1-session treatment of specific phobias

Lars-Göran Öst

Department of Psychology

Stockholm University

Lifetime prevalence (%)
(DSM-IV diagnoses, USA)

• Specific phobias	12.5
• Social phobia	12.1
• Posttraumatic stress disorder	6.8
• Generalized anxiety disorder	5.7
• Panic disorder ± agoraphobia	4.7
• Obsessive-compulsive disorder	1.6
• Agoraphobia without panic	1.4
• Separation anxiety disorder	5.2
• *Any anxiety disorder*	*28.8*

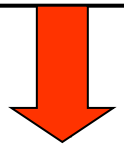
→ 50%

Specific phobias

- *Marked and persistent fear that is excessive or unreasonable*, cued by the presence or anticipation of a specific object or situation (e.g. flying, heights, animals, blood).
- *Types* of specific phobias:
  - **Animals** (e.g. spiders, snakes, dogs, birds)
  - **Natural environment** (e.g. heights, storms, water)
  - **Blood-injection-injury** (e.g. surgery, vaccinations)
  - **Situational** (e.g. airplanes, elevators, enclosed places)
  - **Other** (e.g. choking, vomiting, contracting an illness)

CBT model of specific phobias

- Patients with specific phobias have various *catastrophic beliefs* of what encountering the phobic object/situation would lead to
- The *strong belief* in the probability of the disaster maintains the avoidance/escape
- This *prevents the patient from obtaining new information* that can correct the false belief



Thus the phobia remains unchanged!

The 1-session treatment

- Brief cognitive-behavior analysis
- Rationale for the treatment
- Differences between the 1-S treatment and natural encounters with the phobic situation
- Pre-treatment instructions
- The actual treatment
- Goals for the 1-session treatment
- The therapist-patient relationship

Brief cognitive-behavior analysis

- Let the patient *imagine* being in the worst phobic situation and not being able to escape
- What is the *worst consequence* he/she thinks will occur as a result of the encounter
- Let the patient rate (0-100%) *how convinced* he/she is about this outcome when in the phobic situation, having strong anxiety
- Let the patient rate the conviction when sitting in the therapist's office talking rationally

Brief CBT analysis: snake phobia

T: What is the worst thing you fear will *happen* when you encounter a snake?

P: I don't know. I'll scream and run away.

T: Imagine that you cannot leave the situation.

P: I would freeze and just stare at the snake.

T: What do you think that the snake would do?

P: Sooner or later it would crawl up to me, up my legs, underneath my clothes and bite me.

T: What would happen with you then?

P: I would die.

T: How would you die?

P: From the snake's venom.

T: But if it isn't a venomous snake?

P: From the shock. My heart would not stand it.

T: OK. The worst that you imagine could happen is that you will die. How convinced are you (0-100%) *in the situation*, when you are in contact with the snake, that it will lead to your death?

P: 100%.

T: And how convinced are you *now when you are sitting here* talking rationally to me about it?

P: 30%

Example: claustrophobia

T: What do you think will *happen* if you ride a lift?

P: The lift would get stuck between two floors.

T: What would happen with you then?

P: I would get a very strong panic attack.

T: What would happen then?

P: Probably nothing more would happen in my life.

T: What do you mean?

P: I would be ready for the mental hospital and remain there for the rest of my life.

T: You mean then that you would get...

P: Crazy, nuts, insane.

T: OK. Imagine the situation that you ride a lift and it gets stuck. How certain (0-100%) are you *when you are in the situation* that it will lead to you being admitted to a mental hospital and remaining there for the rest of your life?

P: Completely certain.

T: 100%?

P: No, say 99% then.

T: And now *when you are sitting here* talking to me?

P: 95%

Brief cognitive-behavior analysis

- Normalize the patient's phobic behavior:
  - Since you *believe* so strongly in the catastrophe it is logical to avoid/escape the phobic situation
  - This *prevents* you from obtaining new information that can correct the false belief
  - Thus, the phobia *remains* unchanged!

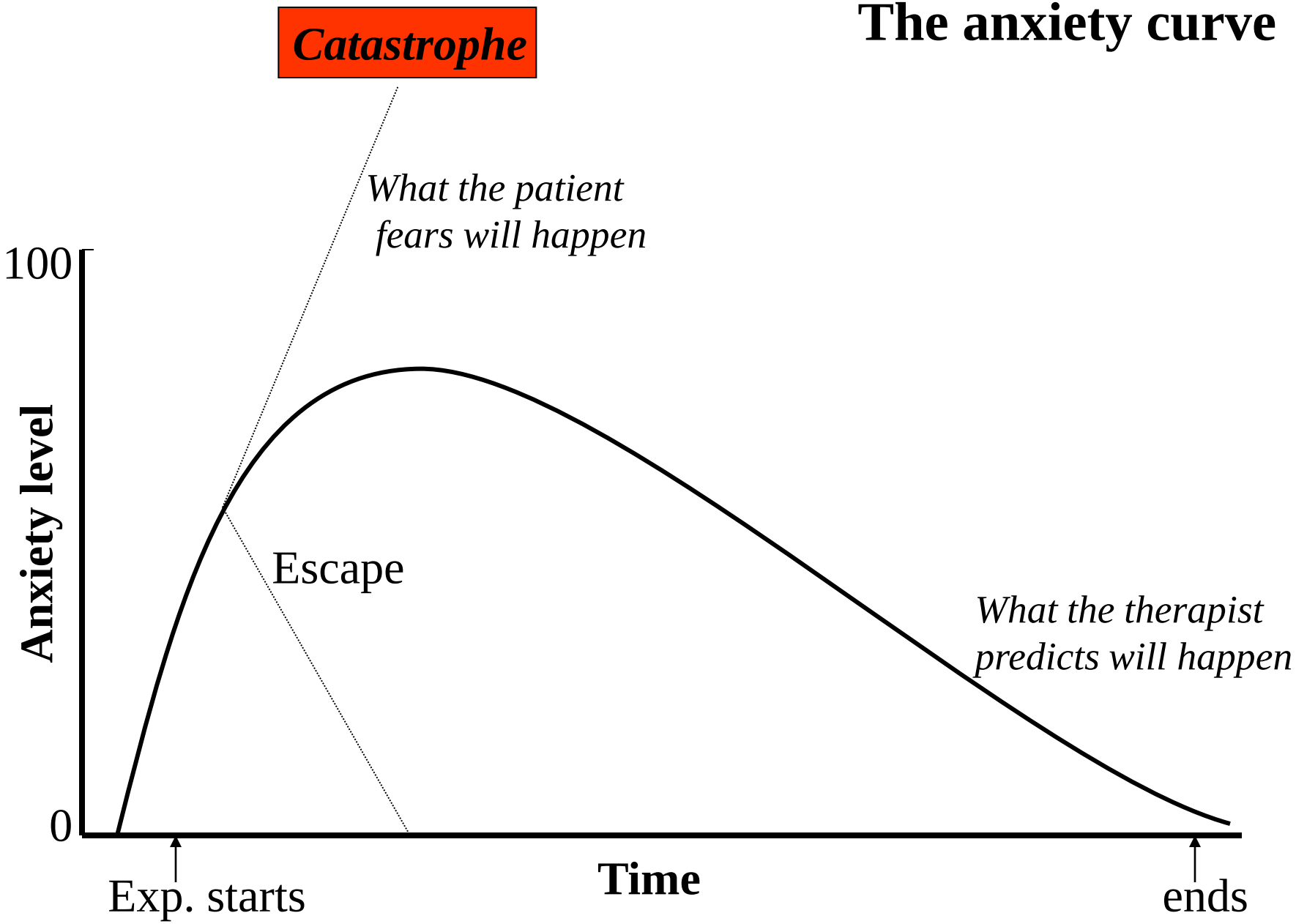
Rationale for the treatment

- *Tailor* the description of the treatment to the individual patient's problem behaviors
- The purpose of the 1-session treatment is to expose the patient to the phobic situation in a *controlled* way
- The one-session treatment should be seen as a *start* of something that the patient should continue is his/her own

Differences between the 1-session treatment and natural encounters

Natural encounters	Therapy situation
• Unplanned	• Planned
• Ungraded	• Graded
• Uncontrolled	• Controlled
• Very brief	• Prolonged
• Patient alone	• Team-work

The anxiety curve



Pre-treatment instructions

- The treatment is done as a *team-work*
- The therapist will never do anything unplanned in the therapy situation:
  - Description
  - Demonstration
  - Permission to do it
- A high level of anxiety is not a goal in itself
- The treatment will not break the patient's "personal record" of anxiety

Exposure in-vivo

- The exposure is set up as *behavioral tests* of the patient's catastrophic cognitions
- The patient makes a *commitment* to remain in the situation until the anxiety fades away
- The patient is encouraged to *approach* the phobic stimulus and to *remain* in contact with it until the anxiety has decreased
- The therapy session is not ended until the anxiety level has been *reduced* with at least 50%, or completely *vanished*

Participant modeling

- The therapist first *demonstrates* how to interact with the phobic object
- The therapist helps the patient gradually to *approximate* physical contact with the phobic object
- The patient *interacts* with the animal on his/her own, only with the help of the therapist's instructions

Goals for the 1-session treatment

- What the patient should be able to manage in *natural situations* after completing the treatment.

- What the therapist wants the patient to achieve during the *therapy session*

The therapist-patient relationship

- A good working alliance is *necessary but not sufficient* for a good treatment outcome
- The therapist has the largest responsibility for creating a good relationship
- This work starts during the screening interview and continues during the entire therapy session and into the maintenance phase

The therapist-patient relationship

- The *team-work* principle
  - Combination of expert knowledge
  - Both parties work equally hard
  - Open and honest communication
- Use of *humor* during the session
  - Laughing with, not at, the patient
- Use of *physical contact* in the session
  - Comforting, reducing anxiety

Examples of relationship creating steps

- Always taking the patient's problems seriously
- Answering the questions that the patient has in an honest way
- Giving factual information about phobias
- Suggesting exposure tasks as close to the patient's current limit as possible
- Be generous with positive reinforcement
- Never fail the patient's confidence in the therapist

Which specific phobias?

Animal phobias

- *Spider*
- *Snake*
- Bird
- Rat
- Cat
- Dog
- Wasp
- Frog
- Snail
- Worm
- Ant
- Insect
- Hedgehog
- Lizard

Other specific phobias

- *Blood-injury*
- *Injection*
- *Flying*
- *Claustro*
- *Dental*
- Height
- Vomiting
- Deep water, etc.

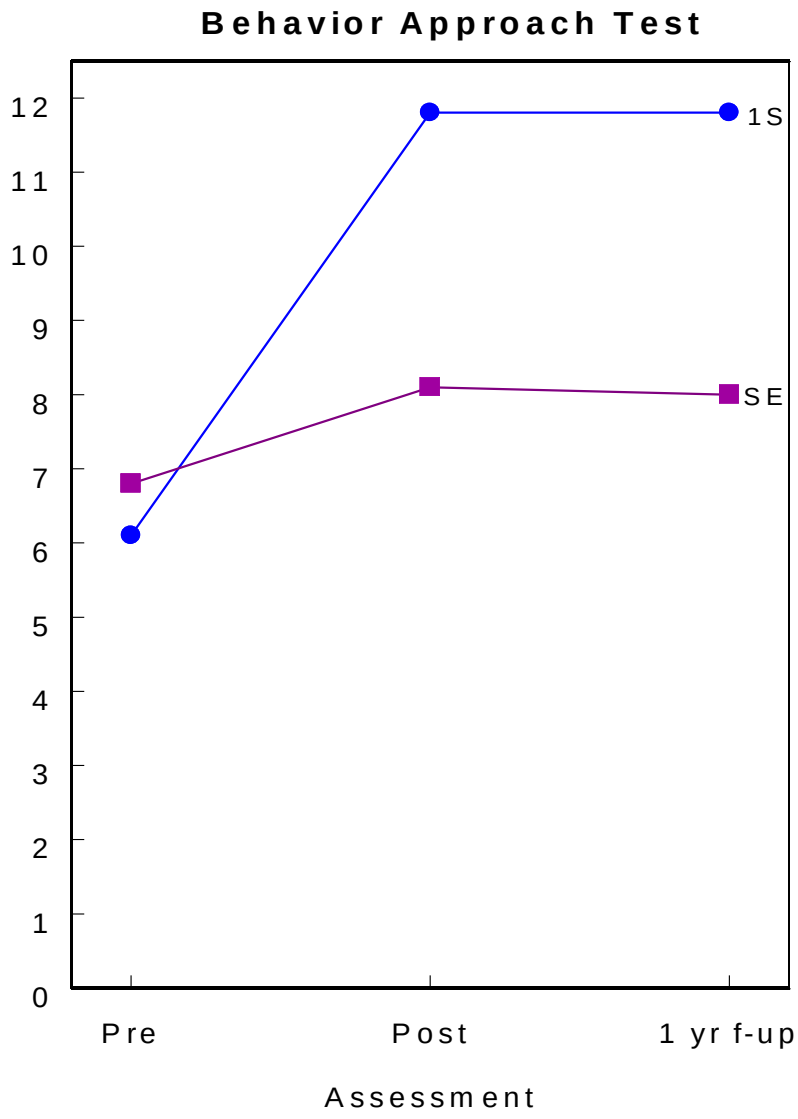
Which specific phobics?

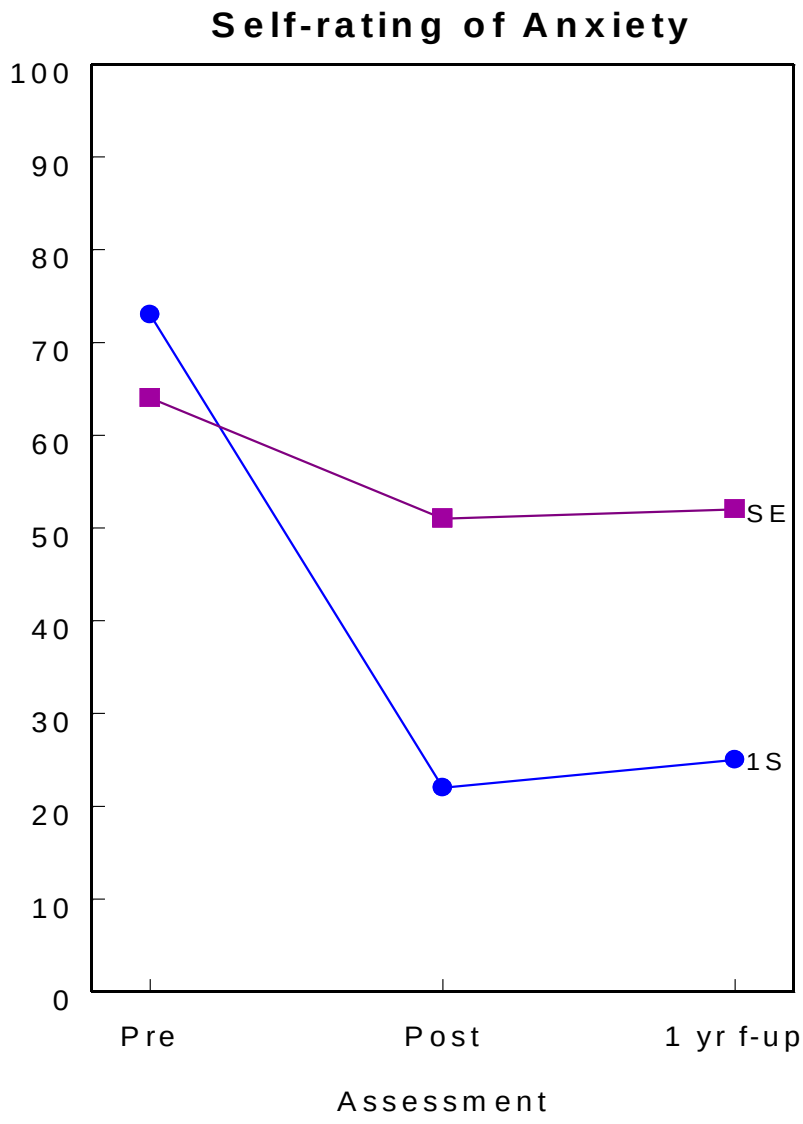
- The phobia should be *circumscribed*
- The phobia should *not* entail any *positive consequences*
- Successful treatment should *not* result in any predictable *negative consequences*
- The patient must be *motivated* enough to tolerate a relatively high anxiety level

Acceptability of 1-session treatment

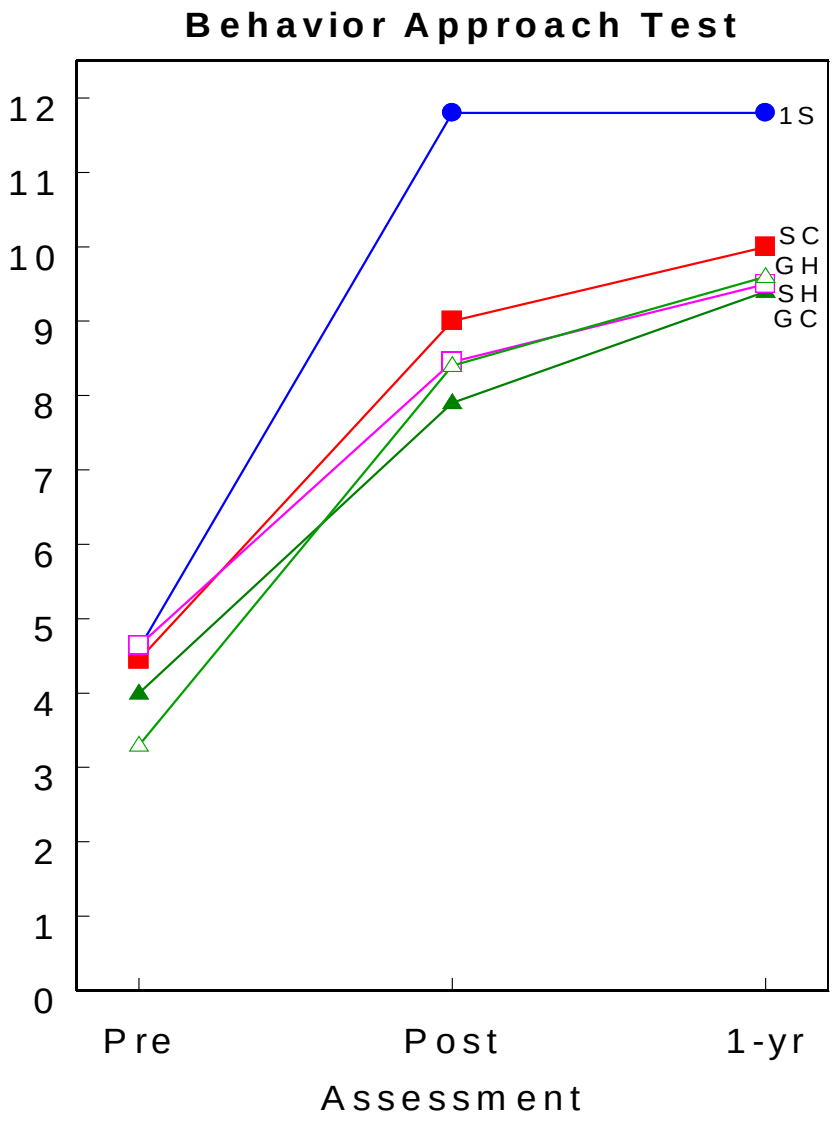
Type of phobia	*n*	*Declining*	*Dropping out*
Spider: ind.	27	0	0
Spider: group	58	1	0
Blood-injury	20	0	0
Injection	48	1	0
Flying	15	1	0
Claustro	15	0	0
Snake	50	1	0
Dental	20	0	0
Various (children)	240	0	0
Total	**493**	**4 (0.8%)**	**0**

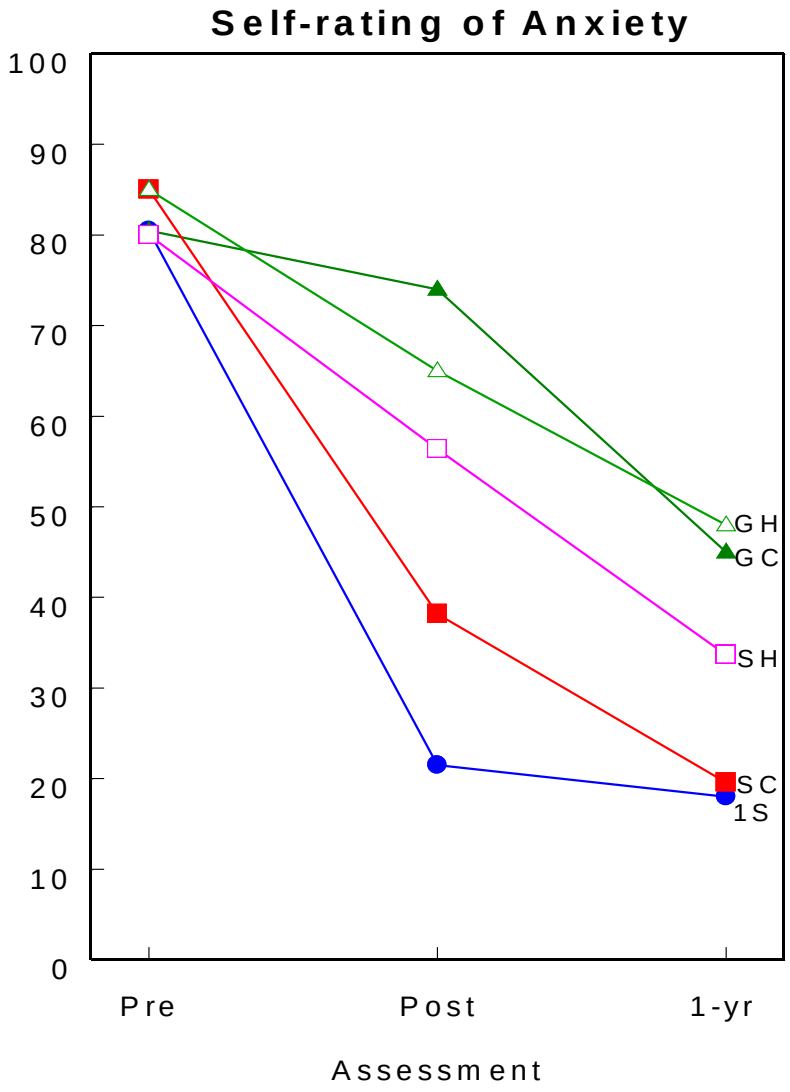
Spider phobia (Öst et al., 1991)





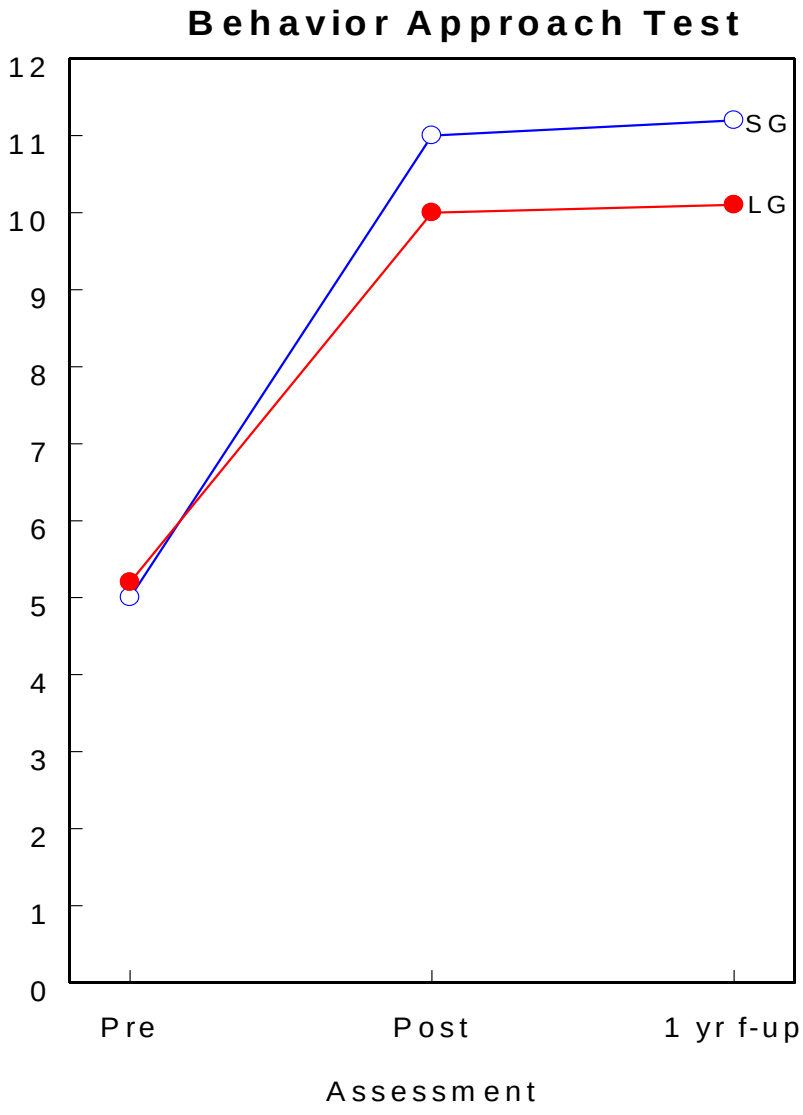
Spider phobia (Hellström & Öst, 1995)

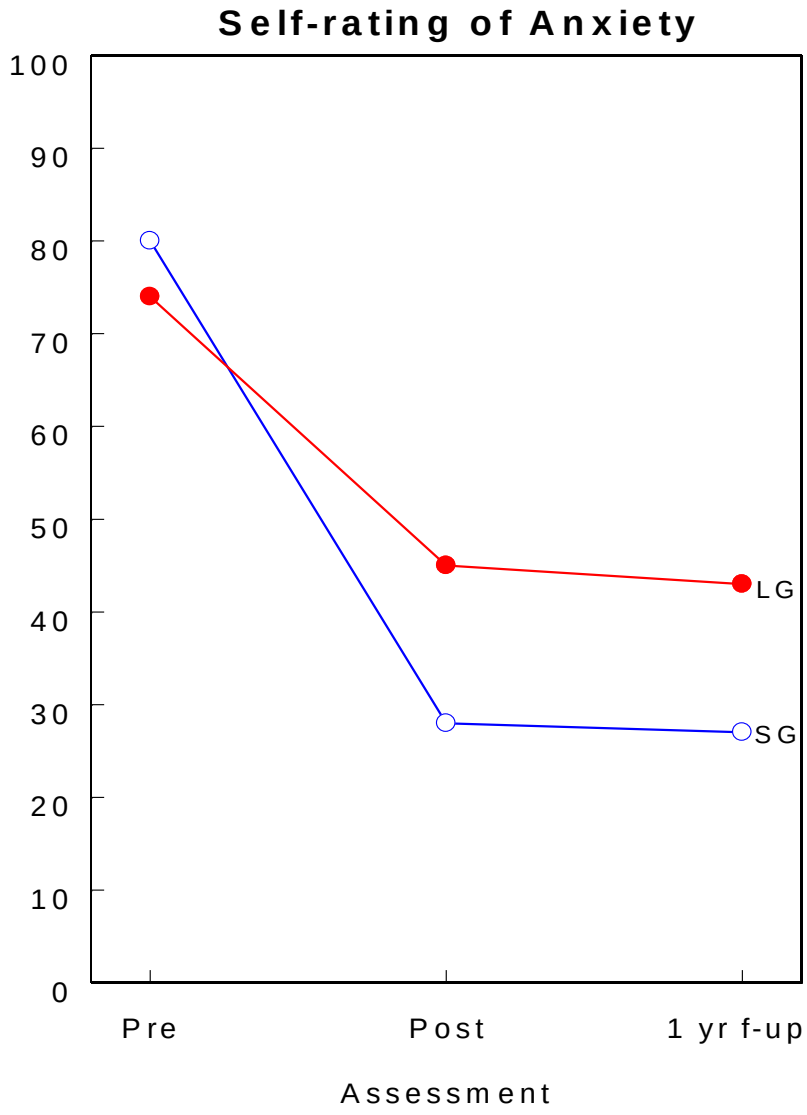




Spider phobia (Öst, 1996)

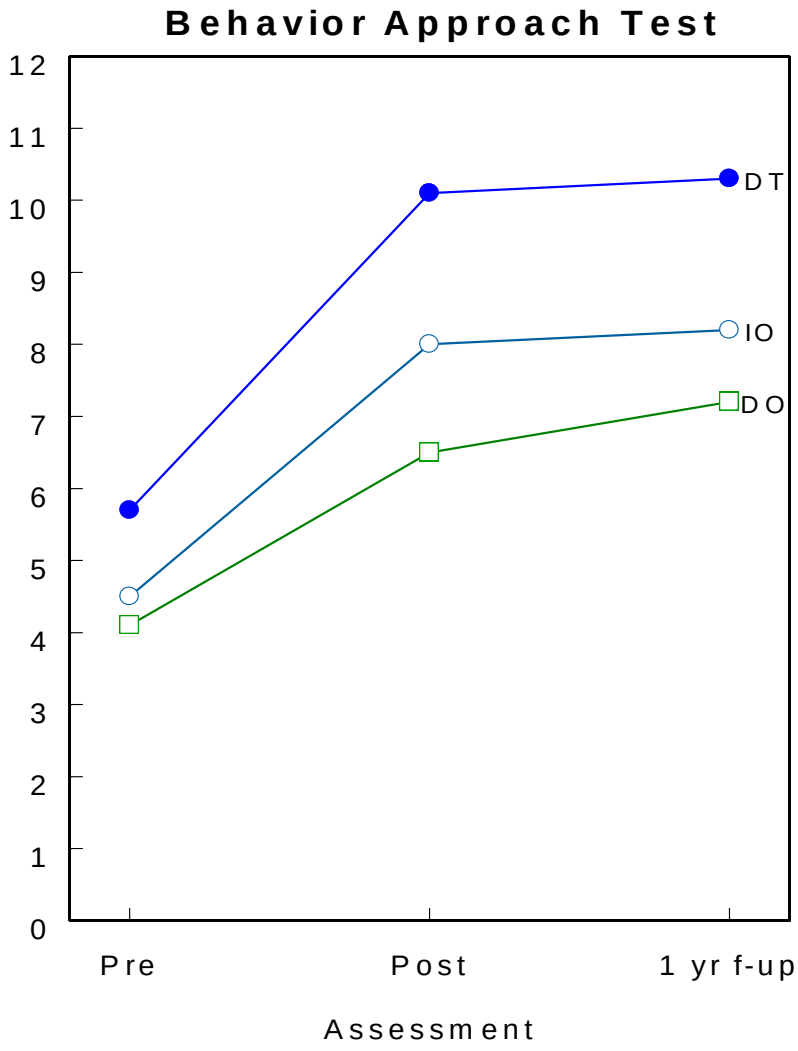
Group treatment

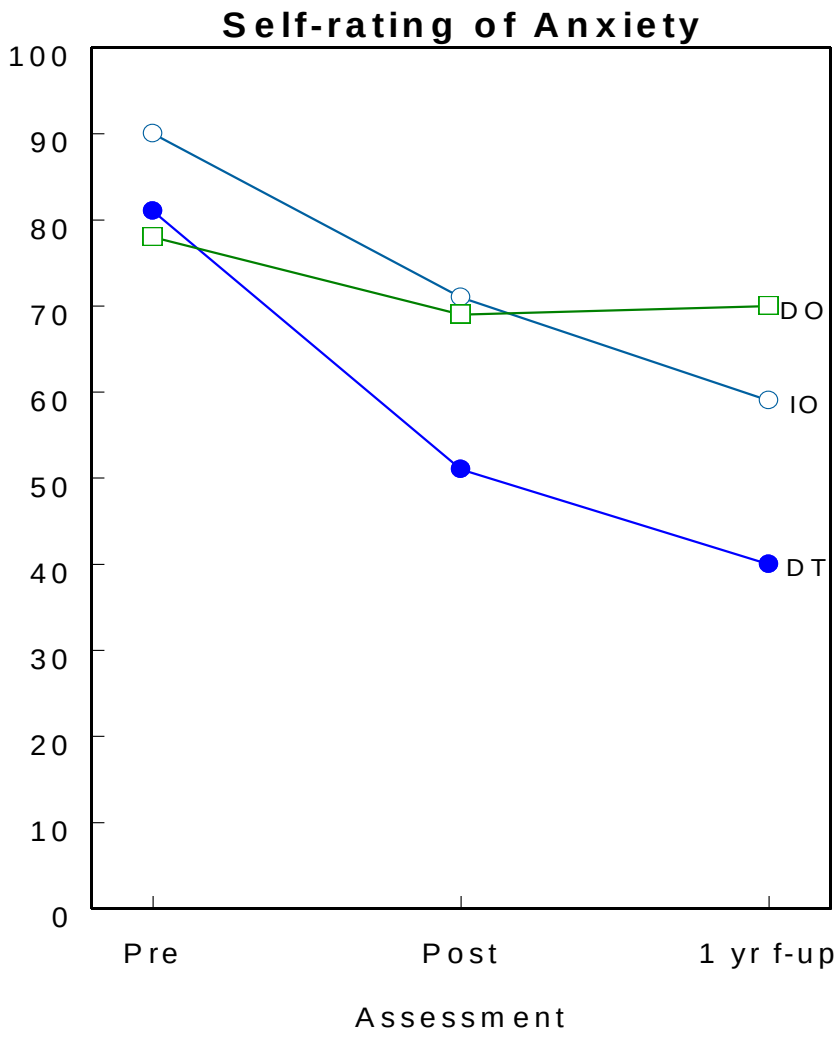




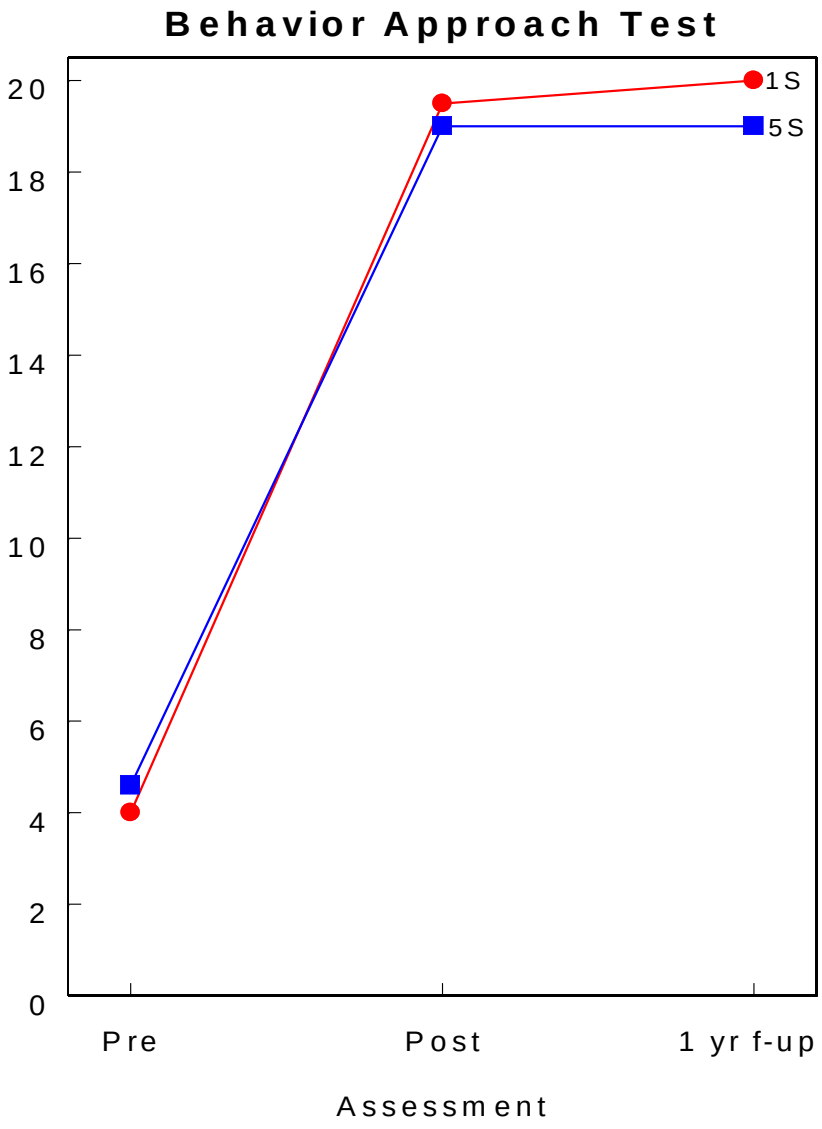
Spider phobia (Öst et al., 1997)

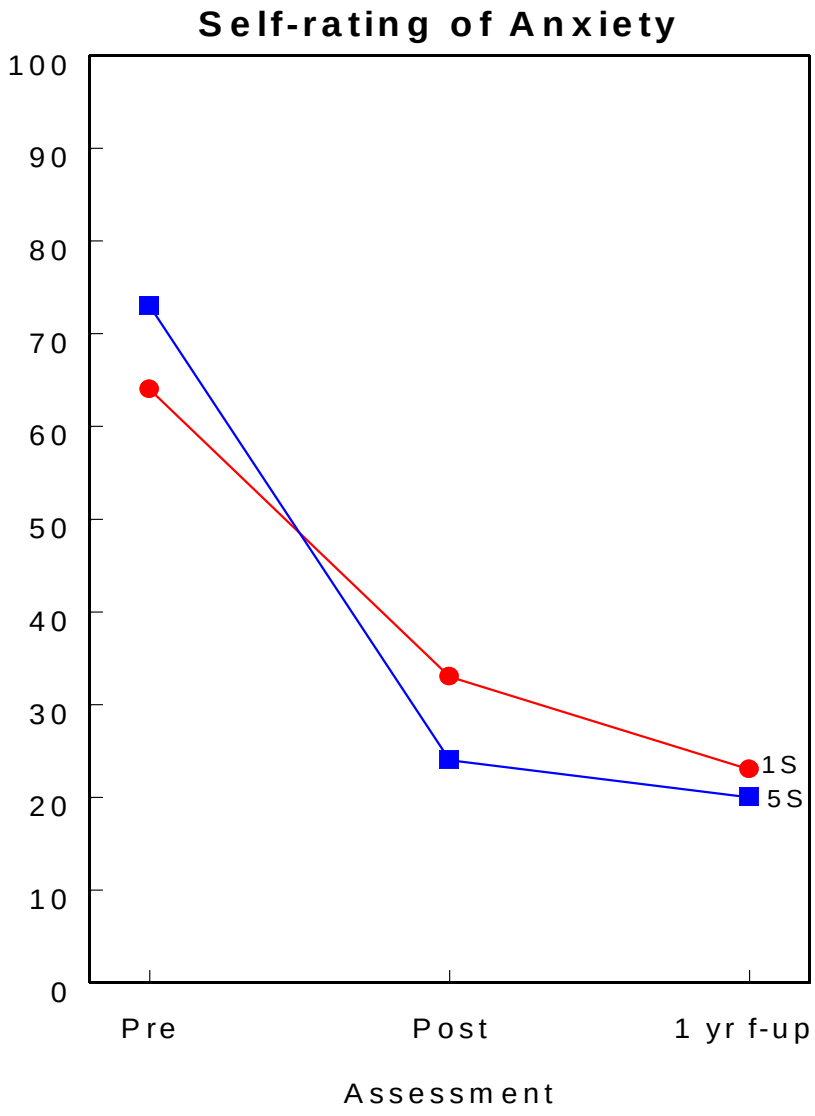
Group treatment



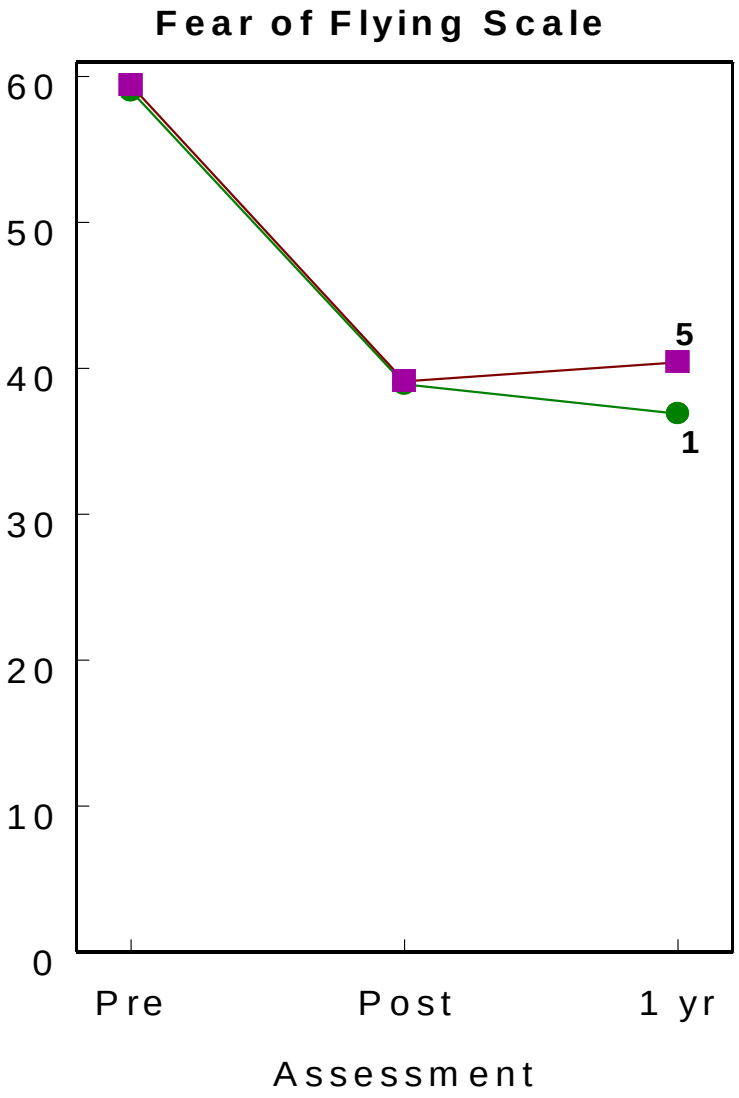


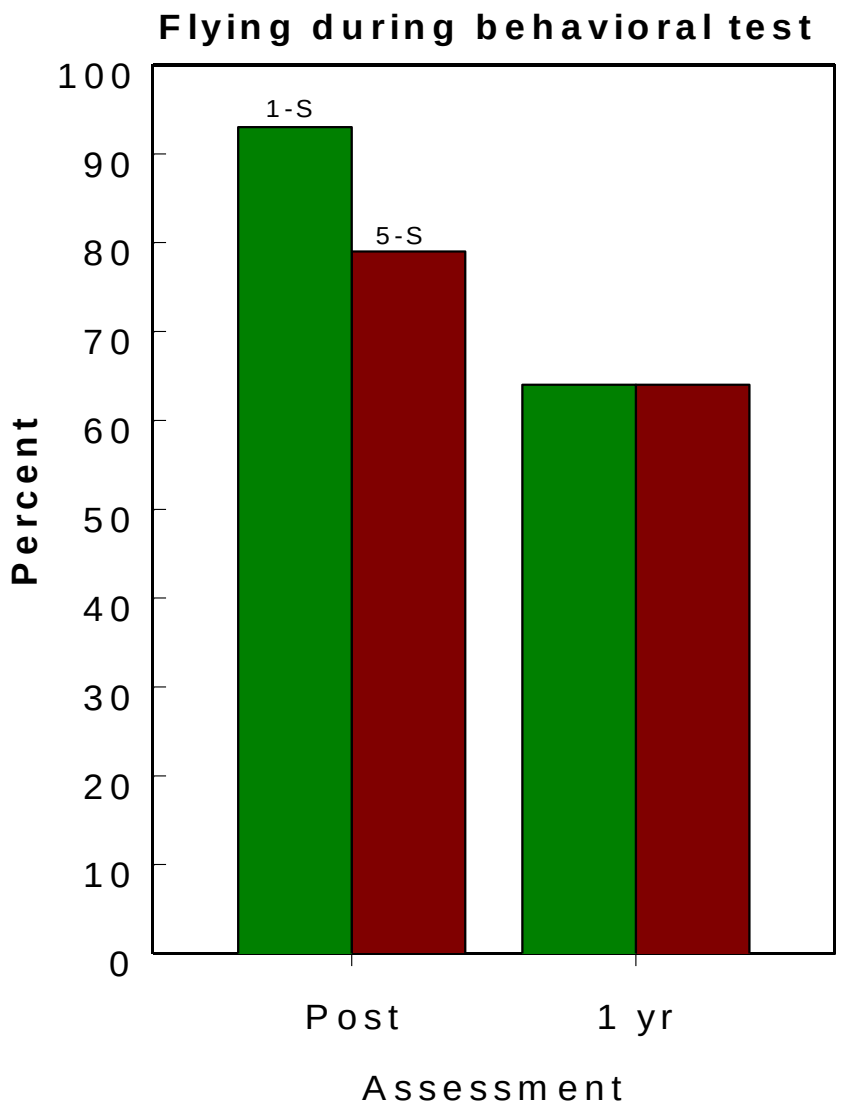
Injection phobia (Öst et al., 1992)

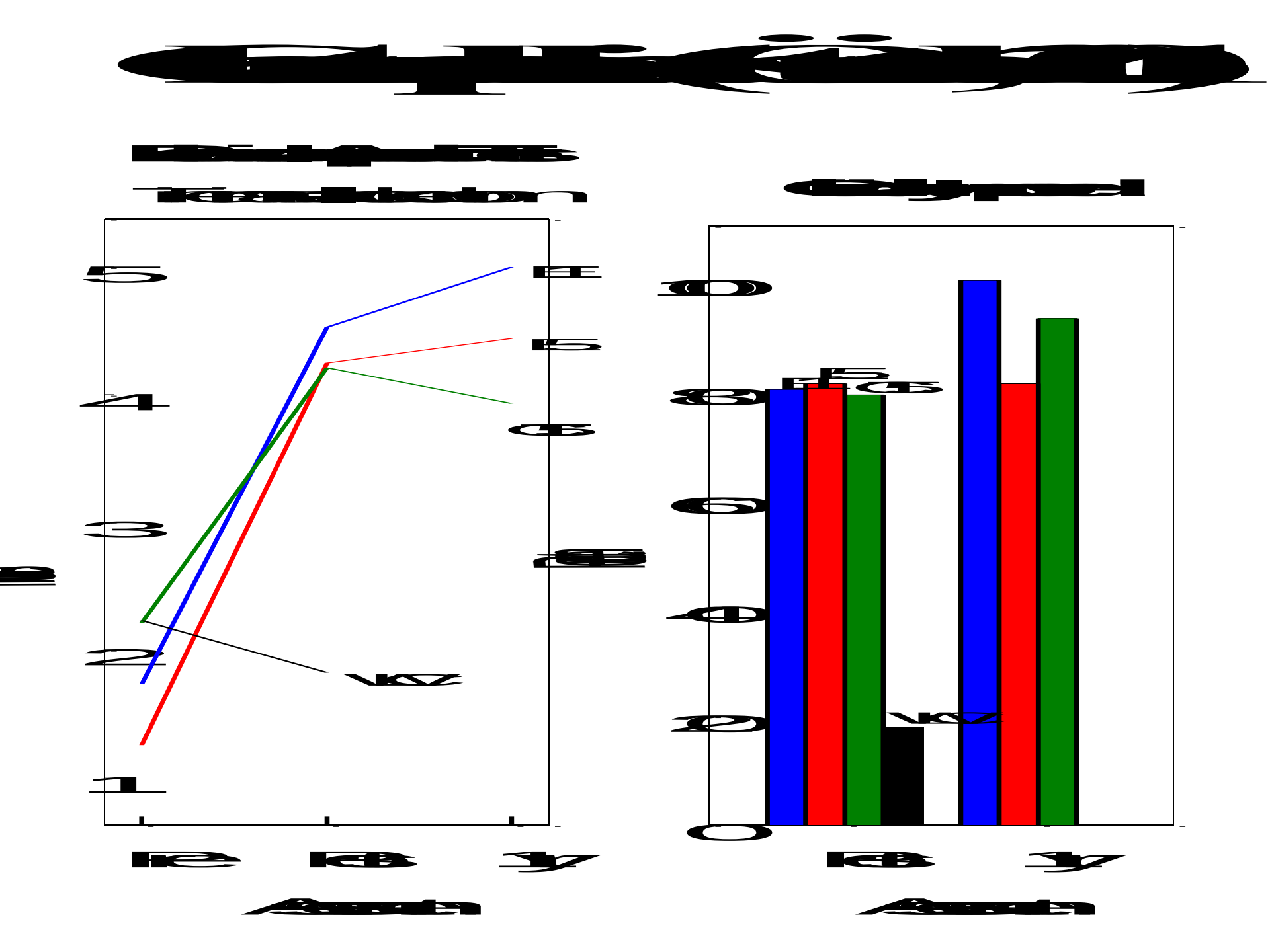




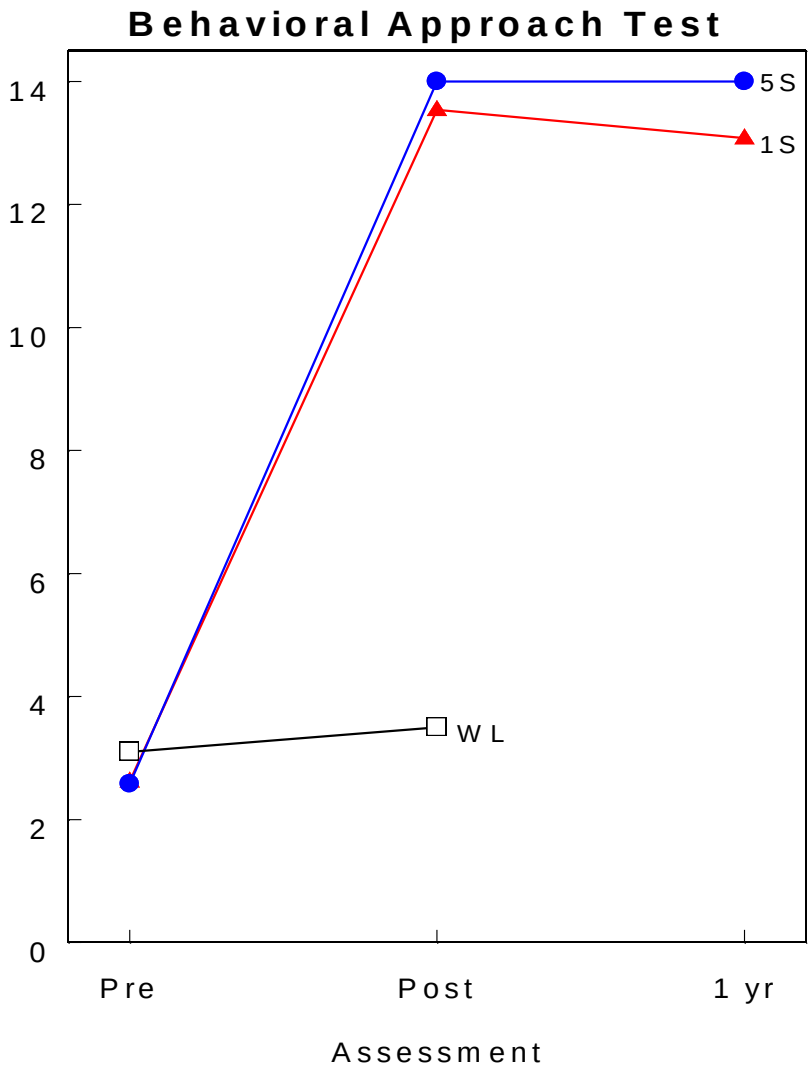
Flying phobia (Öst et al., 1997)

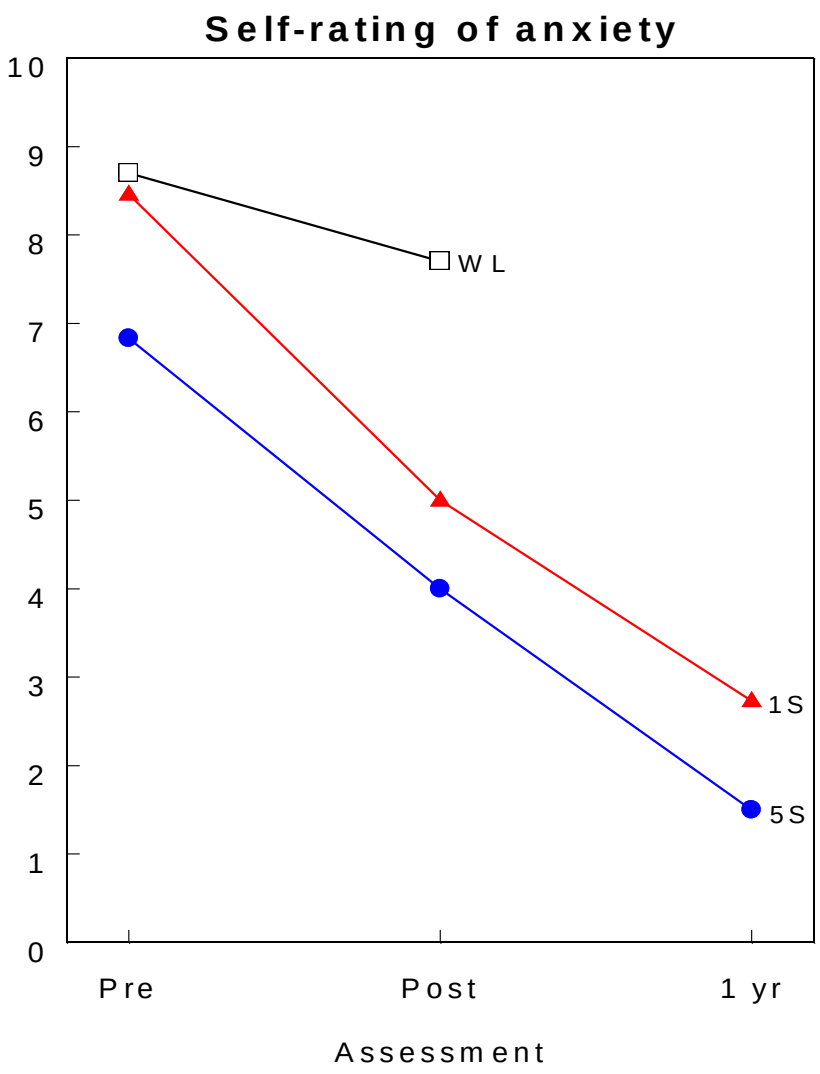




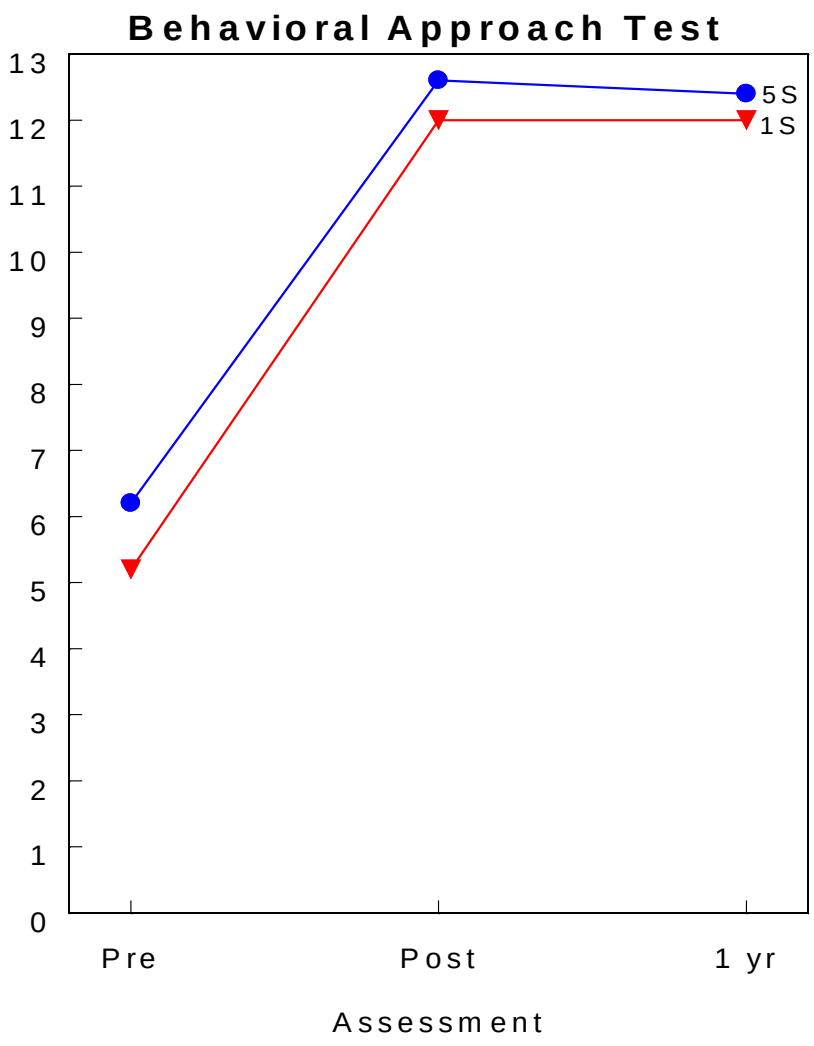


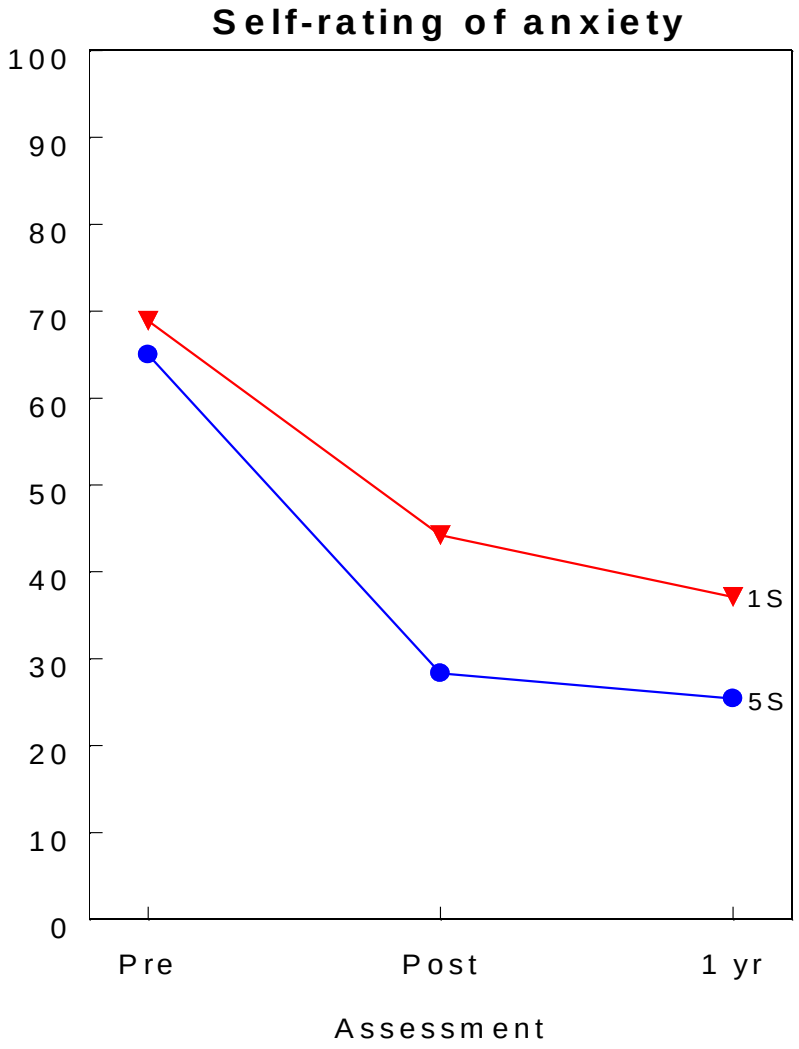
Dental phobia (Haukebo et al., 2008)





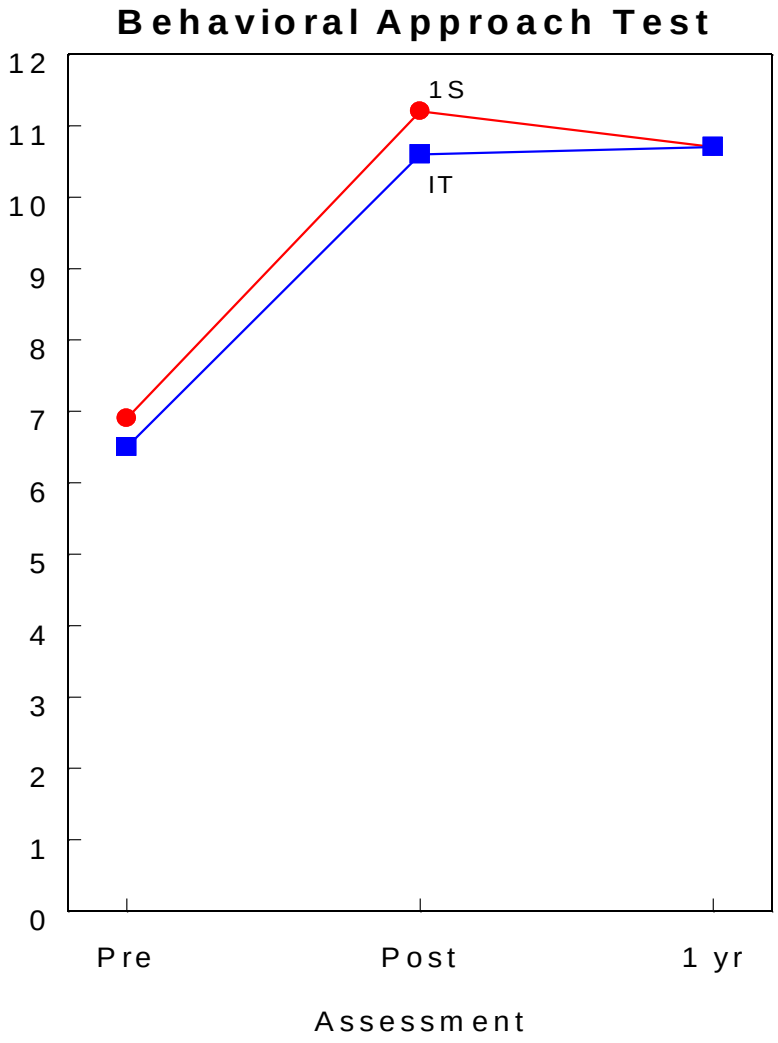
Intra-oral injection phobia (Vika et al., 2009)

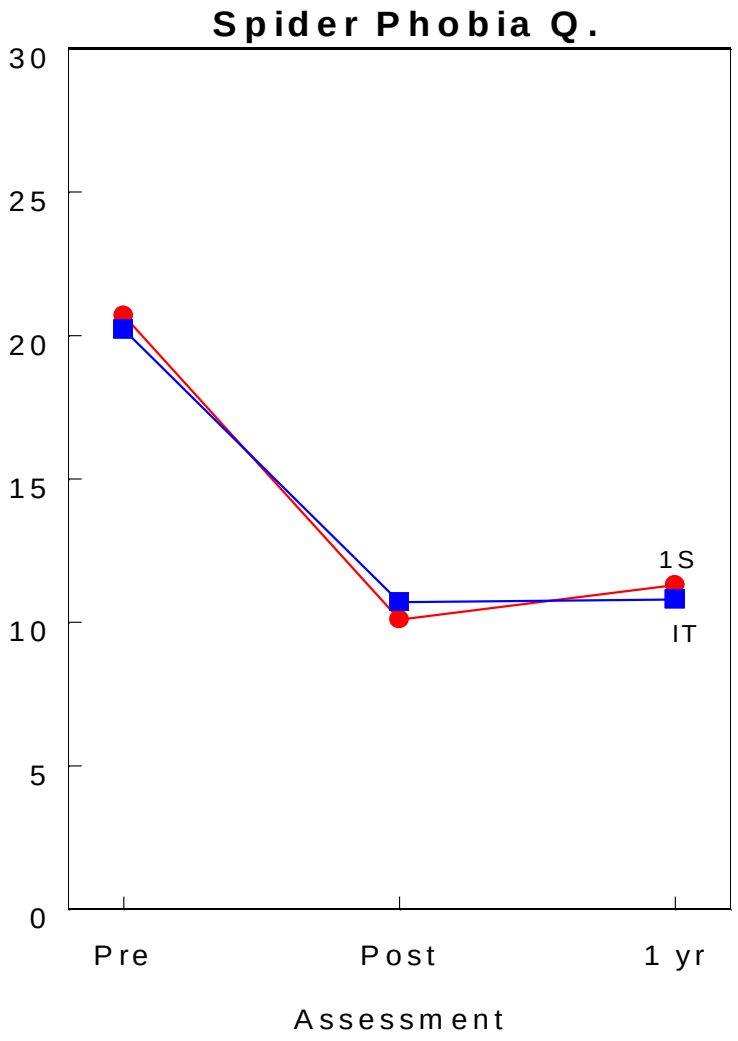




Spider phobia

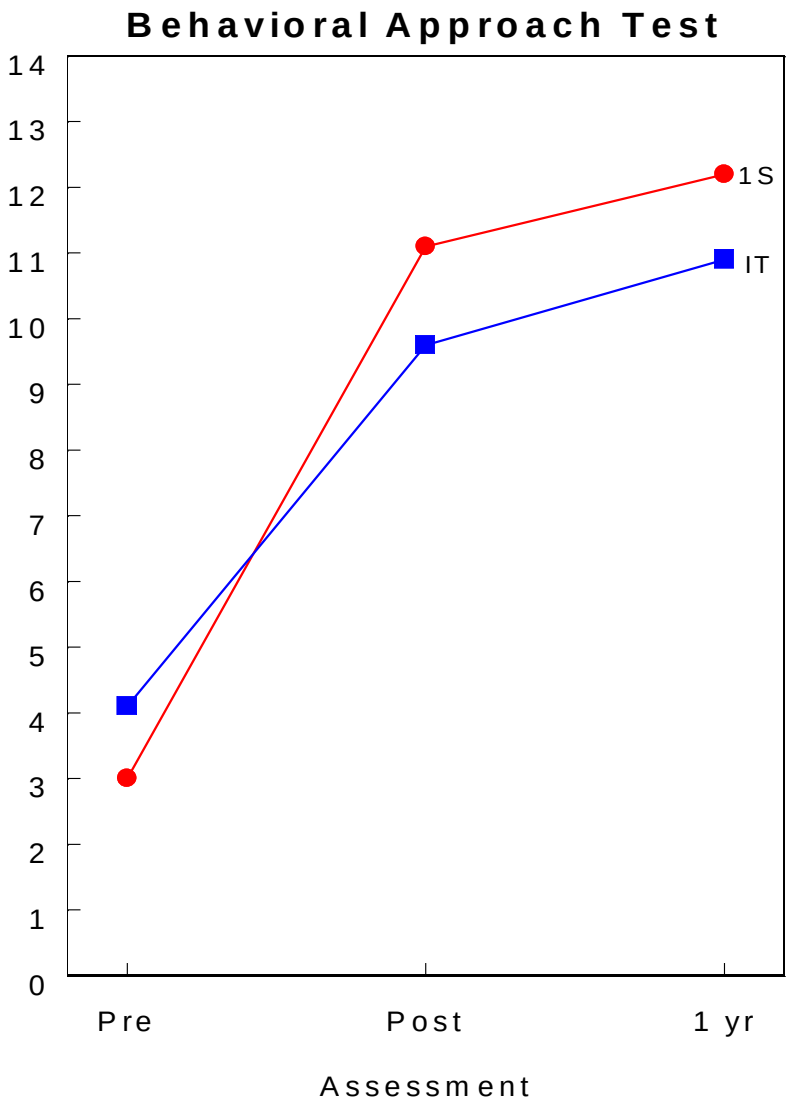
(Andersson et al., 2009)

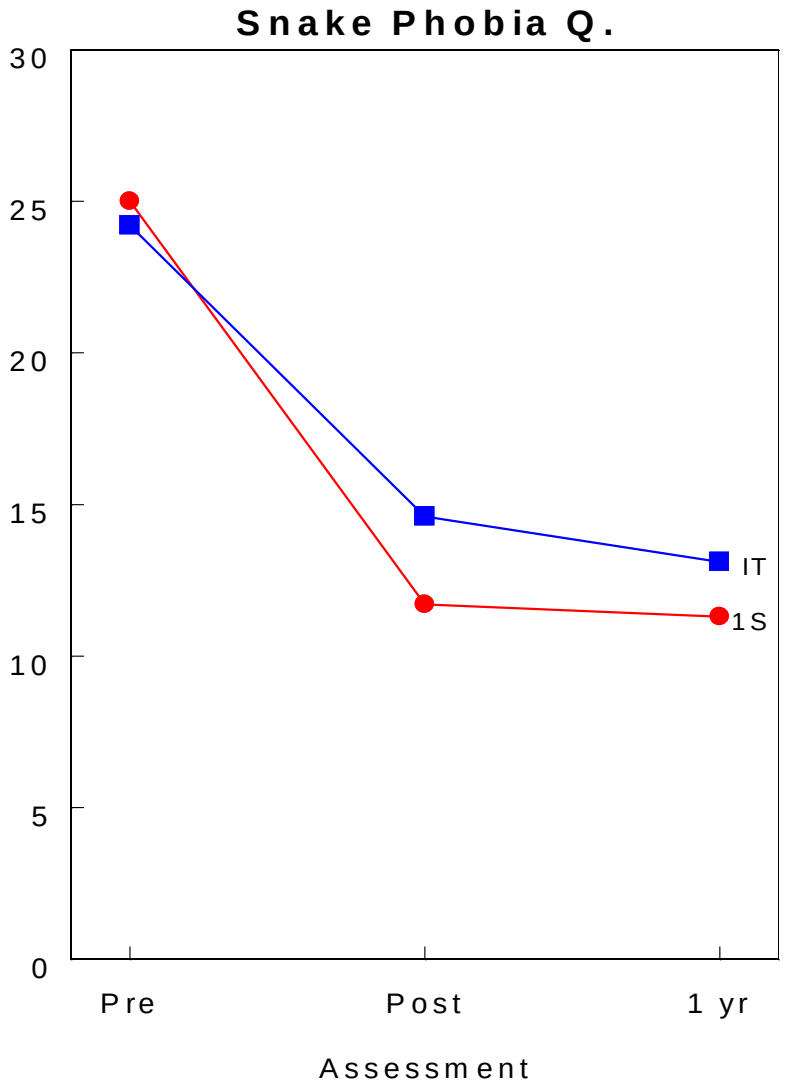


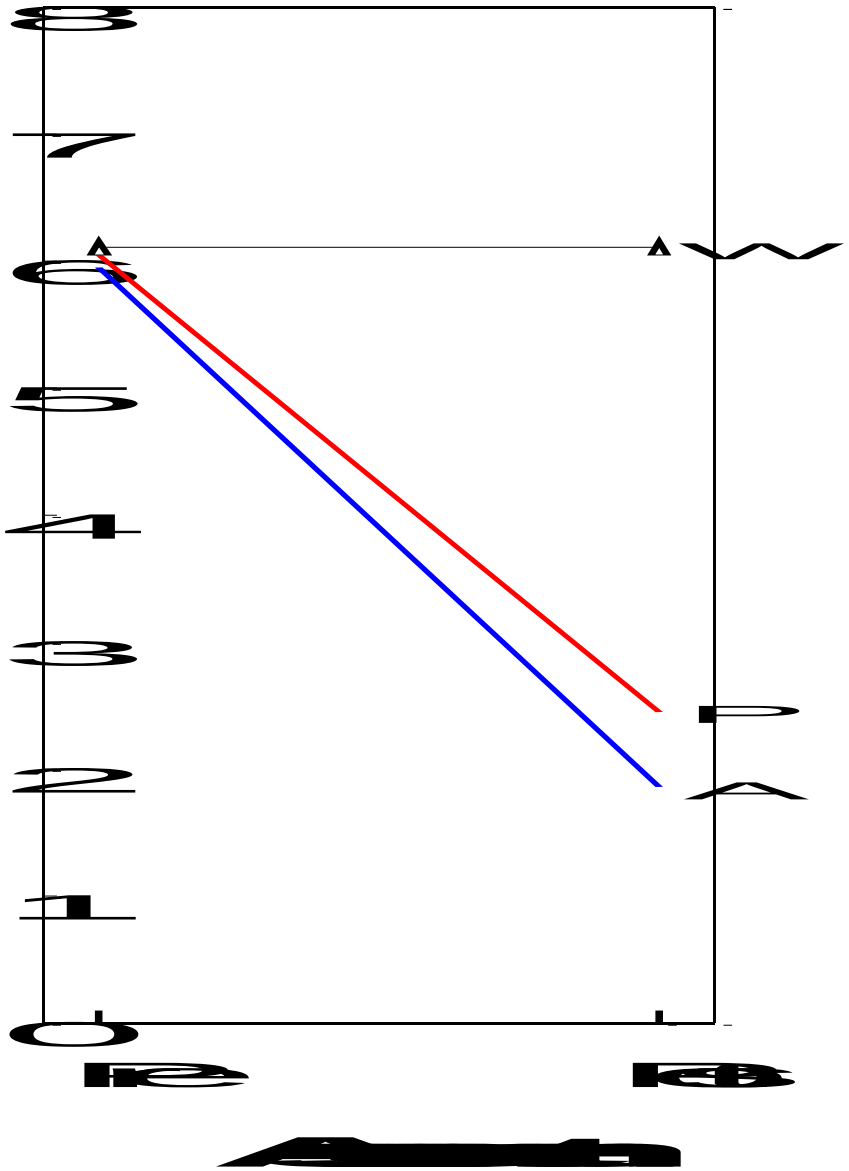


Snake phobia

(Andersson et al., 2009)



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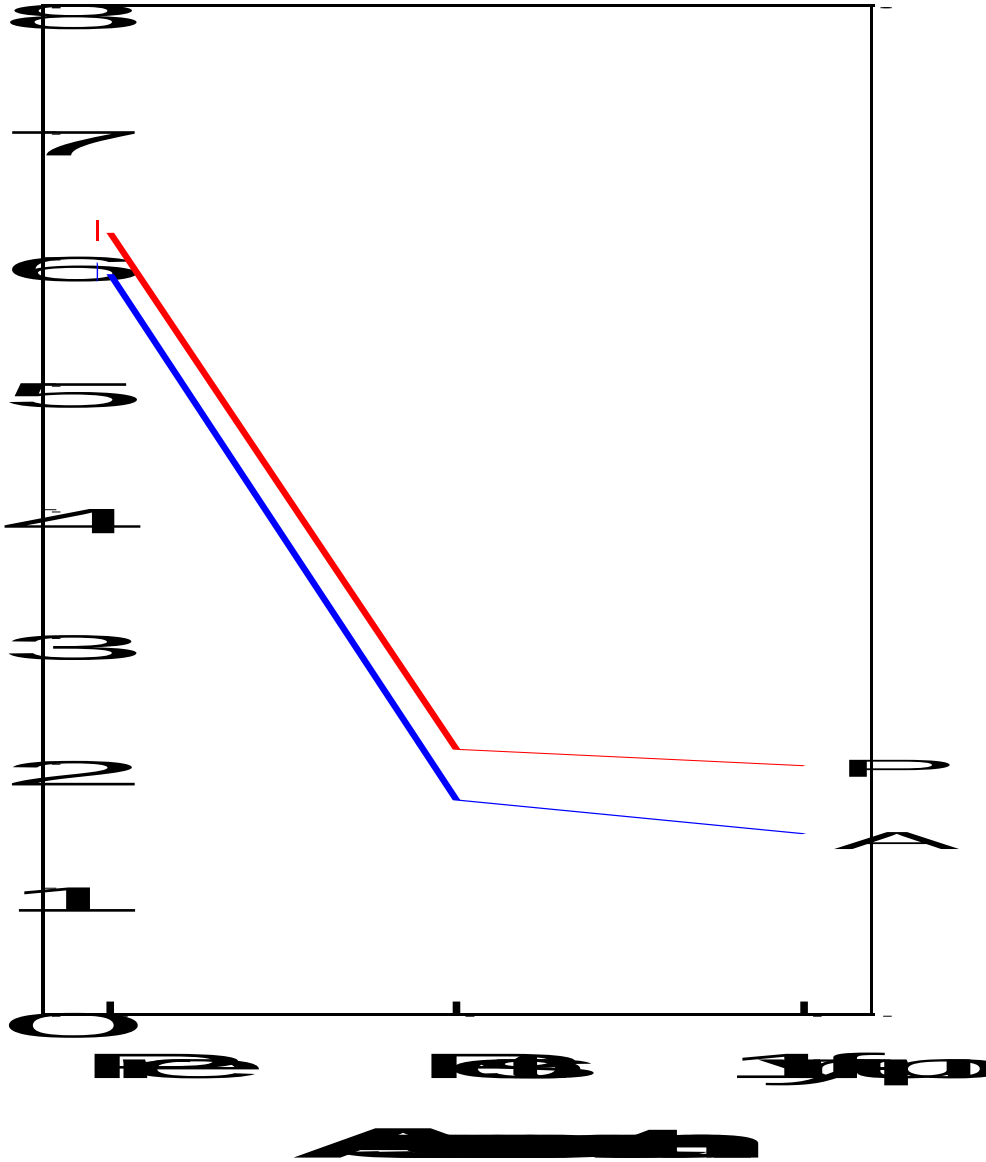
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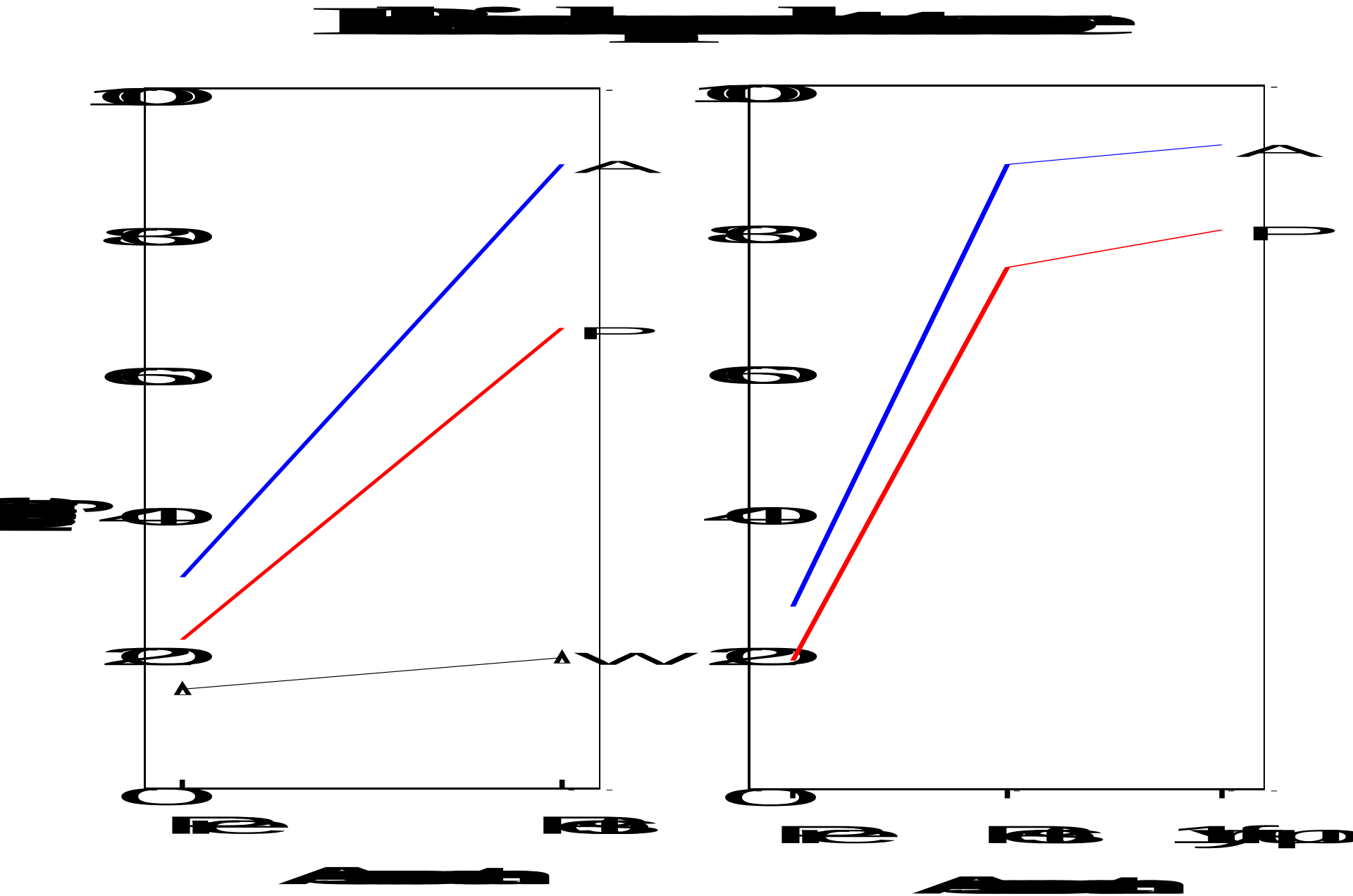


Applied Tension

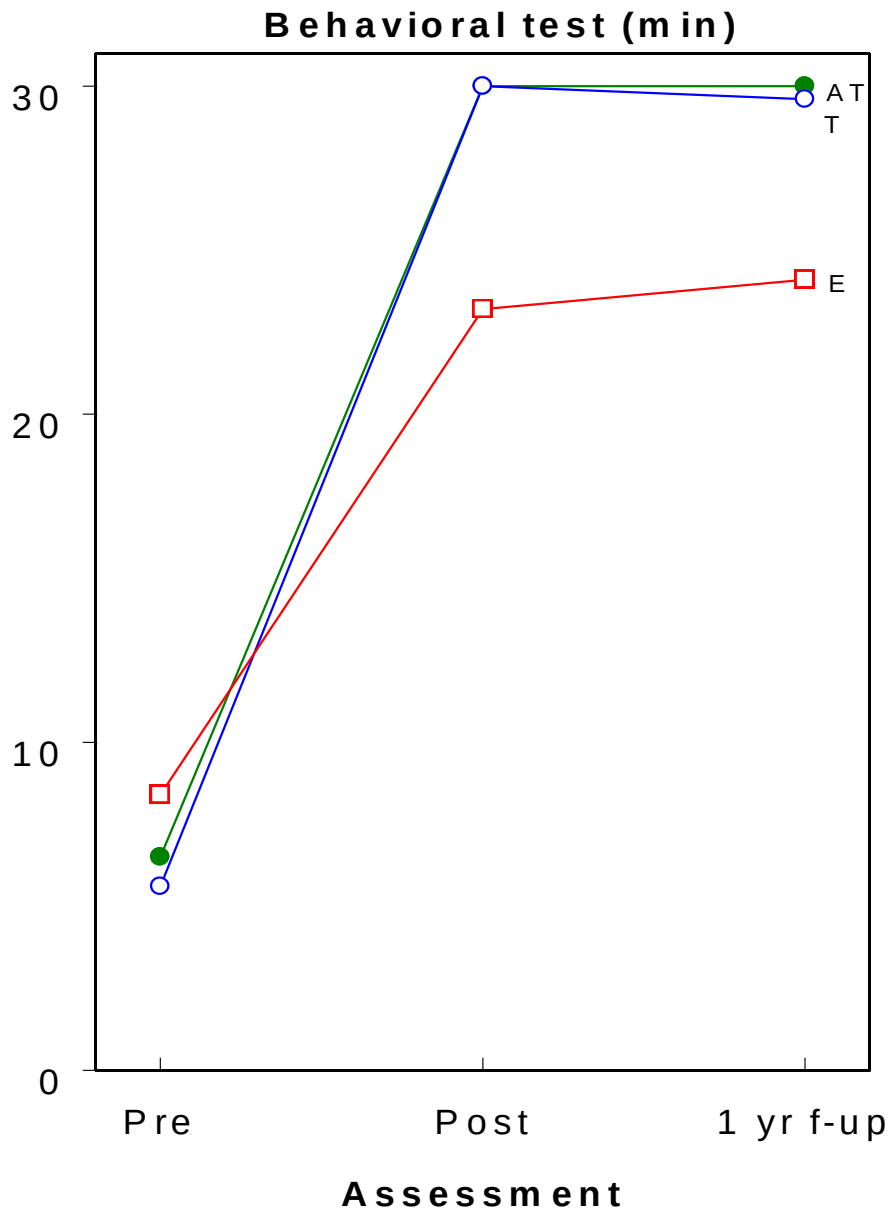
1. Instruction of *the tension technique*
   Homework assignment: practice 5 times/day
2. Applying the tension technique while being
3. exposed to *slides of wounded people*
4. Applying the tension technique while visiting the *Blood donor center*
5. Applying the tension technique while visiting the *Department of Thoracic Surgery*

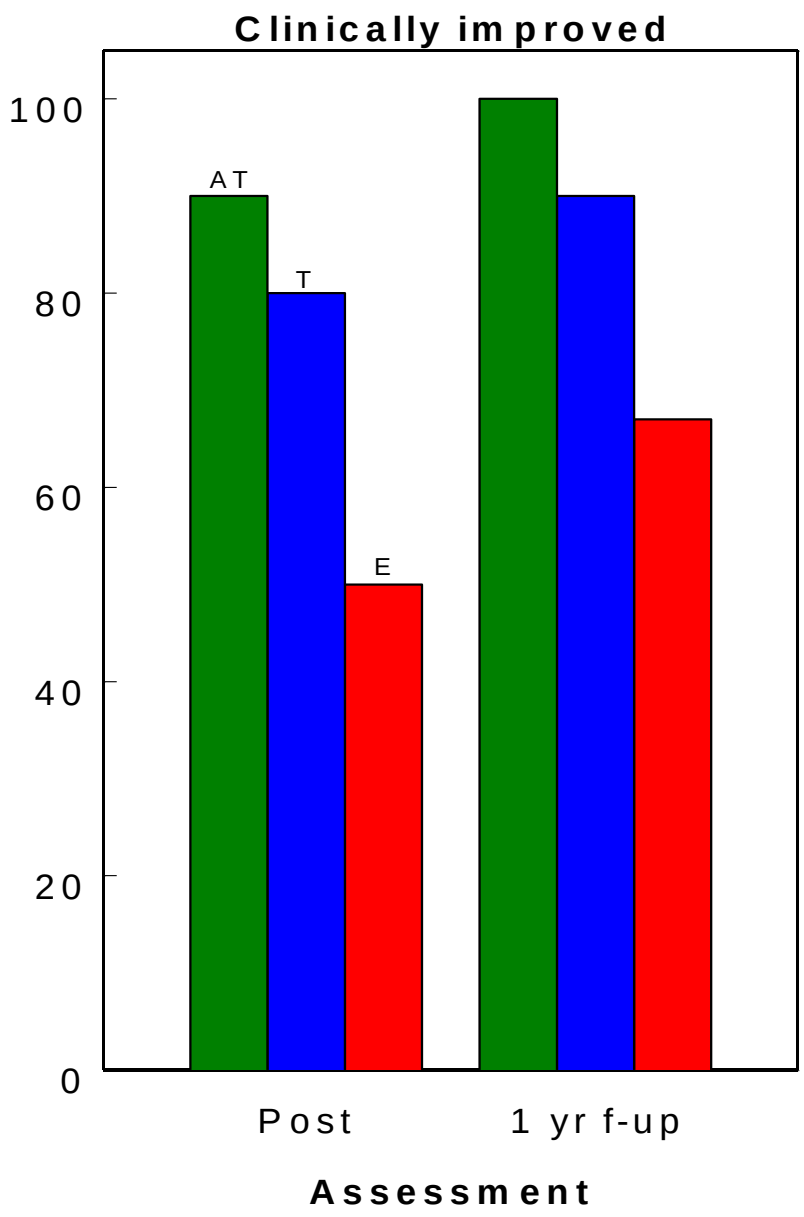
Maintenance program (e.g. blood donation)

The tension technique

- Tense the arm-, chest-, and leg muscles firmly
- Keep the tension for 15-20 sec (until you feel the warmth rising in your face)
- Release the tension and return to normal but don’t relax
- Pause for 30 sec
- Repeat tension-release-pause 4 times
- Practice 5 times spread across the day

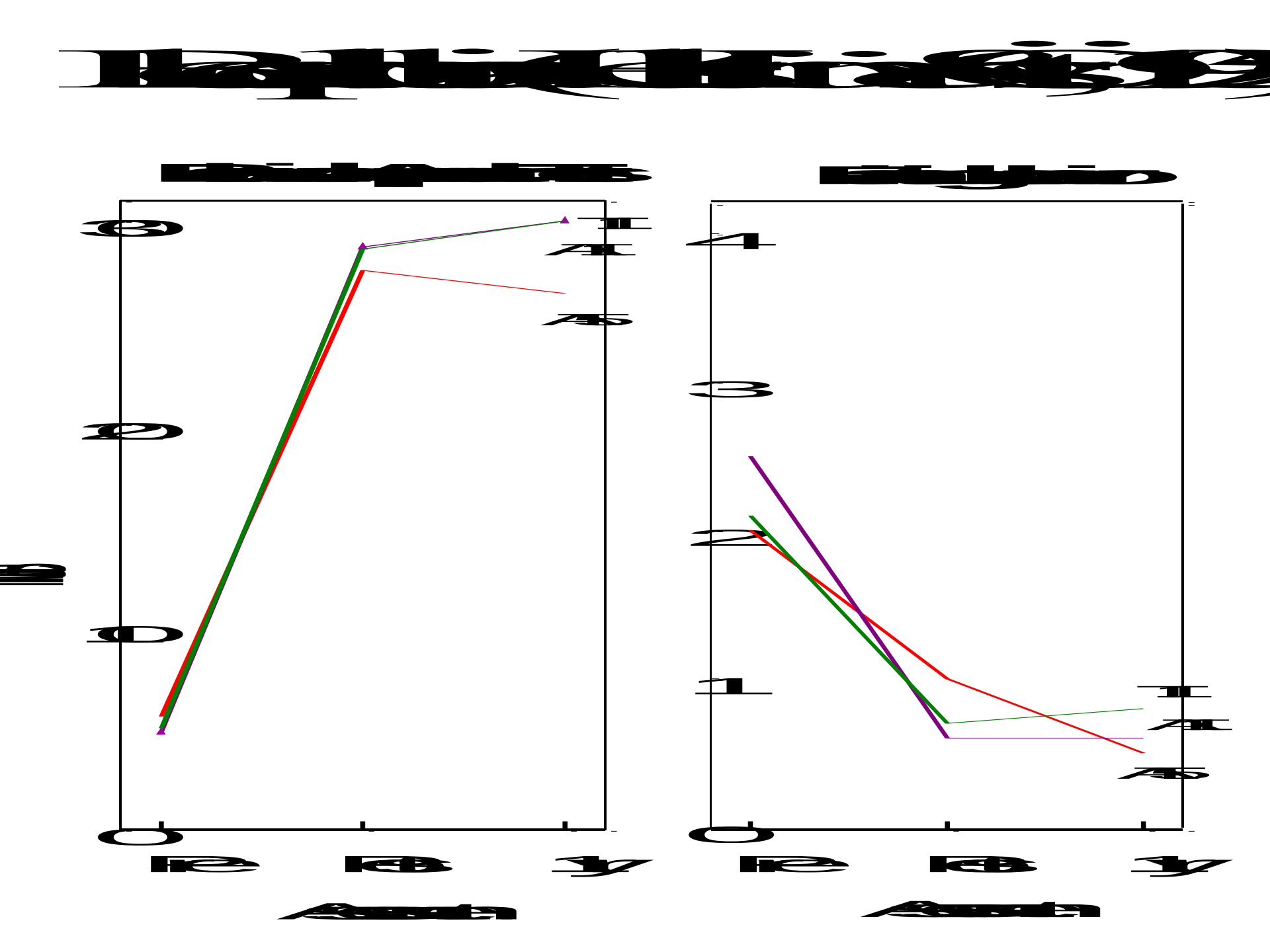
Blood phobia (Öst et al., 1991)





Applied tension: 1 session

1. Description and modelling of the technique
2. Tension training and assessment of blood pressure at even intervals (for 30 min)
3. Application training - 10 slides
4. Application training with other stimuli, e.g.
   - Pricking fingers, blood in test tube, bandages
5. Home work assignments:
   - Tension training 5 times/day
   - Application training - 10 photos



Different ways of doing exposure

The difference between:

nonspecific exposure

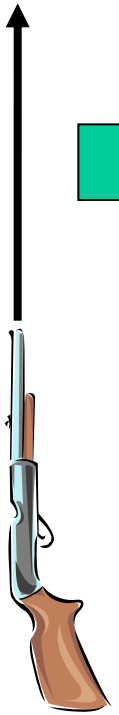
and

specific exposure, based on the individual patient's catastrophic beliefs

Catastrophic belief

Nonspecific exposure

Nonspecific exposure



Specific exposure to test the catastrophic belief

The difference can explain why

- Some studies using standardised exposure find that up to 20% of the patients are unchanged, despite the fact that they have carried out the entire treatment and all homework assignments.

- 1-session treatment can be done so rapidly (sometimes in 45 min) and yield such good effects, which are maintained, or even better at the follow-up one year later.

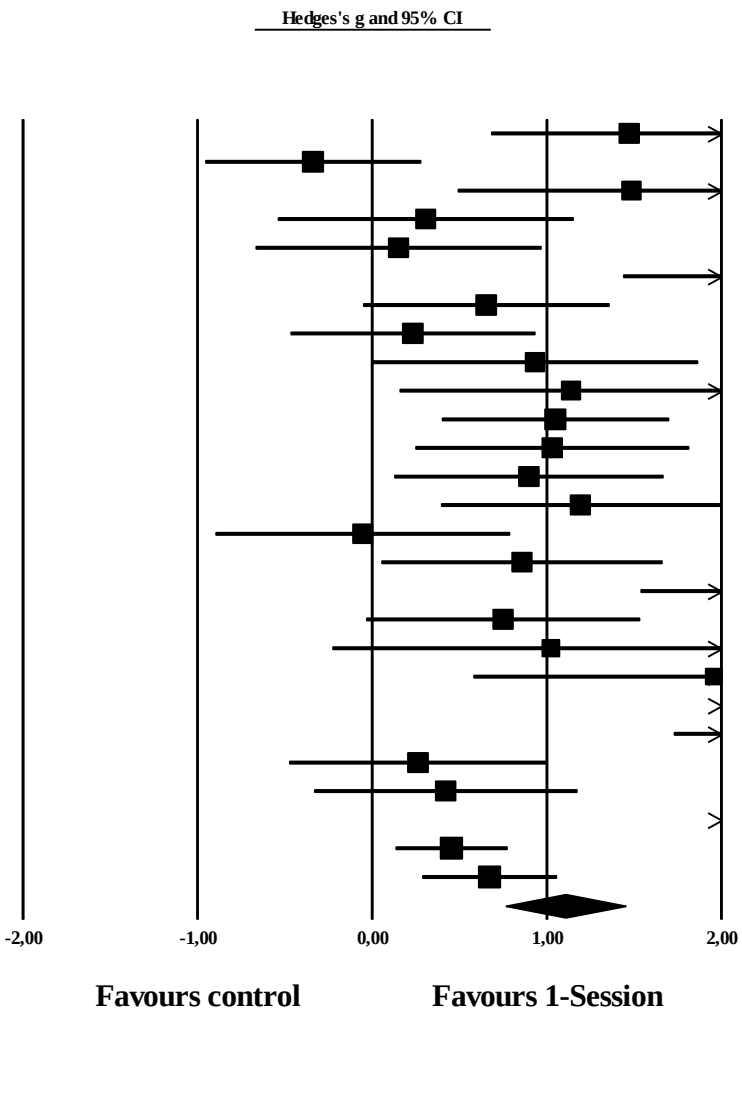
Clinically significant improvement and treatment time

Type of phobia	*Post*	*F-up*	*Time*
Animal	89%	93%	2.1 h
Blood-injury	90%	100%	2.0
Injection	80%	90%	2.5
Flying	93%	64%	3.0
Claustro	80%	100%	3.0
Dental	85%	90%	2.5
Various	78%	82%	3.0

(in children and adolescents)

Meta-analysis: 1-session studies, overall outcome

Study name	Outcome	Hedges's g	Lower limit	Upper limit
Öst, 1991	Combined	1,472	0,682	2,262
Öst, 1992	Combined	-0,338	-0,955	0,279
Hellström, 1995	Combined	1,485	0,490	2,479
Hellström, 1996	Combined	0,306	-0,539	1,152
Muris, 1997	Combined	0,151	-0,668	0,969
Thorpe, 1997	Self-report	2,456	1,437	3,476
Öst, 1997a	Combined	0,653	-0,052	1,358
Öst, 1997b	Combined	0,234	-0,467	0,934
Muris, 1998a	Combined	0,933	0,001	1,866
Muris, 1998b	Combined	1,139	0,157	2,121
Thom, 2000a	Combined	1,049	0,399	1,699
Thom, 2000b	Combined	1,031	0,248	1,815
Heading, 2001a	Combined	0,897	0,127	1,667
Heading, 2001b	Combined	1,193	0,394	1,991
Öst, 2001a	Combined	-0,054	-0,897	0,788
Öst, 2001b	Combined	0,858	0,053	1,662
Öst, 2001c	Combined	2,428	1,537	3,319
Brosnan, 2006	Self-report	0,749	-0,034	1,532
Huey, 2006a	Combined	1,024	-0,227	2,275
Huey, 2006b	Combined	1,957	0,579	3,334
Schienle, 2007	Combined	7,941	5,516	10,366
Haukebö, 2008	Combined	2,802	1,727	3,877
Andersson, 2009a	Combined	0,262	-0,475	0,998
Andersson, 2009b	Combined	0,421	-0,332	1,175
Leutgeb, 2009	Combined	3,296	2,404	4,188
Ollendick, 2009a	Combined	0,454	0,134	0,775
Ollendick, 2009b	Combined	0,673	0,287	1,058
		1,106	0,765	1,448



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Comparison conditions

1-session treatment versus:

- *Wait-list control*

  2.13 (CI 1.55, 2.70) z: 7.25 $p<0.0001$

- *Placebo control*

  0.85 (CI 0.39, 1.31) z: 3.61 $p<0.0001$

- *Active treatment*

  0.81 (CI 0.49, 1.12) z: 4.99 $p<0.0001$

Age groups

- *Adults* (20 studies)

  1.04 (CI 0.65, 1.43) z: 5.25 $p<0.0001$

- *Children* (6 studies)

  0.88 (CI 0.39, 1.88) z: 3.48 $p<0.001$

Therapist training

- *My own studies*
  - 11 studies (13 treatment conditions, 313 patients)
- *Studies with some therapist training by me*
  - 9 studies (10 treatment conditions, 207 patients)
- *Studies with no therapist training by me*
  - 18 studies (20 conditions, 470 patients)

Mean (SD) within-group ES (g) post

Measure	*My own studies (13)*	*Some therapist training (12)*	*No therapist training (20)*
Assessor	4.18 (1.17)	—	—
Self-report	2.41 (1.09)	2.02 (1.05)	2.80 (1.69)
BAT	3.57 (2.36)	2.66 (0.73)	2.34 (0.97)
Physiology	0.36 (0.25)[a]	1.16 (0.06)[b]	0.42 (0.11)[a]

Conclusions

- The 1-session treatment is a highly acceptable treatment for both children and adults
- It yields clinically significant improvement in 78-93% of the patients, and the effects are maintained, or increased at 1-year follow-up
- The treatment effects have been independently replicated by researchers in Holland, England, Germany, Norway, USA, Canada, Australia. Austria.