

# The judicious use of safety behaviour

Clinical Skills

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# SB – how to use it ‘judiciously’

- Safety behaviour definition
  - Your views/approaches
- The controversy
  - Brief history of SB research
  - Controversy resolved – this really is nothing new
- Review of cases and/or sessions where SB was helpful
- How to know when it’s helpful
- How to stop it from being unhelpful
- Group Exercise
- Summary

# The case of Safety Behaviour

## Safety Behaviour (SB)

- Actions, thoughts, protective objects used by anxious individuals to prevent or minimize feared catastrophe
  - Overt & covert safety behaviour

# Your thoughts?

- What do you think about safety behaviour use by CBT clients?
  - Are there safety behaviours that are okay?
    - Such as...?
  - Are there any that are NOT okay?
    - Such as...?

# The theory says...

- Most CBT theories of anxiety disorders emphasize SB as a vital maintaining mechanism
  - Treatments based on the elimination of SB are very effective
- SB prevents threat disconfirmation through a misattribution of safety (Salkovskis, 1991)
  - “Thank goodness I had that paper bag with me during my panic or I really would have died”
  - “Taking that benzodiazepine when I did probably saved my life”
- A number of studies have shown that use of SB interferes with treatment success (e.g., agoraphobia - Salkovskis et al., 1999; claustrophobia - Sloan & Telch, 2002; social anxiety disorder - Kim, 2005)
- From this, you should probably discourage SB in your work

# SB in CBT

- Unfortunately, many CBT therapists insist on eliminating SB ASAP
  - “SB is countertherapeutic”
  - “You must not engage in SB”
  - “Sit with your discomfort”
- What do clients say when we ask them to drop their safety behaviour?
  - McManus, Sacadura & Clark (2008)

# The judicious use of SB

- Perhaps a cognitively-based reconceptualisation of SB might be helpful
  - The judicious use of SB might
    - Facilitate approach behaviour
    - Enhance the patient's ability to acquire disconfirming information
    - Enhance perceptions of control
    - Make CBT more acceptable
- Parrish, Radomsky & Dugas (2008); Rachman, Radomsky & Shafran (2008)

# Safety Gear

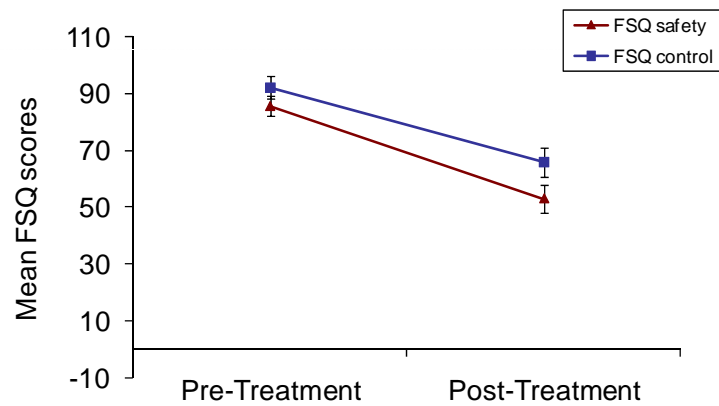


“Protective gear commonly used by people who handle snakes.”

Milosevic & Radomsky (2008)

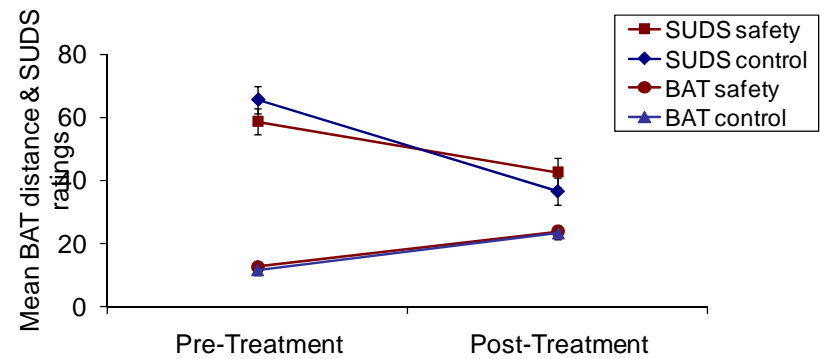
# Treatment Outcome

### FSQ



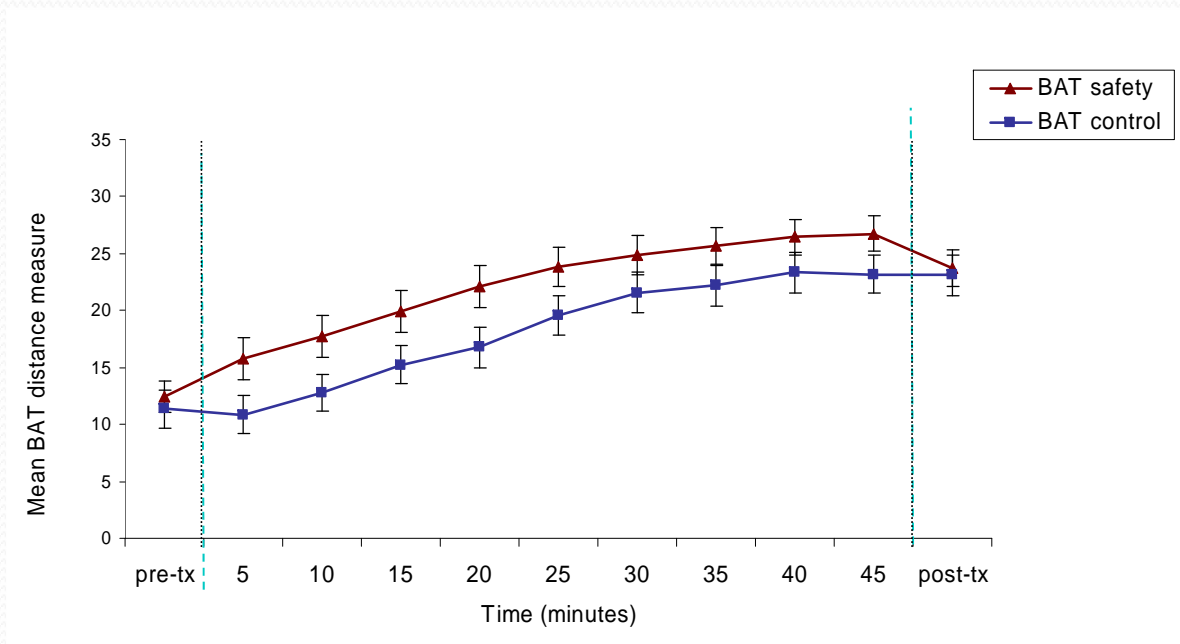
$p < .0001$

### SUDS ratings & BAT distance



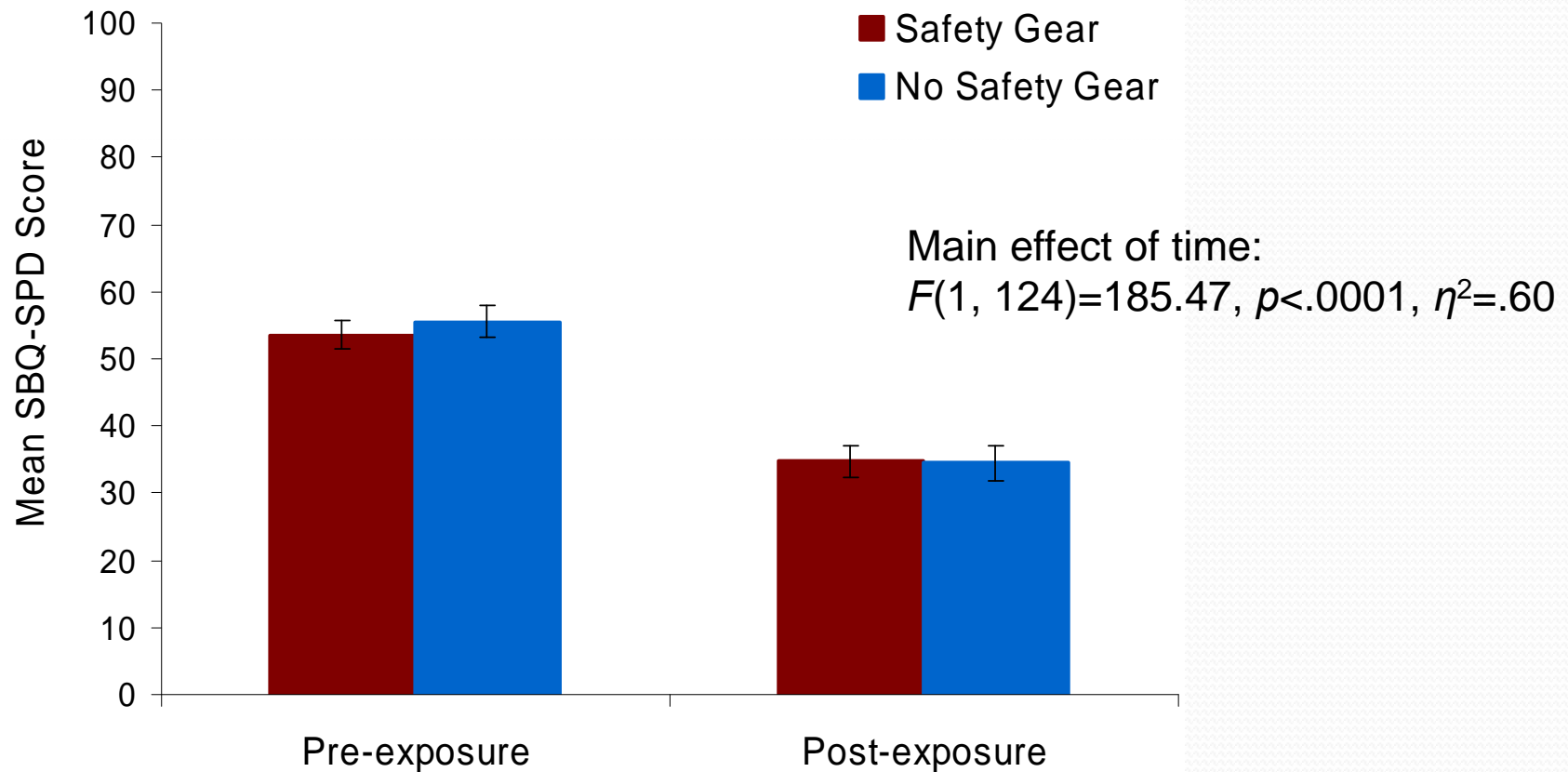
$p$ 's  $< .0001$

- 2 x 9 (condition x time) repeated measures ANOVA for BAT distance

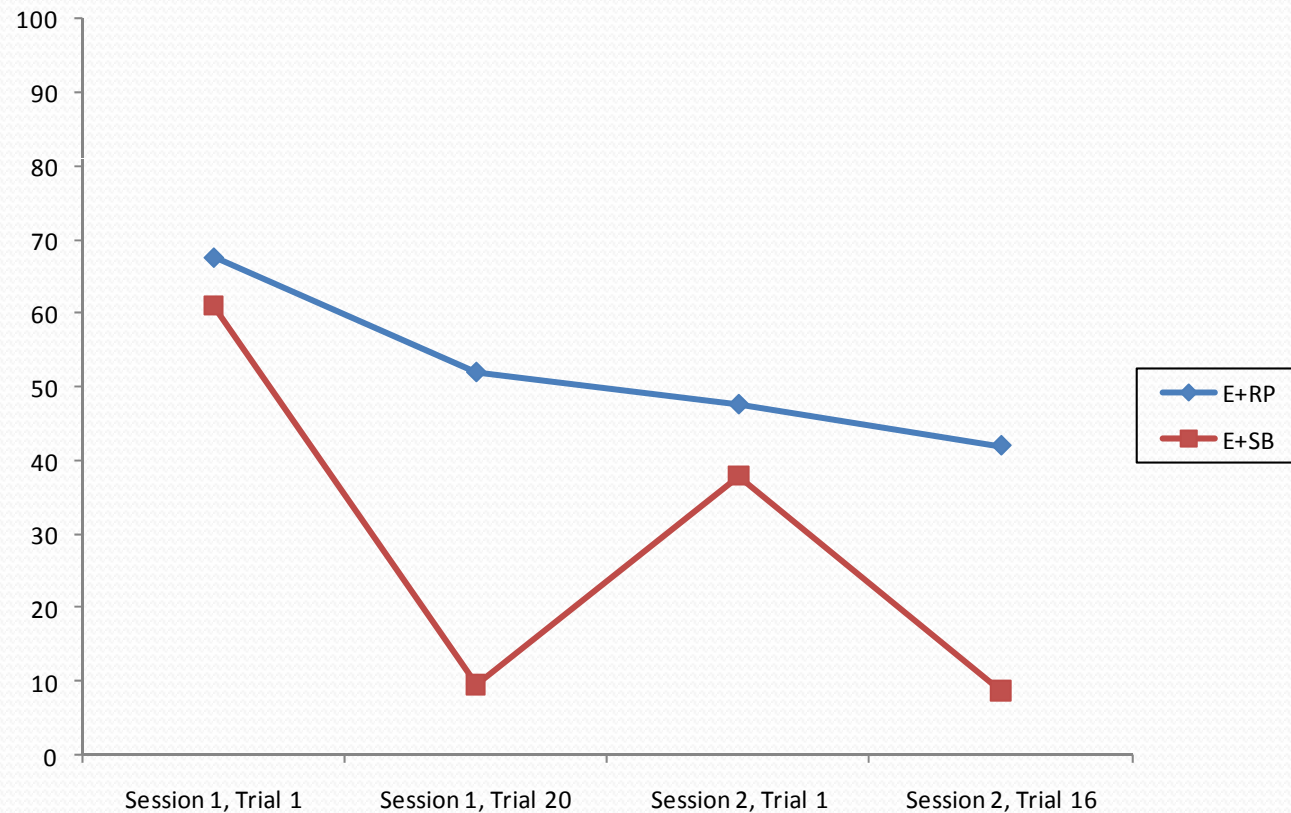


- Significant difference during early phase, marginal during second phase, and n.s. during third

# Belief Change: SBQ Spider-Related Beliefs



# ESB vs. ERP for contamination fear



Rachman, Shafran, Radomsky & Zysk, 2011

# (Not a new idea, btw...)

- “Response induction aids” facilitated better treatment outcome for snake phobia
  - Bandura, Jeffrey & Wright (1974)
- The option to escape during BT for agoraphobia led to greater outcome than standard BT
  - de Silva & Rachman (1984); Rachman, Craske, Tallman & Solyom (1986)

# On the other hand, ...

- In many respects, we've been doing it all along
- Consider a typical hierarchy

# Sample hierarchy for agoraphobia

Supermarket alone	100
Supermarket with friend	85
Post office alone (no meds)	80
Post office with meds (in pocket)	70
Post office with friend	60
Walk around the block alone (no meds)	55
Walk around the block w/ meds (pocket)	40
Walk around the block with friend	25

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# How does it work?

- How do you think it works?
  - Shouldn't it interfere with outcome, belief change, etc.?
- Is there another explanation?

# SB in everyday life

- We prepared for this talk
- Carry an umbrella when rain is forecast
- Pack more clothes than you will need
  - Fill your purse/briefcase with more than you will need
- Check passport on your way to the airport
- Take a deep breath before (or after) something stressful
- Can you think of others?

# Specific cases

- Role plays and/or the case of Michelle (long video)
  - Assessment/formulation with a safety behaviour or two thrown in the mix
- How can the judicious use of SB be helpful here?
  - What would you do and why?

# Strategic, information gathering approach

- Ask clients to make predictions about what will happen
- Specify what information they are seeking
- Specify the specific role of the SB and **why is it being used**
- Follow up in the next session
- If the SB is helpful, decide together about continuing its use
  - In fact, letting your client decide is better most of the time

# Possible SB's to consider

- Complete the activity in question with a friend
- Practice first
- Try it very quickly or for a brief period of time
- Look away/close your eyes
- Seek reassurance or check (once)
- Wash it/your hands
- Escape (but probably not avoidance)
- Other ideas?
- BE CREATIVE!

# How to know when it's helpful

- How do you know when to put 'training wheels' on your (or your child's) bicycle?
- Use SB to help your client(s) access information that would otherwise be difficult to obtain
- Work collaboratively to select SB's and how/when/where they would be used

# How to stop it from being unhelpful

- Assess whether the SB is functioning as a barrier to helpful information, or as a facilitative coping strategy
  - Great work on distinguishing between the two by Thwaites & Freeston (2005)
- How can you know whether a behaviour is maintaining the problem, or facilitating access to the solution?

# (When) should SB be discontinued?

- How do you know when to remove ‘training wheels’ from your (or your child’s) bicycle?
- This is our experience with safety behaviour
  - They almost never end up being a compulsion
  - Boredom or frustration with the SB is a good sign
  - Clients normally ask if they can stop using their SB’s

# Group exercise

- In small groups (3-5 members) think of a current or past case of a client/patient who struggled with specific anxiety disorder treatment exercises
  - Suggest a specific safety behaviour that might be helpful for them
    - And, if you're feeling lucky, a safety behaviour that might be unhelpful
    - How and why did you choose this/these particular SB's?
- You have 10 minutes

# How can we enhance CBT?

- Remember that principles and evidence, not rules guide what we do
- ‘Compliance’ and ‘tolerance’ problems rest solely with the therapist
  - It is *our* job to make treatments more acceptable
- Much of what we do is superb and we should be proud of this
  - But opportunities to build upon these improvements will enable us to expand our ability to help those most in need without scaring them away

Thank you