

Specific Phobias in Youth: A Randomized Controlled Trial Comparing One-Session Treatment to a Parent-Augmented One-Session Treatment

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Objective: Examine the efficacy of a parent-augmented One-Session Treatment (A-OST) in treating specific phobias (SP) in youth by comparing this novel treatment to child-focused OST, a well-established treatment.

Method: A total of 97 youth (ages 6–15, 51.5% female, 84.5% White) who fulfilled diagnostic criteria for SP were randomized to either A-OST or OST. SPs were assessed with semistructured diagnostic interviews, clinician improvement ratings, and parent and child improvement ratings. In addition, measures of treatment satisfaction and parental self-efficacy were obtained. Blind assessments were completed

pretreatment, posttreatment, and 1 month and 6 months following treatment. Analyses were undertaken using mixed models. In addition, gender, age, internalizing/externalizing problems, parent overprotection, and parent anxiety were examined as potential predictors and moderators of treatment outcome.

Results: Both treatment conditions produced similar outcomes with approximately 50% of youth in both treatments diagnosis free and judged to be much or very much improved at posttreatment and 1-month follow-up. At 6-month follow-up, however, the treatments diverged with OST resulting in marginally superior outcomes to A-OST,

contrary to predictions. Only age of child predicted treatment outcome across the two treatments (older children did better); unexpectedly, none of the variables moderated treatment outcomes.

Conclusions: Parent augmentation of OST produced no appreciable gains in treatment outcomes. Directions for future research are highlighted.

Keywords: specific phobia; children and adolescents; randomized controlled trial; one-session treatment; treatment outcome

SPECIFIC PHOBIAS (SPs), CHARACTERIZED by an excessive and persistent fear of a specific object or situation, are among the most common anxiety disorders (American Psychiatric Association [APA], 2000, 2013). The phobic stimulus is actively avoided or endured with intense fear or anxiety and, typically, the fear or anxiety persists over time. In children, the fear or anxiety may be expressed behaviorally as crying, tantrums, or clinging to one's caretaker. Furthermore, the fear or anxiety is impairing and interferes with the individual's daily functioning. SPs are categorized into five subtypes: animal type, natural environment type, blood-injection-injury type, situational type, and other type (e.g., choking, loud noises, costumed characters).

Clinically significant SPs are present in approximately 5% of children in community samples and in about 15% to 20% of children presenting at anxiety disorder clinics. The lifetime prevalence rates in children and adolescents range from 5% to 11%, depending on the type of SP (Kessler, Berglund, Demler, Jin, & Walters, 2005). For many children, phobias result in considerable academic, social, and personal distress, as well as interference in day-to-

day functioning (Essau, Conradt, & Petermann, 2000; Ollendick, King, & Muris, 2004). Moreover, they may lead to other anxiety, mood, and substance use disorders (Kendall, Safford, Flannery-Schroeder, & Webb, 2004).

TREATMENT

Cognitive-behavioral treatments (CBTs) have been shown to be efficacious in treating youth with anxiety disorders, with approximately 50% to 60% diagnosis free following treatment (In-Albon & Schneider, 2007; Seligman & Ollendick, 2011; Silverman, Pina, & Viswesvaran, 2008). Moreover, treatment gains are maintained at long-term follow-up, sometimes up to 7 years later (e.g., see Barrett, Duffy, Dadds, & Rapee, 2001; Kendall et al., 2004). One-Session Treatment (OST), a variant of CBT developed by Öst (1989, 1997), has been found to be a rapid and efficacious treatment for children with a variety of SPs, including animal, natural environment, situational, and "other" types (see Ollendick & Davis, 2013, for a recent review). This 3-hour, one-session treatment involves psychoeducation, *in vivo* exposure, cognitive challenges, participant modeling, and reinforced practice.

In our recent randomized controlled trial (RCT) of OST (Ollendick et al., 2009), we found that OST was more efficacious in treating SPs in youth than education/support treatment (EST) or wait-list control (WLC) conditions at posttreatment (60%, 26%, and 0% diagnosis free, respectively) and superior to EST at 6-month (60% versus 42%) and 1-year follow-up (73% versus 48%). Although OST was shown to be superior to these two control conditions, it was evident that up to 40% of the youth who received this brief, intensive treatment were not diagnosis free at posttreatment or at 6-month follow-up. Many of the youths who were not diagnosis free continued to report significant distress, avoidance, and conflicts within the family.

Of particular interest to the current study, Öst, Svensson, Hellstrom, and Lindwall (2001) compared child-focused OST to parent-involved OST and a WLC group in another RCT. In the parent-involved condition, one of the parents was present in the room during the entire treatment. The therapist determined the amount and type of parental involvement on a case-by-case basis (e.g., the parent could model approach behavior if the child had difficulty interacting with the phobic stimulus, reinforce their child for approach behavior, or simply observe the ongoing treatment). Parent involvement was not standardized in this study. Although Öst and colleagues found the two treatment groups to be superior to the WLC group, no differences were found between the two treatment conditions.

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