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“Stupid Little Pointy Needle!”

Dismantling a Cognitive-Behavioural Treatment for

Chronically Ill Children with Needle-Related Distress

A thesis presented in partial fulfilment of the requirements for the degree of

Doctorate

in

Clinical Psychology

at Massey University, Wellington

New Zealand.

Ψ

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2014
Abstract

For some chronically ill children, having an injection is a regular occurrence and can result in distress and avoidance behaviour for the child and their family. There can also be negative health implications of these children not having their injections. Research supports the effectiveness of various cognitive-behavioural therapy (CBT) packages for childhood needle-related distress (NRD), although which components are most effective has yet to be identified. The aim of the present study was to replicate previous research findings from McIvor (2011), by dismantling an existing manualised CBT package to determine whether cognitive and/or behavioural components were necessary for a reduction in NRD. Three treatment manuals were used to conduct this research, namely (1) a CBT manual (6 sessions), (2) a cognitive therapy (CT, 4 sessions) manual, and (3) a behavioural therapy (BT, 4 sessions) manual. Treatments were evaluated using a multiple-baseline across participants single-case design. Twelve children aged 7-13 of New Zealand European/Pākehā and Māori descent were randomly allocated to one of the three treatment conditions, with four children and their carers assigned to each condition. Case study and group analysis indicated that six sessions of CBT was more effective than four sessions of CT or four sessions of BT based on the magnitude of change displayed in relation to NRD symptoms and the number of promising single-case replications. However, when assessing individual case results in certain areas (e.g., coping and cognitions related to injections), CT and BT were just as effective as CBT for some children. Both children and carers expressed high levels of satisfaction with the three treatments and all children successfully received an injection. Treatment was also characterised by particularly low dropout rates with all 12 participants attending the required assessments and therapy sessions. Finally implications of this study are discussed including the outcome that exposure tasks tend to produce the most change. However, techniques essential for the development of common factors (e.g., therapeutic rapport) should not be eliminated without further research, as these processes may need to be established in order for the client to attempt exposure tasks in the first place.
Acknowledgements

There are three groups of people that I would like to thank most of all
– Plus one outlier.

The first includes the families that took part in this study. Mostly for agreeing to complete the colossal number of measures required in this study and as some children rightly put it – “Questions drive me nuts” and “I’ve listened to this story a million times!”. I had so much fun with you all and learnt a tremendous number of skills that I will take with me for the remainder of my training and well into my career. Your openness and courage to approach the thing you fear most (injections) has allowed me to carry out this research. “Thank you, thank you, thank you so much” (as one participant wrote during their post-therapy feedback) – but really I should be saying this to you all. So ditto to that comment.

The second group of people include my research supervisors: Joanne Taylor, Kirsty Ross, Neville Blampied and Ruth Gammon. Each played a very important role during the development, implementation and closure stages of the project. In particular, Jo and Kirsty not only provided exceptional research guidance, but listened to the audio recordings of each assessment interview and therapy session for supervision purposes (approximately 70 recordings ranging from 60 to 90 minutes!). Neville was very instrumental with providing research design, psychometric and data display ideas that were pivotal to the overall development of this doctoral research. I am particularly grateful for his suggestion of using modified Brinley plots, which in its absence would have made my result section even more gigantic. Ruth was fantastic with providing clinical input when necessary and allowing participants to use the Wellington Clinic.

The third group of people were key stakeholders. I would like to thank the Massey University Psychology Clinics in Wellington and Palmerston North for allowing me to conduct this research within their work place. In particular, I would like to acknowledge the Massey Health Conditions Psychology Service who was a key partner in the initial development of the treatment manual in 2011. The help I received from the Hutt Valley District Health Board (DHB) was also amazing in regards to recruiting participants and promoting my research project with families, but also doctors, nurses, paediatricians, play therapists and other key staff. Nicola Gray and Anne Mitchell from Hutt Valley DHB, you have both been incredible and I could not have done this without your help! Carolyn Coles from Capital and Coast DHB, you are a lifesaver for running around and posting flyers in the hospital for me. Other organisations that have been instrumental and welcomed my research with open arms include Cystic Fibrosis Association, Diabetes New Zealand and Aotea Pathology.

There is one other person that does not fit into either of these groups, but has been my rock during the ups and downs of both my masters and doctoral research projects. Antony Wolken – you are the best.
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