

Psychological approaches in the treatment of specific phobias: A meta-analysis[☆]

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Received 21 August 2007; received in revised form 11 February 2008; accepted 27 February 2008

Abstract

Data from 33 randomized treatment studies were subjected to a meta-analysis to address questions surrounding the efficacy of psychological approaches in the treatment of specific phobia. As expected, exposure-based treatment produced large effects sizes relative to no treatment. They also outperformed placebo conditions and alternative active psychotherapeutic approaches. Treatments involving *in vivo* contact with the phobic target also outperformed alternative modes of exposure (e.g., imaginal exposure, virtual reality, etc.) at post-treatment but not at follow-up. Placebo treatments were significantly more effective than no treatment suggesting that specific phobia sufferers are moderately responsive to placebo interventions. Multi-session treatments marginally outperformed single-session treatments on domain-specific questionnaire measures of phobic dysfunction, and moderator analyses revealed that more sessions predicted more favorable outcomes. Contrary to expectation, effect sizes for the major comparisons of interest were not moderated by type of specific phobia. These findings provide the first quantitative summary evidence supporting the superiority of exposure-based treatments over alternative treatment approaches for those presenting with specific phobia. Recommendations for future research are also discussed.

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Keywords: Specific phobia; Meta-analysis; Exposure treatment

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[☆] Portions of these data were previously presented at the 2005 annual meeting of the Association for Behavioral and Cognitive Therapies.

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1. Introduction

Specific phobia is characterized by a marked and persistent fear of a specific object or situation that causes significant life interference or distress (APA, 1994). With a lifetime prevalence of 12.5% (Kessler, Berglund, & Demler, 2005) specific phobia ranks as the most common anxiety disorder. Specific phobias are currently divided into four subtypes: situational (e.g., fears of enclosed spaces, flying), natural environment (e.g., fears of heights, storms, water), animal (e.g., fears of snakes, spiders, dogs), and blood/injection/injury (e.g. fears of dental or medical procedures, injections, seeing blood), with the animal and natural environment subtypes being more prevalent (Curtis, Magee, Eaton, Wittchen, & Kessler, 1998).

As with most anxiety disorders, specific phobias show a chronic course with low rates of spontaneous remission (Wittchen, 1988). Despite their circumscribed nature, specific phobia is associated with significant impairment. Wittchen, Nelsn, and Lachner (1998) found that young adults with a diagnosis of specific phobia reported severe impairment in their routine activities during the worst episode of their disorder. Specific phobias also represent a significant challenge to the medical field. For example, almost one-third of patients undergoing recumbent MRI (fMRI) are not able to complete the procedure due to severe claustrophobic reactions (Quirk,

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