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The dental cognitions questionnaire in CBT for dental phobia in an adolescent with multiple phobias

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Abstract

A case of an adolescent boy with multiple phobias who was treated successfully for his dental phobia is described to illustrate the clinical utility of the Dental Cognitions Questionnaire (DCQ) in aiding effective cognitive-behavior therapy. The client showed drops in dental anxiety that coincided with the use of the DCQ in cognitive restructuring, and there was a close correlation between dental cognitions and degree of dental anxiety over the time-course of therapy and follow up.

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1. Introduction

Dental phobia is a significant clinical problem because of its great impact on physical health and quality of life, and its high prevalence, at around 5%, which peaks during early adolescence (Kent, 1997). It has been suggested by many authors that multiple fears maintain dental phobia (e.g. Kent, 1997; de Jongh, Muris, Schoenmakers, & ter Horst, 1995b; Chapman & Kirby-Turner, 1999). A comprehensive series of research studies have culminated in the characterization of dental fears using the Dental Cognitions Questionnaire (DCQ; de Jongh et al., 1995b). Patients' scores on this scale have been shown to account for 70% of the variance in state anxiety while in the chair awaiting dental treatment.

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The most effective treatment for phobias to date is graded exposure to the fear-provoking stimulus (Öst, 1996). Nevertheless, an important debate concerns the extent to which the mediation of change during therapy may involve cognitive processes (Mansell, 2000), and emerging evidence suggests that cognitive factors are indeed important in facilitating change (De Jongh et al., 1995a; Kamphuis & Telch, 2000). Indeed close inspection of some treatment protocols suggests that ‘graded exposure’ may actually use cognitive methods. For example, Öst, Svensson, Hellström, and Lindwall (2001) suggest that in graded exposure, “the guiding principle of treatment is the cognitive-behavioral analysis of the child’s catastrophic cognition concerning what will happen when encountering the feared object or situation” (p. 817).

The following case study describes the assessment and treatment of an adolescent with incapacitating dental phobia. The aim of the study was to explore the effectiveness of CBT for dental phobia, in particular using the DCQ as a focus of cognitive intervention. The role of cognitive factors in change was assessed in two ways. First, changes in belief ratings across and during sessions were recorded to test whether the use of the DCQ was associated with a drop in dental anxiety, relative to periods where exposure-based techniques were used. Second, the relationship between changes in dental anxiety and DCQ was assessed by investigating the degree to which they correlated with one another across time.

2. Description of the case

John was 14 years old and lived with his mother and younger sister. He was referred by the Dental Officer at the local special needs medical center following his refusal to receive either local anesthetic or gaseous sedation prior to dental treatment. He had been extremely anxious and highly resistant to any treatment involving injection or possible loss of consciousness. John’s dental phobia prevented him from getting five fillings, one of which was giving him pain. He also had a phobia of injections that had prevented him from receiving important vaccinations. He had a longstanding vomit phobia which led him to drastically limit his food and drink because of the belief that they would make him sick. He avoided taking lifts, also because of his anxiety.

John developed his vomit phobia at around six years of age following a period when his father left home after a ‘breakdown’ with PTSD and depression, and John was sick at home in front of his mother and friends of the family. During the next year, John had an accident in which he damaged his front teeth, requiring prolonged emergency dental treatment on the top floor of a specialist hospital. John’s lift phobia emerged soon after this occasion. The treatment itself involved an injection into the gum at the base of each front tooth. After the operation, John’s mother told him that he had received injections and that the dentist was surprised that John wasn’t sick considering the amount of blood that he had swallowed. In the following year, when John was seven, he received a rubella injection. He had tried to refuse treatment but the nurse used physical constraint to force him to receive the injection,

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