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ONE-SESSION GROUP TREATMENT OF SPIDER PHOBIA

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Summary—Forty-two patients with spider phobia, fulfilling the DSM-III-R criteria for simple phobia, were assessed with behavioral, physiological and self-report measures. They were randomly assigned to two group treatment conditions: (1) small groups of three to four patients, and (2) large groups of seven to eight patients. They received one 3-hr session consisting of exposure and modeling. The results showed that both conditions yielded significant improvements on almost all measures, and these were maintained or furthered at the 1-yr follow-up. With one exception, there was no difference between the conditions, but on most measures there was a trend for the small group condition to yield better effects. The proportions of clinically significantly improved patients at post-treatment were 82% in the small group and 70% in the large group. At follow-up the corresponding figures were 95% and 75%, respectively. The conclusion that can be drawn is that one-session group treatment is a feasible alternative to individual treatment, yielding almost as good effects. Copyright © 1996 Elsevier Science Ltd

INTRODUCTION

Specific phobias are the most common of the anxiety disorders with an estimated lifetime prevalence of 10–11% in the American population (American Psychiatric Association, 1994). Among the specific phobias it seems that spider phobia is the most common in the population (Bourdon, Boyd, Rae, Burns, Thompson & Locke, 1988). The therapy proven to be most successful for phobias is exposure (Chambless, 1990; Marks, 1987). Most exposure treatments have been therapist-directed where the therapist usually has weekly sessions with the patient until the problem has been remedied. Recent research has shown that short intensive treatment during a single session produces just as good results as more spaced programs do and could be considered the treatment of choice for specific phobias (Hellström & Öst, 1995; Hellström, Fellenius & Öst, 1996; Öst, 1989a; Öst, Hellström & Kåver, 1992; Öst, Salkovskis & Hellström, 1991). This treatment has also been replicated in spider phobia (Arntz & Lavy, 1993), and there is even earlier research showing that brief treatment of animal phobias is effective (e.g. Bandura, Blanchard & Ritter, 1969).

The effectivity of patient-directed exposure treatment has also been investigated, in search of other methods by which to increase the effectiveness and/or reduce the cost of treatment (Al-Kubaisy, Marks, Logsdail, Marks, Lovell, Sungur & Araya, 1992; Marks, 1987; Öst *et al.*, 1991). Contact with the therapist has varied from one visit per week, to plan new exposure tasks (Mathews, Gelder & Johnston, 1981), to no contact whatsoever during the treatment period (Ghosh & Marks, 1987; Hellström & Öst, 1995; Öst *et al.*, 1991). The results vary in that some studies found self-directed exposure to be as successful as standard therapist-directed treatment (Ghosh & Marks, 1987), while others found it to do significantly worse (Hellström & Öst, 1995; Öst *et al.*, 1991).

Another possibility to increase cost-effectiveness is to treat patients in groups. The literature contains a number of studies on specific phobias in which group treatments have been used. In acrophobia Ritter (1969) used a small group of three patients and found that group contact desensitization was significantly better than non-contact desensitization and a control condition. Pendleton and Higgins (1983) also used groups of three or four patients and reported that negative practice and systematic desensitization were equally effective. In flying phobia Howard, Murphy and Clarke (1983) treated *S*s in groups of two to three during eight weekly 1-hr sessions and found that all active treatment conditions—systematic desensitization, flooding, implosion, and relaxation—were more effective than no treatment, but there was no difference between them.

The specific phobia having the most group treatments is dental phobia. Wroblewski, Jacob and

Rehm (1977) gave groups of two to five patients seven sessions during a 10-day period and found that symbolic modeling plus relaxation was more effective than symbolic modeling only or attention placebo when it comes to obtaining dental treatment after therapy. Gatchel (1980) compared self-control desensitization in a group of eight patients with education and discussion in a group of five patients, and found the former to be significantly better than the latter in a control condition. Gauthier, Savard, Halle and Dufour (1985) compared flooding and coping skills training in a cross-over design and administered the treatments in groups of three to four patients. They found no difference between the conditions. Jerremalm, Jansson and Öst (1986) treated dental phobics in groups of four during nine 90-min sessions, finding that applied relaxation and self-instructional training did equally well. Ning and Liddell (1991) compared massed (two sessions per week for two weeks) with spaced (four weekly sessions) anxiety management training, and found them to be equally effective. Nine patients were randomized to each condition, but there is no information on the group size.

The conclusion that can be drawn from this brief review is that group treatment, mostly in small groups of three to four patients, has been used for dental phobia and to some extent for acrophobia and flying phobia. However, the group format has not been tested for patients with small animal phobia, blood–injury–injection phobia, or claustrophobia, which are very common in the general population. Moreover, none of the above studies have compared group with individual administration of the same method, or whether the size of the group makes a difference on the outcome.

The aim of the present study was to investigate the possibility of treating spider phobics in a group during one session without losing clinical efficacy. Two group formats were tested—a small group with three to four patients, and a large group of seven to eight patients. Based on the experience with individual one-session treatment of spider phobia (Öst *et al.*, 1991; Hellström & Öst, 1995) in which some patients needed the full 3 hr of treatment, it was expected that the small group would be significantly better than the large group.

METHOD

Subjects

The *S*s for the study were recruited through advertisements in local newspapers or were referred by their physicians in the Uppsala County. There were 42 patients, all women, and all of whom had been diagnosed with simple phobia of spiders according to DSM-III-R (American Psychiatric Association, 1987) criteria. In order to participate in the study, the *S*s had to: (1) be between the ages of 18 and 60 yr, (2) be afraid and exhibit avoidance of a number of situations where confrontation with spiders occurred, this being the primary problem for which the patient had sought help, (3) have a minimum of 1-yr duration of the phobia, (4) be willing to participate in the study for a period of 3 weeks (and the 1-yr follow-up), (5) be incapable of inserting their hand into a plastic container containing a spider (during the behavioral test), (6) have no other psychiatric problems requiring immediate treatment, (7) have no psychotic or organic illnesses, and (8) have no disease of the heart or lungs.

The patients were screened using a modified version of *Anxiety Disorders Interview Schedule—Revised* (DiNardo & Barlow, 1988), yielding DSM-III-R anxiety diagnoses. All patients that were screened (42) fulfilled the criteria and were included in the study. The average age of the patients was 31.5 yr (SD = 8.8; range 18–55), and the average age at which the phobia began was 6.2 yr (SD = 2.0; range 4–12). Thirty-three of the patients were married or living together with a steady partner, 6 were single and 3 divorced. There were 29 who worked or studied full-time, and 13 part-time. All of the patients were handicapped by their phobia for spiders in their daily lives or work.

Assessment

The patients were assessed prior to, following, and 1-yr after the treatment. All the screening interviews and the behavioral tests were performed by two graduate students, and the therapist was in no way involved with the assessments.