

Preface

Specific phobias are one of the most common mental health problems included in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR 2000)*. Estimates suggest the lifetime prevalence of specific phobia may be as high as 12.5% (Kessler et al. 2005). While treatments for specific phobia have existed for decades, behavior and cognitive-behavioral therapies (CBT) have become the preferred treatments over the last 20 years. Of these interventions for specific phobia, one-session treatment (OST; Öst 1987, 1997) in particular has emerged as the intervention of choice when working with adults, adolescents, or children with any of a variety of specific phobias. Moreover, OST has been highly recommended as the evidence-based treatment of choice for training beginning novice therapists or training those new to CBT by a past president of the Association for Behavioral and Cognitive Therapies (ABCT; Albano 2009). The purpose of this edited volume is to summarize the current information on specific phobias and on treating these disorders with OST—an intensive, exposure-based CBT.

Organization of the Book

In editing and writing this book, we have tried to create a volume that would be useful to clinical and academic professionals alike. This book is designed to be a resource for both practitioners serving clients (as a treatment reference or manual) and for researchers and educators (as a training volume). As a result, we have chosen to divide this volume into three broad parts. Each of the chapters can be read and reviewed individually to gain or refresh information in a specific area, or the entire volume can be reviewed collectively to cover many of the topics important to providing CBT for specific phobia. Part I focuses on providing a broad background on specific phobia psychopathology and its assessment and evidence-based treatment in both adults and children. Following this review, Part II provides an in-depth instruction on preparing for, conducting, and evaluating OST. Finally, Part III covers a variety of topics that may be of interest to those conducting exposure therapy for specific phobias including a guide to training others to conduct OST, ethical issues when using exposure therapy,

providing treatment to those with intellectual and/or developmental disabilities, the current evidence for the use of OST, and current and future technological advances with exposure therapies.

The Development and History of OST

In the 1970s, behavior therapists were treating specific phobias like any other type of phobia (i.e., with 1-hour weekly sessions for the number of weeks necessary, usually 8–10 or more). After having undertaken a couple of randomized clinical trials (RCTs) on spider and snake phobia using this length of treatment, one of us (Öst) decided to try a more intensive approach. Accordingly, he asked a patient if she would like to be treated during one prolonged session, up to 3 continuous hours during a morning or an afternoon. The first patient (having spider phobia) was very positive and wanted to have the OST, and the treatment was successful, taking 2.5 hours. That experience encouraged Öst to collect a clinical series of 20 specific phobia patients, which took about 4 years, since specific phobias rarely applied for treatment those days. When these patients were followed-up 90% were much improved or completely recovered (Öst 1989). Öst then decided the time was ripe for a true clinical trial on the OST and the first study was completed in collaboration with Paul Salkovskis in Oxford on spider phobia (Öst et al. 1991). Since then Öst et al. have carried out a large number of RCTs on the treatment. However, an even larger number of RCTs have been done by researchers in Norway, England, Holland, Belgium, Germany, Austria, USA, Canada, and Australia. They have achieved treatment effects on a par with those in the earlier studies. This means that OST is a treatment method that can be disseminated to therapists in other countries and is not dependent on the originator in order to achieve good effects—a true characteristic of an evidence-based treatment.

Evidence-Base and Summary

Indeed, the evidence-base for OST is very strong. With more than 20 years of study documenting the efficacy of OST with adults and children, it comes as no surprise that the research has elevated OST to the ranks of “empirically-supported treatment.” Impressively too, these treatment effects are long-lasting—with most patients maintaining improvements or continuing to show further improvement at 1-year and greater follow-ups. Moreover, the treatment’s 3-hour format offers a unique and timely benefit: a cost-effective, brief approach to treating one of the most common mental health issues, specific phobia.

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