



Multicomponent treatment for blood-injury-injection phobia in a young man with mental retardation

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Abstract

Blood-Injury-Injection Phobia (BIIP) is a subtype of specific phobia, characterized by fear and avoidance of seeing blood, an injury, or receiving an injection. In the current case report, we describe the treatment of BIIP in a young man with mental retardation. The multicomponent treatment consisted of fading (graduated exposure), modeling, noncontingent and differential reinforcement, pre-session anxiolytic medication, and topical analgesic cream. © 2001 Elsevier Science Ltd. All rights reserved.

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1. Introduction

There is widespread recognition that individuals with developmental disabilities are at increased risk for the development of psychiatric disorders (Borthwick-Duffy, 1994). The presence of anxiety and anxiety disorders in this population has received increased attention in recent years (Matson, Smirolfo, Hamilton, & Baglio, 1997; Ollendick, Oswald, & Ollendick, 1993). One of the challenges in diagnosing the presence of anxiety disorders in this population is determining whether problem behaviors such as avoidance, ritualistic behaviors, or disruptive outbursts are due to an anxiety disorder or secondary to the

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developmental disability. In addition, these individuals' limited abilities to accurately label and verbally express subjective states make it difficult to diagnose an anxiety disorder in some cases (Matson et al., 1997).

The majority of published studies on the treatment of anxiety in this population have reported on interventions targeting specific phobias (Arntzen & Almas, 1997; Erfanian & Miltenberger, 1990). To date, no study has reported on the treatment of blood-injury-injection phobia (BIIP) in individuals with developmental disabilities. In the DSM-IV, BIIP is classified as a subtype of specific phobia characterized by fear/avoidance of seeing blood, an injury, or receiving an injection (DSM-IV; American Psychiatric Association, 1994). In addition, exposure to the stimulus results in an immediate anxiety response; the situation is either avoided or endured with extreme anxiety; the fear and avoidance interferes with the individual's functioning; the duration is at least 6 months; and is not explained by another anxiety disorder. BIIP is also associated with an unusually high prevalence of fainting (70–80% of cases). Estimates of the prevalence BIIP range from 3 to 4% in the general population; however, there are no data on the prevalence of BIIP among individuals with developmental disabilities (Öst & Hellstrom, 1997).

Öst and colleagues have published the majority of treatment studies on BIIP (see Öst & Hellstrom, 1997 for a review). The treatment package developed by Öst involves exposure, modeling, and "applied tension," a straining procedure used to increase blood pressure to prevent fainting. For cases in which fainting is not part of the anxious response, the applied tension procedure is not used. In the current study, we describe the treatment of BIIP in a young man with moderate mental retardation.

2. Method

2.1. *Subject and setting*

Patrick was a nineteen year old male with moderate mental retardation, intermittent-explosive disorder, and cerebral palsy admitted to an inpatient unit for the assessment and treatment of severe behavior problems including property destruction, aggression, and noncompliance with medical procedures. Upon admission, Patrick was on the following five psychotropic medications targeting his property destruction and aggression: clomipramine (300 mg), naltrexone (200 mg), clonidine (0.8 mg), risperidone (5 mg), and alprazolam (4 mg). Patrick also met DSM-IV criteria for specific phobia, blood-injury-injection subtype. He exhibited panic-like responses (shaking, sweating, and avoidance) when told he was going to receive an injection or have blood drawn.

On one occasion when taken to the doctor's office, he destroyed a patient waiting room in an attempt to escape the situation. Although Patrick had been diagnosed with severe kidney reflux and other medical problems, regular monitoring of his status was not possible. In addition, his avoidance of invasive

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