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?

Participants
46 college students who were 18–51 years of age (mean age 20 y, 93% women) and had claustrophobia (were unable to remain in a chamber for 2 min or reported a Subjective Units of Distress level ≥50 on 2 behavioural approach tests [BATs]). Follow up was 89%.

Intervention
Participants were allocated to 1 of 3 30 minute exposure conditions: GTR (n=13); SBU (n=17); and exposure alone (n=12). Exposure consisted of 2 BATs: a claustrophobia chamber (BAT 1) and a tall filing cabinet (BAT 2). All participants were told that claustrophobia is driven by concerns about lack of fresh air or being trapped. The GTR group was told of the efficacy of eliminating fear by focusing on the perceived threat and using evidence to counter the threat. The SBU group was told that several safety strategies were available to them: opening a small window in the chamber, standing near the exit door, checking the latch to make sure it was unlocked, and talking with the experimenter through an intercom. The exposure alone group was told that repeated exposure to the phobic situation would help them overcome their fear.

Main outcome measures
Peak fear during exposure (scale range 0 [no fear] to 100 [very severe]) and clinically significant change (change from baseline was statistically reliable and post-treatment functioning was outside range of claustrophobic population).

Main results
Multivariate analysis of covariance was used. A treatment effect was seen for peak fear for BAT 1 (p < 0.001) and BAT 2 (p < 0.001) after treatment. The GTR and control groups had greater improvement from baseline than the SBU group on BAT 1 (table) and BAT 2. At 2 weeks, the SBU group had greater peak fear than the GTR group for BAT 2 (p < 0.01); the main treatment effect for BAT 1 was not statistically significant (p=0.06). A treatment effect was seen for number of patients with clinical improvement after treatment for BAT 1 (table); at 2 weeks, the pattern was similar but the percentages were smaller (p < 0.007). Results were similar for BAT 2 but the percentages were smaller and were not statistically significant at 2 weeks.

Conclusion
In people with claustrophobia, guided threat focus and reappraisal was better than safety behaviour utilisation for reducing fear.

*See glossary.