



Secret Agent Society:

Evidence of impact in an Irish outpatient Child & Adolescent Mental Health Service (CAMHS).

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Background

Secret Agent Society (SAS) is an innovative, evidence-based intervention for children with significant emotional regulation and social communication challenges (Beaumont & Sofronoff, 2008). It uses interactive technology as well as home, school and clinic interventions in a child-centred, espionage-themed package. SAS teaches children how to identify and cope with their emotions and how to understand and manage social interaction.

SAS was originally developed for children with autism and has a robust published evidence base for this client group. It has also been shown to effect clinically significant changes in the social-emotional skills of children with a range of neurodivergent profiles (Temkin et al., 2022). However, no published evidence currently exists for the use of SAS for children with moderate-severe mental health disorders attending community Child & Adolescent Mental Health Services (CAMHS).

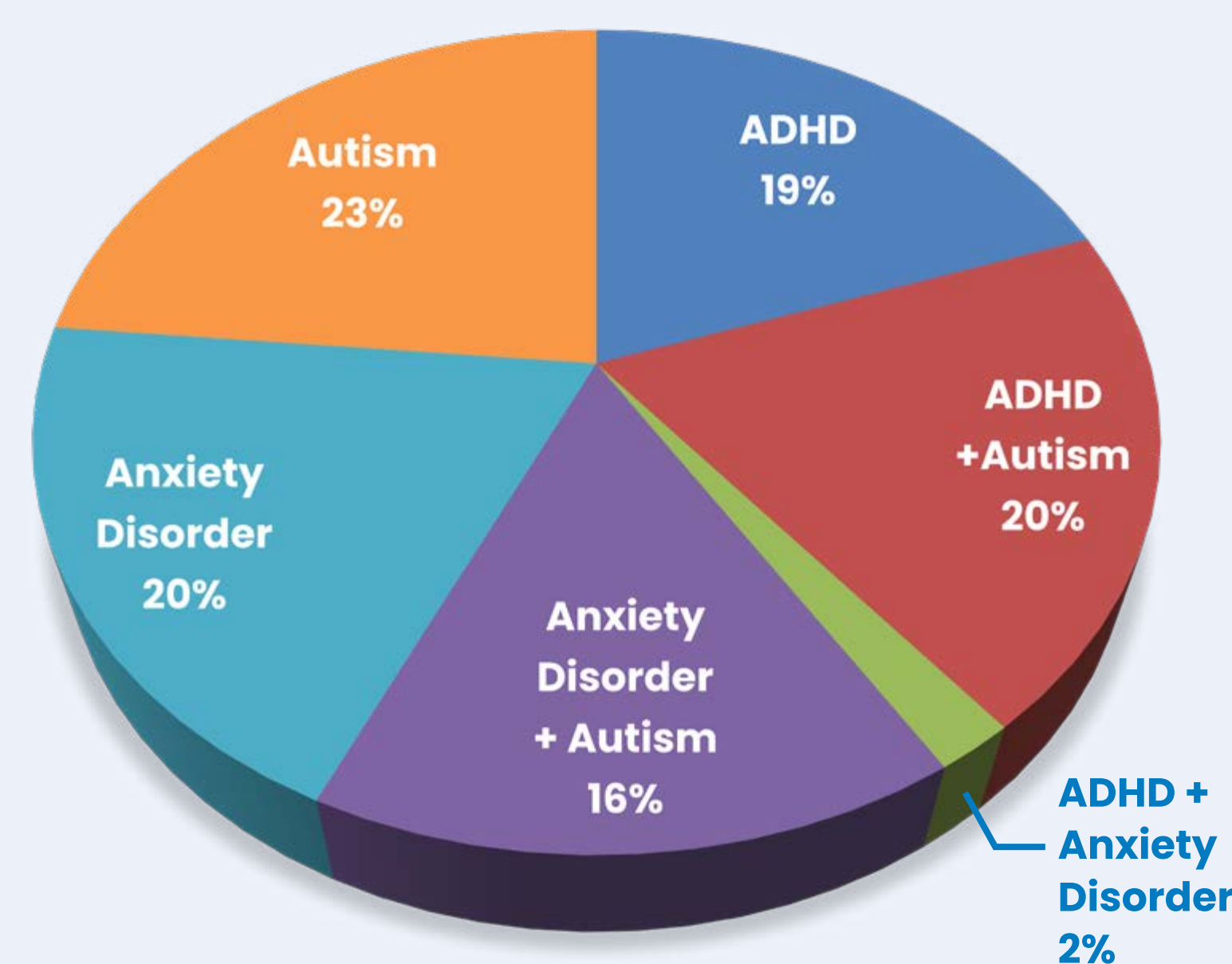
Aim

To evaluate the efficacy of SAS up to 6 months post intervention in an Irish community CAMHS.

Participants

The study comprised 198 participants; 51 children aged 8-12 years (males n=30, females n=21), their parents (mothers n=51, fathers n=45) and teachers (n=51). Children's mean age was 10 years 11 months. Children presented with diagnoses of autism and/or ADHD and/or Anxiety Disorder. The most common diagnosis was autism (59%).

Children's Diagnoses:



Methodology

- ▶ Parent/Child Interview
- ▶ Parent Group Meeting 1
- ▶ Teacher Group Meeting
- ▶ Child Club Meetings
 - 1 Detecting emotions in others
 - 2 Detecting emotions in ourselves
 - 3 Relaxation Gadgets
- ▶ Parent Group Meeting 2
- ▶ Child Club Meetings
 - 4 Solving friendship problems
 - 5 Conversation skills
 - 6 Playing with others
- ▶ Teacher Phone Consultation
- ▶ Parent Group Meeting 3
- ▶ Child Club Meetings
 - 7 Coping with mistakes
 - 8 Detecting the difference between accidents, jokes + nasty deeds
 - 9 Preventing + managing bullying
- ▶ Parent Group Meeting 4
- ▶ 3-Month Follow-Up Groups
- ▶ 6-Month Follow-Up Groups

Outcome Measures

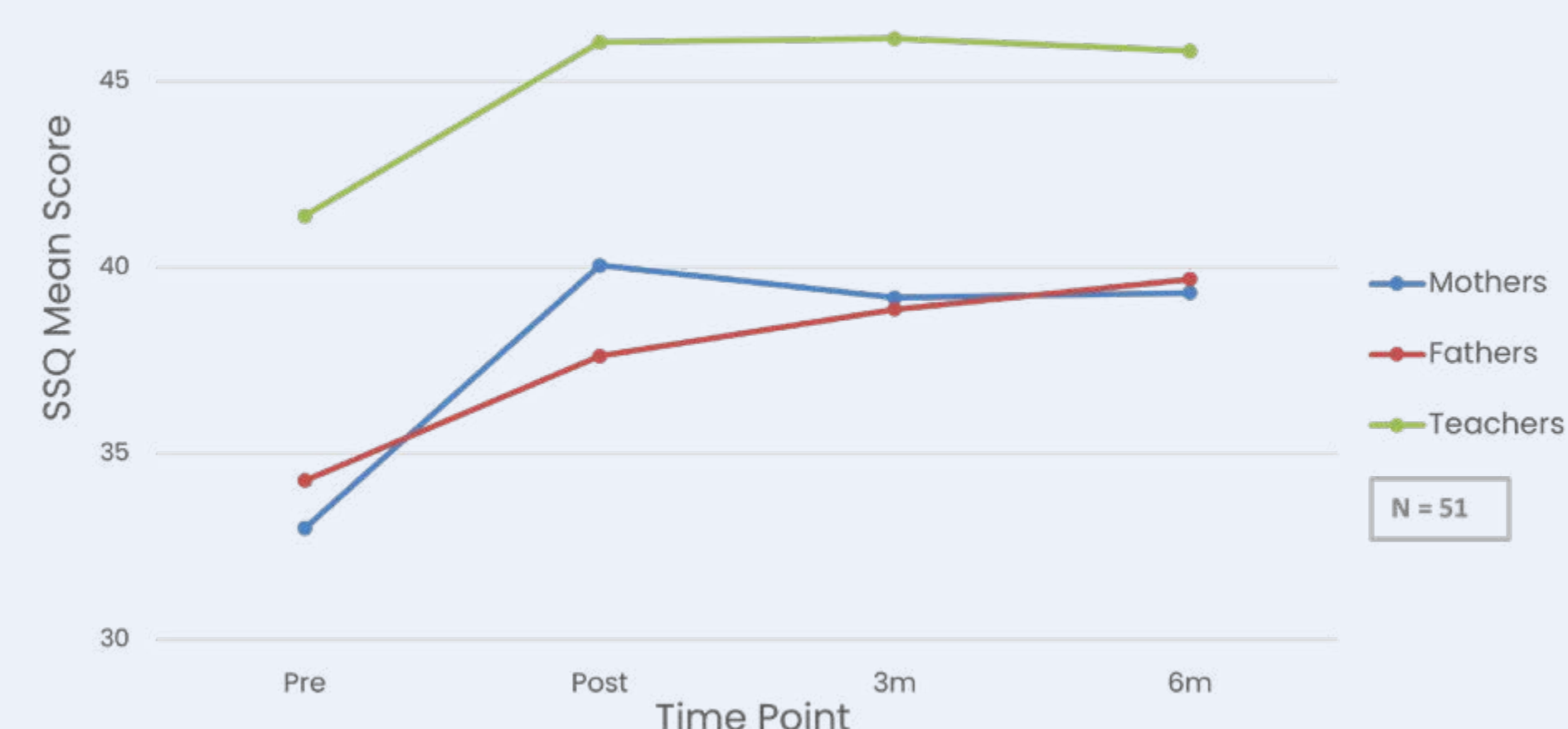
Questionnaires were completed by children, parents and teachers pre-intervention, post intervention and at 3 and 6 month follow up.

Results

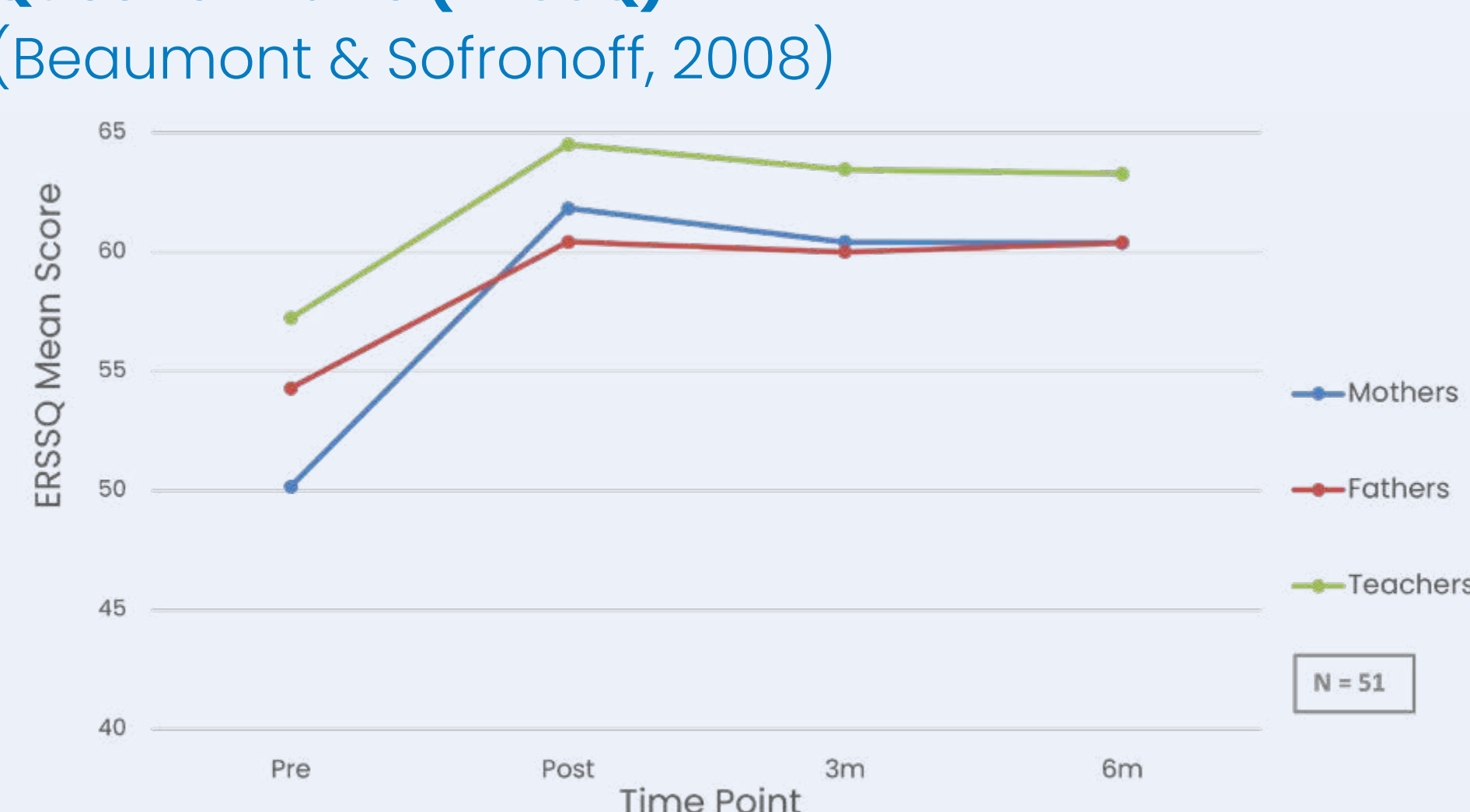
Parent and Teacher Outcome Measures

Statistically significant improvements were made in children's social communication ($F(1.985, 99.273) = 24.900, p < 0.001$) and emotional regulation ($F(1.787, 89.358) = 27.302, p < 0.001$) across home and school settings on both measures. Treatment gains were maintained up to 6 months post intervention:

Social Skills Questionnaire (SSQ) (Spence, 1995)



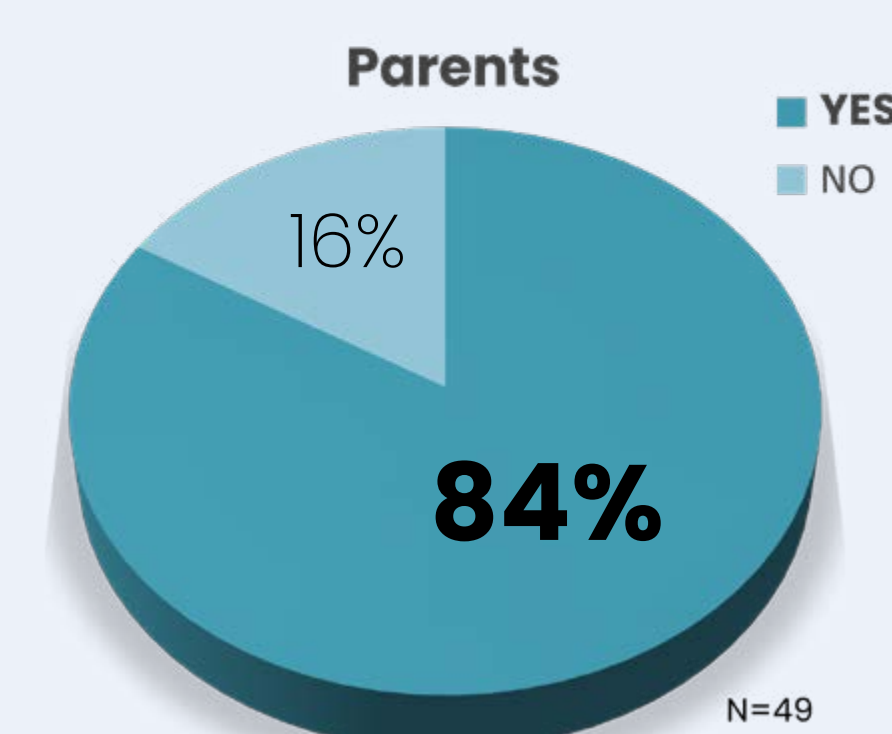
Emotional Regulation and Social Skills Questionnaire (ERSSQ) (Beaumont & Sofronoff, 2008)



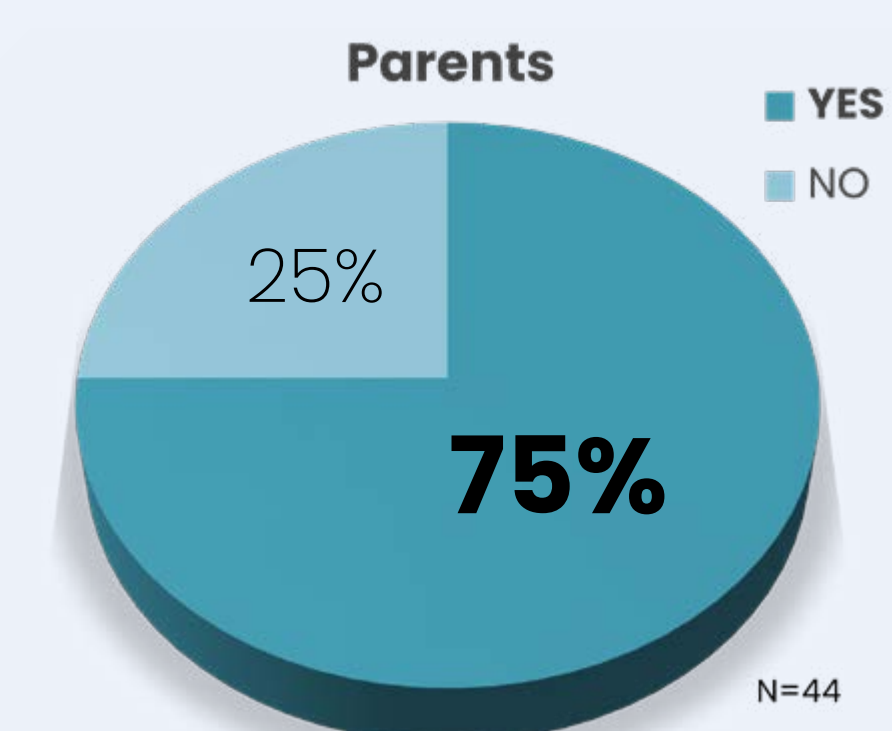
Programme Satisfaction Questionnaire (PSQ)

At 6 month follow up, **parents** were asked:

- ▶ "Do you believe SAS contributed to lasting changes in your child's skills and/or behaviour?"

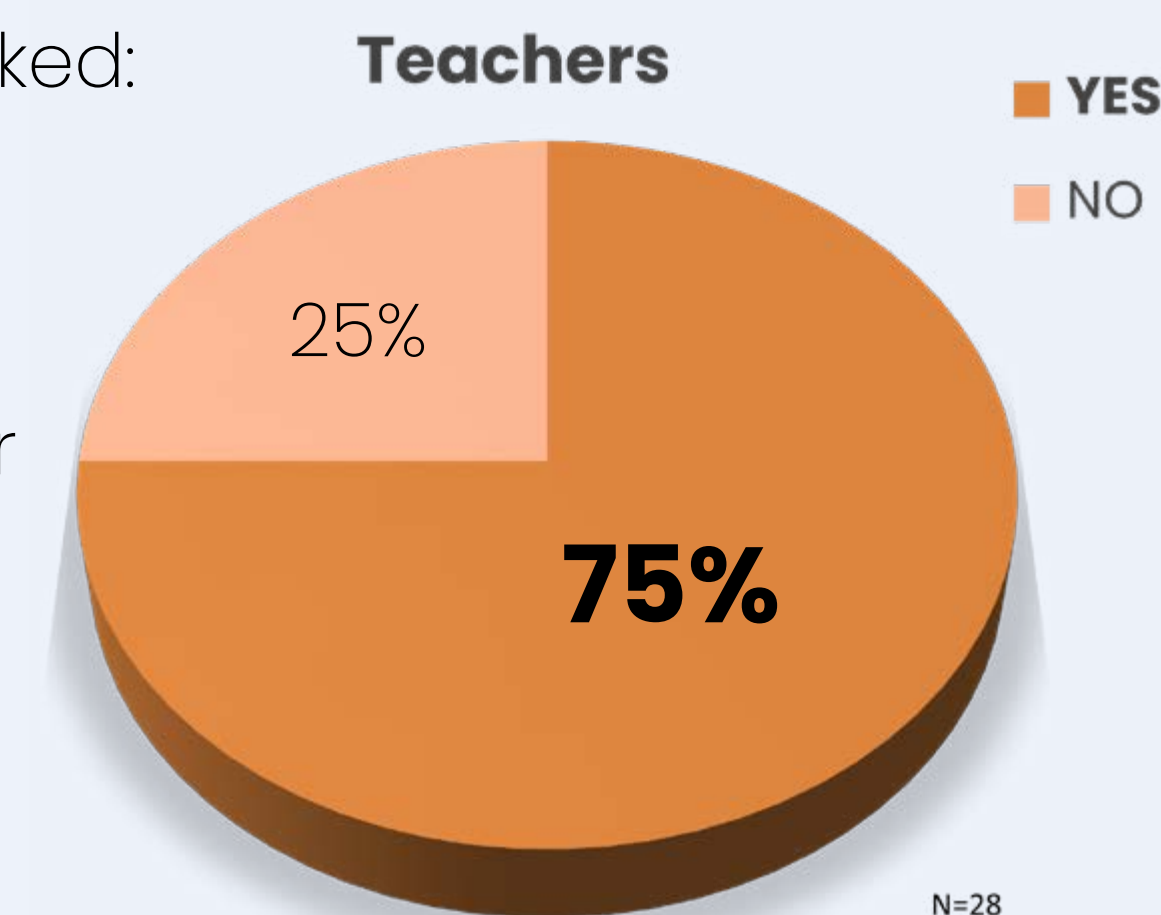


- ▶ "Do you believe that SAS contributed to lasting changes in how you support your child?"



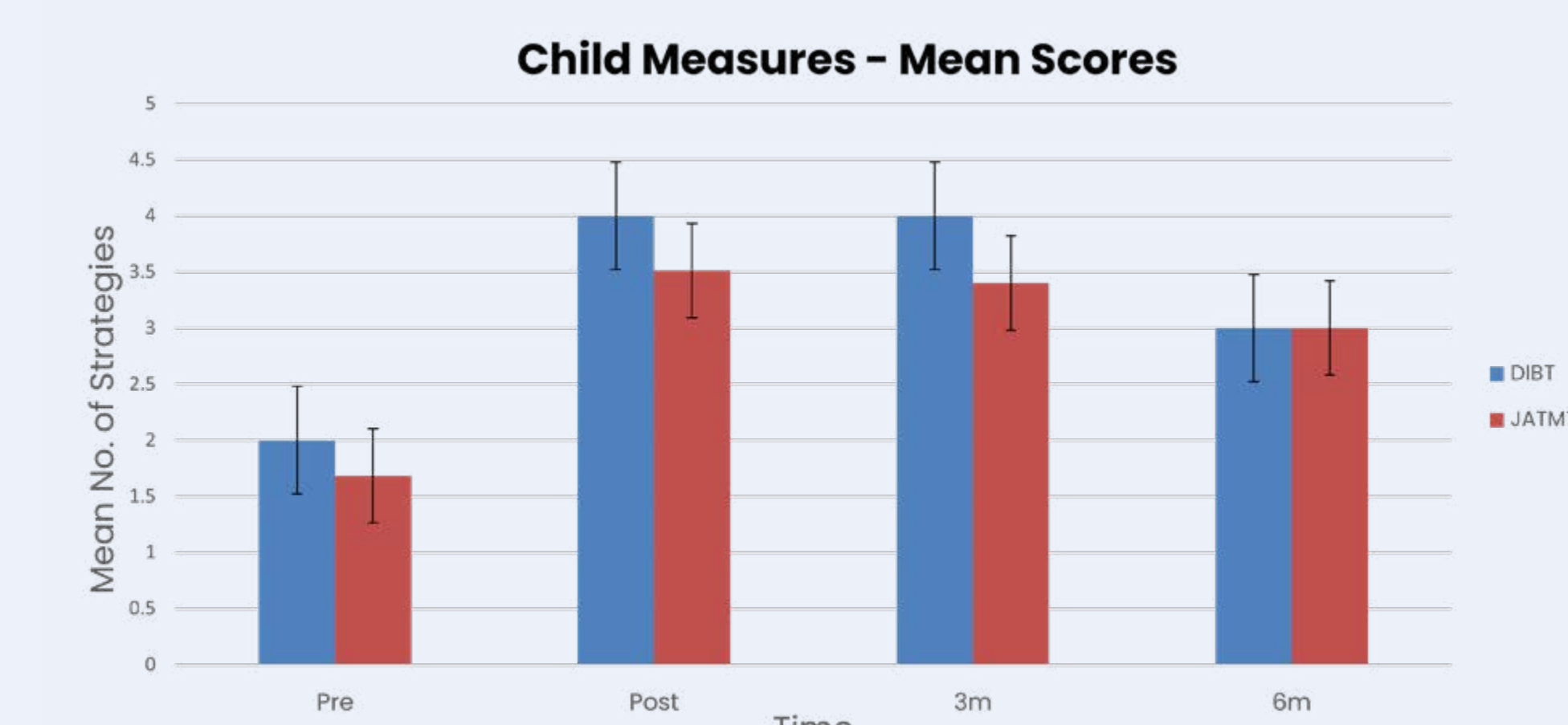
Teachers were also asked:

- ▶ "Do you believe that SAS contributed to lasting changes in your student's behaviour?"



Child Outcome Measures (Attwood, 2004 a + b)

Children's knowledge of emotional regulation strategies showed statistically significant improvement from pre-intervention to 6 month follow up on both James and the Maths Test (JATMT) ($F(3, 75) = 22.754, p = 0.001$) + Dylan is Being Teased (DIBT) measures ($F(3, 75) = 9.144, p = 0.001$):



Conclusions

Results provide preliminary evidence for social-emotional skill generalisation to the home and school environment up to 6 months post intervention for children attending CAMHS. A cost-benefit analysis would confirm the feasibility of offering SAS in other outpatient community services.

Previous research has shown that primary school children can be underserved in CAMHS, where the focus is often placed on crisis management for adolescents, despite increasing numbers of children under 12 years being referred (Maguire et al. 2020). SAS allows young children with complex neuro-divergent profiles to access an evidence-based treatment that develops social-emotional resilience, thereby potentially preventing escalation of difficulties into adolescence.

References

1. Attwood, T. (2004a). James and the maths test. In Exploring feelings: Cognitive behaviour therapy to manage anxiety. Texas: Future Horizons Inc.
2. Attwood, T. (2004b). Dylan is being teased. In Exploring feelings: Cognitive behaviour therapy to manage anger. Texas: Future Horizons Inc.
3. Beaumont, R. & Sofronoff, K. (2008). A multi-component social skills intervention for children with Asperger Syndrome: The junior detective training program. *Journal of Child Psychology and Psychiatry*, 49(7), 743-753.
4. Maguire, E. et al. (2020). Children, seen and heard: a descriptive study of all children (aged 12 years and under) referred for acute psychiatric assessment in Tallaght University Hospital over a 10 year period. *Irish Journal of Psychological Medicine* Epub 3 August 2020 DOI: 10.1017/ipm.2020.85.
5. Spence, S.H. (1995). Social Skills Questionnaire. In Social skills training: Enhancing social competence with children and adolescents. Photocopiable resource book. Windsor: NFER-Nelson.
6. Temkin, A.B. et al. (2022). Secret Agent Society: A Randomized Controlled Trial of a Transdiagnostic Youth Social Skills Group Treatment. *Research on Child and Adolescent Psychopathology*, 50 (9), 1107-1119.