Mechanisms of Change in the Treatment of Panic

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A growing body of research indicates that cognitive-behavioral (CB) treatments are superior to no treatment for panic. However, few compelling differences exist between treatments, questioning whether the addition of CB elements is necessary for effective treatments. The current study examined two questions. First, does the addition to treatment of CB elements enhance outcome? Second, can a more general construct such as self-efficacy account for treatment outcome? Nineteen subjects with panic disorder were assigned to one of two treatments (panic education or guided imaginal coping). There were minimal differences in outcome between groups. Subjects became more efficacious and efficacy appeared to lead to reductions in catastrophic thoughts, but not panic symptoms. Results are discussed in terms of the potential role of personal control in the treatment of panic and in terms of the necessity to conduct more powerful comparisons to clarify the role of CB strategies in the treatment of panic.

KEY WORDS: panic attacks; self-efficacy; cognitive-behavioral; process of change.

1The Authors would like to acknowledge the most helpful comments of Diane B. Arnkoff, Ph.D., James K. Beggan, Ph.D., and an anonymous reviewer on an earlier version of this paper.
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Recent research supports the efficacy of cognitive-behavioral (CB) treatments for panic disorder (PD) (Barlow & Cerny, 1988; Barlow et al., 1984; Craske & Barlow, 1986; Waddell, Barlow, & O'Brien, 1984). In general, these studies have compared either variations of CB strategies, or CB therapy against waiting-list controls. Recently, Klosko, Barlow, Tassinari, and Cerny (1990) assessed the relative effectiveness of CB treatment, alprazolam, a medication placebo, and a wait-list control group in treating patients with panic disorder. Results indicated that CB and alprazolam were equally effective. Moreover, and to some extent counterintuitively, both cognitive and somatic symptoms were reduced in the CB treatment approach. Results such as these question the mechanisms of change in treating panic disorder, an issue raised by Klosko and her colleagues.

The purpose of this study was to investigate potential mechanisms of change in the treatment of PD patients. An examination of the literature to date reveals two potential explanations for therapeutic improvement in PD patients. The first is that specific CB strategies comprise critical therapeutic elements and account for changes in patients undergoing treatment. An alternative explanation is that a more general construct, such as the perception of personal control, may account more readily for change than specific therapeutic techniques themselves.

In addressing the first explanation, the efficacy of CB approaches for panic has been demonstrated clearly (Barlow et al., 1984; Barlow & Cerny, 1988; Craske & Barlow, 1986). However, these same studies have not found significant differences among the various CB strategies. That is, the treatments appear effective, but do not themselves significantly differ. Available research thus supports the efficacy of CB approaches, but has not clarified the contribution of specific CB techniques to the process of change in the treatment of PD.

A promising step in this direction is evident in a study by Ost (1988), who trained PD patients in either generalized relaxation techniques or more situationally oriented relaxation strategies. Whereas both forms of relaxation training are accepted CB interventions, the latter was hypothesized by Ost to be more efficacious, as it was explicitly directed toward managing panic states. However, both treatments were equally effective in decreasing the number of panic episodes reported by PD patients.

The results of research by Barlow, Ost, and others have consistently documented the effectiveness of CB interventions in comparison to waiting-list control groups in the treatment of PD. However, few systematic differences have been found between the various elements of CB treat-