

“EFFECTIVENESS OF EXPOSURE AND RESPONSE PREVENTION TECHNIQUES ON PERCEIVED LEVEL OF SELECTED PHOBIAS AMONG TEENAGERS RESIDING IN SELECTED AREAS.

Nursing

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KEYWORDS

INTRODUCTION

Exposure Response Prevention, commonly referred to as ERP, is a therapy that encourages you to face your fears and let obsessive thoughts occur without 'putting them right' or 'neutralizing' them with compulsions. Exposure therapy starts with confronting items and situations that cause anxiety, but anxiety that you feel able to tolerate. After the first few times, you will find your anxiety does not climb as high and does not last as long. You will then move on to more difficult exposure exercises.

Response prevention is key, because anything that gets rid of distress makes it impossible for us to get used to it. When people don't turn to compulsions, they learn how to accept their obsessions instead of acting desperately to neutralize them. The thoughts are still difficult sometimes, but they no longer seem like a huge problem. This process of getting used to something is what psychologists call habituation. As patients habituate to the feelings their obsessions bring up and reduce their reliance on compulsions, they spend less time and energy avoiding pain. ERP is fundamentally about shifting one's orientation to unpleasant thoughts and feelings-not about getting rid of them.

Background of Study

Exposure therapy originated from the work of behaviorists like Ivan Pavlov and John Watson in the early 1900s. Its roots trace back to principles of Pavlov's classical conditioning. The benefits of exposure therapy have been well documented and many studies cite exposure therapy as a first-line treatment for several mental health concerns.

Response prevention is based on a principle of learning theory (specifically, operant conditioning). According to this principle, when a behavior is no longer rewarded (reinforced) it becomes extinct. This means the behavior gradually fades away. For instance, washing hands after contact with a doorknob serves to 'undo,' or negate the anxiety that occurs after touching a doorknob. Response prevention eliminates the rewarding effect of hand washing. As such, compulsive hand washing will gradually become extinct.

Need of the study

Exposure and Response Prevention technique is based on the premise that a primary problem with panic disorder is the patient's fear of attacks and avoidance of situations that might trigger them. It is comprised of two components: exposure to the anxiety-producing thoughts or situations and prevention of the typical avoidance response. In ER/P therapy, the patient and therapist work together to identify the patient's feared outcome, then devise a careful plan of graduated exposure.

Response prevention means that during exposure, the patient does nothing to avoid, escape, or reduce his or her anxiety. By recognizing the fear that drives the anxiety and providing exposure in a safe, controlled manner, ER/P therapy neutralizes the fear and its ability to cause anxiety.

OBJECTIVES

1. To assess the pre-existing perceived level of selected phobias among teenagers residing in selected areas.
2. To assess the effectiveness of exposure and response prevention techniques on perceived level of selected phobias among teenagers.
3. To find out association between the study finding and selected demographic variable.

Hypothesis

HO: There is no significant difference between pre-test and post-test level of selected phobias of among teenagers residing in selected areas. (at $p=0.5$)

H01: There is significant difference between pre- test and post-test level of selected phobias among teenagers after implementation of exposure and response prevention techniques in experimental group (at $p=0.5$).

H02: There is no significant difference between level of selected phobias after implementation of exposure and response prevention techniques in experimental group and control group (at $p=0.5$).

H03: There is no significant association between study findings with selected demographic variables among teenagers residing in selected areas. (at $p=0.5$).

Research Methodology

Research Approach: Quantitative research approach.

Research Design: Quasi experimental non randomized control group design.

Variables of the study:

Dependent variable: perceived level of selected phobias.

Independent variable: exposure and response prevention techniques.

Population: teenagers in between the age 13-19 residing in selected areas.

Sampling Technique: Non probability purposive sampling technique.

Sample Size: 60(30 experimental and 30 control group) teenagers.

Data Collection Technique: A 4 point likert scale is used to assess perceived level of phobias.

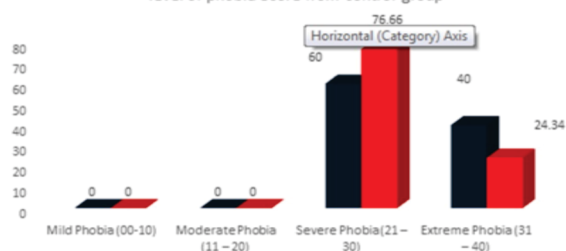
Description of the Tool:

Section A: Consent form from samples.

Section B: Demographic data of samples.

Section C: A 4 point likert scale to assess level of anxiety consists of 10 questions.

Percentage wise distribution of pre-test and post-test perceived level of phobia score from control group



RESULT

Unpaired 't' value of post-test level of phobia score of respondents from Experimental group (n =60) t value was calculated to analyze the

difference in pre-test and post-test phobia score of respondents from Experimental group and control.

Where mean of experimental group was 24.93 and control group was 20.03 and standard deviation of experimental group was 3.393 and control group was 2.356. No Significant difference was found between pre-test and post-test phobia score of respondents after giving exposure and response prevention techniques. ($t=4.110$).

Hence the stated null hypothesis is accepted as it is interpreted that there was significant difference in phobia score from Mild Phobia (00-10) Moderate Phobia Severe Phobia (21-Extreme Phobia (31 (11-20) 30) -40)

CONCLUSION

In the assessment of Effectiveness of exposure and response prevention techniques on 60 samples divided in two groups that is 30 experimental group and 30 control group. Evaluation of perceived level of selected phobias was done before and after the intervention among experimental groups and control group. The perceived level of selected phobias among teenagers was improved in experimental group, $P\text{-value} < 0.0001$.

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