

# Patient Handout for Overcoming Driving Fear and Avoidance<sup>1</sup>

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## What is Driving Fear?

A “specific phobia of driving” requires that you either avoid driving or riding as a passenger because of fear, or that you tolerate driving or riding with high levels of anxiety and fear. Driving fear is not just fear of getting behind the wheel and operating a car. It can also involve fear while riding as a passenger. In fact, some driving fearful people are more afraid of riding as a passenger than they are of driving, per se. Not all people with driving fear have much in the way of observable avoidance of driving, although many patients gradually become aware of subtle avoidance habits they have developed. Many people with driving fears get where they “have to” go, but suffer a great deal of distress while in a car. They arrive at work in a bad mood or with a tension headache because of excessive tension while driving, or they have multiple “scares” whenever in a car so that their driving experience is quite upsetting. They may also restrict their actual driving or riding to only those “necessary” trips, which results in reduced social and recreational activities. Alternatively, they may alter their commuting routes in a manner that restricts their freedom of movement.

## Why is Driving Fear a Problem?

Some people may think that driving fears are pretty trivial or that they are so common that they don’t merit treatment. It is true that some people may be able to lead a life with even a severe driving fear and not suffer many losses because of this fear. However, this depends on the individual’s lifestyle, work and family life, and personal goals. For example, the writer (Bill) has a mild fear of heights. This has never been a big problem to him because he has never been a downhill skier, the fear is mild enough that he doesn’t mind looking out of high rise windows, and he has no other recreations that require him to stare down from high places. What would happen, however, if Bill had to ski to work every day, or if Bill had fallen in love with a partner whose main recreational interests were downhill skiing and climbing mountains? Luckily for Bill, there are no mountains between his home and his office. Unluckily for driving fearful people, most of us live in society where transportation in automobiles is increasingly necessary and our roads in urban centers are becoming even more crowded.

## Necessary Treatment Activities to Overcome Driving Fear

Your therapist will help you with the activities described below, but you need to understand that success in overcoming driving fear will depend on you practicing new (or forgotten) skills. To get better, you will need to

- a. drive and ride as a passenger much more frequently and for prolonged periods of time
- b. focus more on other drivers’ good driving behaviour and courtesy and less on “close calls” or other drivers’ mistakes

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- c. learn about, and subsequently, suppress your own “safety compulsions”, those habits you have developed to make yourself “feel” safer in a car, but which likely maintain your fear in the long run
- d. identify and alter beliefs and automatic thoughts that make you feel more at risk in a car

### Getting Started

- Setting mobility goals. Just like learning any new skill, overcoming fears requires that you set specific goals for what you want to accomplish. Failure to set concrete, specific goals is frequently one of the obstacles fearful drivers have in overcoming their fear. You need to think about how much you would want to drive IF you didn’t have this driving phobia. Where would you travel, who would you visit on a regular basis, what recreational outings would you take? We would like you to start out in a really concrete manner and purchase a map of the local metropolitan area. Then highlight those areas where you can currently drive or ride as a passenger without significant discomfort, and then highlight in a different colour where you would want to travel if you did not have this phobia. If you are not very avoidant, but merely feel a lot of tension, anxiety and/or fear while driving, then change this assignment to highlighting (a) those areas you can drive without tension/anxiety/fear and (b) those areas where you experience problematic tension, etc. Without some kind of mobility goals, this part of treatment will stall because you will see little objective change in your lifestyle. Having done this, you now know the difference between how you are and how you would like to be. Keep this map because you will be using it every week.
- Identifying Traffic Cues that Precipitate Fear or Anxiety – Driving fear is not just being fearful when you are behind the wheel. If it were, you wouldn’t be able to even sit in the driver’s seat in an automobile showroom. No, driving fear relates to specific events, objects, or conditions that you run across while traveling in a car. The cues that make you feel more anxious might be general conditions like rain, darkness, slick roadways. Alternatively, the cues may be isolated events like other cars merging into your lane, being passed by large trucks or buses, pedestrians crossing in front of you. Or particular driving situations may induce fear, such as intersections, highway merge lanes, left turn lanes, driving in the left lane with oncoming traffic, or heavy traffic. You need to carefully identify the cues that make you feel more tense, anxious, or fearful so that you can practice naturalistic exposure to these cues. You can identify such situations by keeping track of where you feel tense, anxious or fearful during your next few drives. Use the table below to record on.



- Assessing your avoidance habits and safety compulsions. Behavioural avoidance and maladaptive anxiety-reducing safety behaviours are common in driving fear. These behaviours can be roughly broken down into 3 categories: (a) behaviours intended to protect yourself from harm if you are in an collision, (b) behaviours intended to make yourself “feel” safer, and (c) behaviours intended to reduce your feeling that you might “lose control.” These problematic “habits” can interfere with the reduction of fear and anxiety while driving or riding as a passenger. A few examples will suffice:
  - a. Safety compulsions. Grasping door handles, seats, bracing oneself against the dashboard or floorboards, “back seat driving”, traffic vigilance while riding as a passenger, closing one’s eyes while riding as a passenger are common behaviours in MVA-PTSD and Accident Phobic patients. While the intent of these habits is generally to reduce the probability of a future accident or of injury during a potential accident, they likely serve a short-term anxiety-reducing effect that makes you increasingly dependent on the compulsion in future. Successful treatment requires the blocking of such behaviours during in vivo exposure assignments. Please take the checklist below with you on your next few passenger rides and note what safety compulsions you have. Use the comments section to describe this in more detail.

Safety Compulsions as Passenger	Do I Do This? Yes/No	Comments
“back seat drive”		
Grab door handles		
Grab seat		
Grab dashboard		
Step down on imaginary brakes on my side of car		
Grab something else for safety		
Scan traffic vigilantly for possible threats		
“warn” the driver		
Close eyes		
Other (describe)		

- b. Avoidance behaviours. Do you avoid whenever possible the centre lanes of 4 lane streets or highways? Do you avoid driving at particular times of day or on particular streets? Do you avoid driving at times because you think you might get flustered and cause an accident yourself? These are examples of specific avoidance strategies that other driving phobics use to avoid feeling anxious. To overcome this fear, you will have to identify your own avoidance behaviours and then plan outings or other driving experiences that give you confidence in these situations. What do you avoid? Take some time at home to think of what driving situations/places you avoid and write them down below.

Driving Situations/Places I Avoid	Comments

- c. Distraction by music or talking with others when in a car are frequently cited as ways to cope with aversive anxiety by previously traumatized individuals. This is a subtle method of avoidance. You should check yourself when in a car to see if you do something like this to reduce your fear.
- d. Alcohol, marijuana and/or prescription drug sedation is another avoidance strategy that has a number of negative consequences. Do you use minor tranquillizers to calm yourself before, during or after driving?

## Implementing Naturalistic Exposure to Driving Situations

- Purposes of naturalistic exposure
  - a. to allow fear to naturally reduce as you become more accustomed to being back in the situation and have repeated experiences of being safe. The more frequent and longer your exposures to feared situations are, the more rapidly you will come to feel safe
  - b. To allow you to regain confidence in your driving ability or ability to cope in the situation
  - c. To test any beliefs you have about the likelihood of being in an accident.
  
- Obstacles to In Vivo Exposure
  - a. Some driving phobics try to fit their naturalistic exposure sessions into their usual work commute or errands. These particular drives, however, are often insufficiently long to allow anxiety/fear to reduce noticeably. As well, most driving phobics have usually established routes that bring them into contact with as few fear-eliciting stimuli as possible (e.g., high traffic areas, merging lanes, busy intersections). Think about whether you do this yourself. We recommend that your naturalistic exposure assignments be above and beyond your usual commuting requirements. An hour on each day of the weekend as well as your usual driving requirements is a minimum requirement. You can help yourself here by altering your usual commuting routes to increase your driving time up to 1 hour and bring yourself into contact more frequently with fear-eliciting stimuli. Yes, we know that this will be a big time commitment, but then if you were to decide you were going to run a marathon, you would have to put in the time training. Improving your emotional fitness is no less time-consuming than improving your physical fitness.
  - b. Infrequent exposure to fear-eliciting stimuli. The cues that elicit fear in driving phobics are usually short-lived such as the examples listed below.
    - i. driving past a car parallel-parked along a narrow street when it turns its wheel out
    - ii. passing a large vehicle such as a bus or heavy truck
    - iii. passing through an intersection
    - iv. passing by a freeway on ramp
    - v. changing lanes

Therefore, your therapist will be advising you to use “looping” exposure assignments where your assignment will be to drive through such situations repeatedly for one hour at a time. If you think that this will be “boring, that is good. Try it and see how boring it is. In fact, when it does become boring, your driving phobia will be improving. Remember, boredom is the antithesis of fear. The therapist should

assign one class of stimuli to loop through per week (e.g., intersections) if you are going to get better.

- c. Repeated use of safety compulsions (see below) will sabotage your exposure sessions and reduce their effectiveness.
- d. Use of sedatives (e.g., tranquilizers) before, during or after such exposures.

### Response Prevention for Safety Compulsions

“Safety compulsions” (those actions intended to make the phobic person “feel safer” but which are unlikely to significantly increase safety) will interfere with treatment of phobias because they temporarily relieve fear (or feel necessary to avoid injury) but reinforce your belief that you really are in danger. Blocking such compulsions usually takes no more than identifying such compulsions (e.g., grabbing door handles, pressing “imaginary brakes”) and then frequently reminding yourself to use an alternative response (e.g., taking a deep breathe, relaxing your hands, arms, and upper body) whenever you feel a need to use a safety compulsion. Your therapist will help you identify your own safety compulsions if you have some. If necessary, you may need a family member to consistently remind you to drop the safety compulsions.

### Cognitive Restructuring and Behavioural Experiments

- re: specific safety appraisals. Patients with traumatically acquired phobias typically overestimate danger in situations related to their trauma. Accident survivors may come to believe “Vancouver drivers are dangerous” or that they are at risk of early death if they resume their previous extent of car travel. We will ask you to practice some specific exercises related to driving fears.
  - a. replacing a negative filter with a positive one. Driving phobics patients often report “close calls” that they encountered during driving experiences. Your therapist will elicit your own examples of “close calls” and will then introduce the concept of selective filtering of experience. Selective filtering means being on the “lookout” for particular threatening events so that such events are mostly what you later recall while you forget other experiences that were not so threatening. Overcoming this tendency will involve monitoring, describing and counting examples of other people’s “good driving behaviour” (e.g., following at a safe distance, yielding to pedestrians, signaling lane changes, other courteous driving behaviour) in an attempt to shift your perception of other drivers’ behavior and of your own safety.

- b. Empirical estimates of accident probabilities. While approximately 23 % of us will be involved in a serious MVA during our lifetime, this statistic is pretty meaningless for dealing with driving phobia and safety appraisals. Most driving phobics respond to specific driving situations as if they are in danger of (a) being in a collision, (b) suffering an injury, and (c) not recovering. Some years ago, we developed what we came to call the “Starbucks assignment” based on the lore that there is a Starbucks coffee franchise at every intersection in Vancouver. The purpose of this assignment is to get driving phobic patients to collect empirical data on the probability of being in a collision in given locations that cause them fear, and to develop a rational, realistic estimate of traffic safety. The method is simple and your therapist will discuss it with you:
- i. First you must ***estimate the probability*** of a collision between cars or cars and pedestrians/bicyclists in a given intersection or other spot based on your perception of the safety of driving. Probability estimate = # of collisions/# of cars passing through the intersection expressed as a percentage. Yes, I know this is making you go out on a limb. However, being fearful implies that you have already made a prediction of some sort of danger. I am just getting you to put your prediction into numbers here.
  - ii. Second, spend an hour or more at the given intersection or observation spot. Have a Latte’ at Starbucks near some busy intersection. No, I am not a shareholder in Starbucks. ☺
  - iii. Third, count both cars passing through (bring golf counter, or other rapid counting device, or notebook) and collisions (do ***not*** count “close calls”, screeching tires, honking horns – close only counts in horseshoes and nuclear explosions).
  - iv. Fourth, ***compute the actual probability*** of a collision given your observations.
  - v. Fifth, report back to the therapist for discussion of the similarity or difference between your estimate of the probability of an accident and the actual probability you observed.
  - vi. Sixth, repeat as often as necessary to obtain a more accurate actual estimate of collision probabilities, good driving behaviours.