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Optimal attentional focus during exposure in specific phobia: A meta-analysis



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HIGHLIGHTS

- No difference between exposure conditions regarding distress and physiology
- · Distraction was superior to focused exposure for behavioral outcomes.
- · Distraction outperformed focus when the distracter was interactive.
- · Distraction outperformed focus when exposure was spread over multiple sessions.
- Distraction during exposure could be less counterproductive than previously thought.

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ABSTRACT

Over the last 30 years, researchers have disagreed over the consequences of diverting attention from threat for exposure efficacy, which is an important theoretical and clinical debate. Therefore, the present meta-analysis assessed the efficacy of attentionally focused exposure against distracted and attentionally uninstructed exposure regarding distress, behavioral, and physiological outcomes. We included 15 randomized studies with specific phobia, totaling 444 participants and targeting outcomes at post-exposure and follow-up. Results indicated no difference between the efficacy of distracted exposure as opposed to focused or uninstructed exposure for distress and physiology. For behavior, at post-exposure, results were marginally significant in favor of distracted as opposed to focused exposure was superior to distraction. Moderation analyses revealed that, regarding distress reduction and approach behavior, distracted exposure significantly outperformed focused exposure when the distracter was interactive (g = 1.010/g = 1.128) and exposure was spread over the course of multiple sessions (g = 1.527/g = 1.606). No moderation analysis was significant for physiological measures. These findings suggest that distraction during exposure could be less counterproductive than previously considered and even beneficial under certain circumstances. Theoretical implications and future directions for research are discussed.

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1. Introduction

Exposure therapy is a widely used and effective treatment for anxiety disorders (McNally, 2007). In many treatment packages for anxiety, exposure is considered a crucial component, which involves confronting the feared stimulus or situation (e.g., a thought, a sensation, an animal) until fear related to that stimulus subsides. Though exposure is used on a large scale in cognitive and behavioral therapies for anxiety disorders (Norton & Price, 2007), there is much debate around the factors that facilitate or impede symptom reduction in exposure (McNally, 2007). One factor that has been subjected to a wealth of research is optimal attentional focus during exposure therapy, which according to some views plays a major role in exposure efficacy (Craske et al., 2008). However, as results of studies have been inconsistent, this research has diminished with negative implications for theory and practice in terms of providing answers to questions regarding optimal attentional focus during exposure. Up to date, only narrative reviews of the literature have been published (Ellis, 2012; Rodriguez & Craske, 1993). More systematic attempts to examine the available data are lacking. In an attempt to investigate attentional focus as a mechanism of change for evidence based exposure interventions (David & Montgomery, 2011), we sought to examine the influence of attentional focus on the efficacy of exposure therapy through systematic review of the literature and meta-analysis. Given that most available data on this precise question addressed specific phobia, in order to draw clear cut conclusions, we specifically targeted this disorder.

1.1. Theoretical background

Current leading models of exposure (e.g., emotional processing theory, Foa & Kozak, 1986; inhibitory learning, Bouton, 1993; Craske et al., 2008) suggest that attentional processing of threat information is important for fear reduction to take place. Therefore, we will briefly discuss the role of attentional focus in exposure theories below.

On the one hand, Foa and Kozak (1986) proposed a neo-behavioral account, which improved upon earlier habituation and extinction explanations of fear reduction by detailing how exposure changes fear representation in memory. Central to this account is emotional processing during exposure treatment, evidenced by the following: (1) activation of the fear network reflected in physiological arousal and self-reports of fear; and (2) within/between-session habituation, reflected in lower fear

during sessions and across sessions. Via exposure therapy, emotional processing (i.e., changes in the fear structure) occurs when non-threat information is incorporated in the fear network, meaning that: (a) the non-threat significance is attached to feared stimuli (i.e., conditioned stimuli, CS) and fear responses (i.e., conditioned response, CR); (b) pathological associations between CS and CR are loosened, leading to symptom reduction (Foa, Huppert, & Cahill, 2006). Sensory encoding of threat during exposure, by means of attentional focus for example, is viewed by Foa and Kozak (1986) as a prerequisite for emotional processing, thus for symptom reduction.

On the other hand, in contrast to emotional processing theory, the inhibitory learning account (Bouton, 1993; Craske et al., 2008) suggests that the mechanism of exposure lies not in eliminating the CS–US negative association (US: e.g., a dog bite), but in acquiring and reinforcing a new safe representation of the CS (e.g., the dog doesn't bite). Namely, during exposure, fear subsides as a result of a mismatch between the patient's expectation (e.g., to be bitten by the dog) and the outcome (e.g., actually not being bitten by the dog) (Arch & Craske, 2012). Through such mismatches new representations about the CS are formed. Attentionally focusing on the CS (e.g., a dog) during exposure is important in allowing non-threatening information about the CS to be noticed and processed (e.g., "the dog doesn't bite me") and subsequently develop new non-threatening CS–noUS associations (e.g., dog — no dog bite) (Bouton, 1993; Craske et al., 2008).

1.2. Operational definition of attention allocation during exposure

In examining the role of attentional focus in exposure efficacy typically a between subject design is used, comparing the efficacy of focused (i.e., allocated attention to threat during exposure) vs. distracted exposure (i.e., diverted attention from threat during exposure). It is important to specify how focused and distracted exposure therapies have been operationalized in previous research. Therefore, we will briefly discuss these concepts here.

Focused exposure is defined as deliberately paying attention to either the external features of the feared stimulus (e.g., a spider) and/or to the internal sensations of fear and anxiety (e.g., pounding heart in panic disorder) during exposure (Oliver & Page, 2008), depending on the type of anxiety disorder (Mulkens, Bögels, De Jong, & Louwers, 2001). For instance, in social anxiety and specific phobia, oftentimes external attention to the phobic stimulus is recommended (Bögels, Mulkens, & de Jong, Download English Version:

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