Behaviour Research and Therapy 91 (2017) 51–57

Contents lists available at ScienceDirect

Behaviour Research and Therapy

journal homepage: www.elsevier.com/locate/brat

Harm beliefs and coping expectancies in youth with specific phobias

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ARTICLE INFO

Article history:
Received 23 August 2016
Received in revised form
10 January 2017
Accepted 17 January 2017
Available online 18 January 2017

Keywords:
Phobic beliefs
Specific phobias
Children and adolescents
Randomized controlled trial

ABSTRACT

Catastrophic beliefs and lowered coping expectancies are often present in individuals with specific phobias (SPs). The current study examined these beliefs and expectancies in 251 youth who received One Session Treatment for one of the three most common types of SP in youth (animals, natural environment, and situational). We compared the children's subjective beliefs to objective ratings of the likelihood of occurrence and the dangerousness of the feared events. Results revealed pre-treatment differences in the youths' beliefs across phobia types and age. Specifically, children with animal phobias rated their beliefs as more likely to occur than did children with environmental and situational phobias. In addition, older children rated their beliefs as more dangerous than younger children. However, regardless of phobia type or child age, the beliefs improved following treatment. Changes in catastrophic beliefs and coping expectancies were related to changes in clinical severity following treatment but not 6-months following treatment. Moreover, at pre-treatment, children viewed their beliefs as significantly more catastrophic and likely to occur than did independent coders of these beliefs; however, these differences were no longer evident following treatment. Clinical implications are discussed, highlighting how changes in beliefs and expectancies might be associated with treatment outcomes.

Specific phobias (SPs) are characterized by excessive fear or anxiety about a specific object or situation (APA, 2000; 2013). The phobic object or situation is avoided or endured with intense fear or anxiety and, typically, the fear or anxiety persists for 6 months or longer and in many cases for decades. Moreover, the perceived fear or anxiety is typically unrealistic and out of proportion to the actual or "real" danger posed by the phobic stimulus (e.g., "the dog will jump on me and bite me, and I will bleed to death," "the lightning will strike our home and kill me, my mom and my dad"). According to DSM-5 (APA, 2013), SPs are categorized into five subtypes: animal type (e.g., dogs, spiders, insects), natural environment type (e.g., heights, storms, water), situational type (e.g., flying, elevators, enclosed places), blood-injection-injury type (BII; e.g., seeing blood, needles, invasive procedures), and other type (e.g., choking, loud sounds, costumed characters). Clinically significant SPs are present in approximately 5% of children in community samples and about 15–20% of children in anxiety disorder clinics (APA, 2000; 2013; Kessler et al., 2005). For many children, SPs result in considerable academic, social, and personal distress, as well as interference in day-to-day functioning (Essau, Conradt, & Petermann, 2000; Kendall, Safford, Flannery-Schroeder, & Webb, 2004; Ollendick, King, & Muris, 2004).

In a host of systematic reviews over the past 15–20 years, cognitive-behavioral therapy (CBT) has been shown to be efficacious in treating youth with phobic and anxiety disorders, with about 65–80% of youth clinically improved and approximately 50–65% free of their diagnosis following treatment (e.g., Higa-McMillan, Francis, Rith-Najarian, & Chorpita, 2016; In-Albon & Schneider, 2006; Ollendick & King, 2012; Silverman, Pina, & Viswesvaran, 2008). For SPs in youth, One Session Treatment (OST), a variant of CBT developed by Öst (1989, 1997), has been found to be a rapid and effective treatment (see Ollendick & Davis, 2013; Öst, 2012; for recent reviews). This 3-h, one session treatment involves psychoeducation, in vivo exposure, social reinforcement, participant modeling, and behavioral experiments to challenge distorted and oftentimes catastrophic beliefs that characterize SPs. Although studies documenting the efficacy of OST have shown significant improvements in outcomes including fear levels, avoidant behaviors, and, in some cases, reduced physiological arousal (e.g., Allen, Allen, Austin, Waldron, & Ollendick,

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http://dx.doi.org/10.1016/j.brat.2017.01.007
0005-7967/

2015; Öst, Svensson, Hellström, & Lindwall, 2001), few studies have examined the distorted and catastrophic beliefs that characterize this disorder and are the central focus of long-standing information processing models of fear and anxiety (Beck, Emery, & Greenberg, 1985; Wright & Borden, 1991). In recent years, Öst (2012) and Ollendick and Muris (2015) have reaffirmed the role of these beliefs in the maintenance of phobias, suggesting that these catastrophic beliefs regarding the feared stimulus serve to maintain the phobic anxiety and that the avoidance observed in SPs prevents disconfirmation of these beliefs. Although it is oftentimes assumed that these distorted beliefs change as a result of OST, this has not been investigated heretofore in clinical samples of youth with SPs.

Based on the seminal work of Thorpe and Salkovskis (1995) and Anthony, Brown, and Barlow (1997) on phobic beliefs in the maintenance of SPs in adults and the pioneering work of Bögels, Snieder, and Kindt (2003) on the specificity of dysfunctional thinking in youth with different anxiety disorders (e.g., children with separation anxiety disorder overestimate the probability of being abandoned and children with social anxiety disorder overestimate the danger of being rejected and negatively evaluated by others), we set about to examine the specificity of beliefs of youth with a SP by exploring the specific beliefs of children and adolescents with the three most prevalent subtypes of SPs (animal, natural environment, and situational subtypes; see Ollendick & Muris, 2015). In as much as previous work has shown that youth with situational/environmental phobias evince more impairment than youth with animal phobias (Ollendick, Raishevich, Davis, Sirby, & Öst, 2010), we specifically examined whether type of phobia was related to these beliefs. In Study 1, we examined "how likely" it would be that the anticipated belief would occur, "how bad" it would be if the content of the belief were to actually occur, and how well the child could cope with the anticipated outcome should it occur. These beliefs were obtained from youth who participated in two randomized clinical control trials examining the efficacy of OST with clinic-referred youth between 6 and 16 years of age (Ollendick et al., 2009, 2015). In addition, we rated the likelihood and probable outcomes of these beliefs based on independent, objective ratings provided by our research team. As a result, we were able to compare the subjective beliefs of the youth to more objective probabilities associated with these beliefs. In line with information processing models of fear and anxiety (e.g., Beck et al., 1985), we anticipated that the subjective beliefs of the youth would be overestimated compared to the more objective evaluations determined by independent raters. Given the exploratory nature of Study 1, however, no directional hypotheses were offered.

In Study 2, we sought to examine how changes in these beliefs were related to clinical outcomes, specifically changes in clinician-assigned severity ratings (CSR) for the child's specific phobia. Data for Study 2 were derived from the same two randomized clinical control trials used in Study 1. The beliefs were obtained from the youth themselves not only at pre-treatment but also at post-treatment and 6-months following treatment in these studies. In as much as extinction learning is the theoretical basis of exposure therapy wherein repeated exposures to the phobic stimulus provide corrective information that challenges beliefs and danger expectancies (cf, Craske et al., 2008; Öst, 2012), we anticipated that these beliefs would change across time and be associated with changes in the clinical severity of the phobias following treatment.

In addition to these dysfunctional beliefs, we also obtained ratings on coping expectancies of the youth. To assess this dimension, we asked the youth to rate how sure they would be that they could "handle or deal with" the feared event or situation should it actually occur. Early on, Beck et al. (1985) suggested that an underestimation of one's abilities to cope with the danger or threat present in the phobic stimulus might result from both the overestimation of the distorted belief and the continued avoidance of the feared stimulus. Here, we expected the coping statements of youth to be positively affected by our OST intervention and to show parallel changes to those observed with the dysfunctional beliefs. That is, the dysfunctional beliefs would be reduced and the youth's coping estimates would be enhanced as a result of treatment. In as much as the dysfunctional beliefs and coping statements were obtained at the same points in time, we did not make predictions about the order or sequencing of these two facets of the phobic response, only that they would both change in therapeutic directions.

1. Method

1.1. Participants

As noted, participants were drawn from two randomized clinical control trials (RCTs) examining the effectiveness of OST for youth with a specific phobia (Ollendick et al., 2009, 2015). All youth were recruited through referrals from child psychiatric services, school health services, pediatricians, and print advertisements. For both RCTs, the following inclusion criteria were enlisted: (a) the participants had to be between 6 and 16 years of age, (b) the participants had to have a specific phobia diagnosis, according to DSM-IV (APA, 2000) criteria, (c) the phobia had to result in significant impairment/distress and be clinical in nature as established through a semi-structured diagnostic interview, (d) the duration of impairment needed to be at least 6 months, (e) the participants did not meet criteria for any specific disorders meeting exclusion criteria (i.e., primary major depressive disorder, pervasive developmental disorder, drug or alcohol abuse, and/or psychosis), and (f) the participants had to agree to discontinue other forms of psychotherapy and to be stable on any medications for the duration of the study.

One hundred and sixty-five youth from Sweden and the United States of America between the ages of 7 and 15 with animal, situational and environment phobias were recruited between 2001 and 2006 for participation in the first RCT (Ollendick et al., 2009) comparing the effects of OST (n = 86) and Education Support Treatment (EST) (n = 79; Table 1; please note that youth 6 and 16 years of age were excluded for the current study due to the small number of youth at each of these ages). In addition, 86 youth between the ages of 7 and 15 from the United States of America with these three types of specific phobia were recruited between 2007 and 2013 for participation in a second RCT (Ollendick et al., 2015) comparing the effects of standard, individual OST (n = 41) to a parent-augmented OST (i.e., A-OST; n = 45; please see below; Table 1). Study 1 combined data from the children who participated in both RCTs (n = 165 + 86 = 251, mean age = 9.87 years, 89% Caucasian, mean family income = $75,165). In Study 2, only

Table 1
Participant descriptive data.

	Mean (SD)/n (% of sample)	
	Study 1 (n = 251)	Study 2 (n = 172)
Age	9.87 (2.15)	9.69 (2.19)
Male	144 (57.4)	85 (55.2)
Specific Phobia Subtypes		
Animal	129 (51.4)	80 (46.5)
Environmental	57 (22.7)	37 (21.5)
Situational	65 (25.9)	55 (32.0)