

A Proposal for One-Session Treatment for Blood-Injection-Injury Phobia in Transgender Youth

School of Graduate Psychology

Presenter: Preeti Pental

Sponsors & affiliated institution: Catherine Miller, PhD, ABPP, and Laura Edwards-Leeper, PhD (Pacific University, School of Graduate Psychology)

BACKGROUND

- One-session treatment (OST), is a form of exposure-based therapy originally developed by Lars-Göran Öst for the treatment of specific phobias (Öst 1985, 1987, 1989, 1997).
- The current literature for evidence-based treatment for specific phobias, the patient population of individuals with BII phobia has been largely neglected.
- Transgender and gender non-conforming (TGNC) youth pursuing medical intervention for their gender dysphoria require frequent contact with injections and needles.
- TGNC youth who seek medical intervention require needles for initial lab work-ups, suppression and administration of hormones, and continues hormone monitoring during treatment.
- A significant number of TGNC individuals have reported their dislike and avoidance of needles, however this is largely undocumented in the clinical literature.

PRESENT LITERATURE REVIEW

- The aim of this review was to conduct a literature review on one-session treatment in children and adolescents to provide a rationale for its use with transgender and gender nonconforming youth with blood-injection-injury phobia.
- Three elements of the current literature were reviewed: 1) current literature on the treatment of specific phobias in youth, 2) current literature on the use of one-session treatment as a treatment approach for specific phobias in youth, and 3) current information on the presence of injection/needle phobia in the TGNC youth demographic.

KEY FINDINGS

- OST is also considered a well-established treatment for children and adolescents with specific phobias, with developmentally suitable adaptations and modifications (Davis et al., 2019)
- Needle avoidance, fear, and blood-injection-injury phobia have all been reported in the TGNC youth demographic, including via direct reports online by TGNC youth and in research related to TGNC healthcare (Transgender Teen Survival Guide, 2019; Wilson, 2017; James et al., 2016)
- The medical treatment for gender dysphoria requires the use of a range of needles for pre-treatment labwork, hormone suppression, intramuscular administration of hormones, and hormone monitoring (Fabris et al., 2015; Hembree et al., 2009)

"In the last year, what percentage of your clients experienced needle phobia?"	"Would you say hormone therapy has a time-sensitive element?"
4–6%	Y
4–6%	Y
10%	Y
5–10%	Y
2.5–5%	Y

Figure 1: Personal interviews with pediatric endocrinologists specializing in TGNC youth care

METHOD

- To find relevant literature for this proposal, the following web resources were used: Annual Reviews, GoogleScholar, APA PsycArticles, APA PsychBooks, and APA PsycInfo.
- In addition, personal interviews were conducted with pediatric endocrinologists specializing in TGNC youth care. The following interview questions were asked:
 - 1) "In the last year, what percentage of your clients experienced needle phobia?"
 - 2) "Would you say that hormone therapy has a time sensitive element, and if so, what do you consider the most time sensitive aspect of treatment?"
 - 3) "Is there anything else from your experience that you can tell me about working with this group?"
- In addition, this ongoing project leans on the expertise of both of my dissertation committee members.
- Specifically, I leaned on Dr. Miller for her expertise on behavioral treatments to ensure I provided a thorough and comprehensive review of the literature on one-session treatment.
- I also sought Dr. Edwards-Leeper's expertise on TGNC medical and psychological interventions to help bolster my theoretical justification for the use of OST for this population.

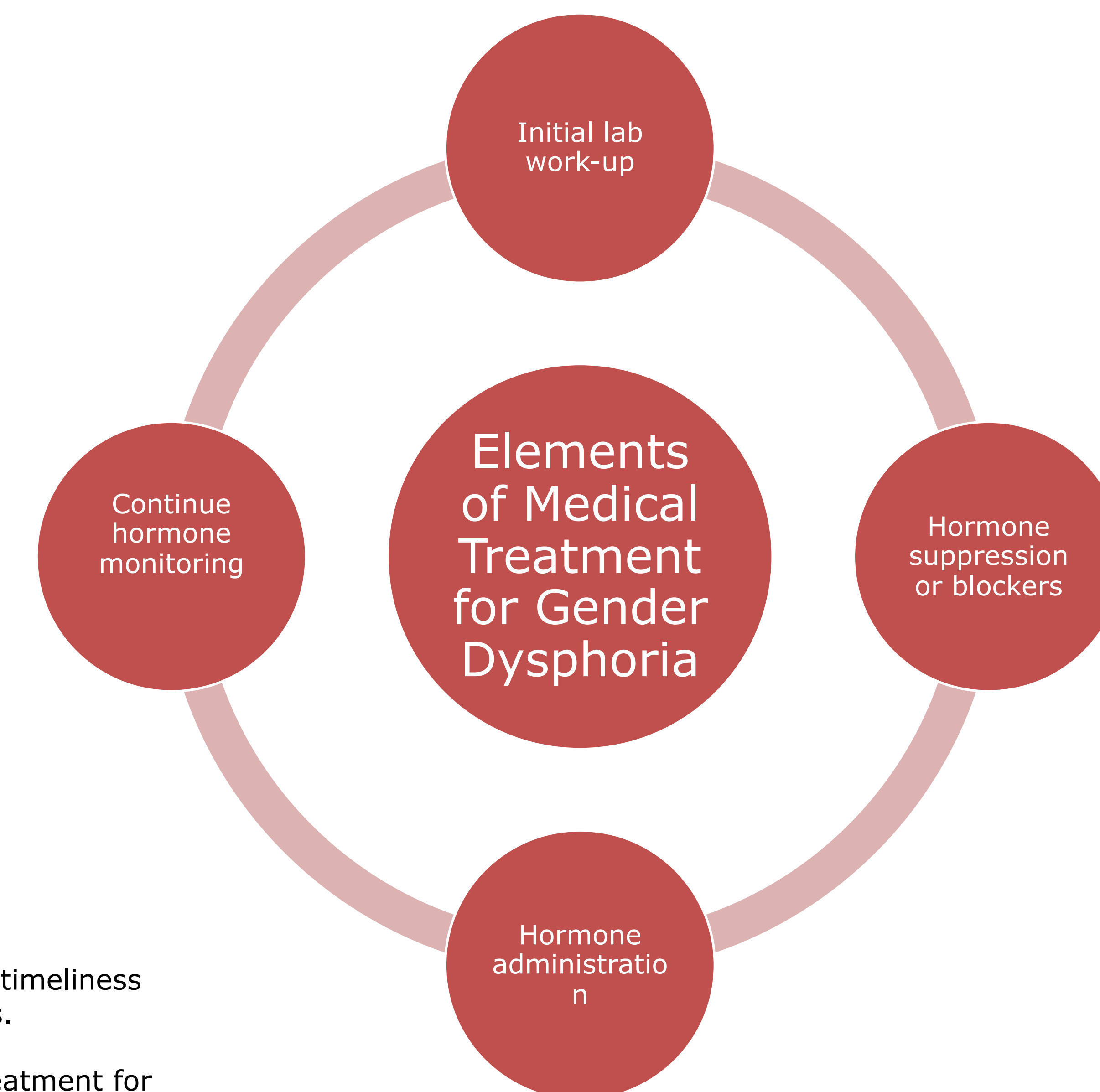
DISCUSSION

- This research underscores the importance of timeliness in the medical transition of TGNC adolescents.
- For youth who are eligible for one-session treatment for BII and suitable candidates for medical transition, a massed session approach provides the opportunity for these youth to seek medical intervention in a manner that attends to the time-sensitive elements of hormone therapy.
- Findings from pediatric endocrinologists interviewed for this review suggest a significant number of TGNC youth experienced high needle fear or phobia, which prevents timely medical intervention.

LIMITATIONS

- As this study provides preliminary theoretical justification for the use of OST in TGNC youth with needle phobia, this research is limited by the lack of a causal or experimental relation between OST and BII phobia

Figure 2: Elements of medical treatment for gender dysphoria requiring contact with injections/needles



FUTURE DIRECTIONS

- Future research might consider the prevalence of needle phobia in other populations, including youth with needle phobias in dental clinics or in diabetes centers to further examine the presentation of and treatment considerations needle phobia in youth
- Another possibility that future research can explore is whether BII phobia in TGNC youth is a different type of anxiety from BII phobia in other demographics
- Future research might examine whether there is a convergence in the construct of BII phobia anxiety symptoms between the general population of youth with BII phobia versus the TGNC population of youth with BII phobia