The role of safety behaviour in the treatment of specific phobia

Irena Milosevic, Monique Lahoud, & Adam S. Radomsky
Department of Psychology, Concordia University, Montreal, Canada

Abstract
Safety behaviour, actions or thoughts that fearful individuals use to reduce their anxiety, can potentially interfere with the progress of exposure therapy (Salkovskis, 1991). However, other hypotheses suggest that it may not necessarily be detrimental to treatment effectiveness (Rachman, 1983, 1984). In the present study, we investigated the role of safety behaviour in the treatment of specific phobia. Participants highly fearful of snakes used either safety gear, such as gloves and goggles, or did not use any safety gear at all during 45 minutes of exposure therapy to a live snake. Measures were administered pre-treatment, immediately following treatment, and 10 minutes post-treatment to assess participants’ anxiety levels, cognitions, and closest distance of approach to the snake. Results are discussed in terms of cognitive-behavioural treatments for anxiety disorders.

Method
Participants: 54 snake-fearful students from Concordia University and members from surrounding community.
• Inclusion criteria: rating of very much fear or terror of snakes on screening questionnaire.
• Exclusion criteria: diagnosis of depression based on DSM-IV criteria, able to bend bottom of terrarium during first BAT.
• 75.9% of participants were female.

Normative Data:
• Age: M=26.4, SD=8.8, 19–58 years.
• ADIS-IV phobia severity rating: M=2.6, SD=1.1 (non-clinical).
• BDI-II: M=4.2, SD=8.7.
• BAI: M=18.0, SD=8.6.
• ACQ-S safety gear at all during 45 minutes of exposure therapy to a live snake.

Measures:
• Fear of Snakes Questionnaire (FSQ)
• Subjective Units of Distress Scale (SUDS; Wolpe, 1958)
• Agoraphobic Cognitions Questionnaire for Snake Phobia (ACO-Q; Radomsky, Teachman, Baker, & Rachman, 1996)
• Body Sensations Questionnaire (BSQ; Chambless et al., 1984)

Treatment Effectiveness:
• 2 X 2 repeated measures ANOVAs were conducted for each of the outcome measures at pre- and post-treatment.
• Significant changes were observed for all of the fear indices (FSQ, ACQ-Q, BSQ, BAT distance, SUDS) across both groups (all Fs (1, 52) > 23.5, p < .001), with significantly reduced levels of fear at post-treatment.
• No significant between-subject effects or time by group interactions (all Fs (1, 52) < 2.8, n.s.) were found.

Results
Time-Course Analysis of Treatment:
• Significant main effect of time was observed for SUDS ratings, with lower reported distress as treatment progressed (F (1, 50) = 9.2, p < .0001); no significant between-subject differences (F (1, 50) = .08, n.s.) were found.
• A significant main effect of time was observed for distance of approach (F (1, 52) = 50.6, p < .0001), with distance from snake decreasing over time; a trend for between-subject differences (F (1, 52) = 2.7, p = .10) was found.

Discussion
• This study demonstrated treatment gains, with and without the use of safety gear, in exposure therapy for specific phobia.
• Both groups improved significantly on reported fear, cognitions, and maximal proximity to the snake.
• A trend for a group difference on the BAT distance measure during the course of treatment suggests that participants in the safety behaviour group consistently approached the snake more closely than controls, whereas the groups had comparable means at pre- and post-treatment.
• The above findings support Rachman’s (1983, 1984) hypothesis that use of safety cues can reduce initial anxiety without detriment to treatment outcome.
• These findings have important implications for cognitive-behavioural therapy of anxiety disorders: clinicians presently aim to eliminate safety behaviour during exposure, whereas the results suggest that this may not always be necessary.
• Future studies must overcome limitations of a non-clinical sample, small sample size, and not controlling for covary safety behaviour (thoughts).

References

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