

PHOBIA TREATMENT THROUGH THE ONLINE PLATFORM - A CASE REPORT

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INTRODUCTION

Phobia is fear connected with some object, situation, place or activity. Criteria for a specific phobia are that the fear is caused by a specific stimulus (e.g. dog, snake), that facing this stimulus produces avoiding behavior, and that the fear is irrational and so excessive that it negatively affects everyday life (de Jongh & ten Broeke 2007). The same authors state that that the prevalence of phobias is over 10%. In the new DSM 5 one of the criteria is that fear, anxiety or avoidance last for at least 6 months. The prevalence of the specific phobia for 13-17 year-olds is 16%, and is higher than the prevalence among children (5%) or adults (7%-9% in the USA; 6% in the EU; 2%-4% in Asia, Africa and Latin America) (DSM 5 2017). Classifications of Mental Disorders include five types of phobias (animal, natural environment, situational, blood-injuries-injections, other types) while the statistical analysis of epidemiological data identifies three groups of phobias: situational, animal, and mutilation type (De Jongh & Ten Broeke 2007).

Online EMDR therapy is specific because it includes therapist contact with the client through camera and microphone. There are also specialized agencies which offer such treatment. Such an approach has shortfalls and advantages, especially when phobia treatment is concerned since such clients do not have to travel or leave the house. A team from the Barends Psychology Practice agency gives data to suggest that the effectiveness of online EMDR therapy is higher than 80% (Barends 2017). The mentioned advantages are: effectiveness, easy access, financial acceptability, comfort, security, flexibility and good care after therapy sessions. In the case of BLS, the butterfly hug is most often used. In working with phobias, the effectiveness of EMDR has been confirmed through several case studies (de Jongh & Ten Broeke 1998, Marquis 1991, Muris & De Jongh 1996 by de Jongh & Broeke 2007).

This study presents a client with both a phobia about perpetration of suicide and social phobia. EMDR protocol for phobias was applied. The treatment was performed via Skype and the Vsee platform in the period of February - May 2017. Scale of disturbance (SUD) was used. An interview with the client and his mother was performed, at the beginning, end, and three

months after, complete treatment. The technique of time-line was used to assist determining the target and its chronological occurrences. A total of 14 sessions were conducted, each session lasting 60 minutes. The aim was to present the possibilities of the online application of EMDR in treatment of fear and phobia.

An evaluation was performed three months after the end of the treatment through a brief online interview.

CASE PRESENTATION

Client

The client is 18 years old. The parents come from Bosnia and Herzegovina. They moved to Germany 20 years ago, looking for a job. The client grew up in Germany, has attended kindergarten, elementary school there, and is currently in high school. Based on anamnestic data, it can be concluded that the client is well integrated into society. He has friends from all nationalities. Personality-wise, he has dominating introvert tendencies. He does not use psychoactive substances and has no prescribed medications. He is an athlete.

The touchstone event causing the phobia happened when he was 13 years old. In class, a peer committed suicide. A joint visit to the place where the student committed suicide was organized. The peers prepared flowers. Coming to the place where the rope with which the classmate committed suicide still lay was traumatic, even more so, because the client passed this place on the way to school every day. His fear was triggered daily, and he did not share his distress with neither his parents, colleagues, nor experts. A year after this suicide, another one occurred. It was the suicide of a boy from school with whom the client did not have direct contact and who was not in his class. Unfortunately, there was another suicide case following this one, this time related to the suicide of his friend's father. It happened a year after the first case. It was especially disturbing because previously he had been compared to the father of his friend, as they had very similar personalities. In that period, together with his friend, he had auto-aggressive behavior, and he cut one of his hands. The cuts were not deep nor life-threatening. He repeated the second grade of high school. His concentration was lower, memory weaker, and he had very low motivation. He moved to

another school, where he could not make friendships with peers, and this is where his social phobia appeared. Then he lost the social support that he had in the previous grade.

Assessment

The evaluation was performed through a clinical interview. Since no symptoms of dissociation or other contraindications for EMDR were observed, psychological instruments were not applied. The client's data was the same as the data from the mother. The rating of the event was carried out using the scale of disturbance (SUD).

Treatment

The treatment was implemented by an accredited EMDR practitioner. The protocol for phobia was applied (Shapiro 2001, Myers 2015). The therapist used the strategy of past events and triggers at the present, as well as preparing the client to deal with future events. All phases of the protocol were applied.

The treatment was performed using an online platform. The first three meetings were carried out via Skype because this platform was known to the client. Then it was explained that Skype does not guarantee full client protection during the treatment, and that according to the instructions of the professional associations from the UK, the Vsee platform is safer. After the client's approval, further work was carried out through that platform.

The structure of the meeting was: *Top of Form*

- The first four meetings involved taking history data for preparation and evaluation;
- The next three meetings focused on processing the first event;
- The eighth meeting concentrated on processing the third event;
- The next three meetings were dedicated to the present and to triggers;
- The next meeting focused on processing auto-aggression;
- The next two meetings considered the future using the Future template and mental video tape. The client re-established social relations as well. Social phobia was not particularly treated, because during the EMDR processing the phobia from suicide disappeared.

During the preparation phase, the client was taught breathing techniques, body scanning, and finding a Safe place. The client selected a famous mountain where he often walked for his Safe place.

Two different BLS methods were applied. In the first, the mother tapped the client over his shoulder. This method strengthened the client's stabilization, because it was difficult to keep contact with the client due to social phobia and his difficulties understanding

certain words in the Bosnian language. His mum gave him a sense of security. During the first five sessions, the client found it hard to stay connected to the material, so BLS with butterfly hug at that point would have been difficult to perform. After establishing trust and a positive therapeutic relationship, the mum stopped attending treatment, and then the butterfly hug was applied. The mother attended five sessions.

For events regarding suicide phobia the client chose the negative cognition (NC) "I am weak". This cognition was in the domain of safety. The level of disturbance during assessment was 6. The positive cognition (PC) was "I am strong", and VoC was 3. The sensation was in the chest, and the emotions were fear and concern. At the end of the third session, the disturbance dropped to 0. The second event did not disturb him, and the third event was initially 4 (SUD). For the event regarding self-aggression, he chose the NC "I'm stupid." This NC was in the domain of responsibility. The event which was being processed happened just after the third event, the suicide of a friend's father. He and his friend performed self-restraint. The scars were inadmissible. The SUDs were 4. The PC was "It is over", and VoC was 4. The process was completed in one session.

Processing the triggers in the present lasted three sessions. During a trip on the river, he saw boats. The chains and bushes to which the boats were tied were intense triggers. The process took about half an hour. Then we processed the way he was triggered by the cables in the house (computer cables, charger, TV, etc.) This took about 20 minutes. After that we processed the ropes in the gym in school for half an hour, and then the ropes in the street for 20 minutes. The triggers were rated as 5, and all were reduced to 0.

Upon ending the treatment, the client remarked that he no longer had any disturbances about the target. Feedback from the mother was that he has more energy, more confidence, a better mood, and generally that the treatment was successful.

The evaluation was carried out three months later and the feedback from the client and his mother was that he is stable and functional and that the SUD is still 0. The evaluation was conducted on-line.

DISCUSSION

The work with the client is described retrospectively. This study is limited by its lack of an evaluation of the treatment using defined variables at the beginning, end, and three months after the treatment. The mother has provided a more objective assessment of the results. Objectivity of the effects has been increased by the client's mother assessment. The contribution of this study is its discovery of the association of social phobia with another phobia. Suicide phobia has limited the social contacts of a client with peers and friends. In this case, the successful treatment of the suicide phobia led to the resolution of the social phobia.

CONCLUSIONS

Several conclusions can be made from this study: treatment via online platforms is possible and effective, social phobia can be caused by another phobia, and suicide phobia treatment is also efficient online. A special conclusion is that during the next online treatment, evaluation through instrumentation should be introduced.

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