

Treatment of Social Anxiety Disorder in Teenagers

End of study feedback for clinicians and managers

December 2018

IRAS 208760

Thank you!

Firstly, thank you for taking part in this study looking at the treatment of social anxiety disorder in teenagers. Now that the study is finished, we would like to share the results with you.

Recap

As you know, Social Anxiety Disorder (SAD) typically starts in adolescence, and has a low natural recovery rate. Existing psychological treatments for adolescent SAD are only moderately effective, but it is possible that recovery rates could be substantially improved by adapting an adult cognitive therapy (CT-SAD) that is highly effective.

The objectives of this study were to adapt the adult therapy for use with adolescents (CT-SAD-A), train CAMHS clinicians to deliver the treatment and run a randomised control trial (RCT) to test its effectiveness.

During the training phase of the study it became clear that the RCT would not be feasible due to high staff turnover and unfilled posts within CAMHS and changes in the nature of referrals which meant that few young people with primary SAD were accessing some of the participating services. The study design was altered to comprise a training case series of CT-SAD-A delivered in routine CAMHS, and to estimate the cost to the NHS of training clinicians to deliver CT-SAD-A and the mean cost per adolescent treated.

Qualitative interviews were conducted with participating young people, parents, clinicians and service managers/leads.

Summary of results

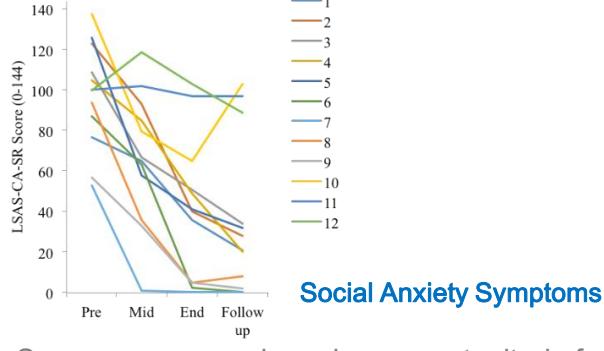
A high level of routine outcome monitoring was achieved. Young people generally achieved excellent outcomes. The young people and their parents were generally positive about the treatment.

Clinicians were also positive about the treatment but they, and their managers, found it difficult to implement within their CAMHS teams due to a range of competing pressures.

The cost to the NHS to treat young people with Social Anxiety Disorder was estimated at £1,861 (excluding training costs), which compares favourably with the cost of treating adults.

Results – Case Series

Twelve young people received CT-SAD-A as part of the training case series. A high level of sessional data was collected (average 90% across all measures). Large reductions were reported for symptoms of social anxiety, generalised anxiety, depression, and for social satisfaction and participation.



Social Anxiety Symptoms

Seven young people no longer met criteria for a diagnosis of SAD at the end of treatment. Large reductions were also found in measures of the psychological mechanisms that are targeted in CT-SAD-A. Young people universally endorsed high acceptability of the treatment.

Results - Qualitative interviews

Young people appeared to find some aspects of the intervention to be challenging, but they reflected upon the benefits (especially the improvements in what they were able to do) outstripping the costs. They found the approach taken by their therapists to be open and non-judgemental, and the therapeutic process to be active. They identified the use of measures and behavioural experiments to be particularly helpful.

Parents were aware that young people found some aspects of the intervention to be challenging, but they noticed and valued the benefits (especially in what their young people were able to do). They found the approach taken by their therapists to be open and inclusive, and they noticed and appreciated that the therapeutic process was an active one. They accepted the need for measures. They reflected on some of the relational impacts of treatment, and some felt that they would have liked to have received support for themselves as well.

Implications

Further work is needed to establish how CAMHS workers can learn and test this treatment within a CAMHS setting. Alternatively, the treatment could be delivered and tested in community or school settings where young people whose lives are held back by Social Anxiety Disorder may be presenting.

The **clinicians** were very positive about the training and the treatment model. They found the process of developing competence through delivery and supervision to be challenging, but also to be constructive, acceptable and achievable. They framed the therapy as an active form of intervention, and singled out behavioural experiments as a key component.

Their confidence in other components of the therapy was more varied. They expressed concerns about the volume of measures involved, and about the viability of delivering the therapy as part of routine CAMHS work. They identified features which they would incorporate into their future work, including use of measures within treatment, and use of video in supervision.

Managers were sceptical about the viability of both the research and the intervention given the competing pressures in CAMHS. They were concerned about the pressure on staff, and used 'time-as-a-limited-resource' as the main means of framing this problem.

Finally

We are extremely grateful to you all for taking part in what was a challenging project, but both the young peoples outcomes and the qualitative results suggest that this is a promising area that warrants further research.

Funded by



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If you want to see the full report, this will be available on the NIHR Journals Library (www.journalslibrary.nihr.ac.uk), where you can select to be notified on publication (estimated August 2019). Search for 'social anxiety adolescents'.

If you have any other questions or concerns...

If you have any questions or concerns about any aspect of this research, please contact the research team or the principal investigator.



Research team.

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More information...

If you are interested in seeing the full report when it is published, it will be available on the NIHR Journals Library (www.journalslibrary.nihr.ac.uk).

Enter 'social anxiety adolescents' in the search bar, which will bring up the study details as follows:

Specific versus generic psychological therapy for adolescents with social anxiety disorder: A comparison of Clark & Wells' condition-specific cognitive therapy adapted for adolescents, with the generic cognitive behaviour therapy that is currently used in adolescent services

Chief Investigator: Professor Cathy Creswell

Contracting organisation: University of Reading

Project status: Waiting to publish

Health Technology Assessment Estimated Publication Date: Aug 2019

Notify me when this item is published

Click the 'notify me' button if you would like an email to let you know when the full report is published (estimated date for this is August 2019).

Any other questions

If you have any questions about anything to do with this research study, **please contact the research team or the lead researcher** using the email addresses here.



Research Team

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TREATMENT OF SOCIAL ANXIETY DISORDERS IN ADOLESCENTS:

End of study feedback information for the families who took part

December 2018

Funded by



National Institute for Health Research



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Thank you!

Firstly, **thank you** for taking part in the research study about the treatment of social anxiety disorder in teenagers. Now that the study is finished, we would like to give you some feedback on what we found.



Why did we do this study?

People with Social Anxiety Disorder are scared of social situations because they fear embarrassment or humiliation. This usually starts around 13 years of age, may not go away without treatment, and can lead to personal and social difficulties. There is an existing adult therapy that is really effective, but it had not previously been adapted for adolescents.

What did we do?

We adapted the adult treatment so that it was suitable for adolescents. We trained clinicians working in Child and Adolescent Mental Health Services (CAMHS) in this new treatment.

We looked at outcomes (what changed during the treatment) for young people who received the treatment during the clinician training phase, and explored the views of young people, their parents, the clinicians, and CAMHS managers' about the new treatment and about taking part in research.

What did we find?

Many young people did very well from treatment and the young people and their parents were generally positive about it.

Clinicians were also positive about the treatment but they, and their managers, found it difficult to implement within their CAMHS teams due to a range of competing pressures.

The cost to the NHS to treat young people with Social Anxiety Disorder compared favourably with the cost of treating adults.

What does this mean?

Further work is needed to ensure that CAMHS workers are able to learn and test this treatment within a CAMHS setting.

Alternatively, the treatment could be delivered and tested in community or school settings that might be more easily reached by young people whose lives are held back by Social Anxiety Disorder.

And finally,

None of this work would have been possible without the families who took part and received the treatment, and also those who talked to us about their experiences. We are extremely grateful to you for your invaluable contributions to this research.