Process and Outcome Predictors of Treatment Acceptability Following a Brief Exposure-Based Intervention for Spider Fear

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Abstract
Given the considerable dropout and refusal rates in exposure-based treatments, there is a need for a more precise understanding of patients’ evaluations of such treatments. This study examined whether treatment processes and outcomes differentially impact treatment acceptability by investigating their relative contributions to spiders-fearful participants’ ratings of treatment acceptability. The results demonstrated that processes involved in the exposure treatment, including perceptions of safety during the session, and its outcomes, including changes in behavioural approach, appear to play an important role in participants’ evaluations of treatment acceptability. Results are discussed in terms of cognitive-behavioral and exposure-based treatments, treatment refusals, dropouts, and methods to improve treatment acceptability.

Introduction
• Recent discussion has emphasized that assumptions about the “intolerable” nature of exposure-based treatments for anxiety disorders are not necessarily supported by higher treatment dropout rates relative to other psychotherapeutic interventions (Clouston, Deacon, & Abramowitz, 2009).
• Studies in which participants are presented with descriptions of cognitive-behavioral interventions suggest that rates of treatment preferences are not based on evaluations of potentially distressing treatment methods but are instead based on evaluations of treatment outcome (Devilly & Huthier, 2008).
• To further elucidate whether treatment processes and outcomes differentially impact treatment acceptability, we investigated the relative contributions of distress and perceived safety during treatment (process) and pre-to-post session changes in behavioral and subjective indices of fear (outcome) to spiders-fearful participants’ ratings of treatment endorment, discomfort, and adherence following a brief exposure-based session with a live spider.

Method
Participants
Participants were 70 highly spider-fearful individuals recruited from Concordia University and the surrounding community.

Normative Data
Sample
Sex (female)
ADIS-IV-SP
BDI
BDI 2
M=23.47
M=3.04
M=7.10
n=64
n=40
n=21
SD=6.76
SD=4.0
SD=7.78
91.43%
91.25%
85.71%

Measures
Behavioral Approach Test (BAT): Behavioural index of fear: participants were asked to approach the spider as closely as they were able during pre- and post-session assessments; approach was coded along a 33-point hierarchy.

Measure of subjective fear (outcome) to spider

Results
Hierarchical Regression Analysis: Outcome Variable—Treatment Discomfort

Discussion
• The results demonstrated that after controlling for symptoms of depression and anxiety, both treatment endorsement and adherence were significantly predicted by pre-to-post-session changes in behavioural approach to the spider and by perceived safety during the session.
• There were no significant individual predictors of treatment discomfort; however, after controlling for depression and anxiety, all of the predictors combined significantly predicted this outcome.
• These findings suggest that increasing participants’ sense of safety during exposure-based treatments for anxiety disorders might improve the acceptability of such treatments, and that behavioural indices of treatment outcomes might be better predictors of acceptability than patients’ ratings of treatment acceptability.
• Future investigations into predictors of the acceptability of exposure-based treatments would benefit from examining these variables in the context of treatment adherence with clinically anxious participants and from evaluating methods to enhance perceived safety during exposure sessions.

References