Extinction of Arachnophobia through Mindfulness and Exposure Therapy: Increasing Positive Coping Skills

James Connor MS in Clinician Mental Health Counseling

The Intervention

Nature of the intervention

- Exposure therapy involves intentionally confronting feared, but objectively safe stimuli with the goal of reducing fear/avoidance to the same or similar cues. When combined with mindfulness techniques, the client learns to associate the feared stimuli with a state of relaxation.
- A baseline assessment is conducted of anticipated consequences of confronting the feared stimuli, fear-related avoidance or safety behaviors, & triggers and context of the fear.
- A fear ladder is developed and rank ordered via Subjective Units of Distress ratings to create an exposure hierarchy.
- Appropriate mindfulness techniques are integrated into exposure trials.
- Through repeated exposure to increasingly feared/avoided stimuli, the client confronts the feared cue and resultant anxiety without attempting to reduce it by withdrawing or performing compulsive rituals, rating their anxiety before & after exposure & providing qualitative feedback and predictions for the next trial.
- The goal is to reduce the client's fearful reaction to the stimuli as they learn that their anxiety is manageable, feared cues are not as dangerous as predicted, & feared cues are associated with a state of relaxation.

Brief Review of the Research

- A 2019 meta-analysis of research performed on the use of exposure therapy 2019 meta-analysis of research performed on patients struggling with OCD and phobias produced high effect on reducing anxiety &/or avoidance of external and internal feared stimuli. 1
- According to the International OCD Foundation, 8 out of 10 people with OCD experience an 80-90% decrease in symptoms when they participate in a combination of exposure therapy and mindfulness techniques. 2
- Research done on teaching individuals mindfulness techniques in addition to exposure interventions consistently found statistically significant effect sizes for both modalities of intervention at 12, 18, 24, and 48-month follow-ups. 90% of participants reported their anxiety at a reduced level and 75% of participants were no longer experiencing their specific phobia. 3
- Studies also found that combinations of mindfulness techniques used with exposure therapy had increased levels of effectiveness than individual methods with an overall effect size of .98 4
- These studies have been completed with similar results in populations including college students, and individuals with intellectual, developmental, and physical disabilities. 5
- Exposure therapy combined with mindfulness techniques have been researched in hospitals with significant effect sizes indicating their effectiveness in reduced feelings of fear and avoidance in victims of violent crime, providing further evidence for the overall effectiveness of exposure therapy combined with mindfulness techniques across populations. 6

Clinical Problem Addressed

- Client is a 48-year-old unmarried Caucasian female with a diagnosis of Mild Intellectual Disability and Obsessive Compulsive Disorder experiencing episodes of moderate to severe anxiety brought about by intrusive thoughts about spiders.
- *Clinical problem:* Client's obsessional fear is triggered by situations and thoughts that are not objectively dangerous; her compulsive rituals and self-injurious behaviors are performed deliberately with the purpose of reducing her obsessional anxiety, yet in doing so, also maintain the anxiety. These behaviors interfere with her ability to access community opportunities, impact her self-image and emotional well-being, interfere with her relationships with others, and result in significant safety concerns.

Conceptualization of the Intervention

- Conceptualized to work with the support system around my client, this intervention highlights the importance of being formulation-led and creative when designing exposure-based treatment for individuals with intellectual disabilities.
- This intervention highlights the importance of being formulation-led and creative when designing exposure-based treatment for individuals with intellectual disabilities, considering client's limitations in cognitive functioning, communication skills, navigating interpersonal dynamics, and performing self-care skills.
- This intervention was designed to work closely with the system around my client; her sister, case manager, and her staff team to ensure they were supporting my client in a consistent way and avoiding reinforcing her fear/anxiety.

Implementation

Session 1: Intake Assessment & Goal Setting

- Assessment of client's ability to link emotions to situations and select evaluative beliefs for situations.
- Client was open to intervention, stating that she 'believes in therapy', 'wants to be less afraid of spiders', & 'wants to learn positive coping skills'.

Session 2: Explaining Imaginal & In Vivo Exposure, Breathing Retraining, Progressive Muscle Relaxation

- Client expressed moderate anxiety about exposure, but was receptive to engaging BR & PMR.

Session 3: Creating Fear Ladder & Exposure Hierarchy

- Client's arachnophobia cues measured across the dimensions of fear & avoidance via SUD rating

Sessions 4, 5, 6: Rehearsal & Role Play

- Lower anxiety context, further clarification of task, foresee unanticipated challenges, demonstrated that exposure would not have to be performed perfectly to be effective. Client was receptive to rehearsal & role play.

Sessions 7, 8, 9: Imaginal Exposure, Qualitative Feedback, Predictions/Expectations about In Vivo Exposure

- Scenario narration, documenting thoughts/feelings

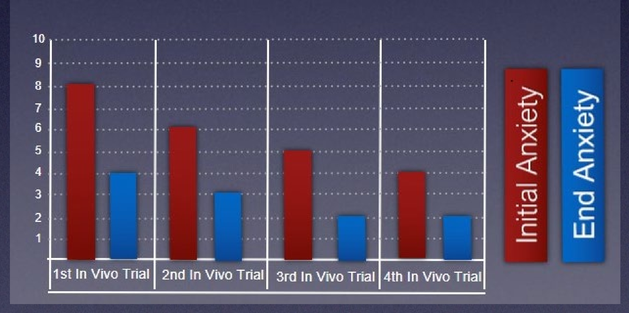
Session 10: In Vivo Exposure

- Client approached jar containing live spider while taking 10 relaxed breaths without distraction. Her anxiety level decreased during each trial; within-trial habituation, & her anxiety level got lower each exposure; between-trial habituation. Client was enthusiastic about accomplishing intake goals and adding BR & PMR to daily routine.

Session 11: Relapse Prevention

Evaluation and Outcome

- My client's anxiety level decreased during each trial exposure, indicating that *within-trial habituation* has taken place.
- Her initial rating decreased with each successive trial, as did her end anxiety level. This means that not only did my client's anxiety go down when she approached and engaged with the stimulus, her anxiety got lower every single 4me she did it. This data gives sound evidence that *between-trial habituation* has also taken place, and that our treatment was effective towards accomplishing her intake goals of being 'less nervous about and less scared of spiders' and 'learning positive coping skills'.



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