

A new model of treatment for youth with anxiety

October 2 2017



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A stepped care model of treatment for youth with anxiety can be effectively delivered using at least 14% less therapist time than traditional treatment service, reports a study published in the October

2017 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry (JAACAP)*.

In today's stretched economy, finding cheaper and more efficient ways to spend our public health dollars is critical. Mental health professionals can now treat [young people](#) with anxiety disorders effectively. But professional [treatment](#) comes at a cost. Standard, scientifically proven treatments for youth with anxiety usually require 15 to 20 hours of input from a [mental health](#) professional. Finding ways to reduce this time but still maintain good outcomes is the next research frontier.

This study is the first to test a "stepped care" model of treatment delivery for children and adolescents with anxiety. While the idea of stepped care is not new, it has not been well tested and is yet to find its way routinely into [mental health services](#). In traditional care, a child with anxiety is seen by a therapist on a regular basis over 10-20 weeks. In stepped care, the young person first begins using self-help to manage their own symptoms. Only when this doesn't work do they "step up" to treatment with a therapist. Higher intensity steps can be added if needed.

In this study, 281 young people with clinical [anxiety disorders](#), aged between 6 and 17 years, were treated in either a traditional or stepped care model. Stepped care was delivered over three steps. Following the first step (self-help), 40% of young people improved and did not need any further treatment, pointing to a massive saving. One year after coming to therapy, almost 70% of young people in both groups were completely free of their presenting anxiety. But this success took 14% fewer hours from a mental health professional by using stepped care. "Other models of stepped care could be even more efficient" reported Ronald Rapee, PhD, lead author of the study. "For instance, if we had stuck with only the first two steps of stepped care, we would have had very similar outcomes, but at more than 30% saving," he explained.

The authors point out that this study tested one [model](#) of stepped care within one local system, and the results might not apply in the same way across all societies. The findings highlight the potential value of stepping care for youth with [anxiety](#), but further work is needed to test different combinations and models of stepping. "The possibility that we can identify ways of delivering treatment to help more clinically anxious youth within our existing workforce has tremendous implications for our health system and our economy," said Mary Lou Chatterton, PharmD, another study author.

More information: Ronald M. Rapee et al, Comparison of Stepped Care Delivery Against a Single, Empirically Validated Cognitive-Behavioral Therapy Program for Youth With Anxiety: A Randomized Clinical Trial, *Journal of the American Academy of Child & Adolescent Psychiatry* (2017). [DOI: 10.1016/j.jaac.2017.08.001](https://doi.org/10.1016/j.jaac.2017.08.001)

Provided by Elsevier

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