

SILVERMAN & SAAVEDRA

PSYCHOLOGY BEING INVESTIGATED

PHOBIAS

Intense fear+anxiety of something often harmless, but disrupts daily life.

CLASSICAL CONDITIONING

Phobias are learnt from CC; if neutral [not scary] stimulus is paired with a scary stimulus, the neutral stimulus also scares the person- this is called expectancy learning.

EVALUATIVE LEARNING

A kind of CC; a neutral stimulus being paired with something that causes inexplicable disgust.

OPERANT CONDITIONING

Positive reinforcement used to reward behaviours [mother praised the boy for handling buttons]

BACKGROUND

DIAGNOSING PHOBIAS

Manuals are used to see if symptoms are strong enough to require treatment, including duration & severity. S&S used the DSM-5 including 300 disorders & 22 categories.

DISGUST

Emotion that helps us avoid harmful situations; S&S used evaluative learning to show how we link NS to harmful things.

PREVIOUS RESEARCH

S&S's study is important because no other researcher had tried to reduce disgust to reduce fear.

AIMS

1. Highlight the role of evaluative learning & disgust in development & treatment of child phobias.
2. Test the effectiveness of imagery exposure as a part of exposure-based cognitive-behavioural treatment for a specific button phobia

HYPOTHESIS

1. CC plays a role in fear & avoidance of a stimulus
2. Exposure therapy will reduce disgust & avoidance of buttons.

METHODOLOGY

Case study; deep analysis of 1 rare case. Qlt & Qnt data collected using a structured interview, observation & psychometric scale of subjective distress.

Longitudinal study- studied before, during & after the treatment.

VARIABLES

Approach & avoidance observed & recorded during therapy. Approach classified as: touching, holding & manipulating. Feelings thermometer used to score distress: 9 pt scale from 0-8.

SAMPLE

9 y/o Hispanic-American from Florida; selected because his mother brought him to the Child Anxiety & Phobia Program at Florida International University in Miami. He had the phobia for 5 years & no other diagnosis.

PROCEDURE

INITIAL DIAGNOSIS

Boy & mom interviewed [semi-structured] using the Anxiety Disorders Interview Schedule for DSM Child & Parent version [ADIS-C/P]. Done to confirm the phobia. Also asked about stressful life events which may trigger phobias, & checked for other disorders.

BEHAVIOURAL EXPOSURE

4 50 min treatment sessions: 30 mins alone & 20 w mom.

1. Disgust/fear hierarchy: boy & his therapists made a list for 11 stimuli & ranked how distressing they were

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2. In vivo exposure: Gradual exposure to buttons in real life. If buttons were tolerated, his mother praised him [contingency management].

DISGUST/FEAR HIERARCHY	
BUTTON TYPE	DISTRESS
Large denim jean	2
Small denim jean	3
Clip-on denim jean	3
Large coloured plastic	4
Small clear plastic	4
Hugging mom w large plastic button	5
Medium plastic coloured	5
Medium clear plastic	6
Hugging mom w med. plastic button	7
Small coloured plastic	8
Small clear plastic	8

DISGUST RELATED IMAGERY EXPOSURE

7 sessions; the boy described how buttons look, feel & smell & how he felt imagining them. Also imagined different sizes & cognitive restructuring took place.

Post treatment follow up

ADIS-C/P used right after treatment, 6 months after treatment & 12 months after treatment.

RESULTS

WHEN PHOBIA BEGAN

In nursery, a bowl of buttons fell on him in front of the class so the phobia got worse.

DISRUPTION OF DAILY LIFE

Unable to touch/handle buttons → cannot dress himself, school work suffered because couldn't concentrate, he was afraid to touch anything that touched buttons & so avoided clothes & people with buttons.

PROGRESS IN THE FIRST 4 SESSIONS

POSITIVE OUTCOMES

he could tolerate more buttons with each exposure & faced all 11 buttons

NEGATIVE OUTCOMES

Distress rating increased significantly between sessions 2&3 & 3&4. He was more distressed by medium coloured button & hugging mom with large plastic bottles than he was at the creation of the hierarchy; expected because of evaluate learning & disgust-based phobias.

NEXT 7 SESSIONS

It was hard to describe what exactly was unpleasant about the buttons, but they were gross & disgusting. After imagery exposure, ratings of distress decreased.

POST-TREATMENT FOLLOW-UP.

At each follow up, the ADIS-C/P showed that he didn't have the phobia anymore, reported no distress & wore clear plastic buttons.

CONCLUSIONS

Evaluative learning is useful understand disgust's role in childhood specific phobias, exposure therapy → fear-based phobias, imagery exposure → disgust-based phobias. These are increasingly effective in targeting emotions linked to stimuli.

ETHICS

Informed consent gained from the boy & his mother for: initial diagnosis, treatment, publishing & a write-up. Maintained confidentiality & prevented psychological harm. The detailed explanation of the bowl of buttons & his ethnicity may make him recognisable.

RELIABILITY: TEST-RETEST

ADIS-C/P is reliable; children were tested 7 & 14 days after treatment & showed a positive correlation of 0.84.

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STANDARDISATION

Hard to replicate; therapy is spontaneous & depends on the patient's needs.

VALIDITY

Strength: longitudinal design; the boy didn't have symptoms during the follow up, so the imagery exposure therapy worked. Most therapists don't follow up, so the efficacy is hard to be establish.

Strength: Case study; provided rich, detailed data. ADIS-C/P used to confirm the diagnosis, & he was observed to see his reactions to buttons. The feelings thermometer [self-report] used to see the change in disgust. The use of triangulation increased validity.

LINKS TO ASSUMPTIONS

The boy learned not to fear buttons using operant & CC, showing that we learn from these processes.

OBJECTIVITY & SUBJECTIVITY

Weakness: The mother may have over reacted about the severity of the symptoms & the boy could have down played them to make the therapist happy, so they cannot be sure about the efficacy of therapy.

GENERALISATIONS & ECOLOGICAL VALIDITY

Weakness: Only one Hispanic-American boy was used. Treated at a prestigious university by 2 experts; this may not work for children/therapists of diff backgrounds, so not generalisable.

ISSUES & DEBATES: KIDS & RESEARCH

S&S took this case because there is less information on evaluative learning, disgust & childhood phobias. Used the ADIS-C/P & feelings thermometer to increase validity.

APPLICATIONS TO REAL LIFE

CC based therapy phobias lead to long term improvements of exposure therapy.

SIMILARITIES	DIFFERENCES
S&S+ Bandura: Qnt data	S&S: case study, Bandura: IMD.
S&S + Fagen: Trying to change behaviour	S&S: human boy, Fagen: female elephants.

STRENGTHS	WEAKNESSES
High validity	Self-report
Follow up data	Hard to generalise & replicate
Triangulation	
High reliability	