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A clinically useful social anxiety disorder outcome scale

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Abstract

Increasingly, emphasis is being placed on measurement-based care to improve the quality of treatment. Although much of the focus has been on depression, measurement-based care may be particularly applicable to social anxiety disorder (SAD) given its high prevalence, high comorbidity with other disorders, and association with significant functional impairment. Many self-report scales for SAD currently exist, but these scales possess limitations related to length and/or accessibility that may serve as barriers to their use in monitoring outcome in routine clinical practice. Therefore, the aim of the current study was to develop and validate the Clinically Useful Social Anxiety Disorder Outcome Scale (CUSADOS), a self-report measure of SAD. The CUSADOS was designed to be reliable, valid, sensitive to change, brief, easy to score, and easily accessible, to facilitate its use in routine clinical settings. The psychometric properties of the CUSADOS were examined in 2415 psychiatric outpatients who were presenting for treatment and had completed a semi-structured diagnostic interview. The CUSADOS demonstrated excellent internal consistency, and high item–total correlations and test–retest reliability. Within a sub-sample of 381 patients, the CUSADOS possessed good discriminant and convergent validity as it was more highly correlated with other measures of SAD than with other psychiatric disorders. Furthermore, scores were higher in outpatients with a current diagnosis of SAD compared to those without a SAD diagnosis. Preliminary support also was obtained for the sensitivity to change of the CUSADOS in a sample of 15 outpatients receiving treatment for comorbid SAD and depression. Results from this validation study in a large psychiatric sample show that the CUSADOS possesses good psychometric properties. Its brevity and ease of scoring also suggest that it is feasible to incorporate into routine clinical practice.

1. Introduction

Surveys of psychiatrists in clinical practice in the United Kingdom and United States have found that the majority do not use symptom rating scales of depression or anxiety to monitor progress throughout treatment [1,2]. When outcomes are assessed, they typically are based on unstructured interactions rather than quantifiable assessments [3,4]. Although routine outcome assessment currently is not widely practiced, there is movement towards payor mandates to increase this behavior. For example, a law signed in 2006 (the Centers for Medicare and Medicaid Services' Physician Quality Reporting Initiative; [5]) provides financial incentives to physicians to document outcomes reflecting best practices, in an effort to improve the quality of care. In addition, DSM-5 work groups are recommending the use of dimensional severity scales for various disorders (e.g., for social anxiety disorder [6]).

Conducting reliable, valid, and informative outcome assessments on a routine basis can help to optimize delivery of care [3]. This is especially important for individuals with social anxiety disorder (SAD), as it is a chronic and significantly disabling disorder [7,8]. SAD often is under-recognized in clinical settings, especially when other disorders such as depression are present [9,10]. Therefore, it often is under-treated [11–13] and tends to have the lowest proportion of met need for treatment compared to other psychiatric disorders [14]. Under-treated SAD may affect the treatment outcome of other conditions such as depression, in both pharmacologic and cognitive–behavioral treatments [15–18]. Therefore, routine monitoring of SAD symptoms

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over the course of treatment can aid in ensuring adequate and efficient treatment that perhaps could impact the treatment of comorbid disorders.

One of the long-term aims of the Rhode Island Methods to Improve Diagnostic Assessment and Services (MIDAS) Project has been to develop a series of reliable, valid, and brief instruments for use in routine practice settings. In addition to being available to clinicians for personal use without cost, each measure is designed to have the same rating instructions to facilitate comparison across symptom domains. Most recently, measures of depression (the Clinically Useful Depression Outcome Scale, or CUDOS; [19]) and the general construct of anxiety (the Clinically Useful Anxiety Outcome Scale, or CUXOS; [3]) were validated. These measures are brief (so as to reduce respondent burden and allow for easy scoring), and they provide useful clinical information to monitor progress throughout treatment.

The goal of the current report from the MIDAS Project is to validate a similar self-report measure specific to SAD, called the Clinically Useful Social Anxiety Disorder Outcome Scale (CUSADOS). As with its predecessors, the CUSADOS was designed to be clinically useful, reliable, valid, brief, quickly scored, and sensitive to change. It is acknowledged that many measures of SAD currently exist. However, some of these measures are lengthy and thus burdensome to complete (e.g., the Social Phobia and Anxiety Inventory (SPAI), administered in 20 to 30 min; [20]). Some measure only certain aspects of SAD, such as fear and avoidance in specific situations as in the Liebowitz Social Anxiety Scale (LSAS; [21]), or cognitions, as in the Social Interaction Self-Statement Test [22]. Others are in a true/false format rather than a Likert scale (e.g., Fear of Negative Evaluation Scale; [23]), and this is less useful as an outcome measure. Some are not readily available to clinicians and need to be purchased (e.g., the Social Phobia and Anxiety Inventory [20]), and some have reverse scoring that lengthens the amount of time required for scoring (e.g., the Fear of Negative Evaluation Scale [23]). Two other brief measures of SAD exist, with the intended purpose of screening for a SAD diagnosis: the Brief Social Phobia Scale (BSPS; [24]), and the Mini-Social Phobia Inventory (MINI-SPIN; [25]). However, the BSPS is an observer-rated measure consisting of three subscales, which the authors recommend using after completing a semi-structured diagnostic interview. It assesses fear and avoidance of a limited number of situations as well as a small number of physiological symptoms, but it does not assess cognitions commonly associated with SAD. Although it is brief, the fact that it is an observer-rated measure suggests that it may increase clinician burden relative to self-report scales. The MINI-SPIN is a self-report measure modeled after the BSPS, but it contains only three items. Therefore, the MINI-SPIN may not provide a large enough range of scores that would be sensitive to change, thus limiting its use as a symptom severity measure. In addition to their limited use as outcome measures, the brevity of these measures also may limit their utility as case-finding instruments.

In contrast to the above measures, the CUSADOS is brief, yet has enough items to provide a broad range of scores. It also has straightforward scoring (sum of all items), and includes Likert scale ratings rather than true/false statements. In addition, it assesses a combination of different aspects of SAD, including affective (e.g., "I was extremely afraid of social situations"), cognitive (e.g., "I was worried that I would make a mistake in front of others and look foolish"), situational ("I was afraid of eating, drinking, or writing in front of other people"), and behavioral (e.g., "I avoided social situations where people might pay attention to me"). The aim of the present study was to examine the psychometric properties of the CUSADOS in a sample of psychiatric outpatients, as well as its operating characteristics to examine its potential use as a screening or case-finding instrument in addition to a symptom severity measure.

2. Methods

2.1. Participants

The sample included 2415 psychiatric outpatients presenting for treatment at the Outpatient Psychiatry Practice of Rhode Island Hospital. The practice treats individuals with medical insurance on a fee-for-service basis (including Medicare but not Medicaid), and is different from the hospital's residency training outpatient clinic that treats uninsured and medical assistance individuals. Referral sources were coded for a subset of the sample (the last 1600). The three most common referral sources were primary care physicians (n = 379; 31.6%), family members or friends (n = 210; 17.5%), and therapists in the community (n = 190; 15.8%).

2.2. Procedure

Individuals seeking treatment at the outpatient practice were asked to participate in a comprehensive diagnostic evaluation prior to meeting with their treating clinician, and to complete the CUSADOS as part of their initial paperwork. All procedures were approved by the Institutional Review Board at Rhode Island Hospital. A modified version of the Structured Clinical Interview for *DSM-IV* Axis I Disorders (SCID; [26]) was used for the diagnostic evaluation. All patients were interviewed with the full SCID, and informed consent was obtained prior to administering the SCID. The diagnosticians were kept blind to the patients' responses on the CUSADOS to test the validity of the measure by examining its relationship with psychiatric diagnoses. Doctoral-level clinical psychologists and research assistants with bachelor's degrees in social or biological sciences served as diagnosticians. They received extensive training, and monitoring occurred throughout the study to minimize rater drift. Psychologists first observed five interviews, then