Guided threat focus and reappraisal was better than safety seeking behaviour for reducing fear in claustrophobia


QUESTION: In people with claustrophobia, how effective are safety behaviour utilisation (SBU) and guided threat focus and reappraisal (GTR) for reducing fear during exposure?

Design
Randomised (unclear allocation concealment*), unblinded*, controlled trial with 2 weeks of follow up.

Setting
A large university in southwestern US.

Guided threat focus and reappraisal (GTR), safety behaviour utilisation (SBU), or exposure alone (control) for claustrophobia

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Outcome after treatment</th>
<th>GTR</th>
<th>SBU</th>
<th>Control</th>
<th>p Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean reduction in peak fear score†</td>
<td>61.1</td>
<td>20.6</td>
<td>50.4</td>
<td>&lt;0.001</td>
<td></td>
</tr>
<tr>
<td>Clinically significant improvement</td>
<td>100%</td>
<td>44%</td>
<td>77%</td>
<td>&lt;0.005</td>
<td></td>
</tr>
</tbody>
</table>

*Comparisons of GTR v SBU and control v SBU were statistically significant.

The role of safety seeking behaviours in reducing initial anxiety when treating anxiety disorders has been well documented, supporting the usefulness of making safety aids available during exposure treatment. Several studies provide evidence, however, that these safety seeking behaviours can maintain anxiety in social phobia and panic disorder with agoraphobia, thereby limiting the effectiveness of exposure alone.

The results of the study by Sloan and Telch extend the suggestion that the use of safety seeking behaviours in exposure based interventions may be counter therapeutic to an additional phobic domain: claustrophobia. This study clarifies the specific effects of safety seeking behaviours by separating them from the effects of focusing on perceived threats. The findings show the superiority of GTR over SBU for clinically significant fear reduction.

The reliability of these findings is reinforced by manipulation and attentional focus checks and the use of measures of reliable and clinically significant change.

The authors note the failure of most participants to meet DSM-IV criteria and emphasise that the results should be interpreted with caution until replicated in a clinical sample. Participants in the aforementioned study on social phobia met clinical criteria, however, and it seems probable, therefore, that the results of this study could be generalised to a clinical sample.

The study has features of both efficacy and effectiveness research. It exhibits the high internal validity and experimental control characteristic of efficacy research. Furthermore, the time spent by clients in assessment was more than double that spent in treatment, which suggests an intervention rather atypical of everyday life.

Nevertheless, the use of reliable and clinically significant change measures and the reasonable likelihood of these findings generalising beyond this sample support the clinical implications identified by the authors: that the availability of safety aids may undermine the effects of exposure; that the identification and subsequent discarding of safety strategies during exposure should be encouraged; and that fear reduction may be increased by focusing on perceived threats and reevaluating their significance.

Phil Richardson, PhD
Amaryllis Holland, MA, PG Dip Psychol
Tavistock and Portman NHS Trust
London, UK

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