One-Session Treatment for Specific Phobias with Late Adolescent Asian Americans

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Background and Significance

- Anxiety disorders are the most prevalent of mental disorders in US @ 16% (U.S. Department of Health and Human Services, 1999)
- Simple phobias are the most prevalent of all anxiety disorders @ 8% (USDHHS, 1999)
Background and Significance

- Asian Americans report high rates of anxiety (Okazaki, 2000) but are absent from treatment outcome literature
- No outcome studies on AA for specific phobias despite similar reported prevalence rates (6.6%; Zhang & Snowden, 1999)
One-Session Treatment (OST)

- Developed by Ost (1989)
- Rapid 2-3 hour treatment for specific phobias
- Improved outcome rates between 74-94% of all treated
- Goal: Test feasibility & efficacy of cultural adaptations to OST (OST-CA) in pilot study
Culture-Responsive Modifications (CRMs)

1. Confidentiality
2. Normalization
3. Cultural Identity/Acculturation
4. Emphasizing and Facilitating Emotional Control
5. Vertical Therapist-Client Relationship
AA harbor negative beliefs about the causes and consequences of mental health problems (Narikiyo & Kameoka, 1992; Sue et al., 1976)

Suggests AAs need greater reassurance that treatment participation is confidential (Chen & Davenport, 2005; Hong, 1988)

OST-CA Adaptation:

- Take additional steps to reassure clients of confidentiality
CRM #2 - Normalization

- AA more often endorse norm conformity as a value (Kim, Atkinson, & Yang, 1999; Kim & Markus, 1999)
- Importance of psychoeducation for AA clients as they may expect more information about treatment (Chun, 1997)
- OST-CA Adaptation:
  - Provide additional written information about prevalence of phobias, descriptions of specific phobia, chapters from self-help manual on nature and development of phobias
CRM #3 - Cultural Identification and Acculturation

- Less acculturated Asians are less likely to recognize the need for psychotherapy, less tolerant of stigma attached to therapy, & less open to discussing psychological problems (Atkinson & Gim, 1989)
- Therapists are rated as more credible when they acknowledge the importance of Asian client's ethnicity and cultural values (Gim et al., 1991)
- OST-CA Adaptation:
  - Frame discussion of cultural identification as a way to be better informed on important issues that could influence treatment
Desirable to employ restraint when experiencing strong emotions (Kim, Atkinson, & Umemoto, 2001)

Suggests that AAs may be less willing to verbalize strong emotions in psychotherapy (Leong & Lau, 2001)

OST-CA Adaptation:
- Emphasize OST as a self-control method
- Focus more on processing thoughts over feelings
CRM #5 - Vertical Therapist-Client Relationship

- AAs hold more positive beliefs concerning authority and social hierarchy (Ching et al., 1995; Kim et al., 1999)
- Focus on directive therapy may be important
- OST-CA Adaptation:
  - Therapist must act as an authority
  - Therapist utilizes more directives and fewer simple requests or questions
Hypotheses

- Aim: To evaluate the efficacy of standard and culturally-adapted OST with phobic Asian Americans
  - a: OST-S & OST-CA > Self-help
  - b: OST-CA > OST-S
Methods

- Participants: 15 Asian Americans, English speaking, screened for at least one phobia
- Fears of spiders, crickets, worms, & fish
- Design: Randomized into three conditions: OST-S, OST-CA, & self-help manual
- Two assessment periods: Time 1 (pre-treatment), Time 2 (1 week post-treatment)
Methods

- Functional Assessment
- Measures of Clinical Improvement
  - Behavioral Avoidance Test
    - In vivo exposure
    - Client goes as far as he/she can
  - Client rating of anxiety (SUDs)
  - Therapist assessment of anxiety
One-Session Treatment

- *In vivo* exposure
- Modeling-based
- Gradual & controlled
- Client is *always* in control
Phobic Stimuli

- Common House Spider
- Cellar Spider
Results

- Are OST-S and OST-CA combined more effective than self-help?
  - Behavioral approach – $p < .001$
  - Clinician severity – $p < .01$
  - Panic symptoms – $p < .01$
  - Fear/avoidance – $p < .05$
  - Final SUDs – $p < .10$
## Results

### Is OST-CA more effective than OST-S?

*Multiple Comparison Tests on Adjusted Means at Post-Treatment*

<table>
<thead>
<tr>
<th>Variable</th>
<th>OST-S</th>
<th>OST-CA</th>
<th>Self-Help</th>
<th>Group Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panic symptom count (ADIS)</td>
<td>2.98</td>
<td>4.25</td>
<td>9.47</td>
<td>OST-S &lt; Self-help</td>
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<td></td>
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<td>OST-CA &lt; Self-help</td>
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<tr>
<td>Fear/Avoidance symptoms (ADIS)</td>
<td>3.59</td>
<td>3.20</td>
<td>6.02</td>
<td>OST-S &lt; Self-help (p &lt; .10)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>OST-CA &lt; Self-help</td>
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<tr>
<td>Behavioral Approach (BAT)</td>
<td>10.04</td>
<td>11.15</td>
<td>7.02</td>
<td>OST-S &gt; Self-help</td>
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<tr>
<td></td>
<td></td>
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<td>OST-CA &gt; Self-help</td>
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<td></td>
<td></td>
<td><strong>OST-CA &gt; OST-S (p &lt; .10)</strong></td>
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<tr>
<td>Clinician severity rating</td>
<td>1.91</td>
<td>0.91</td>
<td>5.14</td>
<td>OST-S &lt; Self-help</td>
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<td>OST-CA &lt; Self-help</td>
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<tr>
<td>Final SUDs (during BAT)</td>
<td>44.40</td>
<td>15.88</td>
<td>55.84</td>
<td>OST-CA &lt; Self-help</td>
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<tr>
<td>Catastrophic Thinking (FTQ)</td>
<td>3.35</td>
<td>0.58</td>
<td>3.04</td>
<td><strong>OST-CA &lt; OST-S</strong></td>
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<td></td>
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<td>OST-CA &lt; Self-help</td>
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</tbody>
</table>
Video – Participant 9

- First assessment
- First time having full contact with spider
- First time allowing spider to crawl freely
- Manipulating two spiders simultaneously
- Follow-up assessment
SUDs Ratings – Participant 9

Exposure Trial

- S touches spider with finger
- S watches spider crawl on T’s hand
- S holds spider in glass
- S lifts spider in glass
- Spider on S’s hand covered by glass
- Spider crawls on S’s arms
- Spider crawls on S’s blouse
- Spider crawls in S’s hair
- Spider crawls on S’s legs
- Spider on S’s hand covered by glass
- S watches spider crawl on T’s arm
- S holds spider in glass

Exposure begins with 2nd spider
Exposure begins with 3rd spider
Exposure begins with 4th spider
Exposure with 2 spiders simultaneously
## Pre- and Post-Treatment Results – Participant 9

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre-Treatment</th>
<th>Post-Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Approach (BAT)</td>
<td>7</td>
<td>12</td>
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<tr>
<td>Clinician Severity rating</td>
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<td>Final SUDs</td>
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<td>Fear/Avoidance symptoms (ADIS)</td>
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<td>1</td>
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<tr>
<td>Panic Symptom Count (ADIS)</td>
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<td>3</td>
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<tr>
<td>General Fear (FSS)</td>
<td>40</td>
<td>12</td>
</tr>
<tr>
<td>Catastrophic Thinking (FTQ)</td>
<td>6.71</td>
<td>0</td>
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Discussion

- Both OST conditions are superior to self-help
- OST-CA superior to self-help in 6 of 7 outcome domains vs. OST-S in 4 of 7

Strengths:
- Empirical basis for each CRM
- First randomized pilot trial to show CRMs provide benefits above and beyond standard treatment
Limitations

- Pilot study
- Sample size
- Sample is bicultural, Asian American college students
- Does not account for within group variability among Asians
Future Directions

- 6-month follow-up evaluation
- Acculturation as a moderator
- Extend design to include sample of Euro-Americans
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