

WHY DO THERAPISTS EXCLUDE PATIENTS FROM EXPOSURE THERAPY?

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Acknowledgements

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Meyer, J. M., Farrell, N. R., Kemp, J. J., Blakey, S. M., & Deacon, B. J. (2014). Why Do Clinicians Exclude Anxious Clients from Exposure Therapy? *Behaviour Research and Therapy*, 54, 49-53.

Pervasive Negative Beliefs

- ▣ Underutilization
- ▣ Cautious delivery
- ▣ Exclusion for extraneous reasons

Paul Meehl's Broken Leg Exceptions (BLEs)

Consider...

- ▣ a professor who goes to the movies every Tuesday night.
- ▣ One Tuesday morning, he breaks his leg.
- ▣ Most would predict that he would not go to the movies that fateful Tuesday night.

BLEs

- ▣ Group-level predictions versus individual case
- ▣ Opportunity costs
- ▣ *True* BLEs uncommon...
 - ... but which BLEs are commonly used?
 - ... and who are the therapists who use them?

Broken Leg Exception Scale (BLES)

- ▣ Initial pool of items ($N = 31$) based on literature review, clinical experience, and discussions with exposure therapy specialists
- ▣ Redundant and/or problematic items removed, yielding a final scale of $N = 25$
- ▣ Items rated on likelihood of excluding individual based on each characteristic 0 (*very unlikely*) to 3 (*very likely*)

Aims

(1) psychometric qualities of the Broken Leg Exception Scale (BLES)

(2) client characteristics that prompt clinicians to exclude them from exposure therapy

(3) therapist characteristics that predict the likelihood of excluding clients from exposure

Method

- ▣ Exposure therapist recruitment ($N = 182$)
- ▣ Primary outcome measures
 - Broken Leg Exception Scale (BLES)
 - Anxiety Sensitivity Index- 3 (ASI-3)
 - Therapist Beliefs about Exposure Scale (TBES)

Results - Aim 1

- ▣ Psychometric quality of the BLES
 - Cronbach's alpha = .93
 - All corrected item-total correlations and inter-item correlations above .30 ($M = .57$; range = .42-.66)
 - Distribution not significantly different from normal; $z(182) = 1.27, p = .08$

Results - Aim 2

- ▣ On average, respondents were “somewhat unlikely” to exclude clients from exposure therapy ($M = .74, SD = .50$)
- ▣ Mean total score = 23.1 ($SD = 15.4$)

Most/least endorsed BLES items

Item	M	SD
Most endorsed items:		
The client has a comorbid psychotic disorder.	2.16	0.90
The client is emotionally fragile.	1.28	0.94
The client is reluctant to participate in exposure-based cognitive-behavioral therapy.	1.20	0.91
Least endorsed items:		
The client's fears have religious themes.	0.37	0.70
The client holds strong religious beliefs.	0.25	0.56
The client is an ethnic minority.	0.21	0.58

Results - Aim 3

- ▣ Higher BLES total scores associated with:
 - Older age ($r = .24, p = .001$)
 - Education
 - ▣ Master's ($M = 24.6, SD = 16.8$)
 - ▣ Ph.D. ($M = 19.7, SD = 12.0$)
 - $t(155) = 1.97, p = .05, d = .37$
 - Profession
 - ▣ Clinical Psychologists ($M = 18.4, SD = 12.1$)
 - ▣ Other mental health professions ($M = 27.4, SD = 14.6$)
 - $t(163) = -4.06, p < .001, d = .69$

Results - Aim 3

- ▣ Higher BLES total scores associated with:
 - Therapists' own fear of the physical sensations of anxiety (ASI-3 Physical)
 - ▣ $\beta = .17, p = .05$

 - Negative beliefs about exposure therapy (TBES)
 - ▣ $\beta = .47, p < .001$

Summary & Conclusions

- ▣ The BLES is a psychometrically sound measure of reasons for excluding patients from ET.
- ▣ Misconceptions about ET lead to exclusion of clients and should be targeted in training.
- ▣ Education especially valuable for older clinicians with less professional training, negative beliefs about ET, and fear of the physical sensations of anxiety.

Future Directions

- ▣ Which patient factors constitute bona fide predictors of poor ET outcome?

Thank you

A copy of the Broken Leg Exception Scale may be obtained from Johanna Meyer (johanna.meyer@uwyo.edu) or Brett Deacon (bdeacon@uwyo.edu).