Cognitive therapy compared with CBT for social anxiety disorder in adolescents: a feasibility study

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Declared competing interests of authors: David M Clark reports personal fees from the NHS outside the submitted work; he is also one of the authors of the cognitive model of social anxiety that CT-SAD-A (Cognitive Therapy for Social Anxiety Disorder in Adolescents) is based on, and he has also played a central role in developing the treatment.

Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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Plain English summary

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Why did we do this study?

People with social anxiety disorder (SAD) are scared of social situations because they fear embarrassment or humiliation. SAD usually starts at around 13 years of age, typically does not go away without treatment, and leads to personal and social difficulties. Clark and Wells' cognitive therapy for SAD in adults (CT-SAD) is a talking therapy that produces excellent outcomes. CT-SAD has not previously been adapted for or tested with adolescents.

What did we do?

We adapted CT-SAD so that it was suitable for adolescents (CT-SAD-A). We intended to compare this with current practice in child and adolescent mental health services (CAMHS). However, we were not able to complete the trial owing to a high staff turnover and a lack of young people with SAD coming into CAMHS. Instead, we examined outcomes for young people who received CT-SAD-A during the therapist training phase and explored the views of young people, their parents, the therapists and CAMHS managers about CT-SAD-A and the study.

What did we find?

Young people's outcomes were very promising; for example, 10 out of 12 participants reported a reliable improvement in social anxiety. The young people and their parents were generally positive about the treatment. Therapists were also positive about the treatment, but they and their managers found it difficult to implement the treatment within their CAMHS teams. The cost to the NHS to treat young people with SAD within this study compared favourably with the cost of treating adults.

What does this mean?

We need to be careful about drawing conclusions from a small sample size, but we suggest that further work is needed to ensure that CT-SAD-A can be delivered and tested in CAMHS. Alternatively, CT-SAD-A should be delivered and tested in community or school settings that can treat young people whose lives are held back by SAD.

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This report

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