The judicious use of safety behaviour

Clinical Skills

Adam S. Radomsky & Roz Shafran
Concordia University & University of Reading

BABCP, 2011
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

SUDS ratings & BAT distance

Milosevic & Radomsky (2008)
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 phase.

Milosevic & Radomsky (2008)
Belief Change: SBQ Spider-Related Beliefs

Main effect of time:
\( F(1, 124)=185.47, p<.0001, \eta^2=.60 \)

Milosevic & Radomsky, under review
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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supermarket alone</td>
<td>100</td>
</tr>
<tr>
<td>Supermarket with friend</td>
<td>85</td>
</tr>
<tr>
<td>Post office alone (no meds)</td>
<td>80</td>
</tr>
<tr>
<td>Post office with meds (in pocket)</td>
<td>70</td>
</tr>
<tr>
<td>Post office with friend</td>
<td>60</td>
</tr>
<tr>
<td>Walk around the block alone (no meds)</td>
<td>55</td>
</tr>
<tr>
<td>Walk around the block w/ meds (pocket)</td>
<td>40</td>
</tr>
<tr>
<td>Walk around the block with friend</td>
<td>25</td>
</tr>
</tbody>
</table>
## Sample hierarchy for agoraphobia

<table>
<thead>
<tr>
<th>Activity</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supermarket alone</td>
<td>100</td>
</tr>
<tr>
<td>Supermarket <strong>with friend</strong></td>
<td>85</td>
</tr>
<tr>
<td>Post office alone (no meds)</td>
<td>80</td>
</tr>
<tr>
<td>Post office <strong>with meds</strong> (in pocket)</td>
<td>70</td>
</tr>
<tr>
<td>Post office <strong>with friend</strong></td>
<td>60</td>
</tr>
<tr>
<td>Walk around the block alone (no meds)</td>
<td>55</td>
</tr>
<tr>
<td>Walk around the block <strong>w/ meds</strong> (pocket)</td>
<td>40</td>
</tr>
<tr>
<td>Walk around the block <strong>with friend</strong></td>
<td>25</td>
</tr>
</tbody>
</table>
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