

Anxiety Disorders Association of America

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FEARING THAT WHICH CAN SAVE YOU

**An Integrative Approach to
Medical & Dental Phobias**

*Renewed Freedom Center for Rapid Anxiety Relief
Division of Strategic Cognitive Behavioral Institute, Inc.*



PRESENTER:

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Dr. Yip has been extensively trained by nationally recognized experts in OCD and Strategic Family Therapy. She has worked with this population for over a decade, and has developed an innovative treatment modality integrating Mindfulness Training, Strategic Paradoxical Techniques, and traditional Cognitive-Behavior Therapy (CBT) in treating severe OCD and related pediatric anxiety disorders within the family system. She has published articles, presented her work at numerous national and international conferences, and been featured in various media venues. She continually provides training in her areas of expertise, and consults on documentaries and film productions on OCD in children and adolescents. Dr. Yip is the Executive Director of the Renewed Freedom Center in Los Angeles, a Clinical Assistant Professor of Psychiatry at the USC Keck School of Medicine, an Institutional Member of the International OCD Foundation (IOCDF), a Clinical Member of the Anxiety Disorders Association of America (ADAA) where she serves on the Public Education Committee, and on the Board of Directors at the Los Angeles County Psychological Association (LACPA) where she also chairs the Cognitive Behavior Therapy Special Interest Group (CBT SIG).



Medical & Dental Phobias

Severe phobias affect about 8-12% of the US adult population alone. Medical and dental phobias are amongst the most common, and include fears of blood, medical/dental procedures, needles, surgery, hospitals, and medical personnel. These fears often begin in childhood between ages 5 and 9, and perpetuate throughout adulthood. Medical and dental phobias are serious problems, because they deter sufferers from getting the medical and dental attention they need until they are in severe pain. By the time sufferers seek the necessary medical/dental care, their conditions are usually worsened requiring more invasive treatments. Female sufferers have been known to avoid pregnancy. Those who avoid regular dental care are at higher risks for oral bacterial buildup and periodontal disease that can result in a whole host of other health problems. Furthermore, health threats are increased from being repeatedly exposed to unnecessary intravenous sedations for even simple dental cleanings.

The level of symptoms sufferers experience varies from distressing anxiety to intense panic and terror. Sufferers often feel as if they are about to die, lose control, or do something embarrassing. Most of all, they feel an overpowering urge to escape the dire situation. According to a recent study by the *British Dental Journal*, a single session of Cognitive Behavioral Therapy (CBT) could help individuals with severe dental phobia. Mindfulness training, interoceptive exposures, and prolonged and repeated exposures are a range of techniques that can be used to make the experience comfortable for patients who feel anxious about having medical or dental treatments.

Educational Objectives:

- 1) Attendees will be able to identify the various subtypes of medical and dental phobias, and comorbid features of panic attacks.
- 2) Attendees will be able to apply the vicious Fear Avoidance-Reinforcement Cycle to the implications and consequences of avoidance behaviors.
- 3) Attendees will be able to assess internal/external cues of phobic symptoms, collaborate with medical/dental professionals, and treat sufferers with an integrated Cognitive-Behavioral Approach.



I. Medical/Dental Phobias Defined

- 1) Prevalence & Epidemiology
- 2) Fear-Avoidance-Reinforcement Cycle
- 3) Comorbid Panic Attacks
- 4) DSM-IV Criterion

II. Features of Medical/Dental Phobias?

- 1) Subtypes and Related Conditions
 - a. Blood
 - b. Injection
 - c. Medical Procedures
 - d. Dental Procedures
 - e. Surgery
 - f. Medical Facilities/Personnel
- 2) Characteristics of Panic Attacks
 - a. Physiological Sensations
 - ✓ Racing, skipping, or pounding heartbeat
 - ✓ Chest pains, pressure, discomfort
 - ✓ Dizziness, lightheadedness, nausea
 - ✓ Shortness in breath, difficulty breathing
 - ✓ Trembling or shaking
 - ✓ Sweaty or clammy hands
 - ✓ Choking sensations or lump in the throat
 - ✓ Stomach problems or sudden diarrhea
 - ✓ Tingling or numbness in parts of the body
 - ✓ Flushes or chills
 - ✓ Dreamlike sensations or perceptual distortions
 - ✓ Terror – a sense that something unimaginably horrible is about to occur and one is powerless to prevent it
 - ✓ Fear of losing control and doing something embarrassing
 - ✓ Fear of dying
- 3) Avoidance Behaviors

III. Consequences of Medical/Dental Phobias

- 1) Dental Phobias
 - a. Oral Hygiene
 - b. Periodontal Disease
 - c. Increased Health Hazards
 - d. Social Factors
- 2) Medical Phobias
 - a. Health Risks
 - b. Increased Pain & Suffering
 - c. Avoidance of pregnancy, etc.
- 3) Increased Long-Term Healthcare Costs
- 4) Emotional Embarrassment
- 5) Comorbidity
 - a. Panic Disorder
 - b. OCD/OC Spectrum Disorders

- c. Social Phobia
- d. Major Depression



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IV. Integrative Treatments that Works!

- 1) Treatment Challenges
 - a. Overappraisal of catastrophic thoughts
 - b. Overvaluing and misattribution of bodily sensations
 - c. Misinterpretation of panic symptoms
 - d. Severe avoidances
- 2) Assessment & Evaluation
 - a. Diagnostic Instruments
 - b. External/Internal Cues
- 3) Psychoeducation – Reduces misattribution of psycho-physiological symptoms
 - a. Vicious Fear-Avoidance-Reinforcement Cycle
 - b. 3 Levels of Functioning
 - ✓ Affective/Emotions
 - ✓ Cognitive/Thoughts
 - ✓ Behaviors
 - c. Fight/Flight Response
 - d. Faulty Appraisals and Belief System
 - e. Cognitive Distortions
- 4) Relaxation Training – Reduces physiological symptoms of panic attacks
 - a. Deep diaphragmatic breathing
 - b. Progressive muscle relaxation
- 5) Mindfulness Training – Increases awareness of physiological sensations to enhance process of habituation to exposures
- 6) Interoceptive Exposure – Changes belief system of physiological symptoms, and empowers individual's belief about ability to control panic symptoms
 - a. Shaking head from side to side
 - b. Putting head between legs and quickly lifting it up
 - c. Body tension
 - d. Straw breathing
 - e. Hyperventilation via paper bag
 - f. Staring at small spot
 - g. Spinning
 - h. Running
- 7) Prolonged & Repeated Exposures – Changes belief system of danger and fear
 - a. Imaginal – Loop tapes
 - b. Visual – Photos, Videos
 - c. *In vivo* – Actual setting/situation
- 8) Cognitive Restructuring – Maintains changes in belief system
- 9) Treatment Efficacy
 - a. Requires individually tailored treatments
 - b. Continual Assessment
 - ✓ Evolving Triggers
 - ✓ Creative Strategies
- 10) Collaboration with Medical/Dental Professionals – Provides a comprehensive and effective treatment team

DENTAL CONCERNS ASSESSMENT

Date _____

Please rank your concerns or anxiety on the accompanying scale.

Please fill in any additional concerns.

		Level of Concern or Anxiety			
		Low	Moderate	High	Don't Know
1	Sound or vibration of the drill	1	2	3	4
2	Not being numb enough	1	2	3	4
3	Dislike the numb feeling	1	2	3	4
4	Injection ("Novocain")	1	2	3	4
5	Probing to assess gum disease	1	2	3	4
6	The sound or feel of scraping during teeth cleaning	1	2	3	4
7	Gagging, for example during impressions of the mouth	1	2	3	4
8	X-rays	1	2	3	4
9	Rubber dam	1	2	3	4
10	Jaw gets tired	1	2	3	4
11	Cold air hurts teeth	1	2	3	4
12	Not enough information about procedures	1	2	3	4
13	Root canal treatment	1	2	3	4
14	Extraction	1	2	3	4
15	Fear of being injured	1	2	3	4
16	Panic attacks	1	2	3	4
17	Not being able to stop the dentist	1	2	3	4
18	Not feeling free to ask questions	1	2	3	4
19	Not being listened to or taken seriously	1	2	3	4
20	Being criticized, put down, or lectured to	1	2	3	4
21	Smells of the dental office	1	2	3	4
22	I am worried that I may need a lot of dental treatment	1	2	3	4
23	I am worried about the cost of the dental treatment I may need	1	2	3	4
24	I am worried about the number of appointments and the time that will be required for necessary appointments and treatment; time away from work, or the need for childcare or transportation	1	2	3	4
25	I am embarrassed about the condition of my mouth	1	2	3	4
26	I don't like feeling confined or not in control	1	2	3	4
27	Other:				

*Developed by J.H. Clarke and S. Rustvold, Oregon Health Sciences University School of Dentistry, 1993 (Revised 1998)

Signature _____ Print _____

DENTAL CONCERNS ASSESSMENT – Parent Rating

Date _____

Thank you for taking the time to fill out the front and back of this questionnaire. This only has to be filled out one time and will help us best serve you during your dental visit. Whether you are/are not anxious about going to dental visits, we ask you to complete the questionnaire. Your absolute comfort at all of your appointments is important to us and we strive to understand your needs and give you the most comfortable appointment possible.

For Patients Age 14 or Younger

Patient First Name _____ Middle _____ Last _____

*How would you describe your child's feelings about **going** to a dental check-up?*

- Scale
- 1 Relaxed
 - 2 A little uneasy
 - 3 Tense
 - 4 Anxious
 - 5 So anxious that I sometimes break out in a sweat or almost feel physically sick.

*When your child is **waiting** in the dentist's office for his/her turn in the chair, how does he/she seem to feel?*

- Scale
- 1 Relaxed
 - 2 A little uneasy
 - 3 Tense
 - 4 Anxious
 - 5 So anxious that I sometimes break out in a sweat or almost feel physically sick.

*When your child is **in the dentist's chair** how does your child seem to feel?*

- Scale
- 1 Relaxed
 - 2 A little uneasy
 - 3 Tense
 - 4 Anxious
 - 5 So anxious that I sometimes break out in a sweat or almost feel physically sick.

Please circle all that apply. Please fill in any additional concerns.

		Yes	No
1	My child has been to a dentist before	Y	N
2	My child is anxious about going to the dentist	Y	N
3	My child has had to go to a Pediatric Dentist	Y	N
4	My child has had to go to the hospital for treatment before	Y	N
5	My child can have cleanings without hesitation	Y	N
6	My child has been told by a sibling or other family member about a poor dental experience	Y	N
7	My child has had a lot of dental treatment in the past	Y	N
8	My child will sit still through a dental appointment	Y	N
9	Other:		

Signature: _____ Print: _____
Name of Parent or Legal Guardian completing this form

Sample Exposure Hierarchy for Fear of Dentists

Item	Description	Fear Rating (0-10)
1	Get a tooth filled by a dentist, including a needle and drilling	10
2	Go to dentist for a full cleaning and X-rays, and listen to the sound of a dentist's drill in the background several times during the procedure	9
3	Go to dentist for a full cleaning and X-rays, without listening to the dentist's drill	8
4	Go to a dentist for a checkup (with X-rays), but no cleaning	7
5	Sit in a dentist's chair, no work being done	6
6	Watch a friend have dental work done	6
7	Sit in a dental office waiting room	5
8	Hold a dental instrument while watching a dental video	5
9	Watch a video of a dental cleaning without holding anything	4
10	Hold a dental instrument	3