

Blood-Injection-Injury Phobia and Dog Phobia in Youth: Psychological Characteristics and Associated Features in a Clinical Sample

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Blood-Injection-Injury (BII) phobia is a particularly debilitating condition that has been largely ignored in the child literature. The present study examined the clinical phenomenology of BII phobia in 27 youths, relative to 25 youths with dog phobia—one of the most common and well-studied phobia subtypes in youth. Children were compared on measures of phobia severity, functional impairment, comorbidity, threat appraisals (danger expectancies and coping), focus of fear, and physiological responding, as well as vulnerability factors including disgust sensitivity and family history. Children and adolescents with BII phobia had greater diagnostic severity. In addition, they were more likely to have a comorbid diagnosis of a physical health condition, to report more exaggerated danger expectancies, and to report fears that focused more on physical symptoms (e.g., faintness and nausea) in comparison to youth with dog

phobia. The present study advances knowledge relating to this poorly understood condition in youth.

Keywords: blood phobia; injection phobia; BII; dog phobia; children

THE DSM-5 CLASSIFIES SPECIFIC PHOBIA into five major subtypes: animal (e.g., dogs, insects, snakes), natural environment (e.g., thunderstorms, heights, darkness), blood-injection-injury (BII; e.g., seeing blood, injections), situational (e.g., elevators, enclosed places, flying) and other (e.g., loud noises, vomiting, choking, costume characters; [American Psychiatric Association \[APA\], 2013](#)). These subtypes reflect the heterogeneous nature of this disorder both in terms of its expression and the clinical characteristics associated with it. Significant differences have been observed between the phobia subtypes in their prevalence, age of onset, gender, comorbidity, associated impairment, threat appraisals, physiological responses and vulnerability factors ([LeBeau et al., 2010](#)). In the adult literature, BII phobia has been found to be distinct from the other phobia subtypes in that it is associated with a stronger genetic vulnerability ([Van Houtem et al., 2013](#)) and a unique physiological (e.g., fainting; [Öst, 1992](#)) and emotional response (e.g., disgust; [Olatunji, Cisler, McKay, & Phillips, 2010](#)). In the

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child literature there has been speculation that BII phobia may differ in its clinical expression, with BII phobic youths excluded from a number of the large randomized controlled trials for child specific phobia (Ollendick et al., 2015; Ollendick et al., 2009) due to their arguably poorer treatment response and unique physiological response (e.g., fainting). Currently, however, it is unknown whether the expression of BII phobia in children and adolescents differs from other phobia subtypes in youth. The primary aim of the present study was to explore the psychological correlates of BII and dog phobia, a commonly occurring and more frequently treated phobia, in children and adolescents in order to determine the unique characteristics associated with these two types of phobia in a pediatric sample.

Current psychological treatments for specific phobia are effective for 50% to 80% of children and adolescents (Ollendick et al., 2015; Ollendick et al., 2009), and given that BII phobias have been found to be associated with a poorer treatment response to these gold-standard approaches to treatment for phobic youths (Öst, Svensson, Hellstrom, & Lindwall, 2001), these individuals may require different or in the least more individualized approaches to treatment. It has been suggested that targeting the unique characteristics of the phobia subtypes may lead to improved outcomes (Ollendick & Muris, 2015). Hence, knowledge relating to the psychological characteristics of BII phobia in children and adolescents is needed to inform how treatment may be adapted to maximize outcome.

Although clinical studies with adults suggest that BII is a particularly distressing and impairing phobia (LeBeau et al., 2010), there are no studies examining similar characteristics in children and adolescents with BII phobia at this time. Moreover, only one clinical study to date has systematically examined the psychological characteristics of two of the major phobia subtypes in youth, providing preliminary evidence for clinical heterogeneity across phobia subtypes in youth. Ollendick, Raishevich, Davis, Sirbu, and Öst (2010) compared differences between youths with animal ($n = 31$) and natural environment ($n = 31$) phobia subtypes. Although differences were not observed in terms of phobia severity or the magnitude of threat appraisals, the children with natural environment phobia fared more poorly on a number of indices, including higher levels of somatic symptoms of anxiety, more depressive symptoms, and less overall satisfaction with quality of life. Further, parents of youths with a natural environment phobia rated their child as experiencing greater social problems and other internalizing problems. Finally, the youths with natural environment phobias were found to have higher rates of comorbid

generalized anxiety disorder (GAD) and separation anxiety disorder (SAD) diagnoses. The findings of this study suggest the possible need for individualized treatment approaches for youths with these phobia subtypes. For example, the findings suggest that children and adolescents with natural environment phobia may require a stronger dose of treatment or may benefit from additional treatment components focused on co-occurring GAD and/or SAD symptoms.

To date, the only descriptions of youth with BII phobia come from a small number of epidemiological studies that have explored differences among phobia subtypes. Across these studies, animal and natural environment phobia subtypes have consistently been found to be the most common in youth, followed by BII and then situational phobias (Burstein et al., 2012; Essau, Conradt, & Petermann, 2000; Kim et al., 2010). For example, in the Burstein et al. (2012) epidemiological study ($n = 10,123$, 13–18 years), 15.1% of youths were found to meet criteria for a specific phobia; of those, 10.98% had a natural environment phobia, 9.19% an animal phobia, 9.07% BII phobia, and, finally, 8.06% situational phobia (some of the youths had more than one subtype). Moreover, adolescents with BII and situational phobias were found to be the most severely impaired whereas those with animal phobia were the least impaired across home, school, and social domains. Those with situational phobia reported the poorest mental health quality and highest overall fear level, whereas youths with BII phobia endorsed the highest rates of referral for treatment.

There is also evidence to suggest that children and adolescents with BII phobias have distinct patterns of comorbidity in comparison to the other phobia subtypes. For example, in a community sample of 2,673 Korean children and adolescents, Kim et al. (2010) reported that those with BII phobia were significantly more likely than those with other phobia types to meet criteria for comorbid attention-deficit/hyperactivity disorder (ADHD). Moreover, youths with animal phobias were significantly more likely to meet criteria for a comorbid anxiety disorder diagnosis and an oppositional-defiant disorder (ODD) relative to other phobia subtypes. Whereas in comparison to other phobia subtypes those with natural environment phobia most commonly met criteria for comorbid anxiety disorders alone. Consistent with this, Burstein et al. (2012) found that those with BII and situational phobias were significantly more likely to meet criteria for comorbid behavioral disorders, but not mood or substance use disorders. Notably, BII phobia was more frequently associated with a diagnosis of ADHD, whereas situational phobia was associated with conduct

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