The dynamic interaction between experiential avoidance, cognitive avoidance, perceived control and social anxiety symptomology

Published: 16-03-2021
Last updated: 08-04-2024

The goal of the study is 1) showing that EA, CA and perceived control are not stable but of dynamic nature and interact in predicting social anxiety symptom severity, 2) identifying possible mechanisms of change of CBT (the exact working of which is...

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Anxiety disorders and symptoms
Study type	Observational non invasive

Summary

ID

NL-OMON49875

Source
ToetsingOnline

Brief title
DYNSAD

Condition

- Anxiety disorders and symptoms

Synonym
social fear, social phobia

Research involving
Human

Sponsors and support

Primary sponsor: ProPersona (Nijmegen)

Source(s) of monetary or material Support: Behavioural Science Institute (Experimental Psychopathology & Treatment);Radboud Honours Academy;& a personal summerschool budget

Intervention

Keyword: cognitive avoidance, experiential avoidance, perceived control, social anxiety disorder

Outcome measures

Primary outcome

The primary outcome measures on all bidaily measurement moments are: social

anxiety symptom severity, experiential avoidance, cognitive avoidance, and

perceived control.

Secondary outcome

Not applicable

Study description

Background summary

Avoidance plays a central role in the onset and maintenance of social anxiety disorder (SAD). Specifically, experiential avoidance (EA) and cognitive avoidance (CA) are thought to be strategies to decrease anxiety toward social-evaluative threat No study investigates the combined role of both types of avoidance. Moreover, perceived control is another important vulnerability factor in SAD. Lower levels of perceived control are associated with higher anxiety symptoms, and it has been identified as a possible mechanism of change in CBT treatment. Perceived control has already been shown to interact with either EA or CA in other anxiety disorders such as panic disorder and generalized anxiety disorder. This interaction has not yet been studied in SAD even though it is highly likely to exist.
The current literature on SAD assumes largely static traits and uses static data (e.g., based on group means). However, it is likely that constructs such as symptom severity, EA, CA and perceived control are not static, but rather fluctuate over time due to the change in the individuals' social environment for example. Therefore, a method that allows the data collection and analysis of intensive longitudinal data can shed light on the dynamic interaction

effects between EA, CA and perceived control on social anxiety symptom severity is preferred over the usual static methods but is thus far underused.

Study objective

The goal of the study is 1) showing that EA, CA and perceived control are not stable but of dynamic nature and interact in predicting social anxiety symptom severity, 2) identifying possible mechanisms of change of CBT (the exact working of which is so far relatively unknown in SAD) and to contribute knowledge on how to personalize treatment based on the dynamics of the predictors.

Study design

This is an observational study with a longitudinal design. This design is suitable to observe daily fluctuations in social anxiety symptoms, avoidance and perceived control over the course of treatment.

Two assessments including self-reports (LSAS, SIAS, BEAQ, CBAS, & ACQ) will be administered at baseline (T1; before start of treatment) and post-treatment (T2; immediately after treatment). In addition, experience sampling method (ESM) will be used to collect intensive longitudinal data for a period of 18 weeks: before treatment (two-week baseline assessments), during the course of treatment (14 weeks), and after treatment (two-week post-treatment assessments). This intensive longitudinal data will be gathered in the form of a short questionnaire (7 questions) which participants can fill out on their phone, twice a day (once in the morning, once in the evening).

Note: the LSAS is already part of the usual intake at the Pro Persona clinic before treatment starts.

Study burden and risks

There is no risk involved in the daily assessments (neither in the baseline- and follow-up questionnaires). The only burden to participants is the time investment of about 4-6 minutes per day. According to the NFU brochure 'Kwaliteitsborging mensgebonden onderzoek 2.0', the overall risk classification of this study is 'negligible risk'.

Contacts

Public
ProPersona (Nijmegen)

Tarweweg 2
Nijmegen 6534AM
NL
Scientific
ProPersona (Nijmegen)

Tarweweg 2
Nijmegen 6534AM
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

Current (primary) Axis I diagnosis of anxiety (Social phobia assessed using the Mini-International Neuropsychiatric Interview)
From age 18 onwards
Fluent in Dutch
Able to give Informed Consent

Exclusion criteria

Insufficient comprehension of the Dutch language
Physical, cognitive, or intellectual impairments interfering with participation, such as deafness, blindness, or sensorimotor handicaps
Diagnosis of bipolar disorder, schizophrenia, schizophreniform disorder, schizoaffective illness
Current psychosis
Drug or alcohol addiction in the past 6 months

Study design

Design

Study type: Observational non invasive

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	26-03-2021
Enrollment:	40
Type:	Actual

Ethics review

Approved WMO

Date:	16-03-2021
Application type:	First submission
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL76343.091.20