

# Individually tailored internet-based cognitive behavioural therapy for young adults with anxiety disorders: A pilot effectiveness study<sup>☆</sup>



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## ABSTRACT

The mental health of young people is decreasing. It is therefore important to develop early interventions for young people with mental health problems. One previous randomized controlled trial on tailored Internet-based treatment for young adults with minimal therapist guidance has shown promising results for anxiety symptoms. The purpose of this study was to investigate the effects of tailored internet-administered CBT for young adults (16–25 years old) with anxiety, depression and possible comorbidity in regular care. Participants were recruited from a youth health care centre (n = 15). Screening consisted of online questionnaires followed by a semi-structured interview. A total of 10 participants completed pre and post measurement. The treatment consisted of individually prescribed CBT text modules with online therapist guidance. All dependent measures improved significantly immediately following treatment and the within-group effect based on pre- to post measurement on the primary outcome measure, the Beck Anxiety Inventory, was  $d = 1.50$ , the within-group effect on the secondary outcome measures, Montgomery Åsberg Depression Rating Scale-Self-Rated, Clinical Outcomes in Routine Evaluation and Quality of Life Inventory showed large improvement. Tailored internet-based treatment can be an approach in the treatment of anxiety symptoms and comorbid depressive symptoms in youth care.

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## 1. Introduction

Swedish children and young people's mental health has decreased during the 1990s and 2000s and the latest data from 2011 show a continued decrease and is thus a growing public health problem (Swedish National Board of Health and Welfare, 2013). During the time period of 1994 to 2006 the proportion of young adults aged 16–29 years who reported severe anxiety more than doubled. In the age group 18–24 years, 7% of men in the population had contact with the psychiatric outpatient or inpatient care, or used psychotropic drugs. The corresponding numbers for women were 10%. Young people with anxiety have an increased risk of not completing school and are at increased risk for other mental health problems, substance abuse, unemployment and suicidality (Murray et al., 2012). In the age group 15–24, 176 people took their lives in 2013, 123 men and 53 women (Swedish National Board of Health and Welfare, 2014). Untreated anxiety disorders have a relatively chronic course and in adult studies it has been found that anxiety disorders often have its onset in childhood or adolescence (Wenar and Kerig, 2008). Serious long-term effects can be developed

as a result of initially mild anxiety disorders and it is therefore important with early interventions for young people with anxiety problems. Wenemark et al. (2006) showed that young adults in the age group of 18–29 were affected to a larger extent in regard to mental illness than other age groups. These results lead to the establishment of Youth Health Care Centres in Sweden where young adults could easily access psychological treatment (Halje et al., 2015). One way to increase access to treatment is via internet-based cognitive behavioural therapy (ICBT). ICBT interventions are one way of disseminating evidence-based treatment in primary care settings while maintaining treatment fidelity (Craske et al., 2009). The first-line psychological treatment for youth anxiety disorders is CBT (Kendall and Peterman, 2015). Although CBT principles are evidence based and standardized, clinicians are encouraged to use “flexibility within fidelity,” tailoring treatment to the youth's individual presentation (Kendall et al., 2008). Numerous studies have been conducted to examine CBT for anxiety disorders and anxiety symptoms in youth, and taken together; these studies provide the empirical support necessary to make CBT the psychological treatment identified to date as an evidence-based treatment (Seligman and Ollendick, 2011). Young adults use the internet daily, making this a setting well suited for information, psychoeducation and treatment for young adults. This group is more heterogeneous than adults and the need to develop different kinds of treatment and ways to convey them becomes larger. For young adults, ICBT has been proven effective for

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students with social phobia (Tillfors et al., 2011), for students with anxiety, depression and stress (Day et al., 2013) and for young adults with anxiety and depression (Sethi et al., 2010). Travers and Benton (2014) examined young adults' attitudes towards internet administered treatment and 34% reported an interest towards internet administered treatment instead of conventional treatment. There are however few studies on the effectiveness of ICBT which warrants for this study.

This study is part of a larger ongoing project to tailor ICBT for anxiety and depression for adolescents, young adults, adults and older adults. The individually tailored ICBT intervention aims to address the participant's needs and symptoms. Previous trials have been conducted on adolescents (Silfvermagel et al., 2015) and young adults and adults (Silfvermagel et al., 2012).

The purpose of this study was to determine whether tailored ICBT is a feasible approach in the treatment of anxiety symptoms and comorbid anxiety and depressive symptoms in a clinical setting, a Youth Health Care Centre.

## 2. Method

### 2.1. Participants and procedure

This interventional study with a single group design took place in a Youth Health Care Centre in Sweden. It was approved by the regional ethics committee in Linköping and registered at [ClinicalTrials.gov](https://www.clinicaltrials.gov/ct2/show/study/NCT01402258) (NCT01402258). Participants were recruited from the Centre.

Information about all psychological treatment offered at the Centre was presented on the Youth Health Care Centre website. The Centre uses self-referral, which means that the young adults apply for treatment via telephone to a nurse or a therapist. Participants interested in internet-based CBT applied to the treatment via an early version of the online platform developed by the research group (Vlaescu et al., 2016). The platform contained information about the trial, how to register, and how to submit written informed consent. Screening consisted of the following questionnaires administered via the Internet: Beck Anxiety Inventory (BAI; Beck et al., 1988) (primary outcome measure); Montgomery-Åsberg Depression Scale-Self-rated (MADRS-S; Svanborg and Åsberg, 1994); Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM; Barkham et al., 2001); Quality of Life Inventory (QOLI; Frisch et al., 1992); Alcohol Use Disorders Identification Test (AUDIT; Saunders et al., 1993); and additional questions with reference to demographic variables. If the participants met the initial inclusion criteria they underwent further screening consisting of the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I; First et al., 2002), conducted by licensed psychologists employed at the Youth Health Care Centre. The licensed psychologists then presented their clinical assessment to the main author and a psychiatrist before the participants were enrolled in the trial. This procedure was repeated at post treatment with the exception of AUDIT. The participants had to be between the ages of 16–25 years old (young adults), and suffer from recurrent anxiety symptoms to be included. The participants did not have to fulfil diagnostic criteria for an anxiety disorder in order to be

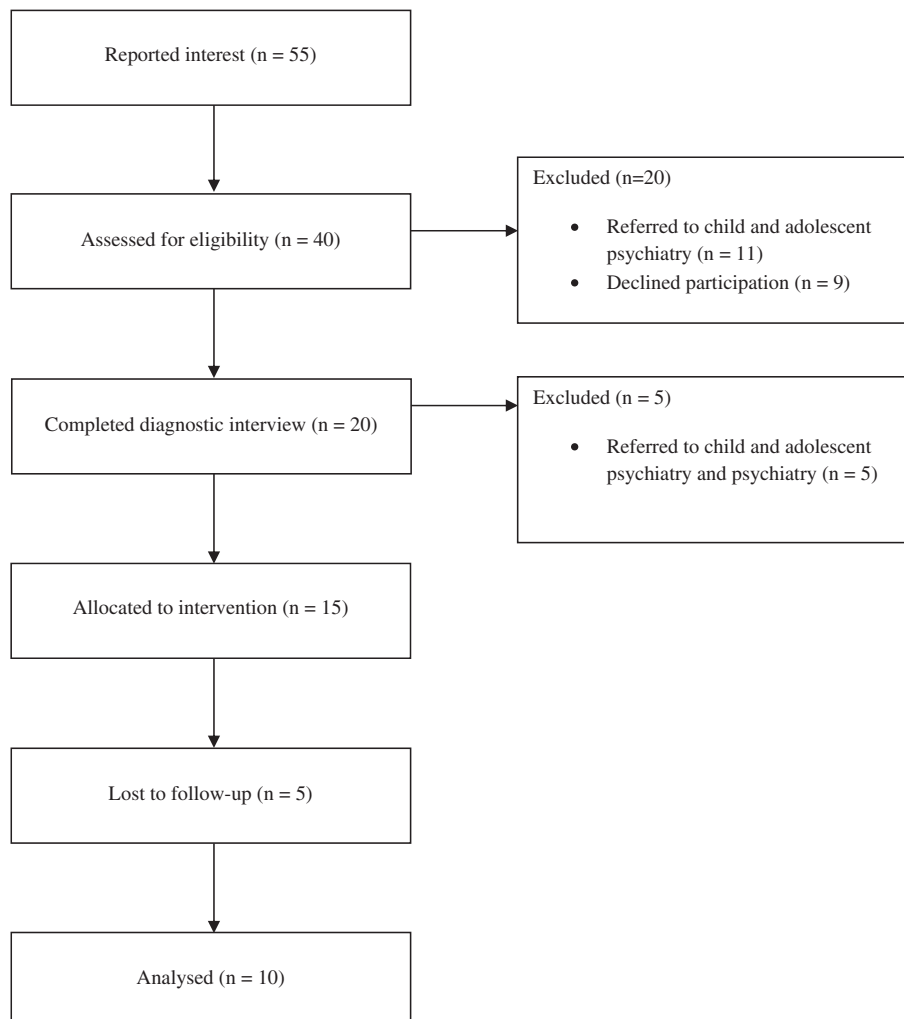


Fig. 1. Flowchart of study participants.

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