

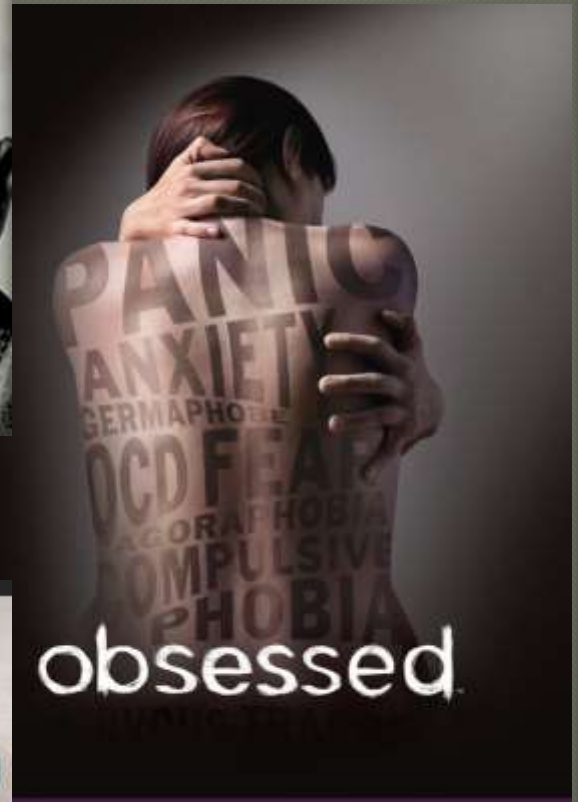
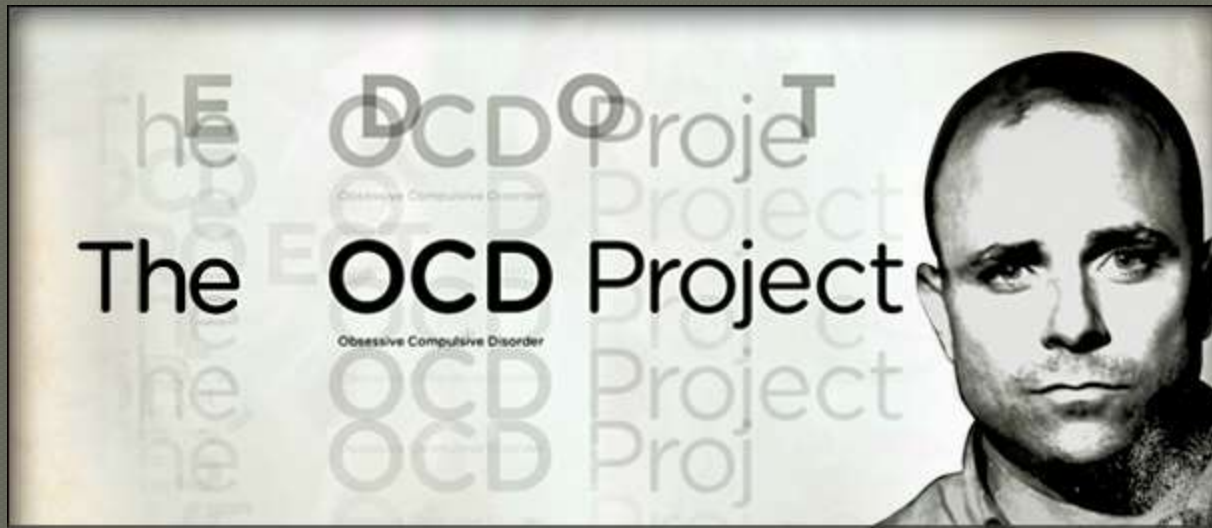
Exposure Therapy in the Media: Does
“The OCD Project” Promote Negative
Beliefs About Exposure Therapy?

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Exposure Therapy

- ① **Empirically-supported treatment** (Abramowitz, Deacon, & Whiteside, 2011)
- ① **How does it work?** (Abramowitz, Deacon, & Whiteside, 2011)
 - Exposure to feared stimulus
 - Habituation of anxiety
 - New learning
- ① **How does exposure work with OCD?** (Abramowitz, Deacon, & Whiteside, 2011)
 - Exposure to “obsessions”
 - Elimination of “compulsions”

Recent Media Attention



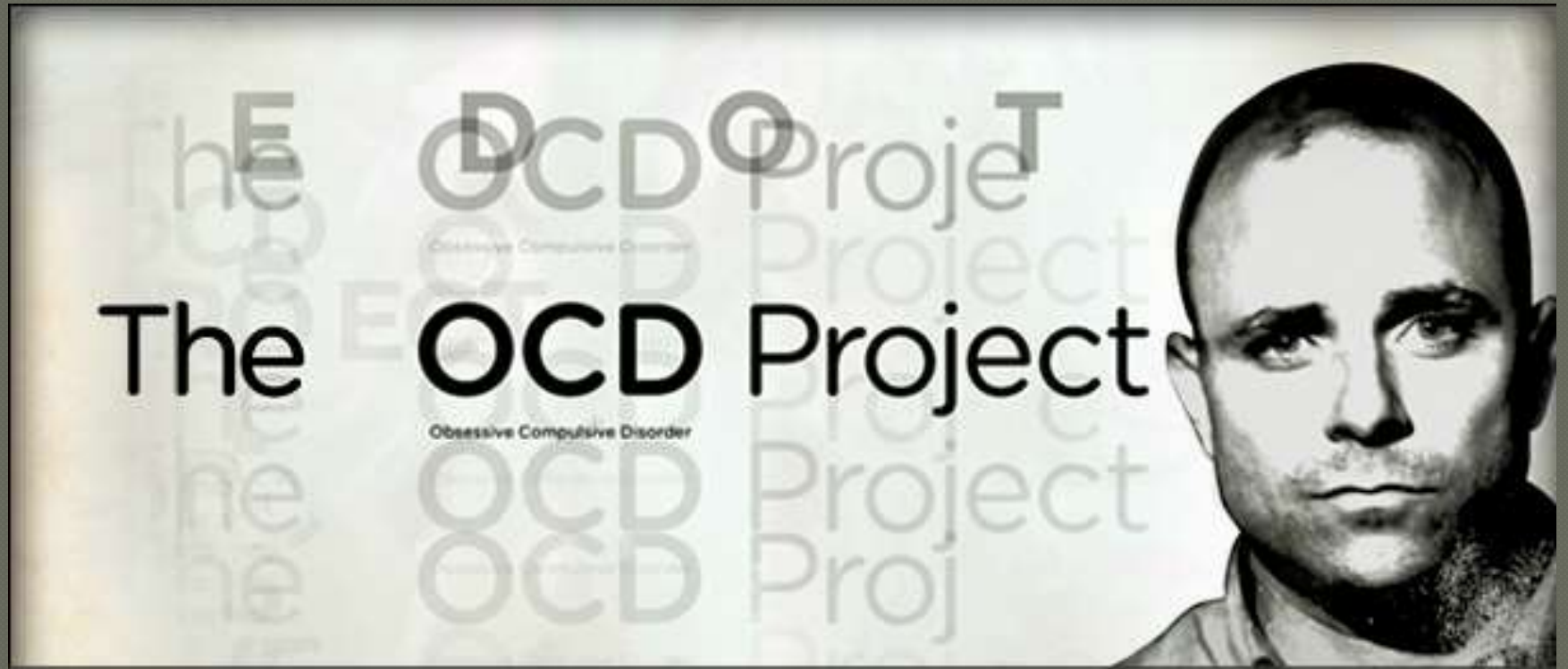
Media as Dissemination

- ◉ Field of psychology
- ◉ Patients featured in the program
- ◉ Public (or viewers)
 - Largest number of people
 - Includes potential patients

Methodology

- 49 participants (M=21.39 years, SD=3.01; 85.7% female)
- Materials
 - OCI-R (Foa, Kozak, Salkovskis, Coles, & Amir, 1998)
 - *The OCD Project and Big Brother*
 - Content Quizzes
 - Objective Beliefs about Exposure Therapy (OBET)
 - Patient Beliefs about Exposure Therapy (PBET)

The OCD Project



Objective Beliefs about Exposure Therapy (OBET)

- ◉ Likert scale (0=Disagree Strongly - 4=Strongly Agree)
- ◉ Sample statements:
 - “It is unethical for exposure therapists to temporarily evoke distress in their clients in order to promote long-term mental health.”
 - “Exposure therapy is inhumane.”
 - “Exposure therapy is torture for the client.”
- ◉ Good internal validity ($\alpha=.839$)

Patient Beliefs about Exposure Therapy (PBET)

○ Sample statements:

- “I would have difficulty tolerating the distress exposure therapy evokes.”
- “I would refuse to participate in exposure therapy.”
- “I fear that I may experience physical harm caused by my own anxiety (e.g., loss of consciousness) during highly anxiety-provoking exposure therapy sessions.”

○ Good internal validity ($\alpha=.894$)

Results—OBET

- No significant difference in total scores
- Individual statements:
 - “Most clients have difficulty tolerating the distress exposure therapy evokes” [F(1, 47)=5.887, p=.019].
 - “It is unethical for exposure therapists to evoke distress in their clients, even if it may prove helpful in the long-term” [F(1, 47)=4.532, p=.039].
 - “Exposure therapy does not take into account the unique needs of the client” [F(1, 47)=5.032, p=.030].
 - “Exposure therapy may cause clients’ anxiety to worsen” [F(1, 47)=4.523, p=.039].
 - “Exposure therapy is inhumane” [F(1, 47)=4.696, p=.035].
 - “Clients would be better off living with their anxiety disorder rather than participating in exposure therapy” [F(1, 47)=12.105, p=.001].

Results—PBET

- Significant difference in total scores
[$F(1, 47)=4.466, p=.040$]
- Most frequently endorsed statements:
 - “I would have difficulty tolerating the distress exposure therapy evokes.”
 - “I would feel uncomfortable conducting exposure therapy sessions outside the office with my therapist, even if deemed necessary to confront a feared situation.”

Discussion

- Why was there no difference between groups on the total OBET scores?
- Why were the PBET scores lowered when the OBET scores were not?
- Future research

References

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