in RTR are evidence, optimism, and perspectives. Challenging thoughts that are negative and unhelpful are not simply the same as replacing them with positive ones. Instead, it requires disputing them at the time they are encountered.

Due to fear of scrutiny, socially anxious individuals tend to reduce social events, negatively interpret positive social events, and experience low positive affect (Alden, Taylor, Mellings & Laposa, 2007, p. 577). Individuals with high social anxiety accurately detect negative information while selectively ignore positive information compared to their peers with low social anxiety (Veljaca & Rapee, 1998, p. 311). Because of their biased attention and interpretation of social events, socially anxious individuals may tend to elicit positive affect even during positive social events.

Individuals with social anxiety tend to distortedly interpret a positive social event. In this regard, mindful practice of attending to the positive aspects in the events and making it a habit may help people to make the most out of such sustained practice. Persistent practice of intentionally attending to the positive aspects in social performance cases may provide individuals with the chance to use social anxiety to explore their own

strengths. Accordingly, socially anxious individuals may start witnessing their personal resources or strengths shadowed by anxious feelings and avoidance behaviors. Consequently, they may start to better approach their unused potentials. In this respect, savoring positive events was found to enhance happiness (Jose, Lim, & Bryant, 2012, p. 176). Thus, planned and practiced experiences of attending to, appreciating and enhancing positive events can have better outcomes in facilitating the positive affect.

During the social interaction, socially anxious individuals may be less likely to focus on their emotions or they may have difficulties in describing their emotions. It is indicated that individuals with high social anxiety exhibited greater anger and poorer anger expression skills compared to the individuals with low social anxiety control (Erwin, Heimberg, Schneier, & Liebowitz, 2003, p. 331). The fears in expressing their emotions or suppressing the expression of emotions were identified as the common features of socially anxious university students (Spokas, Luterek, Heimberg, 2009, p. 283).

In this sense, while the personal strengths and contributions of personal qualities are valued, social anxiety may make a person became self-alienate due to the underestimation of their self-strength and ability. It is revealed that negative emotions tend to operate in narrowing the individual's focus, while positive emotions tend to facilitate the individual's psychological, intellectual, and social resources (Fredrickson, 1998, p. 300). Unlike being overly anxious, attending to and amplifying positive emotions have the potential to develop the resilience, optimism, and problem-solving skills and to qualify interpersonal relationships (Rae & MacConville, 2015, p. 30). Interventions aiming at achieving the feasible and positive goals can have better outcomes in managing the social anxiety.

2.1.4. Social anxiety and areas of interventions

Socially anxious individuals are characterized by distortions in attending to social information and by having biases in interpretation and having negative self-views (Hirsch & Clark, 2004). People with social anxiety are characterized by having difficulties in setting meaningful and feasible social goals, overestimating other people's expectations and underestimating their social skills (Hofmann, 2007). Despite such negative self-views and being too critical of their mistakes, individuals with high social anxiety have their own resources of coping with this issue. Their resources are usually overshadowed by their intense fear and avoidance, limiting them from being attentive to their strengths. In

order to manage their anxiety, they tend to choose safety behaviors, or they avoid social performance situations. Thus, they tend to deny the opportunities of growth and the access to the social performance situations. Accordingly, facilitating their courage and enhancing their social self-efficacy could be an important area of intervention.

Interventions aiming to manage the social anxiety may support individuals through disputing problematic self-views and nurturing positive self-views (Thurston, Goldin, Heimberg & Gross, 2017). Individuals with high social anxiety tend to get trapped in negative thoughts and to mainly hold self-focused attention. From the viewpoint of the "solution" side of the problem-solution aspect, complementarity may be one strategy to manage social anxiety. Envisioning a future without any problems or encouraging the individuals to produce alternative and more productive thoughts could be helpful. The productive ways of responding to adversities include changing less unhelpful thoughts based on the evidence, reframing (giving different meaning to the social event) or engaging in the planned actions to alter some behaviors.

Interventions that deliberately allow individuals to use an evidence to dispute less productive thoughts, reframing the counterproductive thoughts or being more intentional in drawing attention to meaningful purposes might help to decrease the negative thoughts and to reinforce the coping resources. The strategies, which help the clients to determine a feasible and meaningful goal, to encourage them to detach themselves from the problematic situation and to perceive the problem as an external object, could help them to divert the self-focused attentions. Through externalizing the problem (Gehart & Tuttle, 2003:218), individuals experiencing social anxiety can move away from perceiving themselves as the problem and start to view the problem as influenceable. Moreover, they can notice their resources, which they could use in order to manage a problematic situation.

The ways in which people with social anxiety interpret their own social behavior can have an important influence on their social performance. As they are more likely to interpret ambiguous information and to view themselves negatively, they are more inclined to overestimate the extent to which their anxiety symptoms are visible to others (Roth, Antony & Swinson, 2001, p. 131). The fear of disapproval or rejection, and the thoughts about performing in less socially desired ways could lead them to avoid some behaviors. The avoidance of the behaviors has tendencies of maintaining social anxiety as opportunities of disputing the distorted thoughts could not be accessed in the potential

social situations. Having serious doubts about the self-ability and setting unrealistic social standards are not the only features of these individuals as they also experience difficulties in setting achievable social performance goals.

Given the intense emotional experiences during the university years, one critical factor should be the way individuals cope with the demands they encountered. The students, who proactively work to accomplish developmental tasks and challenges during university years, tend to form a coherent sense of identity and to take the advantage of opportunities (Schwartz, Cote, & Arnett, 2005, p. 203). Moreover, what appears to be overwhelming to one might be perfectly manageable or more overwhelming to some others. Hence, instead of perceiving it as impediment altogether, anxiety may encourage change and achievement on condition that it is viewed positively, and it does not exist for an extended period. The intervention strategies, which could help to view anxiety as less threatening, through emphasizing the benefits of experiencing anxiety and positive meanings of it, could have contributions in managing anxiety.

The variety of behaviors, which socially anxious individuals engage in after viewing a social performance situation as problematic and threatening, could have consequences of reinforcing their anxiety. Thus, the possibility of changing the way anxiety is viewed may have the possibility of enhancing the goal attainment. Hence, strategies, which could help to manage anxiety through embracing it, could be used as the resources in supporting the efforts to achieve goals. Moreover, interventions aiming at generating positive self-views and adaptive attention in the context of conducive therapeutic environment may help socially anxious participants to shift their self-focused attention to the external realities. Protective group atmosphere where mutual support is established among group members might help to amplify positive emotions. Given the association between coping efforts and health outcomes during undergraduate years, developing psychoeducational interventions, which could generally enhance behavioral and cognitive efforts of managing stressors, is essential.

2.2. Coping with Stress

2.2.1. Stress as facilitative or debilitative?

Stress is interpreted as person-environment transaction where an individual considers this condition as demanding and outweighing the abilities to meet the demands (Folkman & Lazarus, 1984). How stressful the situation might be different from one

person to another based on the significance of each situation. A situation could be stressful to an individual when there is a pursuit of goals or avoidance of threats. Accordingly, how people choose to perceive a situation as stressful can have an influence on stress responses and stress outcomes (Crum, Akinola, Martin, & Fath, 2017). A person's view of a stress triggering experience as having a psychologically negative consequence is more likely to reinforce the individual's evaluation of the resources as inadequate. This case may in turn increase the likelihood of using maladaptive coping responses.

Perceptions, which people hold about stress and anxiety, can change how these feelings can affect people's functioning and health (Keller, Litzelman, Wisk, Maddox, Cheng, Creswell & Witt, 2012). Some individuals may experience great fear, strive to eradicate or feel helpless and grant more power to their stress and anxiety. Some others may consider stress as a path to their best selves. Hence, alongside the intensity of it, the perceptions of individuals about stress may be effective in influencing the responses to stress. Being able to view stress more positively and trying to find some meaning in it (Folkman, 2008) may have possibility of reducing undesirable consequences and encouraging people to cope in ways that help them to function well. Then, it is unreasonable to single out the stress and to associate it with debilitating consequences.

Indeed, stress can serve as a valuable resource to boost one's performance or serve as a source of motivation in challenging situations, given that an individual is ready to view stress as an opportunity and reframe its meaning in a more desirable way (Strack, Lopers, Esteves, & Fernandez-Berrocal, 2017). The extent to which a person perceives stress as having enhancing consequences was stated to have positive influences on certain outcomes like productivity, health and wellbeing, and learning and growth (Crum, Salovery & Anchor, 2013, p. 716). In fact, stress, which is once often associated with debilitating consequences, may serve to encourage people to cope with the stressors in ways that help an individual's functionality and wellness. This intentional way of reinterpreting a stressor through "looking on the bright side" or "finding silver lining" (Burklund, Creswell, Irwin & Lieberman, 2014, p. 1) makes it less threatening and less interfering in the goal directed behaviors.

Perceiving a stressful situation as a challenge cultivates the thoughts about what a person could gain from the opportunity, opens one's mind to the actions, and increases chances of success, while viewing it as threat may be more likely to make a person to approach it hesitantly, and less likely to recognize and utilize all the opportunities that the

situation offers (Crum, Salovery & Anchor, 2013). Hence, viewing stress as a useful part of life, rather than choosing to perceive it as something to get rid of altogether, may help to exhaust the potential that stressful encounter presents. An intervention that approaches coping with the stress from this perspective may help to improve the university students' ability to manage stress, to improve their emotional well-being, and to enhance their efficiency in performance.

Appraising a stressful situation as threatening or harmful may alter or interfere with physical and/or psychological well-being (Roesch, Weiner & Vaughn, 2013). Though some levels of stress can be beneficial and encouraging, it can impair the learning progress (Lumley & Provenzano, 2003, p. 642), health and well-being (Smyth & Filipkowski, 2010, p. 272) when it is intense and prolonging. Consequently, it can be a risk factor to health and poor learning, necessitating proper stress management. Thus, apart from its intensity the manageability of stress can be associated with how a person views stressful encounters (Crum, Akinola, Martin & Fath, 2017), coping resources and effective use of coping strategies (Khramtsova et al. 2007; Salami 2008). Given the range of stressors during undergraduate years, one approach to addressing students' mental health needs can be through facilitating the coping skills.

The efforts related to coping with stress can generally be adaptive or maladaptive based on their function in facilitating the goal attainment. Attempts of understanding the problem to make alterations, using skills or techniques that may help to distract from negative or unproductive thoughts, turning to prayer or seeking professional support or emotional support from the accessible support systems (i.e. family, friends, colleagues or psychological support) are considered to be the adaptive coping strategies. However, engaging in the self-harming behaviors or substance use to get rid of the psychological distress is less likely to reinforce goal directed behaviors. Thus, these efforts reducing the negative emotions or avoiding the stress triggering situation are less likely to be the adaptive ways of coping with it.

2.2.2. What is coping with stress?

Coping with stress is "the constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Folkman et al., 1986, p. 993). Coping is a conscious effort that allows an individual to meet needs resulting from stressful situations that outweigh the available resources of the person. Before individuals select and make

use of ways of managing stressors, they tend to evaluate or appraise the stress triggering encounter. The process of perceiving a threat in the stress triggering situation is the primary appraisal, while an assessment of the adequacy of ones coping resources is secondary appraisal (Smyth & Filipkowski, 2010, p. 272). Actual coping efforts are responses to the appraisal processes of person/environment interactions.

A specific individual/environmental transaction can be interpreted as positive, irrelevant or stressful (Biggs, Brough & Drummond, 2017, p. 351). The positive and irrelevant transactions do not evoke for subsequent coping, however, when the transactions are appraised as threatening or challenging then the need to manage the distress initiates coping. Whether an individual interprets a specific individual/environmental transaction as threatening, challenging or harmful can be influenced by an individual's values, objectives, beliefs, and external factors including the demands and the availability of resources (Lazarus, 1991, p. 6). For this reason, what threatens someone might not be threatening to another person.

A situation may be threatening, when the individual has a perception that the demands outweigh the ability to cope with stress; and it may be challenging when an individual perceives that there is enough resource to meet the demands (Crum, Akinola, Martin & Fath, 2017, p.1-2). Following the appraisal of the situation as stressful, the next step is that the individuals determine whether they have enough resources to cope with the stress or not. As the coping efforts of an individual may change constantly, a person may have many options available to cope with the stress. These options may have various forms such as positively accepting the situation, facing the situation, orienting oneself religiously, escaping or leaving stressors to deny the situation. It is stated that common reported categories of coping with the stress are problem versus emotion-focused, approach versus avoidance, and primary versus secondary coping (Garcia, Barraza-Pena, Wlodarczyk, Alvear-Carrasco & Reres-Reyes, 2018, p. 31).

Coping with the distressful experiences is not a simple task, but a complex process involving two interdependent processes: cognitive and coping (Roncaglia, 2014, p. 136). Upon realizing the availability of an adequate coping response, an individual may reappraise a threat as less threatening. Evaluating a coping response as more inadequate than expected may lead to reappraisal of threat or to looking for the appropriate alternative coping resources (Carver, Scheier & Weintraub, 1989, p. 267). Therefore, mere existence of stressor does not determine the stress response as the way stressor is perceived and the

availability of appropriate coping resources also matter (Folkman & Moskowitz, 2004, p. 748). Generally, efforts to manage a stressful encounter could be through finding a meaning in the stressful event and re-interpreting it in less aversive way. Other ways of coping with this issue are altering or managing the stressful event itself through the planned actions; or reducing the emotional impact of the stressful situation. Accordingly, an individual may consider managing the stressful encounter through altering their thinking processes, changing their behaviors, or managing their distress.

2.2.3. Classification of coping strategies

There are several ways to handle the distressful experiences. Some of the ways can generally be adaptive when they facilitate the efforts of attaining the desired goals or it can be regarded as maladaptive when it interferes with the attempts towards attainments of the desired goals (Garcia et al., 2018). The habits of using the maladaptive coping strategies may have associations with the perceived stress, weakening one's confidence, and the ability to cope with it whereas the adaptive ones are related to the satisfaction in life (Garcia et al., 2018). Therefore, learning to develop habits for the adaptive coping skills may require mindful practice in managing the stressful circumstances.

Coping with stress can be situational or dispositional (Lazarus & Folkman, 1984). Situational coping is about the ways people react to and cope with a specific stressful situation, whereas the dispositional coping is about tendencies or coping styles commonly used by the individuals (Carver & Scheier,1994). The former refers to the actual way of coping of an individual in a specific situation, while the latter is about a person's preferred coping styles that remain relatively stable regardless of time and situation (Akhtar & Kroener-Herwig, 2015).

As coping effectiveness depends on the characteristics of stressful events and on the context (Carver & Connor-Smith, 2010), there is little agreement among coping theorists about the way to conceptualize the categories of coping strategies (Skinner et al., 2003). The initial distinction was the conceptualization of the transactional model in two dimensions, which happen to be the problem-focused and emotion-focused coping strategies (Lazarus & Folkman, 1984, p. 150). Dealing with the source of the problem through finding out more information on the situation or learning new skills to manage it and tackling or changing the stressful event is are classified as the problem-focused coping strategies. However, regulating emotions, which is experienced because of a stressful encounter, is an emotion-focused coping strategy (Roncaglia, 2014, p.138). For

that reason, it is the purpose that determines whether the category of the adapted coping strategy is emotion-focused or problem-focused.

Considering the importance of maintaining aggregated coping strategies into meaningful dimensions, Krohne (1993) proposed the two-dimensional model of the approach and avoidant coping. The approach-oriented strategies help to deal directly with the stressors or their emotional consequences, while the avoidant coping distracts oneself from the stressors. However, criticizing the earlier models as being excessively simple, Carver et al. (1989) added the dysfunctional coping and proposed a three-dimensional model. Through dysfunctional coping, a person engages in cognitive and behavioral efforts aiming to minimize, to deny or to ignore the stressful situation. Further dimensions of coping which include self-sufficient coping, socially supported coping, and avoidant coping were also revealed (Litman, 2006; Gutiérrez, Peri, Torres, Caseras, & Valdés (2007). However, such categorization of coping strategies into two or three dimensions has been criticized for being overly simplistic and less adequate in capturing the diversity and situational nature of response to stress (Biggs, Brough & Drummond, 2017).

Indeed, research studies reported that both positive and negative emotions can be experienced in the stress process even in the dreadful situations (Biggs, Brough & Drummond, 2017). Based on these developments, initiatives were taken to revise the coping theories. For example, considering the facilitative role of the positive emotions, Folkman (2008) proposed the meaning-focused coping concept. When the stressors are appraised as overwhelmingly unpleasant and uncontrollable, the resultant distress may encourage people to consider meaning-focused coping.

Through choosing meaning-focused coping, the individuals tend to assign positive meaning to events and to remind themselves of the advantages of stress (Folkman, 2008). This tendency of finding a value or meaning within the stress triggering events in turn elicits positive emotions that would help to restore the resources. The change in perceptions about adequacy of resources helps the individuals to maintain coping efforts overtime and it provide a relief from distress. This dimension of coping makes it noticeable that two feedback loops from stressful situations exist. For this reason, stress will not only be characterized by the negative emotions, but also by the positive emotions given that the individuals allow themselves to find some meaning in it and approach it positively.

The individuals' belief about their capacity and their adequacy of their resources to realize the intended goals influence how they tend to face stressors or how they appraise them as challenges rather than as threats. Individuals with high self-efficacy tend to evaluate potentially stressful situations as challenges rather than as threats (Zajacova, Lynch & Espenshade, 2005). This tendency to view stressors positively and face them courageously may not be limited to only their high self-efficacy. Their mindset or their way of viewing stressors can also be an important factor.

Research studies show that coping with stress is associated with mental health and psychological adjustment (Holen et al., 2012). The way that a person manage stress plays a crucial role in getting well in stressful situations (Skinner, Edge, Altman, & Sherwood, 2003), though avoidance is maladaptive (Penley, Tomaka, & Wiebe, 2002). The tendency to view stress triggering aspects as a positive point, the inclination of finding some meanings in them or generating alternative ways of looking into them are adaptive ways of coping strategies (Kierman, Frydenberg, Deans & Liang, 2017).

Though there is a continuous search for a clearer understanding of people's coping responses to threats and stressors, assessing coping thoughts and actions through reliable and valid measures seems inconclusive. Possible reasons for this inconclusiveness could be the dynamic nature of coping, which keeps on changing based on the response, and the difficulties to obtain reliable higher-order coping categories across different situations (Bose, Bjorling, Elfstrom, Persson, & Saboonchi, 2015). Therefore, a validation of the Brief COPE among the Ethiopian university students was also carried out within the objectives of this study. The Brief COPE involved 14 subscales(Carver, 1997). These are self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion, and self-blame (García, Barraza-Peña, Wlodarczyk, Alvear-Carrasco, & Reyes-Reyes, 2018).

Active coping is the process of taking active steps to alter the stressor or to ameliorate its effects. Planning is thinking about how to cope with a stressor. It involves setting action strategies, thinking about what steps to get hold of and how best to cope with the problem. Use of instrumental support is looking for advice, assistance, or information. Meanwhile, use of emotional support is attainment of moral support, compassion, sympathy, or understanding. Positive reframing means trying to reconsider things in a positive light, and it is a powerful way to transform your thinking. Humor is a

means of coping with difficult or awkward situations and stressful events through making jokes or making fun on the situations. However, in its dark side it may display superiority, and involve hostility, or aggressiveness. Self-blame is a cognitive process in which an individual attribute the occurrence of a stressful event to oneself. Venting of emotions is the tendency to focus on whatever distress or upset one is experiencing and to ventilate those feelings. Self-distraction occurs via a wide variety of activities that serve to distract the person from thinking about the stressful event to engaging in pleasurable activities. Behavioral disengagement is reducing one's effort to deal with the stressor, even giving up the attempt to attain goals with which the stressor is interfering. It may occur when people expect poor coping outcomes. Another coping strategy is denial. Denial may help in minimizing distress and thereby facilitating coping. However, sometimes denial may create additional problems as denying the reality of the event may allow the event to become more serious, thereby making coping more difficult. The other is acceptance. Acceptance is a functional coping response, in that a person who accepts the reality of a stressful situation would seem to be a person who is engaged in the attempt to deal with the situation. The other coping strategy is turning to religion as a coping response. One might turn to religion when under stress for widely varying reasons. For instance, religion might serve as a source of emotional support, as a vehicle for positive reinterpretation and growth, or as a tactic of active coping with a stressor.

2.2.4. Effectiveness of coping strategies

People may choose responding to stressful situations in diverse ways when they encounter stressors in their daily lives. The variations in the situational characteristics of stressors, personal characteristics and goals, values or beliefs of everyone may influence an individual's choice of the coping strategies. Some of the ways helping an individual to face the stressor are helping the individual to find meaning in them and viewing the stressors less threatening. There is also a coping strategy that limits an individual from direct engagement in dealing with the triggering effect of stress (Smith, Saklofske, Keefer, & Tremblay, 2015, p. 318). These are largely avoidance oriented coping strategies. Thus, the effectiveness of coping with stress can be assessed in terms of how the specific strategies contribute to reducing the negative consequences and to increasing the positive outcomes (Dewe & Cooper, 2007).

As a result, some of the ways to manage stress may promote the goal directed behaviors and enhance wellness, while some others may not. Determining the

effectiveness of coping strategies depends on how well the coping strategy corresponds to the appraisals and conditions (Folkman & Moskowitz, 2004). Accordingly, the vital points in the effectiveness of coping are considered to fit between the mindset (whether the stress trigger is viewed as enhancing or debilitating), appraisal of resources as adequate or inadequate, the coping strategy and the context of the stress (Biggs, Brough & Drummond, 2017).

In some situations when the stress triggers are uncontrollable and the available coping resources are insufficient, the use of emotion focused coping strategies might temporarily serve as the adaptive ones (Biggs, Brough & Drummond, 2017). However, the persistent reliance on emotion focused coping strategies for every situation over an extended period may not have helpful consequences. In the process of coping, the ways in which an individual appraises stress and perceives the adequacy of the resources may help them to determine the consequences of responses to stress. Hence, the effectiveness in coping tends to be specific to the context and encounter (Folkman & Moskowitz, 2004, p.748; Folkman, 2012, p. 4). Therefore, identifying adaptive coping strategies and developing skills that could enhance the ability to cope with it or to adjust it to new and unexpected situations (Bettis et al., 2017, p. 313) can be among the areas for intervention.

Some studies focus on the positive effects of problem-focused coping strategies and less effectiveness but helpfulness of emotion-focused coping (MacCann, Fogarty, Zeinder & Roberts, 2011; O'Driscoll, Brough, & Kalliath, 2009). However, recent classifications related to coping strategies decline the simple generalizations and the presumption of putting problem-focused strategies in the adaptive category (Baker & Barenbaum, 2007). The same coping strategy may have several functions in different contexts (Skinner et al. 2003).

Research studies conducted to examine the university students' coping strategies associate the use of problem-focused coping with the improved health outcomes and lower negative affect. the studies also revealed that the use of the avoidance-based coping was related to the negative outcomes such as poorer health and to a rise in the negative affect. Nevertheless, the acceptance and positive interpretation of the stressful event was associated with an enhanced wellness (Brougham, Zail, Mendoza, & Miller, 2009; Pritchard, Wilson, & Yamintz, 2007). Low problem-focused and high emotion-focused coping were also related to the indications of depression, anxiety, and stress among the undergraduate students (Kurtović, Vuković & Gajić, 2018, p. 341).

There is also a study that reports changes in the use of coping strategies with some individual characteristics. Men tend to use the coping strategies that help to alter them the sources of the stressors, while women tend to use the coping strategies that helps them to manage their emotions (Dysen & Renk, 2006, p. 1233). For this reason, evaluating the effectiveness of the coping strategies detached from the specific stressor and contextual considerations doesn't seem to be available. Instead, functional deficiency in coping strategies might be associated to the rigid and inflexible application of those strategies rather than the coping strategies themselves (Kashdan, Barrios, Forsyth & Steger, 2006, p. 1303).

While the distinction between threat and challenge are important in the stress appraisal, there may be limitations in practicing the threat and challenge perspectives to improve responses to stress. For example, reducing the demands of a situation, where the demand contains uncertainty, or attempting to increase resources (knowledge and skills) in a very limited time may not affect the changes. Hence, in such unpredictable and uncertain circumstances, decreasing the demand or increasing the resources may not improve the psychological and physiological consequences of stress. Instead, focusing on how to create meaning, on purpose, and on the connection to the stressful situations may change the relationship between a person and the stress triggering situation.

2.3. Solution Focused Counseling

2.3.1. Evolution of Solution Focused Counseling

Solution-Focused Counseling (SFC) is a hope-engendering, strengths-based and client-driven approach which reduces focuses on past failures and problems and puts an emphasis the clients' existing resources or past successes. SFC is also defined as the Solution-Focused Brief Therapy (SFBT; De Shazer, 1985), which is presented as a radical alternative to the modern approaches to counseling (Murdock, 2013, p. 490). In the modern approaches, counseling process involves understanding the problem, analyzing, and interpreting it, dwelling on every little detail and diving deep into the sources of the problem, managing and moving away from the problem (Hanton, 2011, p. 6). As a result, the counseling process uncovers the problem, develops an insight and understanding, or it changes the process of thoughts and behaviors associated with the problem (Warner, 2013, p. 41). The necessity to investigate the problem and its causes is grounded on three assumptions (Walter & Peller, 1992, p. 2-4). Firstly, there are specific causes for the

psychosocial problems. Secondly, reasons of the problems can be defined. The last assumptiın is that there is a link between finding the cause and solving the problem experienced the individual. However, through prioritizing the client's strengths, focusing on the efficiency of problems rather than on the efficiency of it, SFC has challenges in terms of the above listed assumptions (Davis & Osborn, 2000). Instead of exploring the causes and duration of the problem and figuring out the difficulty, may have consequences of making the clients feel hopeless, SFC puts an emphasis on facilitating the client's self-efficacy and exploring how they can act differently to achieve the desired changes.

Scholars argue that emphasizing the symptoms, issues, and problems during the sessions requires spending considerable amount of time and energy (Hanton, 2016, p. 6). Indeed, spending energy, time, money, and other resources during the counseling process required the mental health practitioners to recognize the need for an alternative approach to counseling. Thus, contrary to the modern approaches, SFC aims to work on the problems not simply to understand how the problems arise and maintained, but from the perspective of exploring solutions and the subsequent changes they would bring. Such a focus on the solutions rather than on the problem marks a paradigm shift in counseling (Sklare, 2005, p. 5). This paradigm shift is probably best summarized by O'Connell (2007, p. 385): "SFC does not believe that understanding pathology is necessary for the client to collaborate in search of solutions." For this reason, the focus of SFC is not to dive deep into the person's childhood or to explore all the varieties of ways in which person's past has influenced their present life.

SFC was developed out of the field of the Brief Family Therapy Center in Milwaukee by two social workers, Steve de Shazer (1940-2005), and Insoo Kim Berg (1934-2007) in the early 1980s (Murdock, 2013, p. 463). It is an empowering and goal-directed approach that focuses on present and future. It identifies and amplifies the possibilities, clients' strengths and previous successes to help people make small behavioral changes (Seligman, 2006, p. 416). Hence, SFC emphasizes the clients' inherent tendencies to elicit the positive changes in their lives and builds up on clients' strengths, resources and pre-existing changes. Therefore, such an emphasis on the solutions and successes is a deliberate therapeutic choice. The clinical observations repeatedly supported that clients were able to discover solutions more quickly when the

focus is on the working aspects, on the strengths, and on the past accomplishments rather than focusing on what is not working and troublesome (Sklare, 2005, p. 11).

SFC seems to have much in common with positive psychology as optimism, hope, and self-efficacy take a central stage in the counseling process (Bannink, 2006:5). Moreover, SFC is like Reality Therapy and Behavioral Therapy in that they all share the emphasis on changing the behavior as the most effective and efficient way to help people. However, SFC is different from these approaches in terms of its historical background, its basic concepts and its strategies (Seligman, 2006, p. 413).

2.3.2. Philosophical foundations of SFC

SFC is consistent with the views of the system perspective, social constructivism, and the work of psychiatrist Milton Erickson (Lee, 2013, p. 3). Grounded on the system perspective, SFC does not assume a linear relationship between the problem and the solution. It is underpinned in the postmodern social constructivist tradition (Sharf, 2008, p. 412) and it emphasizes the resources that people possess and how they could be used to build a positive change process. SFC validates the existence of problems but shifts the focus to explore the times of exceptions to the problem and while identifying and building the client's strengths, resources, and abilities to do things differently.

SFBT based on social constructivism epistemology in that, reality is not out there but built jointly by the practitioner and the client. Hence, "it involves a shift away from objectivism" (de Shazer, 1991, p. 46). In Solution Focused Therapy "solutions to problems are not objective 'realities' but rather individually constructed" (Lee, 2013, p. 7). Therefore, there is no fixed or static reality, and humans can actively create their own realities based on relationships and interactions in the world surrounding them. In other words, a client cannot have the knowledge that is objective or independent of him/herself.

Solution focused approach to counseling was also influenced by Mental Research Institute (MRI) and the works of Milton Erickson. According to MRI group's work, the clients' problems are conceptualized as a result of doing "more of the same" solution (see Figure 2.2), which is a client's tendency to keep on using similar solutions, despite the fact that it is a failed effort to solve problems (Murphy, 2015, p. 51).

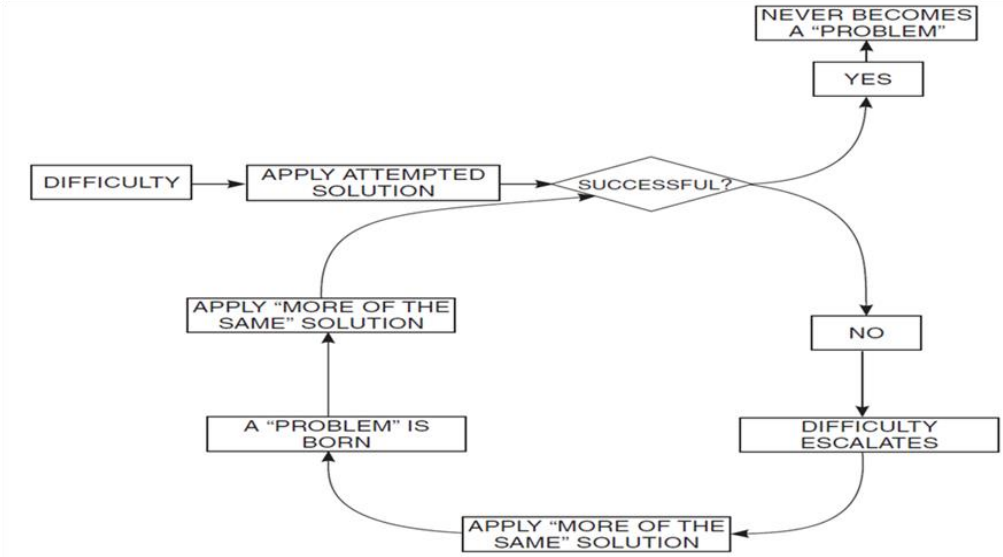

Figure 2.2. *The mental research institute problem process (Murphy, 2015, p.51)*

The MRI emphasizes the self-reinforcing nature of the problems and the cyclical process of failed attempts to solve the problems (Lee, 2013, p. 2). Change simply requires an interruption and shift of repeated attempts as a solution. However, without minimizing the importance of client's story and experience, solution-focused counseling focuses on what is currently more important for client rather than the things that triggered the problem (Lee, 2013, p. 4).

2.3.3. View of human nature

SFC is an approach that draws attention to and investigates the positive aspects of human nature. The scholars supporting the SFC approach believe that humans are good by nature and they have the capability to come up with solutions that would change their lives. Individuals are the experts of their life and they have strengths or resources to solve their problem. In this regard, the task of the practitioner is to reveal these resources and to make them active for the client (Ratner, George, & Iveson, 2012, p. 7). People may be healthy, but the problem exists due to the way that they conceptualize their situations and their misdirected subsequent actions they persist on taking (Walter & Peller, 1992, p. 24). The complaints of people are associated with the behaviors that stem from their view of the world, given that those behaviors are maintained as the only right and logical things to do (Seligman, 2006, p. 416).

The experienced problems are not intrinsic to people; they are the result of how they interpret themselves and their world. Based on this view, it is not the stress or anxiety

that puts a person into a problem. It is how they are viewed, and the problematic aspect is that the repeated behaviors stem from the problematic patterns in thoughts (views). The variety of behaviors, which people may engage in after viewing a situation as threatening, may mostly reinforce the very concern (the problem) they try to address.

2.3.4. The underlying assumptions of SFC

There are three basic principles that underlie the most efficient use of SFC and inform counselors in using SFC (De Shazer, 1987, p. 59; Berg & Miller, 1992, p. 17). The first principle is: "If it ain't broke, don't fix it." The principle underlines the importance of merely emphasizing the concerns of the clients. The counselors are expected to put the client's desires at the center, and they need to be sensitive about not highlighting an issue when it is not an issue for the clients (Sklare, 2005, p. 9). The second principle is: "Once you know what works, do more of it." This principle emphasizes the necessity of recognizing the strategies that the clients report as successful in their coping strategies. In the big picture, clients tend to overlook things that have helped them to be resilient, and instead of doing it, they tend to focus on what is not working or what is going wrong (Sklare, 2005, p. 10). While the clients come to counseling with a problem dominated stories, they forget or do not recognize their successful moments in the past. In this situation, it is important that the counselors pay attention and identify things that have worked for every client and encourage them. The third principle is: "If it doesn't work, don't do it again. Do something different." When encountering difficulties, the clients are in a tendency of using the coping strategies that they are familiar with, but they are more likely to be the behavioral patterns that do not solve their difficulties (Gladding, 2005, p. 212). However, repeating something that didn't work is less likely to bring a change (Sklare, 2005, p. 10). Thus, the counselor together with the client explore alternative ways of coping to break such repetitive and non-productive behavioral patterns.

There are several pragmatic assumptions in SFC that offer counselors a new "lens" for looking at their clients (Bannink, 2007, p. 88). Commonly identified assumptions of SFC can be summarized as follows (Corey, 2005, p. 389-390): The first assumption deals with the importance of concentrating on the positive aspects. Working on what is working instead of working on what is not working can amplify the client's resources while also expanding their way of thinking and self-identity (Murphy, 2015, p. 5-8). By focusing on

the client's successes and building the treatment plan on the existing strengths, the clients are encouraged to reach their goals. Such an emphasis on the positive experiences can enhance the possibility of sustained participation in psychological intervention and advancement in the direction of the desired changes (George, 2008, p. 147).

The second assumption is that the clients, who decide to join the counseling process, have the potential to work towards their desired changes. However, their potential is momentarily jammed by the problem dominated thoughts. The assumption argues that every problem has identifiable exceptions that can be changed into solutions. A change occurs when the clients allow themselves to redefine their perceptions and see exceptions to problems instead of seeing and talking about problems (Burg & Mayhall, 2002, p. 79). The fourth assumption is that a small change fosters a bigger change. The fifth assumption is that the clients often present only one side of themselves and the counselors invite them to explore the other side of the story. The sixth assumption is that every individual is unique, so is every solution.

In a nutshell, SFC is flexible in that it focuses on what works well and it de-emphasizes what does not work. Berg and Miller (1992) have also summarized and put three assumptions forward as (a) if it ain't broke, don't fix it, (b) once you know what works, do more of it, and (c) if it doesn't work, don't do it again, and do something different (p. 17).

2.3.5. Solution focused counseling process

The clients often consult the counseling process being in search of the changes with the problem in forefront of their perceptions. Contrary to this perception, SFC functions from the other side of the client's story by increasing the client's hope, complimenting on their strengths and past successes in order to progress to the client's preferred future (Bannink, 2010, p.10). The focus in the counseling process is on the client's strengths and competencies rather than on their perceived deficits or problems (Murdock, 2014, p. 463). This approach was considered to be more attractive and appealing to the clients and it is thought to be "refreshing" by Prochaska and Norcross (1999, p. 440). For this reason, the goal of the solution focused counseling is not "elimination of symptoms", rather, it is to help the clients to change the problem talk, which inhibits them to lose sight of their ability to the solution talk (Shazer, 1985, p.14).

At the center of SFC, there is a client-counselor relationship, where both client and counselor work collaboratively towards the client's desired future (Franklin, 2015, p. 73).

In SFC, the counselor and the client co-construct the client's goal statements (Bavelas, et al., 2013:4). Among the roles of the counselor is to maintain an optimistic stance and help the clients develop awareness of their own strengths and resources (De Jong & Berg, 2008). This aspect helps counselor to be a role model and to promote the client's optimism and hope by creating positive outlooks towards a change or a preferred future. The counselors actively listen to the client's complaint, and they selectively attend to the less problematic situations (the expectations) to show clients that there were also times that the client was in control of the situation (Sharf, 2008, p. 412). In the process, there is a simple and non-blaming language use. This process of identifying and amplifying non-problem occasions or "exceptions" to help the client to achieve her/his goals not only reflects the reality but also creates it (Lethem, 2002, p. 191). Thus, the counselor uses her/his knowledge and skills to (1) attentively *listen* to the words in the client's story to explore the client's desired changes and exceptions to the problem, (2) to *select* basic aspects of the client's preferred future as expressed in the client's language (words), and (3) to *build* detailed descriptions of the client's desired changes or exceptions to the problem, past successes, and strengths (Froerer & Connie, 2016, p. 28).

SF Counselors are expected to intently listen to the client's story and point to the client's preferred future through echoing, paraphrasing, and summarizing. If the counselors assume that they know the best, it is difficult to keep the client's desires at the forefront of the counseling process. For this reason, the client is considered to be the expert, and the counselor takes the "not knowing" position or "leading from one step behind" role (Trepper, Mc Collum, De Jong, Korman, Gingerich & Franklin, 2006, p. 4). However, the counselors' commitment and patience are so important to maintain a not-knowing stance (De Jong & Berg, 2002, p. 20). The counselor, who assumes a "not knowing", listens to the client and asks questions: this process enables the client to clarify the counselor's understanding in each turn of the conversation. Asking questions helps the counselors to develop the client's detailed descriptions of their thoughts, emotions, actions, and interactions about their preferred future (McKergow & Korman, 2009, p. 3).

Being successful in taking the not-knowing stance enables the counselors to learn the clients' world-view, the nature of their interaction with people, their concerns, values, or the things important or less important to them, and how they feel about the things happening in their life (Trepper et al., 2006, p. 4). For this reason, the counselors support clients through recognizing and complementing what is working and they encourage their

bite-sized chunks towards their established goals. This makes the counselor to be strategic and it purposefully assists clients to formulate and progress towards their measurable and achievable goals.

The therapeutic process in the SFC is based on the desired changes of clients and the counseling process aims at taking small steps in the direction of the client's specific goals (Gehart & Tuttle, 2009, p. 363). The counselors can help the clients to set meaningful and feasible goals and to resolve their complaints in a brief counseling process by helping people to "negotiate a solvable problem" (O'Hanlon & Weiner-Davis, 1989, p. 56) or even to "dissolve the idea that there is a problem" (p.58). Solution focused practitioners carefully use the posed questions to collaboratively set the client's goal, and to build solutions to change problem dominated perceptions by purposefully using co-constructive language expressions (Kim & Franklin, 2009, p. 464). Thus, the focus of the conversations in the counseling sessions tends to rely mainly on the clients' desires in their present and future and on the detailed descriptions of how the clients could make them become real.

2.3.5.1. Goal setting in SFC

The beginning of SFC starts with finding out client's goals and determining how they will know the client's goals are achieved (Berg & Shafer, 2004, p. 85). There is a collaborative work to clarify the client's specific and achievable goals. Identifying the client's desired change depends on the goal setting language (Quick, 2008). During the goal setting, the counselors may ask such questions: "What will have to happen as a result of your coming here?" or "How will you know when counseling is no longer necessary?" (Sklare, 2005, p. 20), "What are your best hopes from our work together?" (George et al., 1999, p.13), "How will you and your best friend know that having been here was useful for you?" (McKergow & Korman, 2009, p. 3). A well-defined client's goal is stated "in the positive, in a process form, in the present form, as specific as can be, in the client's control, and in the client's language" (Walter & Peller, 1992, p. 60).

During the goal setting, in response to the counselor's goal-oriented questions, the client's goal statements tend to be negative, which are the goals expressed in the absence of something. With the negative goals, "clients want to avoid or stop something that is happening" (Sklare, 2005, p. 22). As a way of redirecting negative goal into a positive one, the counselor may ask "If you weren't experiencing intense fear during presentation, then what would you be experiencing instead?" In this context, the role of the counselor

is to help the clients to determine what they do want in the future and how they can get what they want (Hynes, Hynes & Fong, 2004, p. 7). In such ways, a counselor can deliberately and skillfully help the clients to focus their attention on the solutions and to encourage the conversation around their preferred future.

Regardless of the nature of the client's complaint, the goals of the SFC process are changing the way they view a situation, their actions in the situation, or they are invoking the resources, strengths, and solutions against what is considered to be problematic (O'Hanlon & Weiner-Davis, 2003, p. 126). During the conversations in each session, the counselors are expected to be sensitive in using the words that have less-negative connotations. The intention is already to enhance the client's optimism and hope rather than mimicking the negative words used by the clients. This purposively orchestrate a positive and solution-focused conversation. The counselors may organize sessions in a way that the clients would develop hope, competence, and positive expectations about their preferred future (Murphy, 2015, p. 5-8). Hence, co-constructing the counseling process with the client could encourage the attempts of exploring workable solutions to the problems.

Prior to co-constructing the client's goal, the counselor aims to elicit the client's views of a problem in order to explore her/his world views. Then, eliciting a detailed description of what client's desires has the potential to concretize small steps that she/he could take while progressing towards their goal. This in turn helps to develop the client's sense of control over their actions and their consequences. After listening to the problem saturated in the client's story, the counselor reframes it into the client's strengths and resources or s/he encourages the client to see her/himself in a different light" (Ratner et al., 2012, p. 9). For this reason, changing labels in a more amenable way through specific descriptions of a behavior can help the clients to identify their capabilities to act on their concerns (Murdock, 2013, p. 474). For example, social anxiety may be reframed as a need for courage or a wish to convey desired impression to others during the social performance situations.

2.3.5.2. The nature of client-counselor relationship in SFC

Building a therapeutic alliance is an important precondition for the successes in Solution Focused counseling process. One of the ways to pin into client's worldview is through eliciting the clients' views on how comfortable they are during the sessions, or through discussing the clients' likes, dislikes, hobbies, and other forms of enjoyment

(Nelson & Thomas, 2007, p. 6). Obviously, getting access into the client's view of the world couldn't be possible in the absence of an unconditional acceptance, genuine curiosity of the counselor, established empathic understanding of the clients' stories, and collaborative conversation. SF counselors use the client's language as a strategy to further develop a therapeutic relationship and to validate the clients view (Murdock, 2013, p. 474).

The clients are the experts and the best resources for a change (de Shazer et al., 2007) as they can determine their goals and have competencies to achieve the determined goals. In order to make the clients see themselves as an expert, the counselors need to begin from where the client is, to recognize what the client shares at face value, and to make their goals at the center of the counseling process (Burwell & Chen, 2006, p. 193). By this way, the clients can be encouraged to describe their desired changes and to provide a detailed description of their competences, successes, exceptions, and moments, which were or are successful (Hynes, Hynes & Fong, 2004, p. 7). The counselor's efforts of learning the client's worldview helps to facilitate the transition from problem talk into the collaborative solution orientated conversations. These conversations incorporate strategic questions, such as asking the clients about their exceptions, their preferred future with the use of the miracle question, and a self-report method of change or progress through the scaling questions.

There is a great importance given to the client's goals and how she/he will get there and to de-emphasizing the role of the counselor as an expert (Warner, 2013, p. 8). SF counseling focuses of the action steps that lead to the client's goals rather than developing insights into them. Solution-focused counseling focuses on addressing the concerns of clients rather than developing insights by sidestepping traditional procedures of evaluating and exploring the past problems. The counseling process relies on the client's desires and if not exclusively, it relies largely on using specific questioning techniques as a tool to understand the clients concerns and to facilitate changes (Strong, Pyle & Sutherland, 2009, p. 171-182). Different questioning techniques (to be discussed later) could be used to elicit and to understand the client's descriptions of their world view, their preferred changes, and their progresses towards their goals.

SFC conceptualizes the clients as "customers" and the problem they bring to counseling sessions as "complaints" (Murdock, 2013, p. 463). However, initially every client does not start the counseling process as customers with motivations and

commitments to initiate changes. There also exists clients who start the process as “the complainants”, and “the visitor” indicating the existence of variations in the clients-counseling relationship (De Shazer, 1988). The challenge of the counselor is to know how to interact within these relationships and to invite each client to involve in the counseling process to become “the customer”. The clients, who are in “the visitor relationship”, don’t think that they have any complaints and are not part of the solution, while the complainants are aware of the problem, but they see the solution as lying elsewhere and do not perceive themselves in the contributing role to the problems or solutions (Murdock, 2013, p. 473).

During the counseling process, the counselors are not recommended to suggest tasks to “the visitors”, rather they are advised only to give compliments. Suggesting premature tasks may result in dropping out of “the visitors”. On the other hand, the counselors may suggest observation tasks to the complainants to help them give themselves chances of becoming more aware of their situations and of what they want something to take place in their preferred future (Seligman, 2006, p. 418). For example, the counselor may suggest such a task: “Between now and our next session, I would like you to notice changes that are happening in your life that you want to continue to happen” (De Shazer, 1985, p. 298). The customers are the ideal clients who not only describe their complaints but also are willing to do something to achieve their goals in the counseling process (Gladding, 2005, p. 213).

2.3.6. Techniques in SFC

Techniques in SFC have several purposes starting from supporting the development of a clear client’s goal, and then specifying the detailed descriptions of the client’s behavior to achieve the goal (Gingerich & Wabeke, 2001, p. 35). They are also employed to discover the solutions and to help the clients deal with the varieties of their complaints. The core techniques identified in research studies conducted based on SFC include “using a miracle question, using a scaling question, giving client a set of compliments, setting goals, and exception question” (Franklin et al., 2012, p. 4). Specific questions can be used to identify the times when the problem was less problematic, to describe what life looks like when the problem is solved, to determine the client’s current progress, and to reveal behaviors needed to progress towards the desired future (George, 2008, p.145). In SF counseling, the objective is to identify and amplify small changes that signify a progress

towards the intended outcomes (Bertolino & O'Hanlon, 2002, p. 4). Thus, the intention in using techniques is not to solve the problems; rather, it is to build some solutions.

2.3.6.1. Presuppositional change

The clients join the counseling processes with the problem saturated thinking being in the forefront of their stories, overshadowing their positive changes or successes. The counselors may invite the clients to assume that the problems are temporary, and that a positive change will occur. One of the ways to do so is asking presuppositional questions such as "Tell me about other times in the past when you have felt confident?" (Burg & Mayhall, 2002, p. 82). This question presupposes that the client has felt confident in the past. If the evidence of positive change is not available, the counselors may follow a different line of inquiry. This is done through asking some coping questions. A coping question may be: "How come things aren't worse for you?" (Berg & Miller, 1992). By this way, the counselors presume the clients' past successes, exceptions, or capabilities to bring change, and they redirect them to attend to positive past successes rather than the deficiencies.

2.3.6.2. The coping questions

The coping questions draw on past coping skills to address the current challenges. The counselors can identify coping skills through asking the clients some questions to help them to remember the ways that they have managed to cope with the current problems in the past (Beyebach, 2009, p.10). The counselors listen to and look out for the client's resources in the client's story. The coping questions remind the clients of ways that they have been effective in the past, which inspires a more positive perspective of their current efforts (Webster, Vaughn, & Martinez, 1994, p. 258). Jones et al. (2009) explained that if a client's strategy is working, the therapists should encourage him or her to keep doing it. If the client's strategy is not working, the therapists should encourage him or her to find alternate ways to deal with the current issues. The clients might come up with strategies that have worked against anxiety in the past and lead such questions: "How have you managed to deal with all of this (the problem)?" "Many people would just give up; what has kept you going?" "What has worked for you?" (Gingerich & Wabeke, 2001, p. 36). The coping questions such as "How have you prevented things from getting worse?" "What keeps you going?" or "How have you been managing so

far?" can also be asked to help the clients to discover their own resources or strengths used to manage the problematic situations (Berg & Miller, 1992).

2.3.6.3. The miracle questions

The miracle question is a technique of intervention which asks the clients to imagine a future without their problem (Stith et al., 2012). The miracle question is used to "project the client into a future that is successful: the complaint is gone" (De Shazer, 1985, p. 81). It can be used to gather information and to clarify the changes that the client wants (De Shazer, 2007). For this reason, it is one of the techniques used to determine the well-formed client goals. Through the miracle question, the clients imagine what their lives would look like if their problems are solved. This in turn helps them to identify concrete tasks or practical steps that they could immediately take as they progress towards their goals. The following case is an example for this issue: "Now, I want to ask you a strange question. Suppose that while you are sleeping tonight, and the entire house is quiet, a miracle happens. The miracle is that the problem which brought you here is solved. However, because you are sleeping, you don't know that the miracle has happened. So, when you wake up tomorrow morning, what will be different that will tell you that a miracle has happened and the problem which brought you here is solved?" (De Shazer, 1988, p.5). Thinking beyond a problem dominated thought is not easy, as the problem itself begins from how the clients interpret their situation. Thus, the clients need assistance so that they can start to realize their resources and capabilities and act on their concerns (De Jong & Kim Berg, 2002).

2.3.6.4. The scaling questions

The other technique, which the clients often find concrete and easy to comprehend, is the scaling question (De Shazer et al., 2007). The scaling question can be used for different purposes. It can help the counselors to assess how motivated, confident, and hopeful the clients are during the start of the counseling process (Murdock, 2013, p. 479). Moreover, after negotiating client goals, monitoring the client's progress towards their goals can be achieved by using the technique of scaling. The scaling question can be utilized to make the abstract concepts concrete. Emphasizing the changes specific to a situation in the client's life and exploring how the client achieved this difference (De Shazer et al., 2007) can be among the purposes of the scaling question technique. A related research study has reported that the scaling question can be helpful in determining

the clients progress towards accomplishing their therapeutic goals (Estrada & Beyebach, 2007). It asks the clients to think of their position on a scale (usually 1 to 10, with one being the least desirable, and 10 being the most desirable situation). The Scaling questions can be a useful way of monitoring the clients' progress towards their goals.

2.3.6.5. Exception questions

The clients tend to describe their complaints in sessions as if the complaints are always happening. However, SF counseling puts forward that there were occasions in the clients' lives when the problem was less likely to be problematic or it occurs less (Corey, 2005, p. 394). The efforts to identify exceptions in the client's problematic patterns can help to explore the solutions to the complaints. Although the clients come to counseling with a desire to vent and process their difficulties, the SF counselors believe that a negative focus stabilizes the system and makes the change difficult (Seligman, 2006, p. 421). The counselor can ask exception questions such as "When is the problem not occurring?" or "When has there been a time you coped?" (Guterman, 2006, p.50) instead of "Has there been a time when you coped?". The first two questions communicate positive expectancy that the client was able to cope in the past, while the latter does not. Thus, helping the individuals to imagine what their life would look like helps to them to identify the desired changes and detailed descriptions of behaviors that would bring those changes in their lives. By this way, the counselors along with the clients collaboratively discover the exceptions and form building blocks of the solutions.

2.3.6.6. Complimenting

Complimenting is a technique used to highlight or praise the clients for their strengths, progresses, and resources of coping. The compliments are the counselor's genuine encouragements indicating that clients are already doing things that turn out to be effective solutions. They are drawn from the notes about the client's successes along with the concrete details associated with each accomplishment (Sklare, 2005, p. 56). Actions that indicate courage, efforts that demonstrate strength, commitments that show loyalty, attitude that reflects tolerance, thoughts that are positive or creative, desires that are growth producing, decisions that are based on opportunities of options for instances can be presented as the compliments (Sklare, 2005, p. 395). This technique has the potential to create hope and to convey the expectation that the clients can achieve their goals by taking advantages of their own strengths and past successes (Corey, 2005, p.

395). The SF counselor compliments about the great things that clients are doing in the form of appreciatively toned questions of "How did you do that?" (Dolan, 2017). One way of complimenting can be reframing or positive connotation, as pointing to things that clients have already done toward a solution can also be a good way of complimenting (Murdock, 2013, p. 478). Complimenting is validating what the clients are already doing well while also acknowledging how resilient they are against their difficult problems. This encourages the clients and conveys the message that the counselor has been listening to them and caring about them.

2.3.6.7. Externalizing

Externalizing is giving a problem a name and linguistically separating the problem from the client (Gehart & Tuttle, 2003, p. 218). By asking the clients to define a problem that has influenced their lives and their relationships, and by personifying the problem (for instance, "the anxiety"), the clients gain control over the problem and perceive it as something separate from them. Externalizing the problem involves defining the problem based on the client's language in the conversation between the client and the counselor and viewing the problem as an object external to the person (White & Epston, 1990, p. 49). Externalization helps the clients to move away from seeing themselves as the problem and it focuses on what they can do to deal with the problem in an effective way.

2.3.6.8. Reframing or relabeling

Positive reframing is a technique used to restructure the cognition. It is looking at the same stressful situation in a new way that highlights possibilities, meanings or benefits in it rather than focusing on the "threats" involved in a situation. This technique is all about changing the way the clients view their concerns or it is helping the client to find a meaning in a situation they viewed as problematic. By this way, a situation can be transformed from being intractable into alterable (Murdock, 2013:441). Through reframing, for example, anxiety can be transformed into worrying about something or into social anxiety as a concern to convey the desired impression on others, which seems much less threatening. This skill does not change the situation, but it can help people to put the things into a healthier perspective to overcome adversity and to reach their life goals.

2.3.6.9. Mapping the influence of the problem

This technique is used to identify the problem's influence and its presence in a client's life. During the early sessions, the counselor encourages the clients to map the effect of the problem in one's relationship with others, in the familial, social or interpersonal relationship, in the school, in one's future or hopes and in other domains of life (White & Epston, 1990, p. 42). Once the details of the effects of the problem are determined, it is easier for clients to identify their areas of influence to act upon and to bring changes (p. 56).

2.3.6.10. Wishes, Outcome, Obstacles, and Plan (WOOP)

WOOP is one of the several empirically validated psychological exercises that could help the clients to progress towards their preferred future (Oettingen, 2014). WOOP stands for "Wish-Outcome-Obstacle-Plan" and it involves performing four sequential steps (Oettingen, 2014, p.167). These steps are identifying a meaningful Wish, imagining the best Outcome of fulfilling the wish, anticipating the most critical personal Obstacle, which stands in the way of fulfilling the wish, and developing a specific Plan: *When*…obstacle occurs, *then I will*…perform an effective action to overcome the obstacle. It is an evidence-based, practical strategy that helps the individuals to find and fulfill their wishes.

Through WOOP, a client imagines her/her preferred future and subsequently elaborate the reality mentally or the client determines specific tasks s/he would act on while progressing towards the preferred future. WOOP has the potential to manage the stress, it facilitates engagement in the goal directed behaviors and improves efficiency in the usage of time, and promotes physical health (Oettingen, 2018). The use of WOOP strategy increases the possibility of goal attainment compared to merely setting targets with medium-to-large effect sizes across diverse contexts and sample populations (Oettingen, Kappes, Guttenberg & Gollwitzer, 2015; Adriaanse et al., 2013).

2.3.6.11. Courage ladder

Courage ladder is a behavioral technique that invites clients to attempt facing their anxiety through taking a little step at a time (Quick, 2013, p. 66). The courage ladder involves a client into imagining changes in their preferred future and into listing out possible action steps to be taken in the form of baby steps to gain progress towards the goal. It starts from acting in a safe and comfortable situation to get courage to be able to

move to doing a very little piece of the scary things up to the ladder. However, some clients may come to counseling with the expectation of quick fix to their problem (as in the first ladder) and they may expect the changes to be brought through a hard work of the counselor, and they may expect the counselor to take their responsibility. Such misconceptions could be minimized through informing the clients about how counseling process works. Moreover, as some clients might come to the counseling in "the complainants" client-counselor relationship, during the early sessions, the counselor is expected to collaboratively establish a therapeutic atmosphere in order to convert "the complainants" into the "visitor" type.

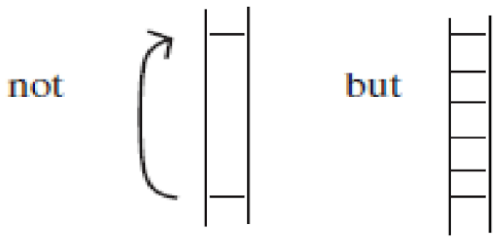

Figure 2.3. *The courage ladder (Quick, 2013, p. 66)*

Through the courage ladder exercise (the second ladder), the client may imagine and list out actions to be taken in the form of small, specific, and behavioral steps starting from the safest (pointing to bottom rung of the ladder) gradually moving to the more challenging ones (pointing to top rung of the ladder). The counselor compliments the client's progress towards the counseling goal.

2.3.7. Why solution focused counseling with Ethiopians?

Ethiopia, which is one of the uncolonized oldest independent sources of African culture (Abbink, 1997), has a long history of traditional health beliefs and practices (Monterio & Balegun, 2013). More than 40 percent of the country's population is currently under the age of 15 (Trines, 2018). In the traditional Ethiopia, an individual's existence is explained in relation to and for the group. Members of the extended family tend to be concerned with the welfare of each individual member and take responsibilities to look for ways to provide solutions at the individual or at the group level. Mental health concerns and possible interventions in Ethiopia tend to be conceptualized based on the supernatural/spiritual explanatory models (Mulatu, 1999, Monterio & Balegun, 2013).

At present, however, there is a tendency of transition from group cohesiveness in extended families to an individualistic approach in urban population in Ethiopia. Along

with these changes, spiritual oriented explanations of mental health concerns seem to change overtime. For example, a study examining the professional help seeking perceptions in Ethiopia reported that psychiatrists were the most preferred sources followed by "Tsebel", which is translated as the holy water, and by the psychologists (Abbay, Mulatu & Azadi, 2018). For this reason, the tendency to seek for the professional mental health services for mental health concerns seems to improve better than ever.

Indeed, modern mental health service was limited in Ethiopia (Mulatu, 1999), and has been overlooked as a major health priority (Selamu & Singhe, 2017). Though the country has over 105 million population and with a life expectancy at birth of 65.9 years (UNDP, 2018), the limited mental health service provision might have added to the poverty and to less productivity of the productive potential among its young population. Some of the unmet mental health needs in Ethiopia are the lack of clear mental health policy, the insufficient professionals, the lack of evidence-based and culturally relevant interventions, stigma, discrimination, the poor legal protection, and the inequity (Selamu & Singhe, 2017). Considering these aspects, an attempt to emphasize the neglected mental health service was made through developing a mental health national policy for the pluralistic societies of Ethiopia (National Mental Health Strategy, 2012). At least, the government seems to recognize that the challenges faced in mental health could have consequences for the well-being of the productive population of the country.

The policy puts an emphasis on the less-privileged rural population (85% of the total population), and it is limited to individuals having severe mental disorders, substance abuse disorders, people living with HIV/AIDS, people in prisons, victims of violence and abuse, people with epilepsy and the elderly people (National Mental Health Strategy, 2012). This issue shows that the general population and/ or risk groups like university students were not yet considered in the policy-oriented mental health programs. The public mental health is still a neglected and under-resourced area in Ethiopia.

Planning mental health services through considering the cultural and social contexts of the potential service seekers requires examining the adaptability of the counseling approaches originated in Western style. Thus, paying attention to the way in which mental health concerns are interpreted and the way that the procedures in the intervention interacts with cultural-specific beliefs could be important points in making necessary modifications (Roren, Jessen, Divon, & Moss, 2019). In this regard, in order to maximize the benefits of Ethiopian university students from the Solution Focused intervention

program, it is important to assess its appropriateness to the needs and values of Ethiopian societies. Obviously, society's cultural roots tend to influence how the individuals interpret the psychological distress, how they perceive help seeking and associated behaviors to mental health problems (Monteiro & Balogun, 2013). However, as Ethiopia is a pluralistic society, there could be many factors contributing to the diversities among the Ethiopian university students in relation to their views about mental health and distress. The contributing factors to diversities include ethnic groups, languages, socioeconomic status, geography, religious experiences, and cultural identities.

As a point of departure, considering and understanding one's definition of 'the self' in Ethiopia might be important to understand support seeking and self-care related behaviors. A person's definition of self tends to be based on their relationship with people surrounding them and with the ones they care. For this reason, there is a tendency of supportiveness and interdependence among families. Accordingly, in the situations of solving their psychosocial problems, it is more likely that Ethiopians are more likely to confide members of their family and community or religious leaders (Mulatu, 1999). Apparently, seeking professional support was not something that easily comes to their minds either due to a lack of access to counseling centers or a lack of familiarity about the services. Instead, people may tend to consult traditional forms of support, which includes seeking religious healing (e.g. use of holy water, prayers by priests or the sheiks) and they may consult the divine healers of various expertise in order to exorcise bad spirits or to appease benevolent spirits (Mulatu, 1999). Ethiopians may tend to hesitate to seek for psychological support outside their family due to the belief that disclosing psychological difficulties to a foreigner may be perceived as a family's failure to handle the problems internally. Accordingly, individuals may become anxious about being in the counseling process and they may tend to be less willing to share their experiences. Despite struggling with mental disorders, they may continue to be reluctant to seek for psychological support from the professionals.

SFC may become culturally appropriate to the Ethiopian university students in that there is minimal disclosure about past problems in the counseling process. Moreover, some of the attributes of SFC (Koss, Butcher & Strupp, 1986) may have contributed to its adaptability to Ethiopian university students. From among the attributes, the first is the brief nature of the SFC and the counseling process that centers around client's preferred future. The second is a strong working alliance and collaborative therapeutic process in

SFC. Third is the client's future directed progress that makes the focus of the counseling process. Fourth is the flexibility of the SF counsellor. The fifth is the possibility of promptly addressing interventions during the sessions. The last may include the possibility of conducting easy and rapid assessments through encouraged or complimented clients in the process. Moreover, by shifting the client's self-focused attention by externalizing the problem (Gehart & Tuttle, 2003, p. 218) and by emphasizing their preferred future (Gingerich & Wabeke, 2001, p. 35), SFC could be made adaptable to the Ethiopians who seek for a professional support.

The use of client's personal resources, strengths and other positive capacities in SFC (Bavelas, et al., 2013, p. 4) may help the Ethiopians to empower seeking for the support. The clients consulting the counseling process tend to be pessimist while sharing their problem dominated story. The short-term, strength-based and client-oriented therapeutic approach in SFC may help the clients to be optimistic and hopeful about the desired changes. Strength-oriented counseling process in SFC can help the clients to improve their resilience, optimism, and self-efficacy (Quick & Gizzo, 2007). Moreover, the counselor and client define the problem jointly in this approach as they also identify the detailed client behavior to help the progress move towards the desired changes. This focus of SFC on the client's strengths might have the potential to help the clients to become aware of their strengths and to be in control of the problem about which they sought SFC. For this reason, SFC may help the Ethiopian clients to manage their anxiety and to enhance the coping self-efficacy.

2.3.8. Why SF psychoeducational group intervention?

Given the mental health concern in university student population, there is a demand to assess the mental health status of this population and to tailor interventions for a better management of the mental health concerns. Overly emphasizing the intellectual development and ignoring or paying little attention to the personal and psychosocial development of the university students not only limits the students' mental health and full utilization of their potential but also restricts their intellectual development. Let alone providing professional services to students in the necessary areas, trained professionals in counseling service centers are rarely available in the Ethiopian universities (Mulatu, 1999). In spite of the high potential for stress and risk of social anxiety among the undergraduate student population, there is a dearth of interventions designed to facilitate the coping skills and management of social anxiety among undergraduate students in

Ethiopian higher education institutions. Thus, there is a need for opportunities which would enable the university students to identify and to engage in managing their mental health concerns (i.e., social anxiety, stress), which impairs the full utilization of their capabilities.

Social anxiety is the third most common mental health concern (Leigh & Clark, 2018, p. 388). The cross-sectional survey studies highlighted growing mental health concerns among undergraduate university students in Ethiopia (Tariku, Zerihun, Bisrat, Adissu & Jini, 2017; Haile, Alemu & Habtewold, 2017; Melaku, Mossie & Negash, 2015; Dessie, Ebrahim & Awoke, 2013). These studies show that mental health concerns are prevalent among the undergraduate student population. However, mental health services which could help this group of population to realize their abilities, to cope with stresses of life and to become productive are demanding. The burden of mental health concerns can have substantial and universal influences on the health, social, economic, and human rights consequences (WHO, 2018). Seemingly, there is a need for an informed decision to handle such concerns for better outcomes.

Given the exposure to the increased stressors during undergraduate education, the students could be more susceptible to social anxiety or could experience much of the already existing anxiety (Ziyin, Eisenberg, Gollust & Golberstein, 2009, p. 180). Being under such an overwhelming situation, some students may feel isolated and may think that they are the only ones who feel and think in that way. Hence, planning a psychological support that would enhance their resources of coping is essential.

The undergraduate students are at the risk of social anxiety as they encounter multitude of stressors alongside their developmental concerns. In this respect, the exact figure about the prevalence of social anxiety in low-and middle-income countries is the focus of research studies in the relevant literature (January, Madhombiro, Chipamaunga, Ray, Chingono, & Abas, 2018, p. 1). The students' daily functions and their overall life quality would be at a great risk if the psychological support services are unavailable at universities.

Evidence suggests that psychological issues of the university students can be better handled through group work, as group work facilitates the effective use of the existing resources and it provides a context for them to relate them to others and to themselves (Parcover, Dunton, Gehlert and Mitchell, 2006, p. 38). However, particularly for social anxious individuals, being in group work for the first time may trigger nervousness and

discomfort. In such conditions, these individuals may tend to be quiet and withdrawn. During the group sessions, such individuals might prefer to avoid speaking or expressing their opinions. Tending to be quiet or avoiding sharing something in the group sessions might be used as safety behaviors to manage their anxiety.

Accordingly, some features of social anxiety seem to be inconsistent with the nature of the group work (i.e. groups might elicit anxiety, or they may avoid participating). In this situation, additional therapeutic factors that might help to develop a sense of belongingness and mutual support can contribute to maximize the participants' benefit out of the psychoeducational group (Barkowski, Schwartze, Strauss, Burlingame, Barth & Rosendahl, 2016, p. 45). However, well-functioning groups, which ensure therapeutic atmosphere, might help the socially anxious group members to get benefits from the psychoeducational programs.

A variety of group works like psychoeducational and counseling groups can be facilitated to provide psychological services to university students (Corey & Corey, 2006, p. 366). Hence, psychoeducational group program is among the support groups offered to help individuals manage their social anxiety. During such group works, the members get the opportunity to face some of their feared situations in a protective environment supported by the supervision to maximize their benefit out of the psychoeducational program. Moreover, the psychoeducational group program can serve to help a substantial number of service seekers in a context of limited resources along with the growing demand of student mental health services.

In the present study, the psychoeducational group was based on the Solution-Focused Counseling Approach. The rationale is that SFC focuses on the competences and strengths while it is also flexible and easily adaptable to encourage the clients to find exceptions or solutions to their problems (Burg & Mayhall, 2002, p. 79). It is indicated that this approach is suitable to manage the social anxiety for at least three reasons. The first reason is that it addresses the natural resilience of clients. Secondly, it enables the counselors to understand, accept, and to use the client's unique world-view during the process of identifying and amplifying exceptions. And lastly, it uses the imagination of the clients to visualize the future through the miracle question (George, 2008, p. 145).

One of challenges of individuals with high social anxiety is the difficulty to determine clear and attainable social performance goals whereas the clients in SFCA can determine their own goals for counseling and they can get empowered to take ownership

of managing their mental health concerns. If it becomes successful, placing the clients in charge of determining their goals and course of treatment can be ideal to promote change rather than dictating the progress of counseling. Moreover, the solution focused therapy flexibly allows the use of a range of behavioral and cognitive techniques, as far as they serve to amplify the clients' strengths and behaviors construed as positive, and they function as the reinforcing elements in the use of effective coping strategies (Franklin, Biever, Moore, Clemons & Scamardo, 2001, p. 411). By this way, SF counseling attempts to counteract the clients' tendency of being self-critical through incorporating the client's existing strengths and resources in the psychoeducational intervention (George, 2008, p. 174)

2.3.9. Effectiveness of the solution focused counseling

There is hardly any report on the prevention of mental health concerns among the university students' in Ethiopia. There is also the lack of studies focusing on the effect of psychological interventions to manage social anxiety or to enhance social efficacy of university students. Review of studies in the literature shows that few randomized and non-randomized trials were carried out to examine the effect of SFC oriented interventions in managing factors maintaining anxiety. As a flexible approach that emphasizes the client's strengths, SFBT is found to be applicable across a range of contexts and to be efficient in providing efficient support to the client groups. Moreover, the approach was suggested to encourage the group members to shift their problem-saturated talk to a more optimistic and empowering solution talk due to its ability to create a milieu for solution-building without minimizing the detrimental consequences of the problems (Ohio, 2012: 1).

Empirical studies report that SFC is effective in reducing social anxiety (George, 2006; Ateş & Gençdoğan, 2017), depressive symptoms (Sarı & Günaydın, 2016), burnout levels (Ilbay & Akin, 2014) while it also improves the students' adjustment (Hosseinpour, Jadidi, Mirzaia & Hoseiny, 2016) and math assignment completion (Fearrington, McCallum & Skinner, 2011). A meta-analysis of 22 studies have also confirmed that SFC was found to be statistically significant mainly for internalizing the problems (e.g., depression, anxiety) rather than externalizing problems (Kim, 2008) though the effects were small. However, the limitations are apparent within the current small evidence based on the effectiveness of SFBT, including the absence of control or comparison groups,

limited use of reliable and valid outcome measures, limited information about how different elements of therapy may be utilized and combined with different problem areas, client types, and complementary interventions.

A study that employed Solomon's four groups research design involving 32 university students in Turkey examined the effectiveness of six sessions of Solution Focused Group Counseling program on social phobia. The results at the posttest revealed that the treatment was effective in reducing social anxiety symptoms (Ateş & Gençdoğan, 2017). In another randomized controlled study, university students, who underwent six sessions of SFC oriented Coping with Burnout Program reported significant changes in their levels of burnout with a continuing effect over the follow-up tests compared to their peers in the control group (Ilbay & Akin, 2014). Moreover, a controlled study by Altundağ and Bulut (2019) on teenagers aged between 16 and 18 and undertaken with 16 participants in Turkey examined the effects of four sessions of solution focused individual counseling on tests anxiety. The findings indicated that the treatment was effective in reduced students' test anxiety. Another controlled study in Korea (Ko, Yu, & Kim, 2003) has examined the effects of six sessions of Solution Focused group counseling on the general stress, stress response and coping in the delinquent juveniles. The results indicated that the treatment was found to have positive effect on variables like the general stress, stress response, emotion-focused coping and problem-focused coping.

In conclusion, these interventions tend to focus on the decreasing symptomatology and/or on the increasing coping resources and coping ability. Moreover, the use of randomized samples, standardized measures, checks on treatment fidelity, and the use of control groups were noticed in some of the few interventional studies conducted in order to figure out the effectiveness of SFC. These interventional studies indicate that SFC can be used to help the individuals to manage social anxiety, to improve stress management, and to enhance mental health conditions of the participants.

2.4. Social Skills Training

2.4.1. Evolution of Social Skills Training (SST)

The theory and practice of Social Skills Training was born out of the basic principles of learning in the conditioning and Social Learning Theory, social psychology and social cognition (Mueser & Bellack, 2009). Hence, SST utilizes Behavior Therapy principles and techniques for teaching social skills that are necessary in interpersonal

relationships to enable individuals achieve their goals and meet their needs for affiliative relationships (Kopelowicz, Liberman, & Zarate, 2006). Initially, the SST focused solely on behavioral skills, but later it started to include perceptual, cognitive and emotional regulation skills as well (Solomon & Cullen 2008). Hence, it is possible to encounter SST grounded in the assumptions of the Cognitive and Behavioral Therapy (Soorya et al, 2015). Generally, SST is a type of psychotherapy that is predominantly a behavioral therapy.

The roots of social skills training can be found in the psychological skill training movement in the 1970s (Goldstein, 1981). Hence, Social Skills Training is one of the oldest mental health interventional approach which was first packaged as ‘‘Assertiveness Training’’ (Mueser & Bellack, 2009). The initial supposition was that the term “social anxiety” reflected the subjective discomfort experimented in social situations, while the term “social skills” (or “assertiveness”) reflected the behavioral component of social anxiety (Caballo, Salazar, Irurtia, Olivares, Olivares, 2014).

The use of Social Skills Training (SST) is often justified based on a skills-deficit model of social anxiety, which assumes that anxiety arises from inadequate social interaction skills. There are also conceptualizations that people with social anxiety possess adequate social skills but impaired by social anxiety to focus on social interactions and use the skills appropriately in daily life (Hopko, McNeil, Zvolensky, & Eifert, 2001). According to such conceptualizations, social anxiety is associated with a performance deficit, not a skill deficit. Theoretically then, eliminating social anxiety should allow for adequate/ appropriate social skills to emerge, but few studies have directly addressed this issue.

2.4.2. The assumptions in SST

Social skills are a set of behaviors in which individuals express their feelings, opinions, and rights in an adaptive manner, thereby decreasing the probability of future problems (Caballo et al., 2015). They can be conceptualized as specific verbal and non-verbal behaviors used to communicate and interact with others. For instance, skills such as speaking with strangers, searching for a job, making new friends and developing relationships, and finding a support network can be considered as social skills (Trower, 2015). They are specific behaviors that an individual exhibit to perform competently on a social task (e.g., active listening skills, reciprocal communication, ignoring, etc.). Thus, it is necessary to providing empirical evidence to help clarify the benefits that could be

achieved through undertaking SST as an alternative intervention to manage social anxiety in university students' population.

Social skills training is a set of systematic techniques and strategies useful for teaching interpersonal skills that are based in Social Learning Theory (Solomon & Cullen 2008). It is based on a structured learning orientated approach to the building of skills important to the individual and the demands of client's environment (Cunningham Omens & Johnstone, 2003). Hence, SST tends to proceed on the assumption that when people improve their social skills or change selected behaviors, they will raise their self-esteem and increase the likelihood that others will respond favorably to them. O'Donohue, Ferguson, and Pasquale (2003) have summarized the assumptions of Behavior Therapy that are also compatible with the Social Skills Training. The first is the focus is on behavior than on a presumed underlying cause of that behavior. The second is that any behavior either adaptive or maladaptive may be learned. The third assumption is that psychological principles can be extremely effective in modifying maladaptive behaviors. Fourth, there are specific, overt, well-defined treatment goals. A behavioral therapist works with the client to target the specific problems that are interfering with the client's functioning. Fifth, there is a focus on behavior-behavior relations and the mutability of a behavior relative to its antecedents and consequences. Sixth, there is adaption of the treatment in response to the client's specific problems, creating and modifying treatment plans in response to their effectiveness, always guided by the principles of learning. Seventh, there is a focus on the present. Lastly, there is a tendency to look to empirical support to judge the effectiveness of treatment (O'Donohue, Ferguson, & Pasquale, 2003, p. 331).

Similarly, the SST assumes that people are anxious in social situations partly because they are deficient in their social behavioral repertoires and need to enhance these repertoires in order to behave successfully and realize positive outcomes in their interactions with others (National Institute for Health and Care Excellence [NICE], 2014). Moreover, there are assumptions that people with severe mental illness can learn new skills and maintain these gains over time. Thus, the primary impact of social skills training is on improving social functioning and the quality of social relationships. Hence, transfer of social skills from the training setting to clients' day-to-day lives are expected to occur. These could be through using the standard skills training methods of homework assignments and in vivo community practice (Mueser & Bellack, 2009).

2.4.3. The Social Skill Training Process

Researchers in SST put forward that individuals experience internalizing and externalizing problems in behavior patterns due to social skills deficits (Lane, Parks, Kalberg, & Carter, 2007). Social skills deficits are considered to hinder social functioning and the adaptative ability of individuals, with several implications and several impairments, especially for performance and social interactions. Impairment in social skills has been assumed as one of the paramount aspects of social anxiety disorder, which is considered a serious mental health problem because of its high prevalence and its result in limitations on social interactions and performance (Angélico, Crippa, & Loureiro, 2013). According to this modality, individuals with social skill deficits have not learned a given social skill (representing a skill deficit), or he or she has learned the skill but chooses not to perform indicating a performance deficit (Gresham, Sugai, & Horner, 2001). Thus, the goal in SST is teaching persons who may or may not have emotional problems about the verbal as well as nonverbal behaviors involved in social interactions.

The Social Skills Training assumes that individuals conceptualize a certain behavior first, then transform the conceptual representation into action, and finally modify their performance as a result of its outcomes (Ladd & Mize, 1983). To translate these assumptions, the training procedure follows the steps of enhancing skill concepts, promoting skills performance, and fostering skill maintenance and generalizations (Choi & Kim, 2003). SST proceeds on the assumption that when people improve their social skills or change selected behaviors, they will raise their self-esteem and increase the likelihood that others will respond favorably to them. Trainees learn to change their social behavior patterns by practicing selected behaviors in individual or group therapy sessions. Another goal of social skills training is improving a patient's ability to function in everyday social situations. Kopelowicz, Liberman, and Zarate (2006, p. 13) have summarized the main features of social skills training as given in Table 2.1.

Table 2.1. *Learning-based procedures used in social skills training (Kopelowicz, Liberman & Zarate, 2006, p. 13)*

"Problem identification" is done in collaboration with clients in terms of obstacles that are barriers to a client's personal goals in her/his current life.
"Goal setting" generates short-term approximations to the client's personal goals with specifications of the social behavior that is required for successful realization of the

short-term incremental goals. The goal-setting endeavor requires the trainer to elicit the clients detailed descriptions of what communication skills are to be learned, with whom are they to be used, where and when.
Through “role plays” or “behavioral rehearsal,” the client demonstrates the verbal, nonverbal, and paralinguistic skills required for successful social interaction set as the goal.
“Positive” and “corrective feedback” is given to the client focused on the quality of the behaviors exhibited in the role play
“Social modeling” is provided with a trainer or a peer demonstrating the desired interpersonal behavior in a form that can be vicariously learned by the observing client.
“Behavioral practice” by the client is repeated until the communication reaches a level of quality tantamount to success in the real-life situation
“Positive social reinforcement” is given contingent on those behavioral skills that showed improvement.
“Homework assignments” are given to motivate the client to implement the communication in real-life situations.
“Positive reinforcement” and “problem solving” is provided at the next session based on the client’s experience in using the skills

The procedures indicated in Table 2.1. indicate that social skills training involves the systematic teaching of interpersonal skills through the process of breaking complex behaviors into their constituent elements, demonstrating (modeling) those skills in role plays, engaging clients in role plays to practice those skills, providing positive and corrective feedback to improve performance, additional role play practice, and developing assignments to practice those skills in naturally occurring interactions in clients lives.

2.4.4. Techniques in the SST

Social Skills Training (SST) has been used with the objective of developing specific social skill behaviors so that new behaviors can be integrated into an individual’s repertoire, by means of instructions, modeling, behavior tests, feedback, and reinforcement (Del Prette & Del Prette, 2014). The delivery of the SST may occur individually or in a small group situation. Providing SST using a group format creates opportunities to practice skills through interacting with peers under the guidance of group facilitators (Tse et al. 2007). Practicing SST in a group format may provide an

ideal social environment for individuals to acquire social skills in a safe and comfortable manner.

SST may be given as an individual or as a group treatment once or twice a week. The advantages of using the group are (a) it is usually more appealing to individual participants than individual counseling and (b) it increases the productivity of the practitioner (Rose, 1987). Moreover, the use of SST in groups may also have the potential of saving time for the trainer, offering more opportunity to work with a larger number of individuals, allowing for ready generalization of the gains and more quantity of effective feedback for the trained performances, and providing experience with a wider range of problem-situations and more support to solve them.

The literature describes many techniques that can be used during the Social Skills Training processes. These may include didactic instructions, modeling, role-play, and feedback on skills executions through homework assignments (Lopato et al., 2012; Laugeson et al. 2012).

2.4.4.1. Direct instruction

One of the basic ways to teach social skills is through verbal explanation. This can be achieved in a lecture format, small group discussions, and through written manuals. SST is often commenced with instructions about how to use various communication behaviors effectively, complete with a rational for how and why the behaviors function as they do. Without any direct instruction, there is a risk that clients will learn the behavior without also learning the reason for using it, and without learning when and why to use it.

2.4.4.2. Modeling

The use of modeling stems from Social Learning Theory, positing that children can learn behaviors vicariously (Bandura, 1986). Liberman et al. (1989) argued that "the most effective way to teach complex social behavior is through modeling and imitation" (p. 102). Teaching through modeling may involve individuals watching a videotape of a model performing the target behavior and attempts to imitate the behavior (Delano, 2007). The purpose of modeling is to demonstrate the effective, and sometimes ineffective, use of certain behaviors. For instance, people who have difficulty saying and doing certain things when in the presence of others are sometimes more comfortable doing so after

seeing someone else do it first. This might make modeling an important technique to use during SST.

The use of video modeling to enhance social skills has been reported in several studies with the intent of increasing social initiations (Apple, Billingsley, & Schwartz, 2005), improving conversational skills (MacDonald, Clark, Garigan & Vangala 2005), and enhancing play behavior (Charlop-Christy, Le & Freedman, 2000). Modeling works because it gives people a guide for their own behavior. Bandura indicated this as "making the unobservable observable" (Bandura, 1986, p. 66). Modeling enhances the perception that the task can be accomplished or there are things that can be done to change the problem situations and reach the goal. Moreover, the availability of similar models during the sessions may also enhance perceived self-efficacy (Bandura, 1986).

2.4.4.3. The role plays

Role play is the logical next step after modeling as it calls for practice of actual behavior. The purpose of role playing is to get clients to practice the desired behaviors in a controlled setting. Sometimes the use of role play in SST goes beyond the simple production and practice of behavior on the part of the trainee. It is vital that the trainer provide a detailed critique and plenty of positive reinforcement for appropriate and desired behaviors (Liberman et al., 1989). The use of rewards for successful role playing is predicted on the assumption that the behaviors that are positively reinforced are more likely to be repeated in contexts outside of the training environment. It is rewarding to receive positive feedback, and this can intensify motivation and effort. To be effective, educators utilizing role-play must help trainees set realistic goals and know when and how to provide feedback to the trainees in a way that allows a deepening of skills and a promotion of self-awareness (Jackson & Back, 2011).

2.4.4.4. Homework assignments

Homework assignments call for in vivo practice of targeted behaviors. They provide chances to practice new skills outside of the group process. Homework assignments that are commonly employed in social skills training for instance may include asking someone less familiar for direction, asking for a job application, and initiating conversation with someone on the bus. Like role plays, homework assignments often benefit from a "debriefing" during which the client and trainer discuss and critique the performances. Here also, the use of positive reinforcement enhances the effectiveness

of the learning process. It has also been recommended that trainers appropriately prepare clients for the possibility of failures in future homework assignments (Liberman et al., 1989) and explain how people cannot realistically expect success in all social situations. This way the homework assignment contributes to the possibility of becoming successful in social interactions. Thus, practicing these techniques demands the trainers to be competent in using active didactic instruction, modeling, coaching of desired responses, corrective feedback, contingent social reinforcement, and homework assignments to facilitate the acquisition of new competencies.

2.4.5. Social skills and social anxiety

Social skills are a set of behaviors in which individuals express their feelings, opinions, and rights in an adaptive manner, thereby decreasing the probability of future problems (Caballo et al, 2014). They represent a set of competencies that facilitate initiating and maintaining positive social relationships, contribute to peer acceptance and friendship development, result in satisfactory school adjustment, and allow individuals to cope with and adapt to the demands of the social environment (Greshman, Van & Cook, 2006). Accordingly, a common focus of SST programs is communication skills. A program designed to improve people's skills in this area might include helping them with nonverbal and assertive communication and with making conversation.

However, evidence suggest that individuals with social anxiety are less socially skilled in social interaction (Baker & Edelmann, 2002). This might be either associated to lack of social skills or underuse of the available social skills. As social anxiety individuals are characterized by excessive avoidance of social situations, they may lack the requisite skills necessary to engage in effective social communication. Social skills deficits in turn may have an impact on the university students' quality of life, since they are directly related to the adjustment and developmental challenges encountered during the university years. An appropriate repertoire of social skills (SS) will have a protective effect on the difficulties that the university students will have to face as they join university. However, studies have also demonstrated that individuals with social anxiety perceive themselves as less socially skilled than non-anxious people (Hofmann, 2007; Alfano, Beidel & Turner, 2006). However, studies that have attempted to examine these skill deficits have found mixed results.

Avoidance of social performance situations create a cycle whereby there are no opportunities to learn social skills. The consequences of avoiding social situations limits

opportunities of building up confidences of interacting with others and developing communication skills that may increase chances of successful relationships. This indicates the importance of practicing the usage of social skills that may have potential for tackling social anxiety. Social skills training on recognizing social cues, initiating conversations, maintaining conversations, joining groups, extending invitations, giving and receiving compliments, speaking on the telephone, proper assertiveness with peers and authority figures, and resisting peer pressure may help individuals increase their confidence to face their fears in their social relations.

Angélico et al. (2006), from a literature review, identified a relationship between social skills deficits and a diagnosis of social phobia. However, they warned that further studies needed to be conducted with clinical and non-clinical samples using precise diagnostic criteria, in order to support the association between social skills and social phobia. Conversely, Levitan, Rangé, and Nardi (2008) based on a literature review, reported that only some of the studies reviewed found that social skills deficits were related to social anxiety and indicated gaps in the knowledge related to social skills.

The relationship between social anxiety, social skills and academic performance of university students was studied by Strahan (2003), and the university students clinical for social anxiety presented deficits in verbal ability to express themselves socially, in the adequate interpretation of verbal communication of others, and in the ability to present themselves and perform roles. Conversely, other studies found that faced with social interactions the skills of self-control, self-regulation and monitoring of one's own behavior, were indicative of academic competence (Veenman, Wilhelm, & Beishuizen, 2004) and mental health (Ciarrochi, Deane, & Anderson, 2002).

Generally, there is very little evidence that show that people with social anxiety demonstrate social skills deficits when they are not anxious. Any deficits in performance seem to be largely restricted to situations in which they are anxious, which suggests that they are an anxiety response rather than an indication of a lack of knowledge. In these situations, practicing relevant skills when anxious is a useful technique for promoting confidence in social situations (NICE, 2014, p. 24).

2.4.6. The effectiveness of SST

SST is among the most commonly used components other than psychoeducation and exposure in the treatment of social anxiety (Cederlund, 2013). A several reviews show that social skills training can be effective in increasing clients´ social skills and at

reducing their psychiatric symptoms (Kopelowicz et al 2006).Treatment outcome studies in social anxiety in general have found SST to be efficacious, either as a stand–alone treatment or combined with other therapy modalities. For instances, a study by Herbert et al. (2005) combined SST with Cognitive Behavior Group Therapy and found the combination to be more effective than Cognitive Behavior Group Treatment alone. SST has been associated with improved outcomes for people with social anxiety (Beidel et al., 2014) and increased social confidence, sense of connectedness to others, and resilience (Rutter, 2012). Meta analyses study on social anxiety treatment efficacy also showed that SST is as effective as other Cognitive Behavior Therapies, such as Exposure, Cognitive Therapy, or its combination (Rodebaugh, Holaway, & Heimberg, 2004).

Reviews of the few studies done on the effects of SST indicate that SST based intervention may help individuals having difficulty establishing meaningful social relationships. Among these is the study that involved students who participated in an intensive social skills training program of sixty hours that demonstrated a large decrease in problem behaviors and an increase in social skills that were also maintained at two-month follow-up (Gresham, Van, & Cook, 2006). Similarly, a quasi-experimental study that involved SST with drug users under treatment indicated that SST was effective in resulting in an increase in the skills of making refusals and expressing negative affect, quality of life (psychological domain), and a significant decrease in depressive symptoms and quality of life (Limberger & Andretta, 2018). SST can help improve individuals' confidence and self-esteem and reduce anxiety experienced in social situations.

A study by Poniah and Hollon (2008) however, reported that SST alone is not efficacious for improving social skills in adult experiencing social anxiety. Some suggest that Exposure Therapy needs to succeed the social skills training to bring changes (Craske, Treanor, Conway, Zbozinek & Vervliet, 2014). Following this recommendation, a study that involved exposure therapy alone and a combination of exposure therapy and social skills training with no treatment group reported that participation in the combined intervention was significant enough to produce superior result in social skills as compared to exposure therapy alone. Without conclusive empirical evidence supporting it, SST was reported to produce good results in managing social anxiety in adult population (Beidel et al., 2014).

However, evidence justifying such interventions are inconclusive, with some research indicating that in comparison with CBT, SST had better outcomes sooner, but

this tendency was leveled, with both treatments sustaining the same degree of improvement after assessment of the 12-month follow-up (Angélico, Crippa, & Loureiro, 2013). Similarly, a study that examined the differential effects of SST and Cognitive Therapy (CT) for social anxiety with fear of blushing, trembling, and sweating as the primary complaint shown that participation in randomly assigned 12 weekly group sessions of SST or CT proved to be effective in the short and long–term, with large effect sizes (Bögles & Voncken, 2008). These studies in general may suggest that SST can be considered as a potential treatment to increase social skills that would help better manage social interaction, enhance self-confidence and reduce social about social interactions.

Generally, the literature discussed suggests that social anxiety can be managed through if the cognitive and behavioral processes that sustains intense anxiety in individuals are altered. Adapting treatment modalities that help individuals' perspectives of approaching anxiety triggering situations through also encouraging them to take small steps of goal-oriented behaviors could have important contributions. Similarly, coping resources could be wisely utilized if individuals are encouraged to interpret stress triggering situations as an opportunity to enhance growth than as threat to get rid of. Thus, Solution Focused Counseling that attempts to change repetitive problem sustaining patterns (thoughts and behaviors) could serve as an important treatment modality to either manage social anxiety or enhance adaptive coping. Similarly, studies suggested that Social Skills Training can also be considered as an alternative to help individuals manage anxiety and acquire social skills through training. Hence, this study have examined whether Solution Focused Psychoeducational and Social Skills Training Groups may have effects in managing social anxiety and enhancing adaptive coping in Ethiopian university students' context.

3. METHOD

This chapter presents the methodological procedures of the study. The first section introduces the research design of the study. The next section deals with the details about the participants of each study (the scale validation study, the pilot study, and the quasi-experimental study). The third section presents the data gathering instruments used within the scope of this study. The results of the scale validation studies are also reported in this section. The fourth section presents the intervention procedures, the Solution Focused Psychoeducational Program and the Social Skills Training Program. This is followed by the preliminary analysis and data analysis.

3.1. Research Design

The purpose of this study is to examine the effect of Solution Focused Psychoeducational and Social Skills Taining groups on the social anxiety and coping levels of Ethiopian university students. Accordingly, a nine sessions psychoeducational program and six sessions of social skills training were examined for their effectiveness in reducing social anxiety and enhancing coping levels. A 3X2 quasi-experimental research design was employed to three group of participants (SFPP, SST and control groups) and two measurements were used (pre and post-intervention assessments). The SFPP group received a Solution Focused Psychoeducational Program while the SST group received a Social Skills Training. There was not any intervention conducted with the control group. Pretest measures were administered prior to the interventions whereas the posttest measures were administered immediately after the end of interventions. The research design is presented in Table 3.1.

Table 3.1. *Research design*

Groups	Pre-test	Intervention	Posttest
SFPP	The Brief COPE-Amh and LSAS-Amh	Solution Focused Psychoeducational Program	The Brief COPE-Amh and LSAS-Amh
SST	The Brief COPE-Amh and LSAS-Amh	Social Skills Training Program	The Brief COPE-Amh and LSAS-Amh
Control	The Brief COPE-Amh and LSAS-Amh	No Intervention	The Brief COPE-Amh and LSAS-Amh

Note. LSAS-Amh, The Amharic version of the Liebowitz Social Anxiety Scale; SFPP, Solution Focused Psychoeducational Program; SST, Social Skills Training

3.2. Participants

Three sub-studies (the scale validation study, the pilot study, and the experiment) were conducted and data was collected from the participants at different times. The summary about the demographic characteristics for each of the sub-studies are given in Table 3.2.

Table 3.2. *Demographic characteristics of the participants of the studies*

Variables	Scale validation study	Pilot study	Experimental study
Sample size (n)	429	6	32
Age M (SD)	21.75 (1.67)	22.33 (2.94)	20.88 (1.36)
Gender			
M	289 (67.4%)	4 (66.7)	18 (56.2%)
F	140 (32.6%)	2 (33.3)	14 (43.8%)

Note: M, mean; SD, standard deviation

3.2.1. Participants of the scales' validation study

The 429 participants of the scale validation study were recruited based on the convenience sample of undergraduate students enrolled in two universities located in the Central (43% from Adama Science and Technology University), and Northern (57% from Debre Tabor University) parts of Ethiopia. This study was approved in terms of its ethical considerations by the Ethics Committee of Anadolu University (See, APPX-1). Data collection for the validation of the instruments took place between September and October in 2017. The data collection instruments were a demographic questionnaire, and the Amharic versions of the Brief COPE and the Liebowitz Social Anxiety Scales. These tools were applied with paper and pencil during the last 15 minutes of the class hour. The students were informed about the purpose and confidential nature of the study. Upon their voluntary participation, the measures were administered to a sample of students at three universities in Ethiopia (see Table 3.2). During the data collection process, permissions were also obtained from the respective universities and authorizations to perform the data collection in the classroom. A total of 429 undergraduate students, who completed the measures with less than 5% of missing data, were included in the analyses. If the missing values are less than 5%, then possible procedure can be considered to handle the missed values (Tabachnic & Fidell, 2011). Accordingly, means of all the cases was used to replace the missing ones. The rest incomplete data collected from 59 students were not included in the analysis. In total,

there were 140 (32.6 %) female students and their ages ranged between 18 and 26 (M=22.06, SD = 1.42).

3.2.2. Participants of the pilot study

In order to test the applicability of the planned Solution Focused Psychoeducational program, single group pretest-posttest design was performed with the Ethiopian students studying in Eskisehir, Turkey. In this respect, the participants of the pilot study were four male and two female Ethiopian students majoring at the higher education at Anadolu university, Turkey during the academic year 2017-2018 (see Table 3.2). The age range of the participants was between 20 and 27 (M=22.33, SD=2.94). These participants were recruited after getting their consents during the intake interview and at the beginning of the pilot study. The pilot study of the psychoeducational program started on the first week of November 2017 and ended in the last week of December 2018. It took place in the Group Counseling Application Unit of the Guidance and Counseling Psychology Department of Anadolu University.

3.2.3. Participants of the experimental studies

A total of 158 Hawassa university students of the Wondo Genet College campus registered to voluntarily participate in the intervention. They were asked to fill in a baseline form with the following measures: demographic questionnaire, the Amharic versions of the Brief COPE, and the Liebowitz Social Anxiety Scales. There were 63 students (see Figure 3.3.) who were willing to attend to an intake interview while completing the measures at the pre-intervention evaluation, 40 of the participants aged from 19 to 24 years (M=20.9, SD=1.46) and their consents were taken in the intervention process after an-intake interview (See, APPX-2 and APPX-3). The inclusion criteria included willingness to participate in the study, suitability of the group program to their personal objectives, their commitment to participate in all the sessions, and suitability of their class schedule in line with the possible time gaps to run the psychoeducational intervention. Accordingly, 23 of the participants were excluded due to unsuitability of their class schedule, the possibility of having severe psychological problems or having highly risky mental health concerns, and unrelated expectations about the general objectives of the psychoeducational intervention.

The eligible participants were randomly assigned to either the SFPP intervention, to the Social Skills Training (SST) or to the control group. The participants were assigned

to the groups randomly and the students in each gender were distributed equally to the groups. This was done through assigning the participants to categories of male and females and after this process, participants were randomly distributed to the groups. The participants were respectively assigned to the SFPP group if drawn first, to the SST group if second, and to the control group if drawn third. In order to manage the cross-contamination during the intervention process, session hours for the SFPP and the SST groups were conducted on a different day of the week. The group members were asked to discuss their session experiences outside the sessions either with the group members or any other individuals.

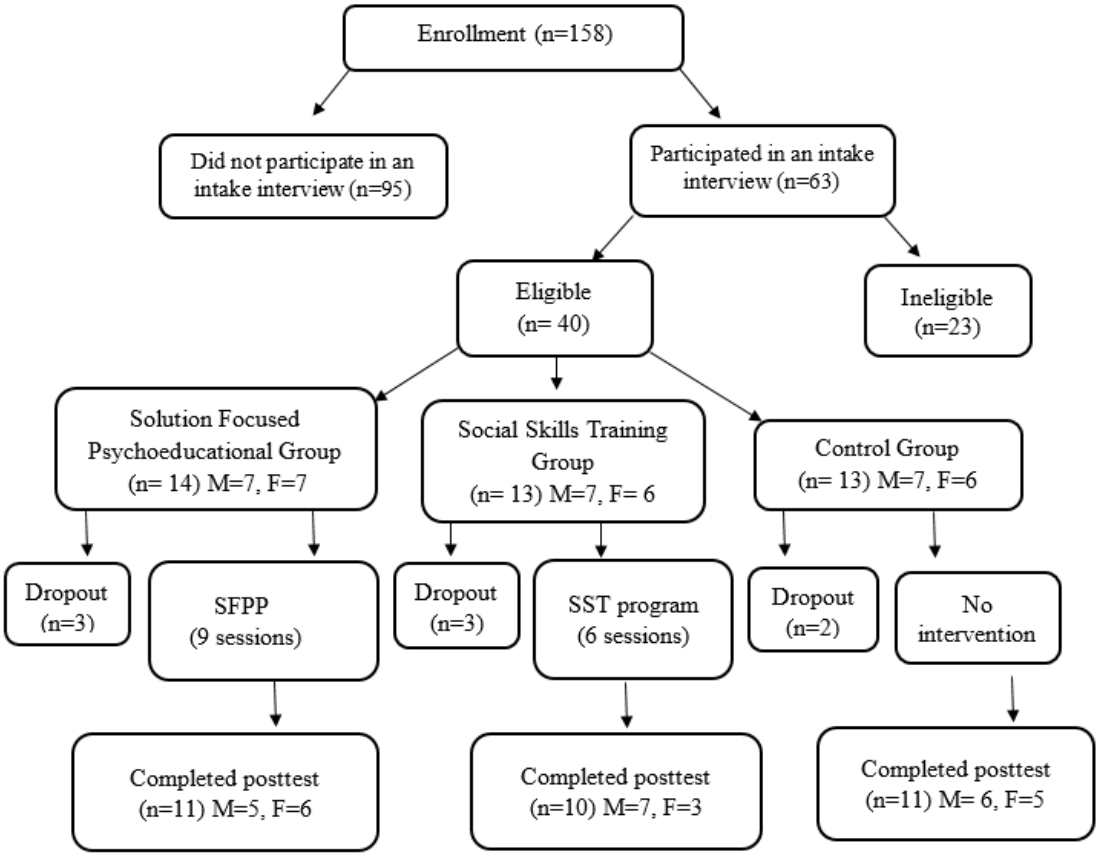

Figure 3.1. *Flow chart of participants through the study and formation of groups*

Out of the 40 participants who were randomly assigned to the SFPP (n = 14), SST (13) and no-treatment control (n = 13) groups, eight of them dropped out (three from the of SFPP, three from the SST, and two from the no-treatment control groups) and they did not complete the post-intervention survey. The final sample size of 32 (11 SFPP, 10 SST, 11 no-treatment control) yielded a participation rate of 82%. Some of the students, who missed some of the sessions, reported the change of their regular class schedules as the main reason for their failure to regularly attend every consecutive session. A shared

decision was taken with group members to run two sessions in a week during the third, fifth and sixth week of the group program. The two sessions per week were performed on Monday and Thursday respectively. The first three sessions of the group were facilitated one session per week. Thus, during the post-intervention assessments only the participants who had attended at least six sessions and completed all the measures were included in the analyses.

3.3. Data Collection Instruments

In order to figure out the participants' levels of social anxiety and coping, a demographic information questionnaire developed by the researcher and the Amharic versions of the Liebowitz Social Anxiety Scale (LSAS-Amh), and the Brief COPE inventory (Brief COPE-Amh) validated in this study were employed.

3.3.1. Demographic Questionnaire

The demographic information questionnaire was developed by the researcher with the aim of having an insight into the participants' age, gender, year of study, and department (See. APPX-5). Moreover, a time schedule, which the participants can mark appropriate days of a week and times for their participation, was also given with the demographic information questionnaire.

3.3.2. Adaptation of the LSAS and the Brief COPE

Considering the lack of validated instruments to measure social anxiety and coping in the context of Ethiopian university students, this study investigated the internal consistency and structural/construct validity of the Amharic versions of the Liebowitz Social Anxiety Scale and the Brief COPE scale. Necessary permissions were taken from Carver (1997) and Liebowitz (1987) via e-mail in order to use the Brief COPE and LSAS instruments in the Ethiopia university students' population. The data were analyzed using SPSS Version 21.0, Lisrel 9.1, and AMOS Version 21.0.

3.3.1.1. Translation and Back-Translation

The processes of adapting the Brief COPE and LSAS instruments include translation and back translation using the parallel blind technique (Behling & Law, 2000). An independent and bilingual postgraduate student majoring at the department of Journalism and a doctoral student majoring at the Social Work translated the instruments from the source language (English) to the target language (Amharic). While synthesizing

the translated versions, understandability and appropriateness of the translations were considered within the context of the target group. Moreover, the translated versions were revised in terms of their semantic, idiomatic and conceptual equivalence (Borsa, Damásio, & Bandeira, 2012, p. 425). The meanings of the items, possible grammatical errors, the equivalence in the expressions (without changing the cultural meaning of the items) were checked to ensure that the translated items address the same aspects of the original instrument in Amharic in the Ethiopian university students' context.

Back-translation of the synthesized translated version of the instruments were performed by two bilingual PhD candidates, who are in the Educational Psychology and in the Special Needs Education Programs. In this regard, back translations were used to review the translated version of the measures for the semantic, idiomatic and contextual equivalences of the items in the measures. Detailed comments of the experts were taken into consideration in order to resolve ambiguities and discrepancies between the translations. Accordingly, a doctoral candidate in Amharic language at Addis Ababa University (Ethiopia), an assistant professor in Counseling Psychology from Duquesne University (the USA), and a PhD candidate in Psychology (Measurement and Evaluation stream) at Addis Ababa University (Ethiopia) commented on items not only for the cultural, and conceptual relevance but also for the technical clarity of the items. Consequently, the final Amharic versions of the Brief COPE and LSAS (now after the Brief COPE-Amh and the LSAS-Amh scales, respectively) were made ready for piloting. The acceptability of words and phrases or understandability of the items in terms of their meaning and clarity of the instructions used in the measures were again checked by piloting the measures with two Ethiopian students studying at Anadolu University (Turkey). As a result, it was revealed that the Brief COPE-Amh and LSAS-Amh took around 15 minutes. The items were also checked in terms of their understandability. Consequently, the measures were made ready for the validation of study.

3.3.1.2. Validity and Reliability of the LSAS-Amh

The Liebowitz Social Anxiety Scale (LSAS) is a commonly used instrument to measure the severity of social anxiety symptoms and the effects of treatment outcomes (Oakman, van Ameringen, Mancini, & Farvolden, 2003; Baker, Hendrichs, Kim, & Hofmann, 2002). It was developed by Michael Liebowitz (1987) in the United States. The LSAS has excellent psychometric properties with a reported alpha coefficient of .96 (Heimberg et al., 1999) and it allows to assess anxiety and avoidance in specific social

and performance situations. The original scale has both an excellent inter-item reliability (αs = 81−.92) and a construct validity (Heimberg et al., 1999). These factors were among the reasons for choosing LSAS over the other social anxiety measurements. Though it was developed as a clinical administration measure, the self-report version of the LSAS has been released for use by Cox, Ross, Swinson and Derenfeld (1998).

The LSAS gives seven different scores. First, a total score for the measure of social anxiety is obtained by summing up all 48 responses, and it ranges between 0-144. Second, fear ratings and avoidance ratings for both social and performance situations are summed to form a Fear subscale and an Avoidance subscale respectively. The scores for each of the fear and avoidance sub-scales ranges between 0-72. Additionally, responses to the 11 social-interaction and 13 performance situations may be summed up separately for fear and avoidance by creating four subscales: social interaction fear, social interaction avoidance, performance fear, and performance avoidance.

The LSAS-Amh consists of 24 items that assesses anxiety/fear and avoidance in both performance and social situations (See, APPX-6). The score in the LSAS-Amh is obtained through a Likert scale from 0 to 3 (none/ never to severe/usually). The total LSAS-Amh score is obtained by combining the total fear and avoidance scores. There was no reverse coded item in the scale. An increase in the total score is interpreted as an increase in the levels of social anxiety. The inter-item reliability of the LSAS-Amh in the Ethiopian university students' sample was good with α = .89.

3.3.1.3. Validity of the LSAS-Amh

Confirmatory factor analysis was conducted by using Liseral 9.1 to assess the construct validity of the LSAS-Amh. Assessments of the goodness of fit indices were performed by administering the chi-square goodness of fit test (χ^2), root mean square error of approximation (RMSEA), comparative fit index (CLI), Tucker-Lewis index (TLI), and standardized root mean square residual (SRMR) values. Accordingly, as shown in Table 3.4, the original factor structure displayed adequate fit following two modifications as shown in Figure 3.2.

Table 3.3. *Fit index values for the different tested models for the LSAS-Amh*

Models	No. of factors/items	χ^2 (df)	Relative χ^2 fit index	RMSEA	NNFI (TLI)	CFI	SRMR
Original Scale structure	2 (24 items scored twice)	2934.79 (1077)	2.90	.06	.92	.92	.07
	4 (24 items scored twice)	3066.72 (1074)	2.86	.07	.91	.91	.07
	7 (24 items scored twice)	3133.77 (1070)	2.93	.07	.91	.91	.12

Note: n=429, RMSEA root mean square of approximation, NNFI Non-normed fit index, TLI Tucker-Lewis index, CFI comparative fit index, SRMR Standardized root mean square residual

After making remedies for discrepancies through performing two modifications suggested by the modification indices between two items in the avoidance (77) and fear (82) sub-scales, the model showed acceptable fit indices (see *figure 3.2*). The fit indices exhibited [χ^2 (2934.79, N = 429) = 1077; p < .001; RMSEA = .064; CFI= .919; TLI= .915; SRMR = .065] acceptable values.

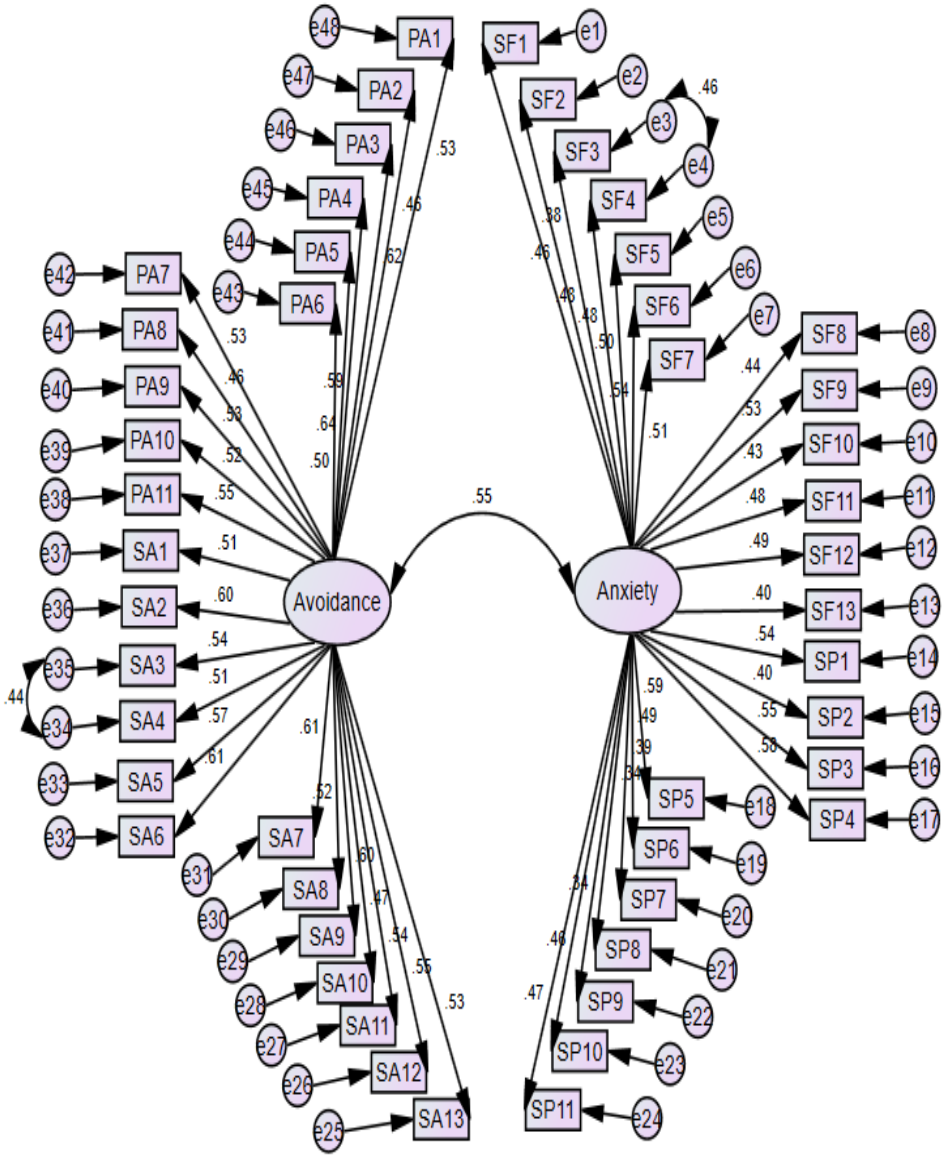

Figure 3.2. *Factor structure for the Amharic version of the LSAS (two factor model)*

Based on the CFA results, the two-factor model of the LSAS showed better model fit indices compared to the four-factor model structure. The factor loadings also ranged between .34 and .65. Accordingly, the two-factor structure of the LSAS is valid in the context of Ethiopian university students' population.

3.3.1.3.1. Reliability of the LSAS-Amh

Internal consistency of the subscales and the LSAS-Amh was determined using the Cronbach alpha. It should also be noted that the internal consistency computed for the subscales and the total score for the LSAS exceed .60 (Cortina, 1993) and the Cronbach alpha value ranged between .873 to .923. Moreover, to determine the magnitude of the correlations, the following standards were used: 0 to. 25 as weak, .26 to .50 as moderate,

.51 to. 70 as strong, and above .71 as very strong (Streiner & Norman, 2003). Accordingly, very strong correlations were revealed between the subscales and the social anxiety construct (see Table 3.4).

Table 3.4. *Correlations, descriptive measures and Cronbach alphas of the LSAS-Amh subscales*

	1	**2**	**3**	**Mean**	**SD**	**α**
Total Score	-	.88***	.84***	35.91	12.55	.92
Avoidance Subscale		-	.49***	34.60	14.44	.91
Fear Subscale			-	70.51	23.33	.87

Note. N = 330. ***p < .001; α = Cronbach's alpha (n's range from .873 to .92)

Thus, the present study confirmed that the Amharic-LSAS is a reliable and valid measure of social anxiety. In this respect, the present study also revealed that the two factors model of the Amharic-LSAS is a reliable and valid measure of social anxiety in Ethiopian university context.

3.3.1.4. Validity and Reliability of the Brief COPE-Amh

Several coping measures were developed to enable an understanding of the coping and strategies, which support the individuals' abilities to manage adversities. However, the most popular measure was the Coping Orientations to Problems Experienced Inventory, COPE (Carver, Scheier, & Weintraub, 1989). There were 60 items in the inventory, and it was perceived to be frustrating by the participants; for this reason, it was reduced to form the 28 items Brief COPE for simplicity (Carver, 1997). This inventory involved the potentially adaptive and less adaptive coping strategies that could have implications either for enhancing the coping abilities or for triggering stressors.

In the scale, the individuals are asked to indicate what they generally do and feel when they experience a specific or general stressful event. The response format was a four-point Likert scale ranging from "I haven't been doing this at all" (1) to "I've been doing this a lot" (4). The total scores in each of the scales range from 2 (minimum) to 8 (maximum) as there is no overall total score. Higher scores indicate an increased use of a specific coping strategy. There was no reverse coded item in the inventory. The Cronbach's alpha values for the original subscales ranged from 0.50 - venting to 0.90 - substance use (Carver, 1997).

The purpose of this validation study was to examine the validity and reliability of the Brief COPE-Amh among Ethiopian university students' population. Accordingly, with the purpose of checking if the factor structures produced in the previous studies fit the data gathered from Ethiopian university students, CFA for each of the models was performed.

3.3.1.4.1. Existing factor structure of the Brief COPE

The original factor structure (Model A) consists of 14 dimensions: (self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion, and self-blame). Each dimension consists of two items in the scale. The second model (Model B) represents the three-dimensional model involving the problem-focused, the emotion-focused, and the dysfunctional coping dimensions of the scale with 28 items (Cooper, Katona, Orrell & Livingston, 2006). Model C represents the two-dimensional model (approach and avoidant coping dimensions) of Krohne (1993) and Roth and Cohen (1986). Model D corresponds to the results of the factors analysis involving six dimensions and 28 items performed based on the context of Chinese sample (Su et al., 2015). Model E represents the results of exploratory factor analysis which involved five factors and 14 items based on the Kenya's sample (Kimemia, Asner-Self, & Daire, 2011). The purpose of examining these five different models was to obtain the coping categorization, which is more valid in its psychometric properties including data gathered from the Ethiopian university students.

3.3.1.4.2. Validity of the Brief COPE-Amh

The previous Brief COPE models were integrated in the data and examined in terms of its consistency with the previous studies in order to figure out the validity of the Brief COPE-Amh inventory. The confirmatory factor analysis was conducted by using Amos 21 to test the factor structure of the Brief COPE indicated in the proposed models against the data from Ethiopian university students' sample. A model is considered to fit as the values of RMSEA (≤ .06) and SRMR (≤ .08), and CFI and TLI close to or greater than .95 were obtained (Hu & Bentler, 1999) respectively. However, these criteria for CFI and TLI have been criticized as being too strict. Considering that such indices with values greater than .90 reflect a reasonably good model fit (Marsh, Hau, & Wen, 2004). The results of the analyses revealed that (as shown in Table 3.5) Model A that involves 14

subscales of coping (self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion, and self-blame) was the only model that exhibited relatively better fit indices [χ^2 (259, N = 426) = 489; p < .001; RMSEA = .05; CFI= .90; TLI= .85; SRMR = .05]. The relative fit indexes of the model of RMSEA, CFI and SRMR reflect a reasonably good model fit (Marsh, Hau, & Wen, 2004). Though the TLI index was found to be below .90, the model could still be considered to have marginally acceptable value (Hooper, Coughlan, & Mullen, 2008).

Table 3.5. *Fit index values for the different tested models of the Brief COPE-Amh Scale*

Models	Dimensions/ items	χ^2 (df)	Relative χ^2 fit index	RMSEA	TLI	CFI	SRMR
Model A	14 (28 items)	489 (259)	1.89	.05	.85	.90	.05
Model B	3 (28 items)	796 (347)	2.29	.09	.49	.53	.09
Model C	2 (28 items)	798 (349)	2.29	.09	.49	.53	.09
Model D	11 (28 items)	611 (295)	2.07	.05	.82	.86	.06
Model E	5 (14 items)	1245 (340)	3.66	.08	.54	.59	.10

n=426, RMSEA root mean square of approximation, CFI comparative fit index, TLI Tucker-Lewis index, SRMR Standardized root mean square residual

However, as indicated in the Table 3.6, the average variance extracted for each of the subscales was below the expected level .5 (Hair et al, 1998) except for the substance use subscale. This result suggests that there is a weakness in the construct validity of the coping subscales. In this regard, the limitations need to be considered in the employment of the Brief COPE-Amh (See, APPX-7).

Table 3.6. *Average Variance Extracted (AVE), Mean, and SDs of the Brief COPE-Amh.*

Brief COPE scales*	Item	SEs	Z	Ser	AVE	M	SD	α	CR
Self-distraction	1	.44	5.95	.073	.17	2.56	.76	.29	.29
	19	.39	5.66	.068					
Active Coping	2	.54	8.71	.056	.31	2.64	.77	.48	.48
	7	.58	9.03	.063					
Denial	3	.51	8.19	.058	.30	2.23	.73	.46	.46
	8	.59	8.97	.058					
Substance use	4	.83	17	.044	.64	1.58	.82	.78	.78
	11	.77	15.77	.045					
Use of emotional support	5	.62	10.14	.058	.29	2.35	.76	.42	.44
	15	.43	7.83	.053					
Behavioral disengagement	6	.58	10	.054	.34	1.84	.80	.51	.51
	16	.60	10.22	.059					
Venting	9	.42	6.12	.063	.17	2.48	.72	.29	.29
	21	.40	6	.063					
Use of instrumental Support	10	.66	11.77	.055	.38	2.66	.80	.55	.55
	23	.57	10.51	.051					
Positive reframing	12	.58	8.97	.06	.29	2.76	.76	.44	.44
	17	.48	7.99	.06					
Self-blame	13	.49	8.07	.059	.37	2.48	.80	.52	.54
	26	.71	9.92	.070					
Planning	14	.56	.844	.059	.26	2.79	.74	.40	.41
	25	.45	7.44	.059					
Humor	18	.63	10.89	.057	.47	2.26	.87	.63	.63
	28	.73	12.03	.064					
Acceptance	20	.39	4.58	.081	.13	2.50	.75	.22	.23
	24	.32	4.23	.080					
Religion	22	.69	13.03	.051	.45	3.10	.84	.62	.62
	27	.65	12.31	.053					

Note. N=426, UES=Use of Emotional Support, UIS= Use of Instrumental Support, SEs= standardized estimates, Ser= standard error; AVE= Average Variance Extracted, α = Cronbach alpha; CR= Composite reliability.

*Each of the Brief COPE-Amh scales have score values from 2-8, the higher score indicates an increasing use of the individual strategy.

3.3.1.4.3. Reliability of the Brief COPE-Amh

In order to check the internal consistency of the subscales of the Brief COPE-Amh scale, Cronbach's alpha values were calculated. The results show that the internal

consistency coefficients for the subscales ranged between .22 for acceptance to .78 for substance use subscale. Moreover, most of the coefficients were found to be below .60, which indicates that the scales demonstrated less desirable internal consistency. Moreover, as shown in the APPX-8., similar results that ranged between .29 for acceptance, and .78 for substance use were obtained for composite reliability (CR). The Cronbach's alpha coefficients calculated for the original scale structure were below .75 (Carver, 1997).

The relationship between the factors in the Brief COPE-Amh (See, APPX-8) revealed correlations that ranged from weak to moderate. While there were strong positive correlations between use of emotional support and use of instrumental support, and moderate positive correlations between behavioral disengagement and substance use, weak and negative correlations were found between religion and substance use, religion and behavioral disengagement. Moreover, relatively moderate positive correlations were identified among the religion, planning, and positive reframing.

3.4. Solution Focused Psychoeducational Program

This study involved the planning and implementation of SFC oriented psychoeducational program aiming at managing social anxiety and enhancing coping skills of university students. The planning of this SFC psychoeducational program was initiated after receiving supportive trainings on Solution Focused Brief Therapy and has been certified by five courses on the Foundations of Positive Psychology Specialization. The planning process of the psychoeducational program started during the spring season of the year 2017 and involved several steps that could ensure its validity. First, the draft of the program was developed taking the theoretical frameworks of Solution Focused Counseling (SFC) into consideration. In the process, literature about social anxiety, coping and psychological needs of university students were considered. The SFC is a flexible approach that welcomes techniques from other approaches aiming at amplifying the existing client strengths. Verified techniques in positive psychology were also included in the program. Next, the draft was revised by the advisor and an independent expert in terms of the clarity of the activities and appropriateness of the session exercises. After making the necessary revisions and modifications, the final version of the program with nine sessions was used for the pilot study.

Table 3.7. *Sessions, topics and exercises in the SFPP*

Sessions and topics	Exercises
1. Getting acquainted	My joyful memory exercise
2. My life as a garden	My life as a garden exercise, goal setting activity, trust walk exercise
3. Mapping the changes and uncovering the exceptions	Mapping the effects of the problem, Problem free moments, Scaling question / Courage ladder exercise
4. Identifying thinking traps	Scenarios on thoughts that trigger anxiety
5. Looking at it in a different light	Real time resilience activity
6. Realizing goals through WOOP	Identify your Wishes, Outcomes, Obstacles, and Plan activity
7. The stress triggers I can control	What things are in my control, what are not?
8. Alternative coping resources	"Things I am best at" exercise
9. Termination	Assessing the progress using scaling question

As indicated in Table 3.7. the SFPP involved nine sessions. These nine sessions were planned to be undertaken one per week. During piloting each session was implemented one per week as planned. However, during the main study, due to the unforeseen political instabilities at the time this study was undertaken, two sessions per week were implemented in different days beginning from session three. This was done after receiving consent from the SFPP group members.

During the implementation, session reviews at the beginning of each session (except for the first and second sessions) to elicit and identify things that went well for group members. Sessions were summarized, opportunities for reflection of group members were encouraged on the things each member learned about themselves. Assignments were also provided to further encourage explorations and practices (except for the first and last sessions).

Session 1: Getting acquainted

The first session of the program aims at getting the group members acquainted with each other, introducing them to the purpose and structure of the group, identifying personal goals for each participant, and reducing their initial anxiety about being in a new

group. Accordingly, after welcoming the group members and expressing gratitude for being a part of the group, the first activity invites group members to state their names and share something that makes them joyful (my joyful memory). They were asked to describe the specific details of how the moment was joyful to them. They were complimented for sharing their good moments.

After getting group members acquainted with each other, they were informed about the purpose and structure of the psychoeducation program. The purpose of the group was explained to group members emphasizing that the program aims at providing an opportunity for them to discover solutions to reduce their anxiety and to practice implementing individual solutions during and outside the sessions. The group leader informed the group members that anxiety can be managed if they allow themselves to actively participate in the group process. They were also informed that both anxiety triggering thinking and anxiety maintaining behaviors can be changed if they work cooperatively during the sessions.

The next activity involved group members to suggest some ground rules that would help to make the group safe and productive. The chief important rules include being on time, the attendance, confidentiality (what is said in group, stays in group), being respectful to others (one person talks at a time, and using I statement when expressing their ideas or opinions), participation or taking initiatives to share their ideas or feelings, and trying or attempting new possible solutions in and outside the group. Group members were encouraged to state the ground rules in their own words. The group leader added or clarified any ground rules that were necessary but not mentioned by group members.

The session was finalized by asking the group members to describe what went well for them, or to talk about the things they learnt about themselves during the session. Finaly, the group members were encouraged to notice times when they were in control of their anxieties and to figure out what they did to feel more confident in those situations. As an assignment, group members were asked to think of their goals or personal wishes that they want to be realized in their attendance to the nine sessions' program. A form including the general objectives of the psychoeducational program was given to the students and they were asked to write their personal goals and explain how they would know if their personal goals were realized.

Session 2: My life as a garden

Session two aims to help the group members to identify their personal goals and to explore their feelings about being in the group. It started by inviting group members to reflect on the things that went well for them from the beginning of the first session. The first activity of the session made the group members to describe their feelings about being in the group, to talk about the colour of their feelings at that moment. While the group members share their feelings, the leader linked the similarities and differences in their responses.

The next activity invites group members to imagine their life as a garden. "My life as a garden" is related to Solution Focused Counseling in that it encourages group members to notice that their life also involves strengths, potentials and positives as well other than the problems they brought to counseling process. Thus, it is intended to encourage their shift in perceptions to self-strengths as well. In the garden, there could be weeds that they might want to be removed or there could be flowers that they want to be nourished. They were encouraged to talk about when they think of their own life as a garden. Group members were asked to share their reflections. While processing on what group members shared, the group leader identified the areas of similarities or differences in the group. Attention was drawn to whether they tended to focus on the things to be removed or on the things to be nurtured.

The next phase was a goal setting activity where the personal objectives of the group members were clarified. The group members were provided with the following question: 'What do you want to happen for you instead of the problem?' This question led the group members to provide responses such as, "I want to feel less anxious," "I want to feel comfortable during presentation", "I want to be more confident", "I want not to be so anxious and disappointed in myself". Group members who described their goals in negative statement such as "I want to feel less anxious" were encouraged to verbalize them in the form of positive purpose statements. While processing a goal statement, enough time was taken to interpret what they mean by "I want to feel less anxious" as this expression may refer to different meanings for each group member.

The final activity of the session was a trust walking exercise that was used to facilitate the development of trust. Group members were invited to arrange themselves into pairs, one partner to be the guide and the other to be blindfolded. "The guide" was responsible for his or her partner's safety and guided them solely by using verbal cues.

“The guide” tried their best to direct the partner away from the obstacles. In the following phase, “the guide” took the role of blindfolded and do the exercise. After the exercise, group members were asked to reflect on “what was it like to be the guide? How did you feel while going through the obstacles being blind folded? Did you have any difficulty in trusting your partner while blindfolded? How does this relate to be a member of this group working towards achieving your personal objectives?”

While finalizing the session, group members were asked to describe what went well for them or things they learnt about themselves in this session. At the end, assignment that contain scenarios aiming at enabling the group members to further explore their feelings in some of the situations (for instances, when a friend tells you they are hurt by something you say, when you have an argument with your best friend, when you get negative feedback on your work in the class, when you have conflict with your significant other) were provided. They were asked to choose one or more scenarios to identify the kinds of emotions they might experience in those or similar real situations in their own life.

Session 3: Mapping the changes, and uncovering the exceptions

Session three aimed at helping the group members to explore how they tend to behave in important parts of their lives when they are less anxious. Before proceeding to session activities, group members were invited to share the things that went well for them since the start of the group process. Moreover, the group members were encouraged to take a moment to share their reflection on the assignment given on the scenarios to identify the feelings they or their friend might have experienced in those or similar situations. While the group members participate in giving their reflection, attention of the group members were drawn towards the similarities and differences in the emotions they reported.

The first activity of the session invited group member to look again into the scenarios and to identify one scenario they think more comfortable about to work on or to come up with similar experiences they recently encountered. In this activity, the group members were guided to focus on the scenario/ experience and to tell what part of the scenario/experience was important to them, how their body felt when they remember about it. They were also asked to describe what strategies they tried to progress in spite of some uncomfortable feelings they experienced.

The second activity guided group members to figure out the effects of the problem (social anxiety) they are experiencing in important parts of their lives. This was administered in order to assist the group members to explore areas of their priority in their attempts to manage social anxiety. A form that helps the group members to map the effects of the problem was used. While group members were reflecting on the activity, the group leader identified the similarities and differences in the areas that the group members want the changes to happen.

The next activity was a scaling question which is used to clarify the current position of each group member and to determine where they would be upon reaching their goals. During this activity, group members were asked to rate themselves on a scale of 1 to 10 where 10 represents a total control over their anxiety whereas 1 refers to a problem in terms of their control over anxiety. Group members were asked to rate themselves on the continuum in order to identify their current levels of progress. The courage ladder technique, which has 10 steps, was used instead of the scaling question to help the group members to decide on the concrete steps or actions in their move towards achieving their goals.

As a concluding activity of the session, group members were asked to describe what went well for them or explain the things they learnt about themselves in the session. An assignment was given to the participants to encourage the group members to take a moment to think and reflect on better times, to times when they were better self-confident with less anxiety or fear even if they were in a social or performance situations. They were asked to describe what was different then than now, how they viewed themselves during those times, and how other people viewed them.

Session 4: Identifying the thinking traps

Session four aimed at helping the group members to identify some of the thinking traps that tend to stop them from moving towards their desired changes. The session on thinking traps was included in the group program to encourage group members to make use of reframing to sustain goal directed behaviors despite the challenges. Before proceeding to the session activities, the group members were encouraged to reflect on their assignment given during the third session.

The first activity of the session focused on helping the group members to understand the thoughts that trigger their anxiety. They were encouraged to work on the hypothetical

scenarios given during the session two, which helps them to further explore their emotions and thoughts closely. After processing on the scenarios, the group members were encouraged to watch a short video about the thinking traps. While watching the video, group members were asked if they found any connection with what is explained in the video in relation to what they are experiencing in their daily life. They were encouraged to identify which of the thinking traps they encounter are more dominant in their daily life and to share a story from a recently experienced sample situation with other group members.

While encouraging the group members to reflect on the types of thinking traps (counterproductive thoughts) that they wish to work on more during and after the sessions, they were asked to give feedback to each other about the similarities or differences of their experiences in terms of the thinking traps.

The next activity directed the group members to take time to work on the scenarios given or to focus on the real-life situations of their own in which they have recently experienced anxiety or stress. They described the situations in which they wanted to feel less anxious based on the examples from the recently experienced situations. They were asked about what they felt, how they reacted, and what types of thinking traps triggered their anxiety in this recent situation. The situation shared by group members was processed in the "here and now" context.

Scenario 1. Sara disputed (had fight) with her elder sister.

Thinking trap (Mind reading): She thinks I always make mistakes; I am careless and lazy. There is no point in arguing with her.

Effect: Not willing to reach out or ask sadness, disappointment

Thinking trap (Me): This is all my fault. I always end up disappointing her. Every negative event is because of me and she is always right.

Effect: guilt, disappointment in self, sadness, isolation; depression, lethargy

Thinking trap (Them): She is not caring or empathetic at all. It is all her fault. She causes all the stress in my life.

Effect: irritated, furious, heightened heart rate, frustrated

Thinking trap (Catastrophizing): I can't believe we are fighting again. I know that she will end up yelling at me at some point. This will eventually lead us to break up.

Effect: anxious, lack of focus, headaches or stomach aches, muscle pains.

Thinking traps (Helplessness): Everything is out of my control. There is nothing I could do to amend our relationship. I will not have a sister who would be by my side anymore. *Effect*: discouraged, confused, feeling stuck, loss of hope, weak

When finalizing the session, group members were encouraged to summarize and tell what went well for them during the sessions or things they learnt about since the beginning of the sessions. They were also guided to work on further scenarios and to focus on their own anxiety triggering thoughts (thinking trap) in the context of a recently encountered situation. The scenarios are as follows: "you get negative feedback on a project work (assignment) you did, a close friend tells you that they are hurt by something you said recently, you want to express your disappointment to your roommate, or you are going to make oral presentation in front of your classmates".

Session 5: Looking at it in a different light

This session aims at helping the group members to practice disputing their thinking traps by using a piece of evidence or by producing alternative understanding through looking at the bright side of the event and trying to change the situation based on planning. Before starting the new session activities, the group members were asked to reflect on what they learned out of working on thinking traps. They were also encouraged to reflect on how the sessions were going on for them and comment on the things that went well for them.

In the first activity of this session, the group members were asked to take time and share on what the group members usually do to help them overcome when they experience intense fear or anxiety. They were encouraged to share their recently encountered experiences. When the group members shared their experiences, the similarities or differences were linked to each other about the ways that they tend to consider in managing their anxiety. Moreover, the pros and cons of using each of the coping strategies used by group members were discussed.

Group members were also encouraged about reflecting on the better times when they were able to manage their anxiety, and comment on what they did at those times in order to manage their anxiety. The attention of the group members was drawn to how those better times were different from the current situations.

The next activity made group members to watch a short video on the thinking traps. While watching the video, group members were asked if they find any connection with

what is explained in the video in relation to the ways they use in managing their anxiety in their daily lives.

The group members were given the opportunity to share what they would alternatively do to disprove counterproductive thoughts (thinking traps) and to come up with more productive thoughts. In order to achieve this purpose, the Real-Time Resilience was introduced to the group members. Examples from the experiences of the group members were used to explain the Real-Time Resilience. *Real-time resilience is a strategy to dispute non-resilient thinking (counter-productive thought) to more optimistic thoughts using evidence or through looking at the bright side of the event* (Reivich & Seligman, 2011). The sentence starters in practicing the Real-Time Resilience were introduced to them with the help of the following example:

Disputing using evidence: This (anxiety triggering thought) is not true because….

Reframing: The most helpful way of looking at this (anxiety triggering thought) is….

Changing the anxiety triggering condition through taking planned action: If X (anxiety triggering situation) happens, I will Y (take …. action).

Before concluding the session, group members were asked to summarize how the lesson was helpful for them by describing the things they learned out of it. They were also given an assignment to identify two counter-productive thoughts they experienced and to dispute their non-resilient thoughts real-time resilience activity. Questions that may assist them in changing the counterproductive thoughts and in exploring alternative thoughts included: How did you feel during the event? What kind of thoughts occurred during the event, either positive or negative? How did they affect you? How much did you believe in them at that time? and How much do you believe in them now? They were also told that the group leader expected them to share what they had done at the beginning of the following session.

Session 6. Realizing goals through WOOP

The aim of this session was to continue encouraging areas of behavior change in the group members efforts towards achieving their desired goals through the WOOP. WOOP is associated to SFC in that it encourages goal directed behaviors of clients. Before proceeding to session's activities, group members were invited to reflect on what went well for them in the assignment they were given during the fifth session. This session depends on WOOP (wishes, outcomes, obstacles, and plan), a strategy used to encourage

people who feel stuck, not knowing what to do (Oettingen, 2018). WOOP can also support people who want to improve further in the areas they wish to realize their goals.

The first activity of the session was based on scenario given to help group members identify how to use WOOP to change their thought or behaviors that pulls from realizing their objectives in their daily life.

W (wish) – I want to feel more confident during presentations.

O (outcome) – Being able to do my presentations more focused and comfortably.

O (obstacle) – I usually tend to do the preparation not presentation, particularly when doing in groups, I tend to avoid presentation.

P (plan) – At times I tend to avoid doing presentation, I will remind myself that avoidance is not going to help me improve my level of confidence. Instead I would allow myself to take the risk and practice ahead before presenting in front of other students.

The group leader invites group members to identify specific, meaningful and applicable target. Then members will be encouraged to write the best outcome to be achieved as a result of the wishes coming true. Next, group members were encouraged to identify obstacles (behaviors or thoughts) that holds them from reaching their target. And finally, they were encouraged to identify one action or thought that would help them overcome the obstacle.

Group members were encouraged to work in pairs and share to their partner what they have done independently. Next, they were invited to make a group of three, where each of the group would have a new member in the group to share with to encourage them comprehend how to use the strategy to change some of their thoughts and behaviors to reach their targets. Lastly, volunteer members were invited to share what they have worked on to the group.

Before concluding the session, group members were invited to summarize the session and reflect on what they find helpful for themselves in terms of reducing their anxiety levels and enhancing their coping abilities. As an assignment, the group members were invited to take time and think of lists of anxiety triggering situation they often encounter in their daily life. What were the feelings you experienced in those situations? How do you react to those situations? How do you know if what you did works or not? They will be told that they are expected to share at the beginning of the next session.

Session 7. The stress triggers I can control

The aim of this session was to encourage the group members to review the stress triggering factors in their daily lives. They were encouraged to practice how to identify some of their stress triggering experiences in terms of whether they are controllable or not.

Before the session starts, the group members were informed that this was the seventh session and the group processes would end after a few sessions. They were guided to reflect on what they learnt about themselves while working on the assignment. Moreover, group members were asked to review the status of progress using scaling question or courage ladder technique. By this activity, group members were led to rate themselves on a scale of 1 to 10: 10 represents their total control over their anxiety whereas 1 represents the control of anxiety on them. They were asked how they would rate themselves today. As a next phase of this activity, they were encouraged to list out and to share which changes they wish to achieve in the following sessions and to comment on how they think of achieving these changes.

The next activity directed the group members to distinguish the controllable stress triggering factors from the non-controllable ones. They were invited to consider if their changes in behaviors or thinking could bring changes in the stress triggering situations. Then, the group members were encouraged to work individually to mark which of their stress triggering situations were controllable to them or not. Later, the group members formed pairs and shared their responses to each other. Volunteer group members shared their ideas to the whole group. The leader invited the group members to link the similarities and differences among the stress triggering factors and make connections between the controllable and uncontrollable ones.

The session was ended up by inviting the group members to summarize the session and to reflect on what they found meaningful for them to reduce their anxiety and to improve their coping skills against stress triggering factors. The group members were complimented in terms of the progress they showed through the sessions. As an assignment, the group members were invited to use WOOP to change their behaviors and thoughts in relation to some of their priority areas of the controllable stress triggers. They were guided to try the activities they planned to act differently from what they used to do in the past.

Session 8. Alternative coping resources

This session aimed at helping the group members to be aware of the possible opportunities that could help in managing their anxiety. Moreover, it focused on encouraging the group members to appreciate their important sources of support that contributed to their progress towards their preferred future.

The group members were asked to reflect on how helpful the assignment given during the seventh session was in helping them to move towards their goal. They were asked to reflect on what they learned about themselves in the previous sessions and to comment on how they are helpful in encouraging them to realize their goals in this group process. Moreover, they were reminded that the group process would be finalized by the coming session and invited to work well as they have still chances of approach their targets better.

The group members were asked to take time to remember their life as a garden in the first activity. The garden might have weeds to be removed or flowers to be nurtured. They were addressed such questions: Which one seems to be easier for you to do, removing the weeds or nurturing the flowers in your life, or both? The group members were encouraged to reflect on the activity by presenting some examples from their lives.

The group members were guided to take time and to think a bit closer about their strengths in the following activity. They were asked to list down the things that people tell them they do best. They were addressed such questions: How will you use this/these strength(s) to help you face some of your anxieties and manage them?

In the last activity, the group members were asked to list down two people who contributed to the flowers in their life garden. They were encouraged to identify one specific thing that these people contributed to their life. They were also asked to write down what they felt about these contributions. The group members guided to share their letter of gratitude to their peers.

The session ended up by inviting the group members to reflect on the things that went well for them, and by making them comment on how their attempts contributed to their progress towards their goals. Moreover, as an assignment, they were encouraged to express their gratitude to the people they identified, to explain why they were grateful to them and how meaningful and important their contributions were to their life. Finally, they were informed that the next session would be ending the session.

Session 9. Termination

This session aimed at encouraging the group members to reflect on their feelings about finishing the group, to assess what has been accomplished in terms of the stated objectives, to identify the challenges that they encountered, and to encourage them to come up with possible ways of handling these challenges.

From the beginning of the seventh session, the group members were reminded to prepare for the termination of the sessions. To start the termination process, the group leader reminded them of the general objectives of the group, made a brief summary of each of the group sessions, and asked group members to share their feelings with respect to termination of the group processes.

After directing the feelings of the group members towards the termination of the group process, the group members were asked to reflect on what they learned about themselves over the past eight sessions and to comment on how meaningful that was in helping them to manage their anxiety. At this time, the group members were provided with the form they have filled during the goal statement in session two in order to use it as a reference in their assessment of their progress. Each of the group members reflected on how the group process went for them. Moreover, they were encouraged to express their appreciation and positive feelings to each other by clarifying how the contributed to each other and how that was meaningful to them. The group leader complimented each of the group member for their progress by mentioning the specific changes and efforts they succeeded to bring to manage their anxiety.

Then, the scaling question was used to assess the exact progress and to identify the challenges in their progress towards their preferred future. This would encourage the group members to reflect on the changes they had already achieved and to identify the challenges they faced while maintaining their engagement to reach their goals. The group members were asked to reflect on how they might use what they had learned during this intervention to manage the possible social anxiety triggering situations in the future.

The group leader summarized the termination session, shared what he had learned from the group members, and asked the group members to fill in the Amharic versions of the Liebowitz Social Anxiety Scale and the Brief-COPE scales to finalize the psychoeducational process. Finally, they said goodbye each other and finalized the session.

3.5. The Social Skills Training Program (SST)

The aim of the social skills training was to provide the opportunities of awareness development and skill acquisiton about managing the resources and interpersonal relations. Accordingly, the six sessions of social skills training on different needs areas of university the students were planned to compare its effect with the SFPP. Each of the session hours took about 90 minutes except for the session three and session five in which the group members neeeded extra time to discuss what they learned from the movies. Get into therapeutic interaction and deep exploration were taken into consideration in this process. The interaction only revolved around the presentations and the contents in the movies. The sessions lasted about six consecuitive weeks, which was between the middle of March, 2018 and the last week of April, 2018.

Table 3.8. *Sessions, Topics and Exercises in the SST Program*

Sessions and topics	**Exercises**
Session 1. Knowing each other	Getting acquainted to each other, identifying group members expectations and setting ground rules
Session 2. The use of "I" statement	Presentation on the uses of "I-statement" and "You-statement" statements, exercises on practicing "I-statement" to express disappointments and forward opinions in interpersonal relations.
Session 3. Expressing disappointment and opinions	A movie on "Odd Girl Out" used to illustrate how not expressing disappointment might affect well-being in case people around turn to be abusive in the relationships. Questions and answers on the benefits of expressing disappointment and opinion using "I-statement" based on the stories in the movie.
Session 4. Dreaming big and taking goal-oriented risks	A movie on "Ron Clark Story", Questions and answers on the story in the movie such as "What would have happened if people in the story did not dream big and take risks towards the changes they wanted?"
Session 5. Time management	Presentation on the importance of setting priorities and managing behaviors to manage time.
Session 6. Termination	Summarizing the sessions, encouraging group members to describe what they learned out of sessions, and giving feedback to each other, and terminating sessions after completing posttest measures

The participants in the SST group were provided with the social skills training for about six sessions. **The first session** was mainly on getting members acquainted with each other through asking group members to state their names and make some disclosure about the meaning associated with their names. Then establishing ground rules, identifying group members expectations and ensuring protective group atmosphere through briefing how the SST proceeds for six weeks were the activities done during the first session.

The second session was a presentation on how to communicate a disappointment or to express one's opinion by using "I satement". During this session, powerpoint presentations was used to describe "I and You statements" , the differences between "I and You satements", and important components in I statements were also explained with examples from daily life interactions of university students. Exercises were also given and group members were encouraged to have awareness about their emotion, non-blameful descriptions of behavior found unacceptable, and the concrete effect of the unacceptable behavior. Following exercises, group members were given feedback and reinforcements.

The third session was based on a movie (Odd Girl Out) that presents how a girl managed to cope with a school bullying experience. Group members were encouraged to watch the movie and notice how the actor (the girl) bullied managed to cope with the psychological harrasement she experienced. This was followed by reflections of group members based on their observations of the stories in the movie.

Session four was on time management and this session focused on developing awareness of the participants about the importance of managing behaviors in line with the personal priorities in life. Group members were asked to describe their perceptions about time management. Then powerpoint presentations on the importance of putting the important once first. Questions from group members and reflection were encouraged.

Session five was on a movie (The Ron Clark Story) that presents a junior school teacher's changing effect on the lives of the disenfranchised youths in the school system. Group members were encouraged to notice how the students in the movie made progress to be successful at the end. This was followed by reflections of group members on the movie.

The last session was the termination where the group members reflected what they learned and gave feedback about them, and this session was followed by the posttest assessment. During this session, group member reviewed what they learned from the SST and their progress in relation to goals set. Moreover, they were encouraged to reflect on how they could transfer what they acquired from the sessions to manage future problems.

3.6. Credibility of the Researcher

The group leader had taken intensive courses on the theories and application of group counseling as a bridging course and during the doctoral courses as well. The group leader has also attended additional trainings on the theory and applications of Solution Focused Brief Therapy. He was also certified after completing five courses on Foundations of Positive Psychology from University of Pennsylvania. The researcher had experiences of becoming a co-leader and a leader of a psychoeducational group under supervision (Elemo & Türküm, 2019). In this study, each of the pilot group and the quasi-experimental intervention sessions were supervised by a supervisor who is a professor in Counseling Psychology and Guidance who had experiences in facilitating and leading group counseling and supervising group counseling works for 20 years.

3.7. Procedures

Pre-intervention procedures include the pilot study of the planned psychoeducational program, recruitment of the participants of the quasi-experimental study, and the screening of the potential participants through an in-take interview.

3.7.1. Piloting of the program

This study has a single group pre-test, posttest, and follow-up design, in which Ethiopian students attending their higher education at Anadolu university in Turkey, received a nine-weeks of Solution Focused psychoeducational program in nine sessions. The psychoeducational planned program was piloted with Ethiopian university students holding their university education at Anadolu University in Eskişehir, Turkey. The participants were selected through an in-take interview and each session of the program, which took 90 minutes, was piloted for 9 consequative weeks and one session lasted a week. The group sessions were conducted using the Amharic language. Each of the sessions during the piloting of the program was transcribed into Turkish. The supervisor of this research, a professor in Counseling with 20 years of experience in supervising and running group counseling works, supervised each transcribed session report.

During the early sessions of the pilot study, some of the group members were less motivated in terms of obeying the punctuality. Encouraging group members to move from being a visitor type to having customer relationships, re-informing them about how the psychoeducational group works and helping them internalizing the group rules were the strategies used to address this concern. Beginning from the third session, it was observed that every member of the pilot group was sensitive about respecting the ground rules, they identified their roles in the process and showed improvement in determining what they wanted to achieve, and they engaged in the group process. The group leader's role shifted from becoming a center of the interaction to taking the initiatives to review, reflecting on the things they learned, and giving feedback to each other during the sessions. They complimented each other and encouraged each other's self-exploratory attempts in an emphatic way.

During the pilot study of the program, the need of removing some activities in the program and adding culturally relevant new activities were recommended. For example, the miracle question was introduced with the specific intention of assisting the participants in identifying and formulating individual goals during the session. Understanding what is expected by the miracle question was confusing to the group members. They were unfamiliar with the miracle question. In this respect, they were asked to reflect on what it feels like to be asked a 'the miracle question', which is a less familiar type of question for them. Their reflection was in line with the belief that the miracles happen when the strong, religious personalities practice the religion, and but not someone like them. They thought that getting involved in that line of conversations was less realistic. For this reason, instead of struggling with making them believe in 'the miracles question', they were asked to describe their wishes about a successful completion of the psychoeducational sessions.

This study involed nine sessions of the SFPP. According to Iveson (2002), SFBT averages about five sessions and rarely extends over eight sessions. However, in this study, considering the context of communication culture in Ethiopia, the needs of group participants and feedbacks received during the supervision of the piloted program, SFPP was determined to include nine sessions. For instance, the need to add sessions was necessitated considering the late formation of therapeutic alliance, efforts to ensure each of the group members to start to speak on their behalf (group members tended to use "you" or "we" statements when describing their stories during the early sessions) using I

statements, and the late formation of trust have contributed to an increase in the number of sessions. Moreover, a need to add a stress related session to the program was also considered during the pilot study of the program by taking into considerations of session experiences, comments of the supervisor and needs of the group members as well. Hence, sessions seven and eight were determined to focus on coping. During the piloting of the program, session seven was about coping with the stress. However, it was modified to focus on encouraging group members to identify the stress triggers that they think as controllable from less controllable ones. Apart from these, a courage ladder was introduced as an alternative way to scaling question in order to help them to change their expectations of quickly fixing of their problem, instead of working through the sessions.

In order to test the validity of the 'Solution Focused Psychoeducational Program' and its effect on the levels of social anxiety and coping, a single group pretest- posttest design was followed for the pilot group. Accordingly, six Ethiopian students attending their university education at Anadolu University in Turkey participated in the pilot study. The changes in their levels of social anxiety and coping levels across time points (pre-test, posttest, and follow-up) were examined using the Friedman's Test. Accordingly, the results of the analyses for intragroup showed changes in their levels of social anxiety and coping subscales during the pre-intervention, post nine-weeks intervention, and follow-up assessments (three-months after piloting of the program) (See, APPX-9).

Friedman's repeated measures analysis of pre-test, post-test and follow-up revealed significant differences in the participants' levels of social anxiety ($\chi^2 = 10.3$, $p < .05$), in the self-blame coping ($\chi^2 = 9.10$, $p < .05$), and in humor coping ($\chi^2 = 7.24$, $p < .05$) scales of the Brief COPE. These results indicate that the nine weeks of piloting the psychoeducational program significantly reduced the levels of social anxiety, use of humor coping and it significantly increased the levels of using self-blame coping.

The test results show that the pilot study of the program did not significantly bring changes in the pilot program as the participants' use of coping strategies are as follows even after the intervention: self-distraction ($\chi^2 = 2.11$, $p > .05$), active coping ($\chi^2 = 2.95$, $p > .05$), denial ($\chi^2 = 2.00$, $p > .05$), venting ($\chi^2 = .33$, $p > .05$), use of emotional support ($\chi^2 = 4.53$, $p > .05$), behavioral disengagement ($\chi^2 = .82$, $p > .05$), use of instrumental support ($\chi^2 = .12$, $p > .05$), positive reframing ($\chi^2 = 2.45$, $p > .05$), planning ($\chi^2 = 1.08$, $p > .05$), acceptance ($\chi^2 = 1.37$, $p > .05$), religion ($\chi^2 = 2.92$, $p > .05$), and substance use ($\chi^2 = 2.00$,

p>.05). These results indicate that the pilot study of the program was not effective in bringing significant changes in the participants' use of these coping strategies.

Pairwise comparisons (See, APPX-10) between the pre- and posttest assessments of the pilot group revealed significant decrease in the levels of social anxiety ($Z = –2.20$, $p < .05$, $r = .36$) and humor ($Z = –2.23$, $p < .05$, $r = .37$). The direction of changes is determined considering the mean rank and sum of ranks, and the observed decrease was in favor of the posttest. A significant increase in the levels of self-blame was not found at the posttest compared to the pretest ($Z = -.41$, $p < .05$, $r = .07$). Significant changes in their levels of self-blame were revealed during the follow-up assessments compared to the posttest ($Z = -2.06$, $p > .05$, $r = .34$) and to the pretest ($Z = -2.04$, $p > .05$, $r = 34$).

Significant decrease in their levels of social anxiety ($Z = -2.20$, $p < .05$, $r = .36$), and humor ($Z = -2.02$, $p < .05$, $r = .34$) was found when follow-up assessment was compared to the pre-intervention assessment. The results suggested that the 'Solution Focused Psychoeducational Program' can be implemented to manage the social anxiety. During the reflections in each session and at the end of the session, the participants reported that they enjoyed the sessions. However, the results in relation to humor and self-blame draw attention to consider the meanings attached to these two coping strategies in the context of Ethiopian university students. It was found out that the items under self-blame are conceptualized as taking personal responsibility other than engaging in self-defeating thoughts. Moreover, humor might be used more within the domain of its function to discourage oneself rather than for its main purpose to encourage the self towards the goal directed behaviors. Alternative explanation to the results revealed in terms of the use of self-blame and humor coping could be the possible unnoticed and unintended negative effects of the pilot program.

As a conclusion, the importance to making some improvements in terms of adding some sessions and detailed activities on coping to the planned psychoeducational program to enhance its contribution to adaptive coping was also suggested during the progress of the sessions. Accordingly, a separate session related to coping (session seven-the stress trigger I can control) was added to the program, which is among the changes that were made following the piloting of the program. In this regard, a session, which was specifically devoted to catastrophic thinking, was removed as it will become redundant and be more problem focused.

3.7.2. Recruitment and in-take interview

Before the registration, program posters inviting the students to participate in the study were posted at the gates of students' cafeterias, lounges, and students council office. Moreover, the researcher got opportunity to give information about the study to the students during the students' campus minimedia entertainment hours. After they were informed about the study, it was mainly male students who responded to calls for early registration. It took more than a week for the female students to apply for an intake interview and to learn more about the study. Through the further clarification of the aims of the group program and the way it works, and through attempting to leave a positive impression about their encounter during the intake interview, the female students started to show up for registration and participate in the study.

Figuring out the participants' motivation through the in-take interview was carried out to identify the type of client-counselor relationships that the potential group member was expecting. Based on the information obtained during the intake interview, psychological services in the campus was an unfamiliar experience to the students. In this regard, there was a lack of awareness about the service and the way it works. This could be the reason for the students to feel uncertain about what to expect in the counseling process. As a result, the students may choose to struggle with the mental health concerns rather than seeking for a professional support. Considering this condition, increasing students' awareness was one of the important procedures, which we paid special attention during the pre-intervention period. With the aim of reducing the worries and misconceptions related to seeking for psychological support, and attracting the potential participants to register, for the clarification about the importance of psychological services and the processes involved in seeking psychological supports were involved in the study. For this reason, the potential participants of the study were encouraged to make conscious decisions about registering to seek for the service or not.

The participants, who have applied for the interview, were encouraged to have a clear understanding about what counseling psychology is and how beneficial it would be to participate in the psychoeducational groups. Moreover, their efforts to identify their worries and to correct their misconceptions about being a participant in the program were praised during the intake interview. The intake interview was carried out within two weeks. After three weeks of announcements and registrations, the nine-sessions psychoeducational program was carried out within six subsequent weeks between the

middle of March 2018 and the last week of April 2018 in Wondo Genet college campus of the Hawassa University. The supervision process of the experiment was done online using messenger and e-mail. Due to the coincidence of political instability in Ethiopia, there were internet disconnections and the researcher had to travel to the other cities in order to receive the supervisory support online.

3.7.3. The Preliminary Analysis

Statistical analyses were performed using the Statistical Package for the Social Sciences Version 21. As a convention, tests of normality were performed by using the Shapiro-Wilks test (the *W* test statistics) to check whether the data were suitable to conduct parametric statistical analyses. The results of the Shapiro-Wilk test were not significant indicating that the sample data were drawn from a normally distributed population. The sample data on the measure of social anxiety and its subscales (avoidance and fear) were within the bounds of the normal distribution. Additionally, Levene's test was performed to check the assumptions that the variances in each of the groups were not significantly different. In this regard, the results show that Levene's F (2, 29) = .91, p = .41, the results were not significant suggesting that the assumption of homogeneity of variance was met (i.e., not violated) for the sample.

As the data satisfies the assumptions for the normality of distribution and homogeneity of the variances, the parametric statistical analyses were used for the social anxiety measure. A one-way between subjects' ANOVA was conducted to compare the participants' pretest mean scores of their social anxiety across three treatment conditions (SFPP, SST, and control). (See. APPX-11). There were no significant differences among the mean scores of the participants in three treatment conditions (SFPP, SST, and control) [F (2, 29) = 1.34, p = .28] at the $p < .05$ level before the onset of the psychoeducational intervention. Post hoc comparisons using the Tukey HSD test also confirmed that the mean score of the participants' social anxiety levels during the pretest across the SFPP (M = 79.45, SD = 23.10), SST (M = 64.71, SD = 20.14) and control (M=69.39, SD = 20.18) groups did not significantly differ from each other. All in all, these results suggest that the groups were equivalent at the baseline.

However, due to lack of normal distribution and homogeneity of variances for the coping subscales at the groups level, non-parametric tests were carried out. Accordingly, Kruskal-Wallis- H test was computed to rule out baseline differences between groups in

the Brief COPE-Amh subscales. The results of the analysis revealed that only behavioral disengagement (χ^2= 7.32, p<.05) was significant indicating that the groups were not equal in terms of the use of behavioral disengagement coping strategy during the baseline assessment. However, in the remaining 13 coping strategies: self-distraction (χ^2= 1.31, p>.05), active coping (χ^2= .25, p>.05), substance use (χ^2= 1.09, p>.05), denial (χ^2= 2.15, p>.05), self-blame (χ^2= 1.09, p>.05), positive reframing (χ^2= .41, p>.05), use of emotional support (χ^2= 1.79, p>.05), planning (χ^2= .21, p>.05), venting (χ^2= 2.83, p>.05), acceptance (χ^2= .95, p>.05), use of instrumental support (χ^2= .34, p>.05), religion (χ^2= 2.84, p>.05), and humor (χ^2= .99, p>.05), there were not statistically significant differences between the groups during the pre-test assessment (See, APPX-12). This result shows that the groups were equivalent during the baseline assessment in terms of the coping strategies except for the ones in the behavioral disengagement coping.

During the intervention, a nine-sessions of SFC oriented psychoeducational program was implemented to the experiment group for six subsequent weeks within about 90 minutes for each session. The individuals in the SST group received a Social Skills Training. This training was implemented one session per week for six consecutive weeks. The control group received no intervention. In the following phase, all the participants were administered the Brief COPE-Amh inventory, the Amharic version of the Liebowitz Social Anxiety Scales (LSAS-Amh) immediately after the end of the psychoeducational program.

3.8. Similarities and Differences Between Treatment Groups

The Solution Focused Psychoeducational Program (SFPP) and the Social Skills Training Program (SSTP) were performed within six weeks. In the SFPP, nine sessions were conducted within six weeks (six sessions were run in three weeks) due to the tight academic calender based on the consensus of the group members. The SFPP emphasized the changes in their cognitions and behaviors through the activities directly planned to make changes on the personal experiences of the group members. Besides, the SST deals with the presentations of some skills which are considered to be lacking. In this respect, the SFPP focused on what is already functioning well and it aimed at amplifying the strengths and resources of the group members. The group members showed similarities in terms of the number and gender distributions of the participants. It is necessary to indicate that 83% of the participants in the SFPP were from rural areas of Ethiopia

whereas 46% of them in the STT group were from rural areas. More than 80% of the Ethiopian population lives in rural areas (Admassie and Abebaw, 2014).

3.9. Data Analysis

The purpose of this study is to examine the effects of Solution Focused psychoeducational and Social Skills Training groups on the social anxiety and coping strategies of Ethiopian university students. Social anxiety and coping strategies in this study were measured using the Liebowitz Social Anxiety Scale-Amh (LSAS-Amh) and the Brief COPE-Amh Scales, respectively. Accordingly, the pretest and posttest data obtained from each of the SFPP, SST and the control groups for the measures were checked for the assumptions of a parametric tests. The data obtained from the social anxiety scale was analyzed using Repeated Measures Analysis of Variance. In addition, for the post hoc comparisons the Tukey's HSD Test was performed.

However, the data obtained from the Brief COPE-Amh scale were analyzed using the non-parametric statistical analyses. Accordingly, the Kruskal Wallis Test was performed to determine posttest changes among the groups. Intragroup comparisons were examined using the Mann-Whitney *U* Test, while intergroup comparisons were tested using the Wilcoxon Signed Ranks Tests. Finally, the effect sizes of the resluts were computed and interpretted according to Cohen (1988, p.27).

4. RESULTS

This chapter presents results obtained from the statistical analyses of the quasi-experimental study design. The purpose of this study was to examine the effects of the Solution Focused Psychoeducational Program (SFPP) and the Social Skills Training (SST) on social anxiety and coping strategies of participants in the study. Analysis results on the effects of interventions for each of the group (the SFPP, the SST and the no control) conditions were presented in terms of each of the outcome variables.

4.1. Results related to Social Anxiety

This part presents results for the tests of between-groups contrasts and within-groups contrasts across the pre- and post-intervention in the sequence of each of the research questions.

4.1.1. Results related to between-groups contrasts

The first research question examines whether the comparison between the three groups reveal significant differences in the social anxiety mean scores at the posttest or not. Thus, means and standard deviations for each of the group conditions across the pre- and post-intervention assessments were given in Table 4.1.

Table 4.1. *Descriptive statistics of the social anxiety*

Variables	Group condition	N	Pretest		Posttest	
			Mean	SD	Mean	SD
Social Anxiety	SFPP	11	79.45	23.10	43.73	16.97
	SST	10	64.71	20.13	43.84	22.28
	No-treatment control	11	69.39	20.18	70.54	11.08

Note. n, number of participants in each of the group

Based on the descriptive statistics given in Table 4.1, post-intervention comparison between the three groups indicate reduction in social anxiety in favor of the SFPP and the SST groups. After controlling for the pretest differences, analysis of one-way ANOVA determined whether the difference between groups in the social anxiety mean scores at the posttest was significant or not. The results revealed were displayed in Table 4.2. Eta-squared (η^2) is used to determine the effect size measurement for ANOVA (Plonsky, 2013). Eta- squared values in the range of .01 to .04 are classified as small, .06 to .11 as medium, and values greater than .14 as large (Cohen, 1988).

Table 4.2. *One-way Analysis of Variance for group differences in social anxiety at the posttest*

Variable	Source of Variation	Sum of Squares	df	Mean Square	F	Sig.	η^2
Social Anxiety	Between groups effect						
	Intervention	5170	2	2585	8.74	.001	.38
	Residual	8577	29	296			

Note. *df, degree of freedom; F, F - test; η2, Eta squared; * p < .05*

Between-groups comparisons demonstrated significant main effects of interventions [F (2, 29) = 8.74, P = .001]. This means that participation in the interventions has resulted in a significant difference in the participants' social anxiety at the posttest as compared to the no-intervention group.

The second and the third research questions intend to answer whether there exist significant differences between the treatment groups and the control group social anxiety scores in the posttest. Figure 4.1. demonstrates pre-and post-intervention mean scores for each of the group conditions.

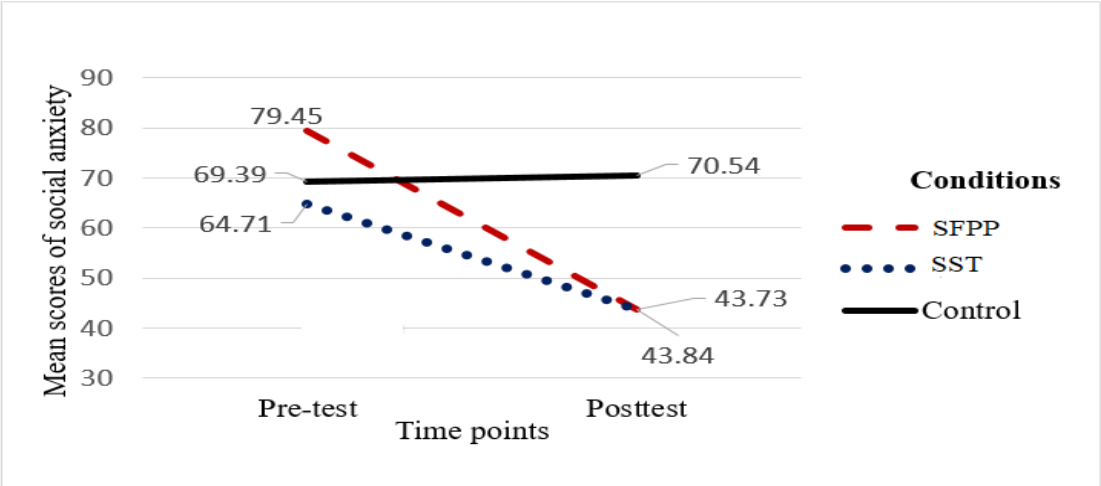

Figure 4.1. *Changes in the mean scores of social anxiety between the time points and among groups*

As revealed in the figure 4.1. mean differences across the pre- and post-intervention were not the same across the SFPP, the SST and the no-intervention control groups. The reduction in social anxiety was higher for the treatment (SFPP and SST) groups as compared to the control group. In order to determine as to which of the interventions (SFPP or SST) contributed to significant changes in social anxiety at the posttest, Tukey's HSD post hoc tests were determined. Post hoc comparison results were given in Table 4.3.

Table 4.3. *Tukey pairwise comparisons of mean differences of the scores of the measure of social anxiety*

Time 1	Group	Time 2	Group condition	Mean difference	SE	t	P $_{tukey}$
Pretest	Control	Posttest	Control	-1.16	6.3	-.18	1
	SFPP		SFPP	35.72	6.3	5.67	**.001**
	SST		SST	20.87	6.61	3.16	**.04**
Posttest	Control	Posttest	SFPP	26.82	8.24	3.66	**.003**
			SST	26.71	8.44	3.55	**.004**
	SFPP		SST	-.11	8.44	-.01	1

Note. *SE is standard error; df, degree of freedom; t, t - test; sig. level of significance*

Post hoc comparisons in the mean differences between the SFPP and the control groups yielded in a significant reduction in social anxiety in favor of the SFPP (t = 3.66, p = .003). Similar comparison between the SST and the control groups indicated that participation in the social skills training did surpass participation in no intervention group (t = 3.55, p = .004). Thus, it is important to note that participation in the SFPP and the SST resulted in significant reduction of social anxiety at the posttest as compared to participation in the no-intervention control group.

4.1.2. Results related to within-groups contrasts

Research questions (fourth and fifth) assess within- group changes for each of the treatment conditions across the pre- and post-intervention assessments. Mean differences across the time points for each of the group conditions was determined using the repeated measures ANOVA. The results revealed were displayed in Table 4.4. Sum of squares, mean squares, F test results, and effect sizes (eta squared) were demonstrated.

Table 4.4. *Repeated Measures Analysis of Variance for assessing within group changes*

Variable	Source of variation	Sum of squares	df	Mean square	F	Sig.	η^2
Social Anxiety	Within groups effect Time (pre- & posttest)	5452	1	5452	24.96	**.001***	.16
	Interaction (Intervention*Time)	3785	2	1892	8.66	**.001***	.11

Note. *df, degree of freedom; F, F - test; η2, Eta squared; * p < .05*

The contrast performed using the repeated measures ANOVA show a significant reduction in social anxiety at the posttest as a factor of time [F (1, 29) = 24.96, P = .001, η^2 = .16] and interaction [F (2, 29) = 24.96, P = .001, η^2 = .11]. This indicated that the

social anxiety scores of the participants in the study have changed across pre- and post-intervention assessments.

Post hoc analysis for the within-group comparisons (see Table 4.3) revealed significant differences in the social anxiety at the posttest when compared to the pre-intervention assessments time. Participation in the SFPP group displayed a significant reduction in the levels of the social anxiety (t =5.67, p = .001) at the posttest when compared to the pre-intervention assessments. This result suggests that the nine-sessions of psychoeducational program might have contributed to a significantly reduced social anxiety immediately after intervention.

Similarly, when comparing the mean scores of the measure of social anxiety between the pre- and post-intervention for the SST group, significant differences was revealed (t =3.16, p = .04) favoring the positive effects of the six sessions' social skills training. However, this within group significant differences was not demonstrated for the control group (t =-.18, p = 1). Therefore, both the SFPP and the SST have resulted in significant between groups and within groups changes in social anxiety. However, significant differences did not emerge for the control group in both conditions.

4.2. Results related to Coping

This part presents results in relation to the effects of the SFPP and SST on the use of coping strategies of study participants. Results of between-group and within-group contrasts are given in accordance with the research questions that tests the effects of interventions on coping strategies.

4.2.1. Results on between-group contrasts

Between-group contrasts as reflected in the first research question examines whether there were significant changes among the groups in the use of coping strategies as the functions of the interventions. Kruskal Wallis Test was computed to determine changes in the 14 coping strategies (self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion, and self-blame). Mean ranks, chi square (χ^2), and Epsilon squared (E^2_R) were displayed in Table 4.5 (p. 107-108). Epsilon squared (E^2_R) is used to determine the effect size for the Kruskal Wallis (H)Test (Tomczak & Tomczak, 2014).

Table 4.5. *Intergroup comparisons for the coping subscales (Kruskal-Wallis Test)*

Variable	Time points	Group condition	Mean Ranks	χ^2	Df	Sig.	E^2_R
Self-distraction	Pretest	SFPP	16.95	1.31	2	.52	.04
		SST	13.90				
		Control	18.41				
	Posttest	SFPP	15.68	1.17	2	.56	.04
		SST	19.00				
		Control	15.05				
Active coping	Pretest	SFPP	15.64	.25	2	.88	.01
		SST	16.30				
		Control	17.55				
	Posttest	SFPP	15.86	.20	2	.91	.01
		SST	17.70				
		Control	16.05				
Denial	Pretest	SFPP	19.77	2.15	2	.34	.07
		SST	14.70				
		Control	14.86				
	Posttest	SFPP	19.36	.94	2	.62	.03
		SST	18.35				
		Control	14.55				
Substance use	Pretest	SFPP	15.50	1.09	2	.58	.04
		SST	17.10				
		Control	16.95				
	Posttest	SFPP	15.27	.52	2	.77	.02
		SST	16.90				
		Control	17.36				
Humor	Pretest	SFPP	14.59	.99	2	.61	.03
		SST	16.40				
		Control	18.50				
	Posttest	SFPP	15.68	1.23	2	.54	.04
		SST	19.10				
		Control	14.95				
Self-blame	Pretest	SFPP	14.18	1.09	2	.58	.04
		SST	18.05				
		Control	17.41				
	Posttest	SFPP	11.91	1.54	2	.46	.05
		SST	19.85				
		Control	18.05				
Use of emotional support	Pretest	SFPP	19.36	1.79	2	.41	.06
		SST	14.50				
		Control	15.45				
	Posttest	SFPP	19.82	5.89	2	.05	.19
		SST	17.30				
		Control	9.91				
Behavioral disengagement	Pretest	SFPP	12.91	7.32	2	.03	.24
		SST	14.25				
		Control	22.14				
	Posttest	SFPP	16.36	.87	2	.65	.03
		SST	14.65				
		Control	18.32				
Positive reframing	Pretest	SFPP	15.14	.41	2	.81	.01
		SST	17.65				
		Control	16.82				
	Posttest	SFPP	17.73	1.15	2	.56	.04
		SST	17.80				
		Control	14.09				
Planning	Pretest	SFPP	15.59	.21	2	.90	.01
		SST	16.55				
		Control	17.45				
	Posttest	SFPP	18.05	2.80	2	.25	.09
		SST	18.90				
		Control	12.77				

Variable	Time points	Group condition	Mean Ranks	χ^2	Df	Sig.	E^2_R
Venting	Pretest	SFPP	14.50	2.83	2	.24	.09
		SST	14.55				
		Control	20.27				
	Posttest	SFPP	14.82	1.72	2	.42	.06
		SST	19.65				
		Control	15.32				
Acceptance	Pretest	SFPP	14.36	.95	2	.62	.03
		SST	18.00				
		Control	17.27				
	Posttest	SFPP	13.64	2.37	2	.31	.08
		SST	19.80				
		Control	16.36				
Religion	Pretest	SFPP	17.77	2.84	2	.24	.09
		SST	12.55				
		Control	18.82				
	Posttest	SFPP	13.55	2.47	2	.29	.08
		SST	19.65				
		Control	13.59				
Use of instrumental support	Pretest	SFPP	16.14	.04	2	.98	.00
		SST	16.45				
		Control	16.91				
	Posttest	SFPP	21.27	9.86	2	**.007**	**.32**
		SST	18.80				
		Control	9.64				

Note. $p < 0.05$; df, degree of freedom; X^2, chi-square; E^2_R, Epsilon squared

The comparison of three groups at the posttest using the Kruskal Wallis Test revealed lack of significant effects of interventions in the use of active coping (χ^2= .20, p>.05, E^2_R = .01), self-distraction (χ^2= 1.17, p>.05, E^2_R = .04), denial (χ^2=.94 , p>.05, E^2_R = .03), substance use (χ^2= .52, p>.05, E^2_R = .02), humor (χ^2= 1.23, p>.05, E^2_R = .04), self-blame (χ^2= 1.54, p>.05, E^2_R = .05), use of emotional support (χ^2= 5.89, p>.05, E^2_R = .19), behavioral disengagement (χ^2= .87, p>.05, E^2_R = .03), positive reframing (χ^2= 1.15, p>.05, E^2_R = .24), planning (χ^2= 2.80, p>.05, E^2_R = .09), venting (χ^2= 1.72, p>.05, E^2_R = .06), acceptance (χ^2= 2.37, p>.05, E^2_R = .08), and religion (χ^2= 2.47, p>.05, E^2_R = .08) suggesting that the interventions were not effective to reveal significant differences between groups in those coping strategies.

However, the between-group contrasts revealed significant effect of interventions in the use of instrumental support coping (χ^2= 9.86, p<.05), with a medium effect size of E^2_R = .32. These results indicate that there an increase in the tendency to use of instrumental support following the interventions. In other words, after participating in the SFSS and the SST group members tendency to seek for professional support has increased at the posttest. To determine sources of the significant changes revealed in the use of instrumental support at the posttest, intergroup comparisons using the Mann Whitney *U* test was computed. Mann Whitney *U* test was computed to determine between groups

significant changes in the use of instrumental support coping (see Table 4.6). Effect sizes (*'r'* statistic) for the Mann Whitney U test were computed based on the suggestions of the Pallant (2016). According to Pallant (2016) effect sizes (r) can be computed by taking *'Z'* and dividing it by the square root of the total sample size.

Table 4.6. *Between group comparisons for the use of instrumental coping*

Variable	Time Points	Conditions	Mean Rank	Sum of Ranks	U	Z	*Sig.*	*r*
Use of instrumental support	Posttest	SFPP	15.59	171.50	15.50	-3.05	**.002**	**.53**
		Control	7.41	81.50				
	Pretest	SFPP	11.23	123.50	57.50	-.22	.83	.04
		Control	11.77	129.50				
	Posttest	SST	14.05	140.50	24.50	-2.21	**.03**	**.39**
		Control	8.23	90.50				
	Pretest	SST	10.85	108.50	53.50	-.11	.91	.02
		Control	11.14	122.50				
	Posttest	SFPP	11.68	128.50	47.50	-.55	.58	.10
		SST	10.25	102.50				
	Pretest	SFPP	10.91	120.00	54.00	-.07	.94	.01
		SST	11.10	111.00				

*Note. *p < 0.05; df, degree of freedom; U, Mann-Whitney U test.*

The second and third research question also tests whether there exist significant differences between the SFPP, STT and the control in the posttest scores of coping strategies. Accordingly, post hoc analyses for the group differences in the use of instrumental support coping between the SFPP and the no treatment control at the posttest indicates significant differences (U=15.50, Z = -3.05, p<.05) with a large effect size (*r* = .53) in favor of psychoeducational program. Similarly, comparison between the SST and the control group revealed a medium effect size (*r* = .39) favoring the effects of SST intervention (U=24.50, Z = -2.21, p<.05). However, the changes at the posttest between the SFPP and the SST groups did not reveal significant differences (U=47.50, Z = -.55, p<.05, *r* = .10) as simultaneous changes emerged in each of the interventions. Thus, the results indicate that participation in both the SFPP and the SST significantly improved the tendency to use instrumental support coping at the post test.

4.2.2. Results related to within-groups contrasts

The fourth research question examines whether participation in the SFPP demonstrates significant changes in the use of coping strategies (self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance,

religion, and self-blame) across the pre- and post-intervention assessments. Pairwise comparisons for each of the coping subscales were computed using the Wilcoxon Signed-Ranks Test, and the results were given in the Table 4.7 (p. 110-112).

Table 4.7. *Intragroup comparisons for the coping subscales (Wilcoxon Test)*

Variable	Condition	Time points	Ranks	N	Mean Rank	Sum of Ranks	Z	Sig.	*r*
Self-distraction	**SFPP**	**Posttest - Pre-test**	Negative Ranks	3	3.67	11.00	-.106[b]	.92	.02
			Positive Ranks	3	3.33	10.00			
			Ties	5					
	SST	**Posttest-Pre-test**	Negative Ranks	1	2.00	2.00	-2.06[c]	**.04**	**.**36
			Positive Ranks	6	4.33	26.00			
			Ties	3					
	Control	**Posttest-Pre-test**	Negative Ranks	6	4.67	28.00	-.69[b]	.49	.12
			Positive Ranks	3	5.67	17.00			
			Ties	2					
Active coping	**SFPP**	**Posttest - Pre-test**	Negative Ranks	1	4.00	4.00	-2.11[c]	**.04**	.37
			Positive Ranks	7	4.57	32.00			
			Ties	3					
	SST	**Posttest-Pre-test**	Negative Ranks	3	3.00	9.00	-1.27[c]	.20	.22
			Positive Ranks	5	5.40	27.00			
			Ties	2					
	Control	**Posttest-Pre-test**	Negative Ranks	4	4.50	18.00	-1.03[c]	.31	.18
			Positive Ranks	6	6.17	37.00			
			Ties	1					
Denial	**SFPP**	**Posttest - Pre-test**	Negative Ranks	5	3.60	18.00	.00[d]	1.00	.00
			Positive Ranks	3	6.00	18.00			
			Ties	3					
	SST	**Posttest-Pre-test**	Negative Ranks	3	5.33	16.00	-1.19[c]	.24	.21
			Positive Ranks	7	5.57	39.00			
			Ties	0					
	Control	**Posttest-Pre-test**	Negative Ranks	4	3.00	12.00	-.86[c]	.39	.15
			Positive Ranks	4	6.00	24.00			
			Ties	3					
Substance use	**SFPP**	**Posttest - Pre-test**	Negative Ranks	0	.00	.00	-1.34[c]	.26	.24
			Positive Ranks	2	1.50	3.00			
			Ties	9					
	SST	**Posttest-Pre-test**	Negative Ranks	1	1.50	1.50	-.82[c]	.41	.14
			Positive Ranks	2	2.25	4.50			
			Ties	7					
	Control	**Posttest-Pre-test**	Negative Ranks	1	2.00	2.00	-1.60[b]	.11	.28
			Positive Ranks	3	2.67	8.00			
			Ties	7					

Variable	Condition	Time points	Ranks	N	Mean Rank	Sum of Ranks	Z	Sig.	*r*
Humor	**SFPP**	**Posttest - Pre-test**	Negative Ranks	1	3.00	3.00	.00[d]	1.00	.00
			Positive Ranks	2	1.50	3.00			
			Ties	8					
	SST	**Posttest- Pre-test**	Negative Ranks	3	3.00	9.00	-1.27[c]	.20	.23
			Positive Ranks	5	5.40	27.00			
			Ties	2					
	Control	**Posttest- Pre-test**	Negative Ranks	7	6.14	43.00	-1.60[b]	.11	.28
			Positive Ranks	3	4.00	12.00			
			Ties	1					
Self-blame	**SFPP**	**Posttest - Pre-test**	Negative Ranks	5	4.50	22.50	-1.45[b]	.15	.26
			Positive Ranks	2	2.75	5.50			
			Ties	4					
	SST	**Posttest- Pre-test**	Negative Ranks	5	3.00	15.00	-.17[b]	.87	.03
			Positive Ranks	2	6.50	13.00			
			Ties	3					
	Control	**Posttest- Pre-test**	Negative Ranks	5	5.80	29.00	-.16[b]	.88	.03
			Positive Ranks	5	5.20	26.00			
			Ties						
Use of emotional support	**SFPP**	**Posttest- Pre-test**	Negative Ranks	0	.00	.00	-2.46[c]	**.01**	.43
			Positive Ranks	7	4.00	28.00			
			Ties	4					
	SST	**Posttest- Pre-test**	Negative Ranks	1	5.50	5.50	-1.87[c]	.06	.33
			Positive Ranks	7	4.43	31.00			
			Ties	2					
	Control	**Posttest- Pre-test**	Negative Ranks	2	3.75	7.50	-.64[c]	.54	.11
			Positive Ranks	4	3.38	13.50			
			Ties	5					
Positive reframing	**SFPP**	**Posttest- Pre-test**	Negative Ranks	2	3.50	7.00	-1.61[c]	.11	.29
			Positive Ranks	6	4.83	29.00			
			Ties	3					
	SST	**Posttest- Pre-test**	Negative Ranks	4	3.63	14.50	-.50[c]	.62	.09
			Positive Ranks	4	5.38	21.50			
			Ties	2					
	Control	**Posttest- Pre-test**	Negative Ranks	4	4.75	19.00	-.88[b]	.38	.16
			Positive Ranks	3	3.00	9.00			
			Ties	4					
Behavioral disengagement	**SFPP**	**Posttest- Pre-test**	Negative Ranks	2	3.00	6.00	-1.72[c]	.09	.30
			Positive Ranks	6	5.00	30.00			
			Ties	3					
	SST	**Posttest- Pre-test**	Negative Ranks	2	4.00	8.00	-.53[c]	.60	.09
			Positive Ranks	4	3.25	13.00			
			Ties	4					
	Control	**Posttest- Pre-test**	Negative Ranks	6	4.50	27.00	-1.32[b]	.19	.23
			Positive Ranks	2	4.50	9.00			
			Ties	3					

Variable	Condition	Time points	Ranks	N	Mean Rank	Sum of Ranks	Z	Sig.	*r*
Planning	**SFPP**	**Posttest-Pre-test**	Negative Ranks	1	3.50	3.50	-2.12[c]	**.03**	.38
			Positive Ranks	7	4.64	32.50			
			Ties	3					
	SST	**Posttest-Pre-test**	Negative Ranks	3	3.67	11.00	-.51[c]	.61	.09
			Positive Ranks	4	4.25	17.00			
			Ties	3					
	Control	**Posttest-Pre-test**	Negative Ranks	5	6.00	30.00	-.90[b]	.37	.16
			Positive Ranks	4	3.75	15.00			
			Ties	2					
Venting	**SFPP**	**Posttest-Pre-test**	Negative Ranks	2	2.50	5.00	-1.19[c]	.23	.21
			Positive Ranks	4	4.00	16.00			
			Ties	5					
	SST	**Posttest-Pre-test**	Negative Ranks	3	2.00	6.00	-1.36[c]	.18	.24
			Positive Ranks	4	5.50	22.00			
			Ties	3					
	Control	**Posttest-Pre-test**	Negative Ranks	5	5.10	25.50	-1.10[b]	.27	.19
			Positive Ranks	3	3.50	10.50			
			Ties	3					
Acceptance	**SFPP**	**Posttest-Pre-test**	Negative Ranks	4	4.13	16.50	-1.29[b]	.20	.23
			Positive Ranks	2	2.25	4.50			
			Ties	5					
	SST	**Posttest-Pre-test**	Negative Ranks	5	4.80	24.00	-.18[b]	.86	.03
			Positive Ranks	4	5.25	21.00			
			Ties	1					
	Control	**Posttest-Pre-test**	Negative Ranks	3	3.67	11.00	-.97[b]	.33	.17
			Positive Ranks	2	2.00	4.00			
			Ties	6					
Religion	**SFPP**	**Posttest-Pre-test**	Negative Ranks	3	4.50	13.50	-.65[b]	.52	.11
			Positive Ranks	3	2.50	7.50			
			Ties	5					
	SST	**Posttest-Pre-test**	Negative Ranks	2	3.75	7.50	-1.48[c]	.14	.26
			Positive Ranks	6	4.75	28.50			
			Ties	2					
	Control	**Posttest-Pre-test**	Negative Ranks	3	3.17	9.50	-.54[b]	.59	.10
			Positive Ranks	2	2.75	5.50			
			Ties	6					
Use of instrumental support	**SFPP**	**Posttest-Pre-test**	Negative Ranks	0	.00	.00	-2.83[b]	**.005**	.50
			Positive Ranks	10	5.50	55.00			
			Ties	1					
	SST	**Posttest-Pre-test**	Negative Ranks	1	3.00	3.00	-2.32[b]	**.02**	.41
			Positive Ranks	8	5.25	42.00			
			Ties	1					
	Control	**Posttest-Pre-test**	Negative Ranks	4	4.00	16.00	-1.22[b]	.22	.22
			Positive Ranks	6	6.50	39.00			
			Ties	1					

Note. **p < 0.05; df, degree of freedom; Z, Wilcoxon signed-ranks; b- based on positive ranks; c- based on negative ranks; d-the sum of negative ranks equals the sum of positive ranks.*

Tests of within-group contrasts revealed significant improvements in the active coping (Z = –2.111, p<.05, r = .37), use of emotional support (Z = -2.46, p<.05, r = .43), planning (Z = -2.124, p<.05, r = .38), and use of instrumental support (Z = -2.83, p<.05, r = .50) coping following the psychoeducational intervention. The effect sizes were medium for the first three, and large for the last respectively. However, similar pairwise comparisons did not reveal significantly significant changes for the same group (SFPP) in the use of self-distraction (Z = -.106, p>.05), denial (Z = .000, p>.05), substance use (Z = -1.342, p>.05), humor (Z = .000, p>.05), self-blame (Z = -1.45, p>.05), positive reframing (Z = -1.613, p>.05), behavioral disengagement (Z = -1.723, p>.05), venting (Z = -1.190, p>.05), acceptance (Z = -1.294, p>.05) and religion (Z = -.647, p>.05) as coping strategies.

Pairwise comparison for the SST group indicated statistically significant improvements in the use of self-distraction (Z = -2.058, p<.05, r = .36) and instrumental support (Z = -2.32, p<.05, r = .41) as strategies of coping. However, within-group changes in active coping (Z = -1.27, p>.05) denial (Z = -1.19, p>.05) substance use (Z = -.82, p>.05), humor (Z = -1.27, p>.05), self-blame (Z = -.17, p>.05), use of emotional support (Z = -1.87, p>.05), positive reframing (Z = -.50, p>.05), behavioral disengagement (Z = -.53, p>.05), planning (Z = -.51, p>.05), venting (Z = -1.36, p>.05), acceptance (Z = -.18, p>.05), and religion (Z = -1.48, p>.05). Thus, the results suggest that the ‘Social Skills Training’ had contributions in increasing the tendency to use of self-distraction and engage in instrumental support to manage distress. None of the comparisons in the control group demonstrated significant changes in the coping strategies.

5. DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

This study has evaluated the effectiveness of Solution Focused Psychoeducational Program (SFPP) and the Social Skills Training (SST) compared to the no intervention group in terms of social anxiety and coping strategies of Ethiopian university students. In this chapter, results obtained are discussed. Conclusions drawn from the results and recommendations are also presented.

5.1. Discussion

The comparisons of social anxiety mean scores of the SFPP, SST and no treatment control groups revealed significant differences in favor of the SFPP and the SST interventions. Participations in both the SFPP and the SST treatment conditions were associated with reduced social anxiety and improved tendencies in the use of instrumental support of coping at the post-intervention assessments.

5.1.1. The effectiveness of the SFPP on social anxiety

Though participation in SFPP did not surpass the SST program as both treatments emerged effective, the between-group and within-group contrasts indicated that the nine sessions' SFPP has significantly reduced participants' social anxiety when compared to the no treatment group. This result is consistent with the results of previous studies that revealed statistically significant effects of SF counseling on social anxiety. For instance, Ateş and Gençdoğan, (2017) in their study reported the effectiveness of SF group counseling on the university students' social anxieties in Turkey. Similarly, a six sessions of SF group counseling was found effective in enhancing the self-efficacy (belief in the ability to reach goals) of socially withdrawn students (Kvarme, Helseth, Sørum, Luth-Hansen, Haugland & Natvig, 2010). Thus, through SF intervention, self-efficacy, a factor associated to high levels of social anxiety (Al-Ruwaili, Al-Turki, & Alardan, 2018) was enhanced.

Several factors might have contributed to the effectiveness of the SFPP on social anxiety relative to the no treatment control group at the posttest. The first could be the nature of the planned SFPP which might have encouraged group members to visualize the changes in a step-by-step action towards their preferred future. As witnessed in the reflections of group members during the sessions, their stating of purpose statements positively and identifying specific actions have encouraged them to be more optimistic to view anxiety as a challenge to face to reach their desired goals than as a threat to escape.

The compliments and encouragements during the sessions on group members' strengths and past successes might have positively influenced them-to be optimistic about their abilities to handle anxiety-triggering experiences. As suggested by Reiter (2010), eliciting and amplifying exceptions of change and encouraging group members endeavors towards solution-oriented views and behaviors enhances group members hope. Thus, the shift to goal-oriented and solution-focused talk during the session might have encouraged group members' willingness to embrace their fears and start to face the previously feared and avoided situations. In other words, the results of this study might have been obtained, due to the contributions of SFPP in changing group members tendency to engage in exaggerated social expectations and setting of unrealistic goals (Hofmann, 2007) which triggers problem-dominated thoughts and anxiety. Thus, the small step by step efforts of setting positive and meaningful purpose statements might have contributed in enhancing positive self-view and capabilities of group members to manage anxiety.

Secondly, the use of SF therapeutic techniques might have helped group members in the SFPP to shift their problem-saturated view of anxiety triggering situations to more optimistic outlook of their ability to face these situations. Exception-finding questions, the courage ladders exercises, coping questions, WOOP and the use of "Real-Time-Resilience" exercise to dispute the thinking traps through here-and-now experiences might have contributed to the reduced fear and enhanced goal directed behaviors of participants after SFPP intervention. For instance, during the sessions some of the group members who thought that "others" were responsible for the discomfort and negative interpersonal relationships recognized their part in the experiences, identified action steps to start behaving differently, and started to report changes in their interpersonal relationships. After working on the thinking traps, one group member who tended to blame herself for performing under expectations, and complaining about others for expecting much, has recognized the importance of learning about thinking traps and practicing gratitude exercise to change things controllable (thoughts about her performances and expectations). Consistent to this line of argument, a single session Solution Focused Brief Counseling was reported to reduce participants concern about problem, encouraged their progress towards goals, and reduced unpleasant feelings related to their problems (Littrell, Malia & Vanderwood, 1995). Thus, sessions on counterproductive thoughts, and exercises on positively reframing or falsifying those thoughts might have helped group members to clear some of their self-doubts about their

abilities to operate in social performance situations. Hence, as compared to the no treatment control group, the participation in the SFPP might have helped group members to manage their social anxiety immediately after intervention.

The effectiveness in SFPP program in reducing social anxiety can also be attributed to the needs of participants for such psychoeducational programs. As mentioned in the introduction and literature sections of this study, the need for organized psychological support services in Ethiopian universities is high (Desta, 2008; Wondie, 2014). Despite the fact that SFPP was facilitated under adverse conditions, whereby additional anxiety triggering situations (internet shutdowns, security concerns following the worrying political crisis in Ethiopia in 2018 after which the ex-prime minister resigned) were experienced, participation in the SFPP might have been maintained due to group members' needs for the program. This line of argument is consistent with the positive effects of coping intervention in enhancing the ability to perform under pressure (Kent et al., 2018). Thus, despite the uncomfortable conditions, group members might have maintained their interest in the program due to the solution focused and coping enhancing nature of the SFPP. Also consistent to the suggestions of Murphy (2015), the SFPP might have enhanced group members' optimism and expanded their thinking and self-identities to reveal significant changes in social anxiety at the post-intervention assessments.

The aim of the SFPP sessions was mainly to change negative patterns in thoughts and behaviors that were shadowing group members from their goal directed progresses. The shift from problem talk to goal-oriented, solution talk might have encouraged group members to feel self-efficacious to embrace their fears and start facing the previously feared or avoided social performance situations. As suggested by Reiter (2010) eliciting and amplifying exceptions of change and encouraging group members' endeavors towards solution-oriented views and behaviors enhances group members' hopes. For instance, some of the group members who tend to speak with low voice to manage their fear of embarrassment during the early sessions, started to ask for and give feedback to their peers in the later sessions of the SFPP. Moreover, the interaction which was mainly between the leader and group members during the first three sessions, turned to interactions among the group members in the later sessions. These may suggest that group members might have learned and transferred their learning to assess thinking traps in their own daily interpersonal and intrapersonal interactions in a more realistic and adaptive way. Thus, the participation in the SFPP may have influenced group members'

perceptions about their ability and efficacy to face some of their anxiety triggering situations.

The effectiveness in SFPP group may also be attributed to the strategies used to address different expectations of group members in terms of their responsibilities during the start of the group program. As suggested by Berg (2001), though every group members seems to come to counseling as motivated, they usually start the counseling relationship either as "visitor" expecting others to change, or as the "complainant" wanting somebody else to bring changes or as "customer" accounting themselves responsible for the problems and solutions as well. Hence, it is conceivable that not every group member started the counseling process in a customer-counselor relationship in the case of this study too. Rather, some of them were more careful, choosing to remain silent observant and expecting the leader to do and bring all the desired changes. It is also imaginable that sharing what is going on in their lives to the "strangers" in the session or putting what they experienced into words might not be easy during the early sessions for people who struggle with fear of embarrassement. Instead, together with trust issues, such attempts might appear so frustrating and add to the anxiety feeling being experienced already by a group member. In such situations, the group leader encouraged group members to describe what the fear of embarrasemnt physically look like or to tell an object that represents their fear. Approaching it this way instead of expecting them to articulate their feelings and thoughts in words might have helped them to minimise their fears of embarrassment and benefit from the the SFPP sessions.

The development of therapeutic atmosphere during the SFPP sessions was possible during the third session in which half of the group members in a "customer" counseling relationship were ready to work on their anxieties through sharing and reflecting on session experiences. As the treatment progressed, group members had chances of expressing themselves, recognized that they were not alone in struggling with fear of rejection and embarrassment, tried behavioral actions through small and manageable steps, challenged some of their counterproductive thoughts, and encouraged each other's courage to embrace their fears through feedbacks. Consequently, these processes in the sessions might have contributed to the group members being more positive about themselves in social performance situations and embrace their fears in such situations.

5.1.2. The effectiveness of SST on social anxiety

Directly after the intervention, participation in the six sessions of the Social Skills Training (SST) has shown greater reduction in social anxiety. This finding is consistent with the findings of previous studies. For instance, a clinical study on individuals experiencing social anxiety has reported the large effect sizes of SST intervention in reducing anxiety symptoms (Bögles & Voncken, 2008). Similarly, a controlled study that examined the effect of SST on social anxiety revealed a significantly reduced social situations feared/avoided after intervention (Olivares-Olivares, Ortiz-González, & Olivares, 2019). Likewise, a study that combined SST with exposure therapy has examined the effectiveness of social skills training on self-reported social anxiety in adults (Beidel, Alfano, Kofler & Rao, 2014). Meta-analysis of studies on the effectiveness of SST has indicated the effectiveness of SST (Rodebaugh et al., 2004). Cross-sectional study also reported the association between social anxiety and social skills in university student population (Bolsoni-Silva & Loureiro, 2014). Though the SST has primarily focused on social skills development, the training might have also influenced the group members' perceptions of themselves and their perspectives towards anxiety triggering situations. It is assumed that the success stories in the video might have encouraged them to engage in internally processing the learned material and transfer it to address some of their needs.

The effectiveness of the SST in reducing social anxiety can also be attributed to the trainings given on social skills. The SST sessions involved how to use "I statement" and express disappointments and opinions, a movie on how a female in the late adolescence managed psychological harassment (mobbing), another movie that displays how adolescents who were disenfranchised by the school system later managed to cope with academic and interpersonal problems, and a session on managing behaviors to manage time. The significant change in social anxiety during the posttest can be associated to the skills training in the SST, which might have helped the participants to learn how to address some of the anxiety triggering situations in their daily interpersonal relations.

The other factor that may have contributed to the effectiveness of the SST could be the use of visual aids that involved displays on how people in the movies managed their distressful and anxious experiences might have encouraged participants in the SST to model the experiences in the movie, consequently contributing to reduced social anxiety at the posttest assessment. Kakkilaya, et al. (2011) in their study have confirmed how the

use of visual aids in real life situations improve knowledge acquisition and clarity in the counseling processes. In this way, the presence of video supported training on important social skills might have helped group members to relate the stories in the movies to their personal experiences on how to manage their difficulties.

Though it is unrealistic to generalize the effect of intervention on every Ethiopian university student, the significant effects emerged after the SFPP and the SST treatments are vital to psychological support services deliveries in Ethiopian universities. Overall, the changes observed in SST group indicated that students experiencing social anxiety could be supported through alternative ways.

5.1.3. The effectiveness of the SFPP on coping strategies

Comparisons between the three group conditions in their coping strategies posttest scores revealed significant medium effect size in favor of the interventions (SFPP and the SST) on the use of instrumental support to coping. Specifically, the post hoc comparisons between the three groups has demonstrated the increased tendency of participants in the SFPP in using instrumental support coping as compared to the no-treatment control group. Accordingly, participation in interventions might have resulted in the improved tendency to use instrumental support as a strategy of coping. Studies in relation to professional support seeking in Ethiopia indicate that, people tend to seek support from their family members, elders or religious leaders (Mulatu, 1999) and specifically university students are less likely to seek professional support to cope with psychological distress (Gebreegziabher, Girma & Tesfaye, 2019). The increased tendency of participants to use instrumental support coping could be associated to the effects of SFPP intervention. Through the exercises in the sessions and feedback provisions during the sessions in the SFPP program implementation, participants might have been convinced about the importance of engaging in seeking help from others.

Comparisons between pre- and post-intervention for the SFPP groups indicated that participation in the SFPP has enhanced the use of active coping, planning, use of instrumental and emotional supports at the posttest. Literatures that categorize coping strategies group the use of active coping, planning, and the use of instrumental support under the problem focused coping strategies (Carver, Scheier, &Weintraub, 1989). The significant effects of using problem focused coping strategies after the SFPP intervention is consistent with the findings of Ko, Yu and Kim (2003) in that six-sessions of the

Solution Focused Group Counseling resulting in significantly increased problem focused coping strategies in the delinquent juveniles in Korea. This significant effect of SFPP on problem focused coping strategies is not a surprise. Though the SFPP emphasizes bringing changes from the solution side of the group members' complaints, what is at the center of the process is solving of the complaints.

The effectiveness of the psychoeducational intervention on the problem-focused coping skills might be related to the nature of the SFC. Attending the nine sessions of the SFPP that tends to encourage participants in their tendency to engage in goal directed behaviors, plan action steps to alter the problem, and increase their knowledge about the thoughts and behaviors that support them move towards their desired goals might have enhanced problem focused coping. This approach emphasizes on enhancing client's autonomy and self-efficacy to deal with the problems they experience (Murphy, 2015). During the intervention sessions of SFPP, session exercises were made to focus on group members' strengths and the changes in belief about their ability to perform and succeed in social performances situations. These practices might have played a key role in the revealing significant changes in terms of the use of instrumental support, planning and active coping strategies at the posttest.

Moreover, the SFC techniques used during the SFPP sessions might have helped clients to practice acknowledging the importance of small steps towards the desired goals. Thus, encouraging the goal directed behaviors of group members in and outside of the sessions might have helped them to be more hopeful about their participation in the SFPP and their goal. Additionally, the process of reviewing each session's progress using questions such as 'what went well for you?' session review; 'where do you want to rate yourself across the ladder during the next sessions?' and sustained focus towards using goals through the use of the WOOP could have enhanced group members goal, focused hope and optimism. Consistent to this line of argument, Reiter (2010) suggested that reviewing progress towards goals helps to refresh clients' focus and enhances their positive self-views. Similarly, Scheier and Carver (1992) proposed that focusing on desired changes empower individuals to remain optimistic even when encountering challenges. Cumulatively, these processes might have encouraged group members to take some goal-focused strategies of coping such as active coping, planning, and uses of social supports.

Being a member of the SFPP group might have contributed to the changes in some of the coping strategies. In psychoeducational groups, participants come together and socialize, share their complaints, and discover that other group members also have similar concern. This helps to disprove that they are not the only people who experience social anxiety. Getting opportunities to share about their concerns, relating to each other and to themselves during the SFPP sessions might have helped them change their perception about receiving help from "strangers" while also encouraging their tendency to the use of instrumental and emotional support coping to address some of their challenges.

5.1.4. The effectiveness of SST on coping strategies

Upon completion of the six weeks of intervention, participation in the SST has revealed significant effect in the use of instrumental support coping compared to the no-treatment control. In comparison to pre-intervention, participation in the SST has resulted in significant changes in the self-distraction and use of emotional support as coping strategies. These findings are consistent with the findings of a study in India that reported the increased coping skills of people with HIV after they attended coping skills enhancing intervention (Khakha & Kapoor, 2015). Thus, the results may indicate that attending the SST ameliorate some of the coping skills mentioned for their significance as compared to the participants in the no-treatment control group.

These findings could be partially attributed to the benefits of attending presentations on the use of "I-statement" in communications to express disappointments and opinions. Moreover, the movies that display how people coped with their interpersonal challenges, and presentation on how to manage behavior and priorities to manage time, might have addressed some of the group members' needs. These developments during the sessions in the SST might have encouraged the SST group participants' tendency to seek instrumental support to coping.

The non significant effects of interventions in both SFPP and the SST in many of the coping strategies could partially be attributed to the fact that they are less practiced due to the timing and duration of treatments or they might be less culturally favored. Changes in the use coping strategies may demand individuals to changes their perceptions about the functionality of each coping strategy and and taking small steps to try it out as it works for them or not. However, since the program was held in a limited timeframe, majority of the group members might have not gotten the opportunities to transfer what

they learned during sessions into their real-life experiences, given that some of the coping strategies might appear new culturally. However, it was also possible to notice group members who took initiative to try out in the opportunities they got and share the progresses during the sessions.

Lack of effectiveness in coping subscales could be partially attributed to the inability of the scales used to measure coping dimensions specific to Ethiopian cultures. In this study, due to lack of a validated measure developed to assess coping in Ethiopian cultures, the Brief COPE Inventory that was developed in the Western culture was adaptated in this study. During its psychometric validation, the Amharic version of the Brief COPE was found to marginally satisfy the construct validity conditions while possessing weak reliability coefficients. Thus, it is important to highlight that, the extent to which the adapted measure reflects coping in Ethiopian cultures remains questionable. In this way, despite the presence of developments related to coping skills due to intervention, some of the developments related to coping might have remained unreflected in the Brief COPE-Amharic version. Hence, some cultural specific coping strategies that might have been in use might be overlooked in the adapted tool to measure coping in this study.

5.2. Conclusions

This study examined the effect of Solution Focused Psychoeducational Program (SFPP) on the social anxiety and coping strategies of Ethiopian university students. Based on the statistically significant results obtained, it is possible to conclude that both SFPP and the SST are promising treatments to reduce social anxiety in Ethiopian university students. Moreover, the SFPP can provide benefit for participants on the active coping and planning coping strategies. Both treatments (SFPP and SST) were efficacious in increasing participants tendency to use instrumental and emotional coping strategies.

Moreover, this study has also examined the adaptability of the Liebowitz Social Anxiety Scale and the Brief COPE Inventory. Findings in this regard has shown that the Amharic version of the Liebowitz Social Anxiety Scale (LSAS-Amh) was valid and reliable to be used in the context of Ethiopian university students. Similarly, the Amharic version of the Brief COPE Inventory (the Brief COPE-Amh) was also valid but involved reliability concerns. Accordingly, interpretations of the findings and generalizations need to consider this limitation.

As group based psychological interventions was not a common experience in Ethiopian universities, inviting and recruiting university students to participate in group works though formal advertisements or inviting though posters less likely work. For instance, in this study inviting adequate number of female students for their participation in the study through ways did not work for two weeks as there was no one female student appeared for registration. It was after accessing students' informal social networks and marketing about the importance interventions to their personal development that adequate number of students' registration was obtained. Information through social groups were more attended to and considered reliable than posters posted on the walls or advertisements. Thus, apart from cultural factors, properly managed students' social networks may help to promote support seeking and reduce possibilities of stigma. Efforts that intend to promote support seeking behaviors or undertake psychological interventions provisions could more likely be successful if support and consents of students' social groups are accessed.

This study may have contributions to the literature for it provides empirical evidence on the application of Solution Focused Counseling to manage social anxiety and enhance coping in Ethiopian university student's context. First, as there is lack of research works on psychological interventions to manage social anxieties and improve coping skills in the university students' context in Ethiopia, this study may serve as steppingstone in empirically examining the applicability of the SFPP in Ethiopian cultural context too. The second is related to the cultural adaptability of the 'miracle question', a technique in the application of SFPP. During this study, 'miracle question' was tested for its adaptability in the Ethiopian university students' context. As described in the pilot study section in chapter three, the use of this technique was found by the study participants as confusing, unfamiliar and less realistic. Thus, instead of using the 'miracle question' asking participants to describe their wishes about a successful completion of the intervention was found to be important alternative. This could be one of the contributions of this study for the cultural adaptation of Solution Focused Therapy.

The other remarkable gain of this study may have stemmed from the success in encouraging female students to register and participate in the quasi-experimental study. As noticed during the recruitment of the study participants, female students did not appear to register to take part in the treatment. The reluctance of female students to registration might seem to be more of cultural than motivational. As discussed in the literature section

under the title ‘Why Solution Focused Counseling in Ethiopia?’, individuals in Ethiopia tend to give priority to the socially favored behaviors than individually valued decisions. Individuals less likely consider taking decisions that they perceive as less favored by their social groups in some of the daily life events. There is a fear that taking less socially favored decisions might have consequences of stigmatizations. Hence, female students in this study might have not appeared to register in the first two weeks probably because participating in the treatments of this study might have not been courageously supported. Hence, providing awareness and encouraging their social groups might have contributed to the better participation of female students’ participations in the study.

In a nutshell, the study revealed the effectiveness of SFPP and SST in managing social anxiety in the Ethiopian university students’ context. Thus, this study suggests the applicability of the Solution Focused Counseling and Social Skills Training to manage social anxiety while also enhancing support seeking tendencies as well. Additionally, SFPP is also a promising intervention to enhance problem focused coping strategies (planning and active coping) in Ethiopian university students’ context.

5.3. Recommendations

In this study cognizant of limitations and based on the research findings the following recommendations were forwarded.

- **For future research:**

In this study, the Brief COPE scale was used to assess coping strategies. Thus, the Brief COPE inventory was adapted to Amharic and examined for its psychometric properties in in the Ethiopian university students’ population. The scale involved two items for each of the 14 subscales. However, if original factor structures were not maintained during the factor analysis study, with the deletion of items it is impossible to maintain original dimensions. Hence, it is recommended that future researchers cautiously approach using short form scales.

Though adapting instruments developed in Western cultures may encourage cross-cultural studies, the cultural conceptualizations of some psychological constructs may differ from one culture to the other. Thus, in order to encourage the understanding and assessments of social anxiety and coping strategies by considering cultural contexts, researchers might consider developing instruments.

In this experimental study follow-up assessment was not performed. Thus, future researchers may consider examining the long-term effects of psychological interventions through undertaking follow-up assessments.

- **For experimental studies in the future**

The SFPP was planned to guide session interventions from the solution side of the complaints brought to counseling. Moreover, scientifically validated activities (the WOOP, the gratitude exercise and the Real-Time-Resilience exercises) from Positive Psychology were integrated into the program after piloting for their contribution to amplify group members potential resources of coping. This was done considering the flexibility of the Solution Focused Counseling to welcome techniques that serve the intended purposes. Future interventions may consider the effects of the various activities in the SFPP.

The piloting was done with Ethiopian students who were abroad for their university education in Anadolu University, Turkey. This was done considering the practical advantages of face-to-face supervision processes beside financial limitations connected to travelling between the two countries. Ethiopian students studying in Turkey were selected for scholarships for their outstanding performances. Moreover, studying abroad by itself could have advantages of accessing different opportunities to personal developments and open ups. Members in the pilot groups were largely from the Addis Ababa, capital city of Ethiopia. However, these demographic characteristics were less reflected in the main experimental studies. Thus, future researches are encouraged to undertake both pilot and experimental studies in more similar contexts.

The SFPP was piloted for nine weeks one session each week. However, due to political crises during the study, the nine weeks program was reduced to six weeks, running six sessions in three weeks. This may limit opportunities of testing to transfer what is learned during the sessions in the daily life of a group member. Thus, future works may consider undertaking one session per week.

- **For psychological support services in Ethiopian universities**

In this study, the SFPP and the SST were found helpful to manage social anxiety in Ethiopian university students. Thus, beside provision of counseling services using psychoeducational programs in universities, organizing trainings or seminars supported

by visual aids, and optimally selecting some of the activities form both treatment programs (SFPP and SST) may maximize the benefits for students from the intervention.

Counseling as an approach to manage psychological difficulties has not been a familiar experience to university students and general population in Ethiopia. Rather, the tendency to explain mental health concerns religiously may seem more familiar and seeking professional support is a less experienced phenomenon particularly as one goes away from urban centers. Together with limitted access to professional mental health services, lack of awareness about the importance of psychological interventions to their needs, students may refrain from taking advantages of participating in similar psychoeducational interventions. As a result, students who might be highly in need of the service may remain less willing to actively engage in support seeking. Despite struggling for years with mental disorder, they may keep on being reluctant to seek professional support. Thus, increasing students' awareness about mental health concerns and the treatment process may help to reduce some of the misconceptions and worries related to what to expect in the process in case they attempt seeking psychological support. Apart fron this, public presentations and media campaigns about mental heath concerns, and improving accessibility of mental health services in the universities supported by competent counselors may increase students' awareness.

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LISTS OF APPENDICES

APPX-1: Research Ethics Clearance Certificate from Anadolu University

Evrak Kayıt Tarihi: 15.11.2017	Protokol No: 126698	Tarih: 29.11.2017

ANADOLU ÜNİVERSİTESİ
SOSYAL VE BEŞERÎ BİLİMLER BİLİMSEL ARAŞTIRMA VE YAYIN ETİĞİ KURULU
KARAR BELGESİ

ÇALIŞMANIN TÜRÜ:	BAP Projesi-Doktora Tez Çalışması
KONU:	Eğitim Bilimleri
BAŞLIK:	Çözüm Odaklı Yaklaşıma Dayalı Psikoeğitim Programının Etiyopyalı Üniversite Öğrencilerinin Sosyal Kaygı ve Stresle Başa Çıkma Düzeylerine Etkisi
~~PROJE~~/TEZ YÜRÜTÜCÜSÜ:	Prof. Dr. A. Sibel TÜRKÜM
TEZ YAZARI:	Aman Sado ELAMO
ALT KOMİSYON GÖRÜŞÜ:	-
KARAR:	Olumlu

Prof.Dr. Coşkun BAYRAK
(Başkan-Eğitim Fak.)

Prof.Dr. T. Volkan YÜZER *(Başkan Yardımcısı-Açıköğretim Fak.)*	**Prof.Dr. Esra CEYHAN** *(Eğitim Fak.)*
Prof.Dr. Münevver ÇAKI *(Güzel Sanatlar Fak.)*	**Prof.Dr. M. Erkan ÜYÜMEZ** *(İkt. ve İdari Bil. Fak.)*
Prof.Dr. Handan DEVECI *(Eğitim Fak.)*	**Prof.Dr. Emel ŞIKLAR** *(İkt. ve İdari Bil. Fak.)*

APPX-2: Consent Form for Data Collection (Amharic)

በጥናቱ የፍቃደኝነት ተሳትፎ ስምምነት ቅጽ

ውድ የጥናቱ ተሳታፊ

ይህ ጥናት በAnadolu University የትምህርት እንስቲትዩት በGuidance and Counseling Psychology ትምህርት ክፍል በ**ፕሮፌሰር Ayşe Sibel Türküm** አማካሪነትና የዶክትሬት ድግሪ ዕጩ ተመራማሪ በ**አማን ሳዶ ኤሌም** አማካኝነት የሚካሄድ ጥናት አካል ነው:: በመሆኑም ጥናቱ ከታች የተቀመጡ ሶስት መጠይቆች ያካትታል::

መጠይቅ

ለእያንዳንዱ ጥያቄ የሚሰጡት ምላሽ ለጥናቱ ስኬት እጅግ በጣም ጠቃሚ ነው:: እባክዎን በመጠይቁ መግቢያ ላይ የተቀመጠውን መመሪያ በጥሞና ካነበቡ በኋላ የሚስማማዎትን መልስ ይስጡ:: ለተቀመጡት ጥያቄዎች የሚሰጡት መልስ የርስዎን እይታ ለማዎቅ እንጂ እውነት ወይም ሀሰት ተብሎ ምዘና አይካሄድበትም:: የሚሰጡት መረጃ ሚስጢርነቱ የተጠበቀ ነው:: መጠይቁን ለመሙላት 20 ደቂቃ ሊወስድበዎ ይችላል:: ለመጠይቁ የሚሰጡት መረጃ ለጥናቱ ዓላማ ብቻ አገልግሎት ላይ ይውላል:: በመጠይቁ ያለዎት ተሳትፎ በፍቃደኝነት ላይ የተመሰረተ ነው:: የጥናቱን ውጤት ማወቅ ከፈለጉ መረጃ የማግኘት መብትዎ የተጠበቀ ነው::

ከጥናቱ ጋር በተያያዘ ተጨማሪ መረጃ ከፈለጉ ከታች በተሰጠው አድራሻ መግኘት ይችላሉ::

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እባክዎ መጠይቁን በመሙላት በነፃ የሚሰጥ የክህሎት ማሳደግያ ፕሮግራም ላይ በፍቃደኝነት መሳተፍ ከፈለጉ በተሰጠው ቦታ ላይ ምልክት (_____) ያኑሩ::

ስም ከነአያት: _____

የስልክ ቁጥር:_____

ኢ-መይል:_____

APPX-3: Consent Form for Participation in the Experiments (Amharic)

በ"ሞፍትሄ ተኮር ስነልቦናዊ ፕሮግራም" ውስጥ በፍቃደኝነት የመሳተፍያ የስምምነት ቅጽ

ቀን: ..../..../.....

ውድ ተሳታፊ

ይህ የክህሎት ማሳደግያ ስነልቦናዊ የቡድን ሥራ በAnadolu University የትምህርት እንስቲትዩት በGuidance and Counseling Psychology ትምህርት ክፍል **በፐሮፌሰር Ayşe Sibel Türküm** አማካሪነትና የዶክትሬት ድግሪ ዕጩ ተመራማሪ **በአማን ሳዶ ኤሌም** አማካኝነት የሚካሄድ ጥናት አካል ነው::. የቡድን ስራው በፍቃደኝነት ለተሳተፉት ተማሪዎች የስነልቦና ድጋፍ እንዲያገኙ ከማድረግ ጎን ለጎን በኢትዮጵያ ውስጥ ባሉት ዩኒቨርሲቲዎች ለሚማሩት ተማሪዎች የተሻለ የስነልቦና አገልግሎት እንዲያገኙ ከማስቻል አንጻር አስተዋጻኦ ያደርጋል ተብሎ ይታሰባል::

በቡድን ሥራው ሂደት ውስጥ ሊያንዳንዱ የቡድን ሥራ ወይም "session" ለ90 ደቂቃዎች የሚዘልቅና ዘጠኝ ሴሽን የሚያካትት ይሆናል:: የሊያንዳንዱ ሴሽን ይዘት በቡድን መሪው ታቅዶ የተዘጋጀ ቢሆንም ለቡድን አባላቱ ፍላጎትና ዓላማ በሚመች መልኩ ይከለሳል::

የቡድን ሥራው የሊያንዳንዱን የቡድን አባል ነጻነትንና መብትን ማክበር፣ በማንም የቡድን አባል ላይ ጫና ላለመፍጠር ፣ በቡድን ውስጥ የተወሩትን ነገሮች ከቡድን ውጪ ላለማውራትና ሚስጥርነቱን ለመጠበቅ ፣ ከአቅም በላይ የሆነ ነገር አስካልተከሰተ ድረስ በሁሉም የቡድን ሰፌዎች በተከታታይ በጊዜ ተገኝቶ የመሳተፍን መርሆች ያካትታል:: እነኝህ ህግጋት የቡድን አባላቱ ከቡድኑ የበለጠ ተጠቃሚ እንዲሆኑ ለማስቻልና በቡድን ሥራ ሂደት ውስጥ ያካፈሏቸው የግል ተሞክሮዎች ደህንነታቸው ኢንዲጠበቁና የቡድን ሥራውም ግቡን እንዲመታ እንደሚረዱ ሰለተመኑባቸው ነው::

በዚህ የቡድን ሥራ ሂደት ውስጥ የቡድን አባላቱ ሙሉ ፍቃደኝነትን ማግኘት ለይ የተመሰረተና በአለማው ላይ እንደተጠቀሰው የቡድን አባላቱን የበለጠ ተጠቃሚነትን ለማረጋገጥ በማሰብ ድምጽ ቅጂ ይወሰዳል:: በዚህ ሂደት ውስጥ የድምጽ ቅጂው ምን ቢደረግ የበለጠ የቡድን አባላቱን ተጠቃሚነት መጨመር ይቻላል የሚለውን ግምገማ ለማካሄድ ብቻ እንልግሎት ላይ ይውላል:: የድምጽ ቅጂው ወደ ጽሁፍ ሲገለበጥ የቡድን አባላቱ ትክክለኛ ስም አይጻፍም:: የሚሰጠር ጠባቂነት መርህ ተግባራዊ ይደረጋል::

ከላይ ዓላማው፣ ይዘቱና የአተገባበር ሂደቱ ጠቅለል ባለ መልኩ የተገለጸው ይህ "መፍትሄ ተኮር ስነልቦናዊ ፕሮግራም" የቡድን ሥራን ተረድቻለሁኝ፣ የትግበራው ሂደት ውስጥ በፍለጎቴ መሳተፌን አምናለሁኝ:: በተጨማሪም አቅሜን ከመገንባት አንጻር በቡድኑ ሂደት ውስጥ ያለኝን ታላፍነትን መቀበለን እና ከአቅም በላይ ባልሆነ ጉዳይ ካልገጠመኝ በስተቀር ሁሉንም የቡድን ሥራ ላይ ለመሳተፍ መወሰኑን አምናለሁኝ::

የቡድን መሪ
አማን ሣዶ ኤሌም
ፍርማ: _____

የቡድን አባል
ስም ከነአያት: _____
ፍርማ: _____
ት/ት ክፍል: _____
ስልክ ቁጥር: _____
e-mail: _____

ማሳሰቢያ. ከቡድን አባል የተሰበሰቡ የግል መረጃዎች መረጃን ለመለዋወጥ እንጂ ለሌላ ጉዳይ አገልግሎት ላይ አይውሉም::

APPX-4: Application Form in Amharic

የማህበራዊ ክህሎት ማሳደጊያ የቡድን ስራ ምዝገባ ቅጽ

ስም እስከነ አያትዎ:_____

ዖታ:_____

ዕድሜ:_____

ፋኩልቲ:_____

የክፍል ደረጃ:_____

የስልክ ቁጥርዎ:_____

ኢ-መይል:_____

በአሁኑ ሰዓት የስነልቦና ድጋፍ እየወሰዱ ይገኛሉ? አዎ ( ) አይደለም( )

ምላሾት "አዎ" ከሆነ የስነ ልቦና ድጋፉን ከማን እያገኙ ነው?

( ) ከስነ ልቦና በለሙያ ( )ከሳይኮሎጅስት ( )ከሳይካትርስት

የስነ-ልቦና ድጋፍ የፈለጉበት ምክንያት :.....

.....

.....

ከዝህ ቡድን ስራ ምን ይጠብቃሉ? እባክዎ ይጻፉ፡

.....

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.....

.....

APPX-5: Demographic Questionnaire

ማለዊ መረጀ ቅጽ
ውድ ተማሪ፡ ይህ መጠይቅ በዩኒቨርሲቲ ደረጀ በመማር ላይ የሚገኙ ተማሪዎችን የማህበራዊ ከህሎት ደረጀ ለመለካት ታልሞ የተዘጋጀ የዶክተሬት ድግሪ ጥናት አካል ነው። መረጀን ለማሰባሰብ የግላዊ መረጀ ቅጽ እና ሶስት መጠይቆች ተሰጥተዋል። ለተቁመጡሎት ጥያቄዎች የሚሰጡሎት መልስ የርስዎን እይታ ለማወቅ እንጀ እውነት ወይም ሀሰት ተብሎ ምዘና አይካሄድበትም። በመጠይቁ የሚሰበሰብ መረጀ ለጥናቱ ዓላማ ብቻ አገልግሎት ላይ ይውላል። እውነተኛና ከልብ የሚሰጡት መረጀ ዕውቀትን ለማጎልበት ትልቅ አስተዋጽዖ አለው። ከታች የተሰጡትን ሁኔታዎች ወይም ዐረፍተ ነገሮች በጥሞና በማንበብ ለሁሉም ምላሽ እንዲሰጡ እጠይቃለሁ። ለውድ ግዜዎትና ስላትብብርዎ አመሰግናለሁ።
1. ዕድሜ_____
2. ጸታ: ወንድ ( ) ሴት ( )
3. የዩኒቨርሲቲ ስም_____ ኮሌጅ/ፋኩልቲ_____ዲፓርትመንት_____
4. የዩኒቨርሲቲው ቆይታዎት: አንደኛ ዓመት( ) ሁለተኛ ዓመት( ) ሶስተኛ ዓመት ( ) አረተኛ ዓመት ( ) አምስተኛ ዓመት ( )

APPX-6: LSAS-Amh Scale

ከዚህ በታች የቀረቡትን ዓረፍተ-ነገሮች በጥሞና ካነበቡ በኋላ ለተጠቀሰው አያንዳንዱ ሁኔታ በሁለት አምድ ከተሰጡት አማራጮች በመምረጥ ያክብቡ፡፡ የመጀመሪያው አምድ ካታች በተሰጡት ሁኔታዎች ውስጥ ሲሆኑ ምን ያህል **የፍርሃት ወይም የጭንቀት** ስሜት እንደሚሰማዎት ይጠይቃል፡፡ የሁለተኛው አምድ ደግሞ በቀረቡት ሁኔታዎች ውስጥ ሲሆኑ ምን ያህል ጊዜ ከሁኔታው **የመሸሽ ወይም የመራቅ** አዝማሚያ እንደለዎ ይጠይቃል፡፡ እበክዎን ምርጫዎትን ከታች በተሰጡት ሁኔታዎች የተሰማዎትን ስሜት በማስታዎስ ይስጡ፡፡ ሁኔታዎቹ ካላጋጠምዎት "ቢያጋጥምዎት ሊሰጡ የሚችሉትን ምላሽ በማሰብ" ከአማራጮቹ ያክብቡ፡፡

ሁኔታዎች/ተግባራት	በሁኔታው የሚሰማዎት **የፍርሃት ስሜት**				ከሁኔታው የ**መሸሽ** ወይም የ**መራቅ** አዝማሚያ			
	ምንም አያስፈራኝም	ቀላል ፍርሃት	መካከኛ ፍርሃት	ብርቱ ፍርሃት	ከሁኔታው አልሸሽም	አንዳንዴ እሸሻለሁ	ዘወትር እሸሻለሁ	ሁሌም እሸሻለሁ
1) በህዝብ ቦታዎች ላይ (ሌሎች ሰዎች በአጠገብ እያሉ) በስልክ ማውራት	0	1	2	3	0	1	2	3
2) የቡድን ስራዎች (ክበባት) ውስጥ መሳተፍ	0	1	2	3	0	1	2	3
3) የህዝብ መገልገያ ቦታዎች (ሬስቶራንት) ውስጥ መመገብ	0	1	2	3	0	1	2	3
4) የህዝብ መገልገያ ቦታዎች ውስጥ መጠጥ (ለስላሳ) መጠጣት	0	1	2	3	0	1	2	3
5) በደንብ ያልተዋወቅሽውን/ ያልተዋወከውን ሰው አቅጣጫ ወይም ያልገባሽን(ህን) ነገር መጠየቅ	0	1	2	3	0	1	2	3
6) በሰዎች ፊት ትወና መተወን ፣ ለየት ያለ እንቅስቃሴ / ንግግር ማድረግ	0	1	2	3	0	1	2	3
7) ሰዎች ወደሚበዙበት መዝናኛ ቦታ መሄድ	0	1	2	3	0	1	2	3
8) ስራን እየሰራሽ(ህ) እያለሽ(ህ) በሌሎች ሰዎች እይታ ውስጥ መሆን	0	1	2	3	0	1	2	3
9) እየፃፍሽ(ክ) ወይም ፊርማ እየፈረምሽ(ክ) እያለሽ(ክ) የሌሎች ሰዎች እይታ ውስጥ መሆን	0	1	2	3	0	1	2	3
10) በደንብ ያልተዋወቅሽውን(ከውን) ሰው መጥራት	0	1	2	3	0	1	2	3
11) በደንብ ያልተዋወቅሽውን(ካውን) ሰው ለጉዳይ ማነጋገር	0	1	2	3	0	1	2	3
12) አስፈላጊ ለሆነ ጉዳይ ከዝህ በፊት የማታውቂውን(ቀውን) ሰው ወይም እንግዳ መቀበል	0	1	2	3	0	1	2	3
13) ሌሎች ሰዎች በአከባቢ እያሉ የህዝብ መጸዳጃ ቤት መጸዳዳት	0	1	2	3	0	1	2	3
14) ሌሎች ቀድመው ወደ ተቀመጡበት ከፍል ወይም አዳራሽ መግባት	0	1	2	3	0	1	2	3
15) የሰዎች እይታ ውስጥ ወይም የትኩረት መዕከል መሆን	0	1	2	3	0	1	2	3
16) የስብሰባ ቦታ ላይ ጥያቄ መጠየቅ ወይም ሃሳብ መስጠት	0	1	2	3	0	1	2	3
17) ፈተናን መፈተን (መውሰድ)	0	1	2	3	0	1	2	3
18) በሃሳባቸው አንዳልተስማማሽ(ህ) ወይም ያላመንሽ(ክ)ባቸውን ነገሮች አንዳልተቀበልሽ(ክ) ለሰዎች መንገር	0	1	2	3	0	1	2	3
19) በደንብ ያልተዋወቅሽውን(ከውን) ሰው በአትኩሮት መመልከት	0	1	2	3	0	1	2	3
20) የቃል ሪፖርት ወይም ፕረዘንቴሽን ማቅረብ	0	1	2	3	0	1	2	3
21) ከተቃራኒ ፆታ ጋር ለልብ ጓደኝነት ትውውቅ ማድረግ ወይም መነጋገር	0	1	2	3	0	1	2	3
22) ገንዘብ ተመላሽ እንዲሆንልሽ(ህ) የተገዛውን ዕቃ ወደ መደብር/ሱቅ መመለስ	0	1	2	3	0	1	2	3
23) መለስተኛ ዝግጅት ወይም ፓርቲ ውስጥ መሳተፍ	0	1	2	3	0	1	2	3
24) ዕቃ እንድትገዢ(ዛ) ጫና ለሚፈጥርብሽ(ህ) የሽያጭ ሰራተኛ አለመፈለግሽን(ህን) መንገር	0	1	2	3	0	1	2	3

እባክዎ ወደ ቀጣዩ ገፅ ይለፉ →

APPX-7: The Brief COPE-Amh Scale

ከዚህ በታች የቀረቡትን ዓረፍተ-ነገሮች በጥሞና ካነበቡ በኋላ እርስዎ በተለያዩ ምክንያቶች ከተሰማዎት ጭንቀት ለመላቀቅ ከሚጠቀሙባቸው ዘዴዎች ውስጥ የሚከተሉትን በምን ያህል ደረጃ ይጠቀሙባቸዋል? ምላሾትን ከቀረቡት አራት አማራጮች መካከል በመምረጥ ያከብቡ:: ምላሾት የትኛው ለርሶ የተሻለ እንደምሆን አስበው ሳይሆን ከዚህ በፊት ይጠቀሙበት የነበረውን ልምዶትን ያገናዘበ እንደሆነ ያረጋግጡ::

ፈጽሞ አልጠቀምም/አላደርግም ነበር ← 1 2 3 4 → ሁል ጊዜ እጠቀምበት/ አደርግ ነበር

	ፈጽሞ አላደርግኩም	አልፎ አልፎ አደርግ ነበር	አዘውትሬ አደርግ ነበር	ሁሌም አደርግ ነበር
1) ራሴን በሥራ ወይም በሌላ ድርጊት በመጥመድ ነገሮችን ለመርሳት ሞክርኩኝ::	1	2	3	4
2) ያለኝን ሁሉ አቅም በማሰባሰብ ስላለሁበት ሁኔታ አንድ መፍትሄ ለመፍጠር ጠርኩኝ::	1	2	3	4
3) ለራሴ "ይህ እውነት ሊሆን አይችልም" አልኩኝ::	1	2	3	4
4) ጭንቀቴ እንዲለቀኝ ወይም እንዲሻለኝ በማለት አልኮልና ሌሎች ልማዶችን (ጫት፣ ሲጋራና የመሳሰሉትን) ተጠቀምኩኝ::	1	2	3	4
5) ከሌሎች ሰዎች ልባዊ የሞራል ድጋፍ አገኘሁኝ::	1	2	3	4
6) ጥረት ማድረግን ተውኩኝ::	1	2	3	4
7) ሁኔታው የተሻለ እንዲሆን ተጨባጭ የሆነን ተግባር አደረግኩኝ ወይም እርምጃ ወሰድኩኝ::	1	2	3	4
8) ችግሩ መከሰቱን ራሱ አምኖ መቀበል ከበደኝ::	1	2	3	4
9) የተሰማኝ ጥሩ ያልሆነ ስሜት እንዲርቀኝ ወይም እንዲወጣልኝ አንዳንድ ነገር ተናገርኩኝ::	1	2	3	4
10) ከሌሎች ሰዎች ምክርና ድጋፍ አገኘሁኝ::	1	2	3	4
11) ችግሩ/ጭንቀቱ እንዲያልፍ አልኮል ወይም ሌሎች ልማዶችን (ጫት፣ሲጋራና የመሳሰሉትን) ተጠቀምኩኝ::	1	2	3	4
12) ችግሩ ለመልካም ሊሆን እንደሚችል በማሰብ ደግ ደጉን ለማሰብ ሞክርኩኝ::	1	2	3	4
13) ራሴን ተቸሁኝ ወይም ነቀፍኩኝ::	1	2	3	4
14) ከችግሩ በብቃት ለመውጣት የሚያስችለኝን ስልት ለመፍጠር ጣርኩኝ::	1	2	3	4
15) ሰው አጽናናኝ::	1	2	3	4
16) ጥረት ማድረግን አቆምኩኝ::	1	2	3	4
17) በተፈጠረው ነገር ውስጥ መልካምን ነገር ፈለኩኝ::	1	2	3	4
18) ከገጠመኝ ሁኔታ/ችግር በመነሳት ቀልዶችን ፈጠርኩኝ ::	1	2	3	4
19) ስለ ነገሩ ብዙ ላለማሰብ ሌሎች ነገሮችን ለምሳሌ ፊልም/ ቴሌቪዥን ማየትን፣ ኢንተርኔት መጠቀምን፣ መተኛትን ፣ ወደ ከተማ ወይም ገበያ መሄድን እና የመሳሰሉትን አደርግኩኝ::	1	2	3	4
20) የተፈጠረውን ነገር በፀጋ ተቀበልኩኝ::	1	2	3	4
21) ሊከፋኝ ወይም መጥፎ ስሜት ሲሰማኝ ለሰው ነገርኩኝ::	1	2	3	4
22) በሃይማኖቴ ወይም በመንፈሳዊው ሕይወቴ እፎይታን ለማግኘት ሞክርኩኝ::	1	2	3	4
23) ምን ማድረግ እንዳለብኝ ከሌሎች ሰዎች ምክርና ድጋፍ ለማግኘት ሞክርኩኝ::	1	2	3	4
24) ከሚያስጨንቀኝ ነገር ጋር አብሮ መኖርን ለመድኩኝ::	1	2	3	4
25) ቀጣይ ምን እርምጃ መውሰድ እንዳለብኝ አሰብኩኝ::	1	2	3	4
26) ለተፈጠረው ነገር ራሴን ወቀስኩኝ::	1	2	3	4
27) ጸሎት፣ጸሓ አደረግኩኝ::	1	2	3	4
28) ችግርን ወይም የጨነቀኝን ነገር ወደ አስቂኝ ቀልድ ቀይሬ ራሴን አዝናናሁኝ::	1	2	3	4

አባክዎ ወደ ቀጣይ ገፅ ይለፉ →

APPX-8: Correlation Coefficients for the Brief COPE Subscales

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Self-distraction	-													
2. Active coping	.29***	-												
3. Denial	.26***	.15**	-											
4. Substance use	.15**	.05	.33***	-										
5. Use of emotional support	.20***	.19***	.27***	.27***	-									
6. Behavioral disengagement	.08	.07	.29***	.46***	.25***	-								
7. Venting	.20***	.23***	.38***	.25***	.37***	.15**	-							
8. Use of instrumental support	.21***	.17***	.21***	.13**	.52***	.12*	.39***	-						
9. Positive reframing	.28***	.35***	.10*	-.03	.14**	-.03	.11*	.17***	-					
10.Self-blame	.19***	.17***	.30***	.18***	.25***	.26***	.21***	.25***	.10*	-				
11.Planning	.17***	.27***	.10*	.06	.22***	.05	.18***	.30***	.31***	.28***	-			
12.Humor	.25***	.20***	.22***	.33***	.25***	.27***	.19***	.19***	.23***	.26***	.15**	-		
13.Acceptance	.22***	.15**	.15**	.20***	.17***	.11*	.32***	.25***	.19***	.18***	.18***	.29***	-	
14.Religion	.14**	.22***	.02	-.20***	.16***	-.21***	.17***	.20***	.34***	.08	.36***	.11*	.31***	-

APPX-9: Repeated measures analysis for pre-, post- and follow-up test for the pilot study

Variable		Mean Rank Pre	Mean Rank Post	Mean Rank Follow up	*df*	χ^2	Sig.
Social Anxiety		3.00	1.87	1.17	2	10.3**	**.006**
Coping scales	*Self-distraction*	2.25	1.58	2.17	2	2.11	.348
	Active coping	1.83	1.67	2.50	2	2.95	.229
	Denial	2.33	2.00	1.67	2	2.00	.368
	Venting	2.08	1.83	2.08	2	.333	.846
	Self-blame	2.92	1.58	1.50	2	9.10*	**.011**
	Use of emotional support	1.50	1.92	2.58	2	4.53	.104
	Behavioral disengagement	2.17	2.08	1.75	2	.824	.662
	Use of instrumental support	1.92	2.08	2.00	2	.118	.943
	Positive reframing	1.75	1.75	2.50	2	2.45	.293
	Planning	1.83	1.92	2.25	2	1.08	.584
	Acceptance	1.75	1.92	2.33	2	1.37	.504
	Religion	1.83	1.75	2.42	2	2.92	.232
	Substance use	2.17	1.83	2.00	2	2.00	.368
	Humor	1.50	1.67	2.83	2	7.24*	**.027**

Note. n = 6; **p <0.01, *p < 0.05; *df, degree of freedom;* χ^2*, chi-square*

APPX-10: Pairwise comparisons for the changes in the Pilot group

Variable	Pair Wise Comparisons	Ranks	n	Mean Rank	Sum of Ranks	Z	Sig.	*r*
Social Anxiety	Posttest -Pre-test	Negative Ranks	6	3.50	21.00	-2.201[a]	**.028**	.36
		Positive Ranks	0	.00	.00			
		Ties	0					
	Follow up -Post test	Negative Ranks	5	3.00	36.00	-.946[a]	.344	.16
		Positive Ranks	1	6.00	.00			
		Ties	0					
	Follow up- Pre-test	Negative Ranks	6	3.50	21.00	-2.201[b]	**.028**	**.36**
		Positive Ranks	0	.00	.00			
		Ties	0					
Humor	Posttest -Pre-test	Negative Ranks	6	3.50	21.00	-2.226[a]	**.026**	**.37**
		Positive Ranks	0	.00	.00			
		Ties	0					
	Follow up -Post test	Negative Ranks	2	1.75	3.50	-.272[a]	.785	.05
		Positive Ranks	1	2.50	2.50			
		Ties	3					
	Follow up- Pre-test	Negative Ranks	5	3.00	15.00	-2.023[b]	**.043**	**.34**
		Positive Ranks	0	.00	.00			
		Ties	1					
Self-blame	Posttest -Pre-test	Negative Ranks	2	4.50	9.00	-.414[a]	.679	.07
		Positive Ranks	3	2.00	6.00			
		Ties	1					
	Follow up -Post test	Negative Ranks	0	.00	.00	-2.060[b]	**.039**	.34
		Positive Ranks	5	3.00	15.00			
		Ties	1					
	Follow up- Pre-test	Negative Ranks	0	.00	.00	-2.041[a]	**.041**	.34
		Positive Ranks	5	3.00	15.06			
		Ties	1					

Note. **p < 0.05; df, degree of freedom; Z, Wilcoxon signed-ranks; a- based on positive ranks; b- based on negative ranks*

APPX-11*:* One-way analysis of variance table for group equivalence at baseline

Variable	Source	Sum of Squares	df	Mean square	F	Sig.
Social anxiety	Between groups	1205.24	2	602.620	1.338	.278
	Within groups	13059.27	29	450.320		
	Total	14264.51	31			

Note. **p < 0.05; df, degree of freedom*

APPX-12: Kruskal-Wallis-H for groups equivalence at the baseline

Variable	Condition	Mean Ranks	χ^2	df	Sig.
Self-distraction	SFPP	16.95	1.31	2	.52
	SST	13.90			
	Control	18.41			
Active coping	SFPP	15.64	.25	2	.88
	SST	16.30			
	Control	17.55			
Substance use	SFPP	15.50	1.09	2	.58
	SST	17.10			
	Control	16.95			
Denial	SFPP	19.77	2.15	2	.34
	SST	14.70			
	Control	14.86			
Self-blame	SFPP	14.18	1.09	2	.58
	SST	18.08			
	Control	17.41			
Positive reframing	SFPP	15.14	.41	2	.81
	SST	17.65			
	Control	16.82			
Behavioral disengagement	SFPP	12.91	7.32	2	**.03**
	SST	14.25			
	Control	22.14			
Use of emotional support	SFPP	19.36	1.79	2	.41
	SST	14.50			
	Control	15.45			
Planning	SFPP	15.59	.21	2	.90
	SST	17.45			
	Control	16.55			
Venting	SFPP	14.50	2.83	2	.24
	SST	14.55			
	Control	20.27			
Acceptance	SFPP	14.36	.95	2	.62
	SST	18.00			
	Control	17.27			
Use of instrumental support	SFPP	15.41	.34	2	.84
	SST	16.54			
	Control	17.64			
Religion	SFPP	17.77	2.84	2	.24
	SST	12.55			
	Control	18.82			
Humor	SFPP	14.59	.99	2	.61
	SST	16.40			
	Control	18.50			

Note. *$p < 0.05$; *df, degree of freedom*