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“Stupid Little Pointy Needle!”

Dismantling a Cognitive-Behavioural Treatment for Chronically Ill Children with Needle-Related Distress

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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 Mclvor (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.

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– Plus one outlier.**

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