Supporting adolescents struggling with appearance-altering conditions: Feasibility and acceptability of an online psychosocial intervention (Ung Face IT)

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Background

- Approximately 1 in 44 young people have a visible difference (disfigurement) to their face or body¹ (such as craniofacial or skin conditions, treatment side-effects, or scarring).
- Irrespective of cause, severity or location², 30-50% struggle to cope with the psychological consequences of looking different³.
- The Centre for Appearance Research has developed an online intervention (<u>www.ypfaceit.co.uk</u>), translated into Norwegian (<u>www.ungfaceit.no</u>), to support young people aged 12-17 who struggle with appearance dissatisfaction, teasing or bullying⁴.
- Ung Face IT uses cognitive behavioural therapy and social skills training, through 7 x 35-40 mins weekly sessions and one booster session 6 weeks later. Ung Face IT includes interactive activities, multimedia, an online journal and automated text reminders.

Centre for Rare Disorders is an interdisciplinary, nationwide resource centre. Our main activities are information, counselling, courses and research on selected rare disorders.





Objective

An acceptability and feasibility study (2016-2017) tested the Norwegian version, providing experience regarding:

- Recruitment (feasibility and resources needed)
- Adherence/retention to the intervention and outcome measures
- Young people and parents' experiences and perceptions of Ung Face IT

Design and method

Participants were randomised into two groups: Treatment as usual (TAU) or Intervention (Ung Face IT + TAU).

Recruitment:

Patient registries from Centre for Rare Disorders, Division of Neurosciences and the Division of Head, Neck, and Reconstructive surgery (Oslo University Hospital). Posters and websites (Oslo University Hospital and charities)

Quantitative data collection and analysis

- Outcome measures were completed by the participants and their parents/carer at baseline (T1), 13 weeks (T2), and 3 months (T3).
- Primary outcome measures:
 Body Esteem and Social Anxiety Scales.
- Secondary outcome measures:
 Social Skills, Self-perception, Perceived Stigmatisation.

Nested Qualitative Component:

Interviews of a selection of participants.

Results

Recruitment: 29 young people with a visible difference were recruited (16 Ung Face IT and 13 controls).

Compliance:

- Intervention group: 63% completed all sessions and questionnaires
- Control group: 92% completed all questionnaires

Acceptability and feasibility:

- Parents found it difficult to accept the need for a control group.
- Screening young people's motivation and selfperceived need for support could possibly have strengthened compliance in the intervention group.

Impact of group on primary outcome (T1-T2):

 Preliminary results show strengthened Body Esteem and reduced Fear of Negative Evaluation after 13 weeks (from T1 to T2).

Conclusion

Preliminary findings indicate a positive effect and hence supports the need for a larger RCT study, in order to test Ung Face IT's efficiency in reducing appearance-related distress and social anxiety in adolescents living in Norway.

References: 1) Changing Faces (2010). The Face Equality Campaign: The Evidence. The incidence and prevalence of disfigurement. 2) Moss TP (2005). The relationships between objective and subjective ratings of disfigurement severity, and psychological adjustment. *Body Image*, 2, 151–159. 3) All Parliamentary Group on Body Image: Reflections on body image, Parliamentary Report, UK. 4) Williamson H, Griffiths C, & Harcourt D (2015). Using a participatory action approach to design and evaluate the acceptability of YP face IT: An online intervention for adolescents struggling with appearance-altering conditions or injuries. *Health Psychology Open, 2(28) 1-12.*







