

# Young Persons' IAPT Service

## Client Case Study

### Background

Client self-referred in August 2016.

Wanted treatment for lifelong dog phobia. Identified goal to go to Sri Lanka on work placement at end of 2016 but did not feel able to as knew there will be a lot of dogs there.

Displaying lots of avoidance behaviours including walking in the middle of the road in case there was a dog in a garden or avoiding unfamiliar streets in general in case there was a dog.

Initially offered Guided Self Help (GSH).

### Client

Age: 26

Gender: Female.

Ethnicity: Mixed - White and Black Caribbean

Nationality: British

Sexual orientation: Heterosexual

Diagnosis: Specific (isolated) Phobias

### Interventions at Step 2 (Guided Self Help) 7 sessions

Completed work on reducing avoidance. E.g. trying to walk on unfamiliar streets where there may be dogs in the gardens.

Client had postponed trip to Sri Lanka for a year due to dog phobia, planned for September 2017.

Stepped up to CBT as client felt that she needed therapist who would be able to complete in vivo exposure with her.

### Interventions at Step 3 (Cognitive Behavioural Therapy) 20 sessions

Reviewed hierarchy (situations invoking increasing levels of anxiety, starting with the lowest and working up session by session) and agreed that client would try and walk on unfamiliar streets where there may be dogs. Agreed to go on walks with therapist to increase exposure.

After 3-4 sessions client was happy to plan further exposure and agreed to visit dog's trust with therapist where she would come into contact with dogs behind glass. Total of two visits to the dogs trust and the client's anxiety reduced with each visit.

Client now was more comfortable walking on streets and not avoiding shops when dogs were tied up outside (previous avoidance behaviour). Client wanted to come into contact with a dog in a controlled environment.

Therapist arranged for 2 small dogs to be in the office. Started by having one of the dogs in the room in a lead, working up to both in the room on leads. Client was able to stroke both dogs. In the next session a "bouncy", medium sized dog was in session, again client worked her way up to stroking the dog.

Therapist met client at different parks around leads to walk around when dogs were on leads / off leads etc. and to expose client to different sized dogs and less predictable situations.

Therapist arranged for the same two small dogs to be in session 14 and client was able to be around both dogs off their leads, stroking both of them.

Had a large dog in session. Client was able to stroke dog and walked the dog around the car park. Client reported that this "was surreal" for her as she never thought she would be able to walk a dog.

Therapist met client with a labradoodle and client was able to walk dog on and off the lead at park.

Had a large "bouncy" dog in session and walked to local park where client was able to walk the dog around the park. Had an extended 90 minute sessions in order for client to habituate further.

Conducted remaining sessions at Roundhay park where client was able to walk around and not move away or avoid dogs when they walked past or came near her.

## Outcomes

Client was discharged after 20 sessions of CBT.

Client reported that they felt they had “been cured”. Client then went travelling around Thailand and attended follow up in September 2017. Client had lived with several dogs whilst they had been travelling and they were feeling OK about going to Sri Lanka which for her was her end goal of therapy.

Since travelling in Sri Lanka has maintained contact with therapist, sending email updates and a photo of herself with a large dog!.

Outcome measures are shown below. PHQ-9 (depression) and GAD-7 (anxiety) low at start of treatment due to nature of diagnosis and avoidance of triggers (dogs).

“there are several dogs walking around but my anxiety is very low”

