
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)
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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)
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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
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Culture-Responsive Modifications (CRMs)

1. Confidentiality
 2. Normalization
 3. Cultural Identity/Acculturation
 4. Emphasizing and Facilitating Emotional Control
 5. Vertical Therapist-Client Relationship
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CRM #1 - Confidentiality

- 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
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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
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CRM #3 - Cultural Identification and Acculturation

- Less acculturated Asians are less likely to recognize 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
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CRM #4 - Emotional Control

- 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
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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
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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
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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)
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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
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One-Session Treatment

- *In vivo* exposure
 - Modeling-based
 - Gradual & controlled
 - Client is *always* in control
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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 – $p < .10$
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Results

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

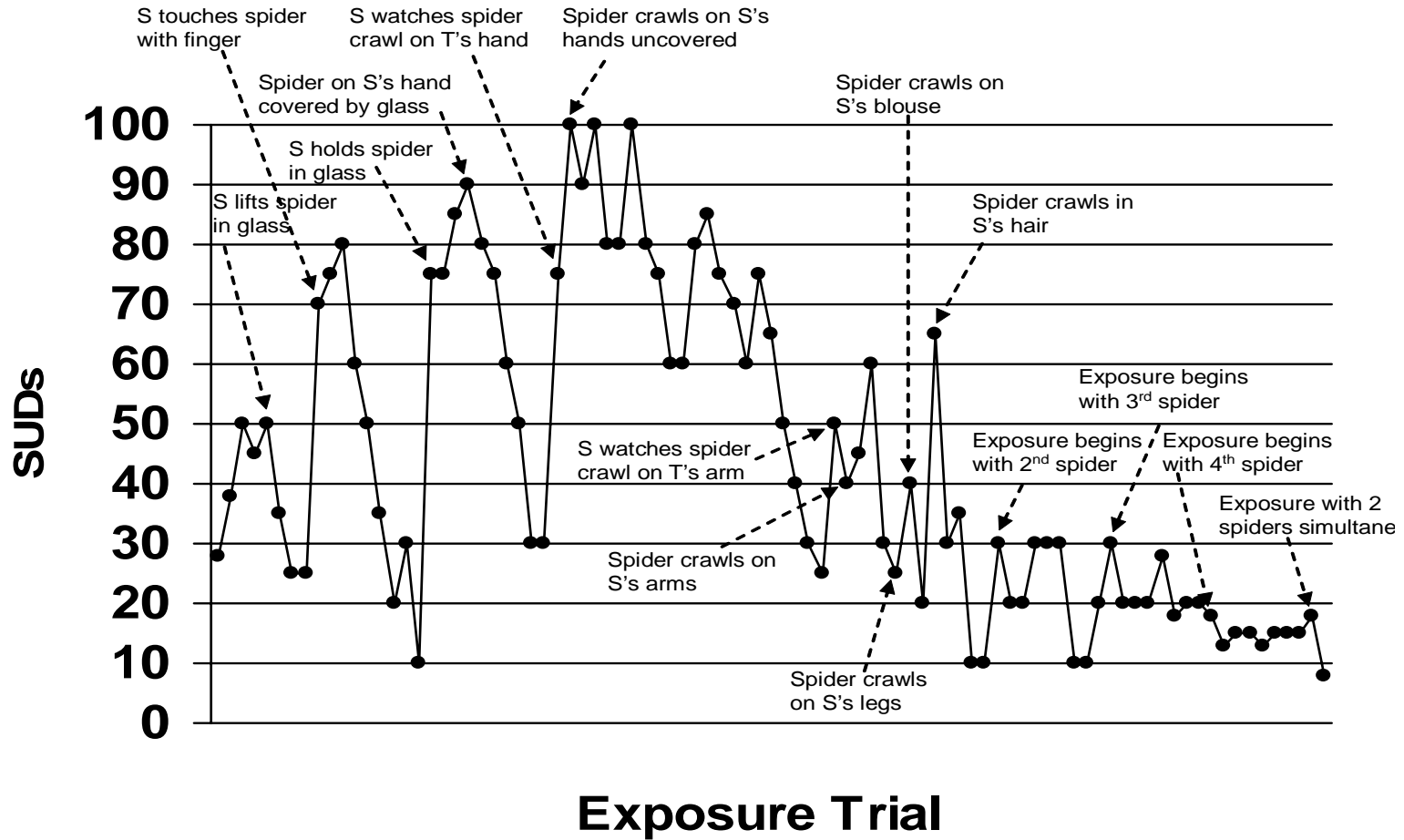
Multiple Comparison Tests on Adjusted Means at Post-Treatment

Variable	OST-S	OST-CA	Self-Help	Group Differences ^a
Panic symptom count (ADIS)	2.98	4.25	9.47	OST-S < Self-help OST-CA < Self-help
Fear/Avoidance symptoms (ADIS)	3.59	3.20	6.02	OST-S < Self-help ($p < .10$) OST-CA < Self-help
Behavioral Approach (BAT)	10.04	11.15	7.02	OST-S > Self-help OST-CA > Self-help OST-CA > OST-S ($p < .10$)
Clinician severity rating	1.91	0.91	5.14	OST-S < Self-help OST-CA < Self-help
Final SUDs (during BAT)	44.40	15.88	55.84	OST-CA < Self-help
Catastrophic Thinking (FTQ)	3.35	0.58	3.04	OST-CA < OST-S OST-CA < Self-help

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
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SUDs Ratings – Participant 9



Pre- and Post-Treatment Results – Participant 9

Variable	Pre-Treatment	Post-Treatment
Behavioral Approach (BAT)	7	12
Clinician Severity rating	4	0
Final SUDs	85	1
Fear/Avoidance symptoms (ADIS)	7	1
Panic Symptom Count (ADIS)	7	3
General Fear (FSS)	40	12
Catastrophic Thinking (FTQ)	6.71	0

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
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Limitations

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

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

- Huey, S. & Pan, D. (in press). Culture-responsive one-session treatment for Asian Americans: A pilot study. *Psychotherapy Theory, Research, Practice, Training*.
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