

✓ TREATMENTS THAT WORK
TRANSDIAGNOSTIC PROGRAMS


Unified Protocol for Transdiagnostic Treatment of Emotional Disorders

Second Edition

THE THERAPIST GUIDE

DAVID H. BARLOW
TODD J. FARCHIONE
SHANNON SAUER-ZAVALA
HEATHER MURRAY LATIN
KRISTEN K. ELLARD
JACQUELINE R. BULLIS
KATE H. BENTLEY
HANNAH T. BOETTCHER
CLAIR CASSIELLO-ROBBINS

OXFORD



**Unified Protocol
for Transdiagnostic
Treatment of Emotional
Disorders**

Editor-In-Chief

David H. Barlow, PhD

Scientific Advisory Board

Anne Marie Albano, PhD

Gillian Butler, PhD

David M. Clark, PhD

Edna B. Foa, PhD

Paul J. Frick, PhD

Jack M. Gorman, MD

Kirk Heilbrun, PhD

Robert J. McMahon, PhD

Peter E. Nathan, PhD

Christine Maguth Nezu, PhD

Matthew K. Nock, PhD

Paul Salkovskis, PhD

Bonnie Spring, PhD

Gail Steketee, PhD

John R. Weisz, PhD

G. Terence Wilson, PhD



TREATMENTS THAT WORK

TRANSDIAGNOSTIC PROGRAMS

Unified Protocol for Transdiagnostic Treatment of Emotional Disorders

Second Edition

THERAPIST GUIDE

DAVID H. BARLOW
TODD J. FARCHIONE
SHANNON SAUER-ZAVALA
HEATHER MURRAY LATIN
KRISTEN K. ELLARD
JACQUELINE R. BULLIS
KATE H. BENTLEY
HANNAH T. BOETTCHER
CLAIR CASSIELLO-ROBBINS

OXFORD
UNIVERSITY PRESS

OXFORD

UNIVERSITY PRESS

Oxford University Press is a department of the University of Oxford. It furthers the University's objective of excellence in research, scholarship, and education by publishing worldwide. Oxford is a registered trade mark of Oxford University Press in the UK and certain other countries.

Published in the United States of America by Oxford University Press
198 Madison Avenue, New York, NY 10016, United States of America.

© Oxford University Press 2018

First Edition published in 2011
Second Edition published in 2018

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, without the prior permission in writing of Oxford University Press, or as expressly permitted by law, by license, or under terms agreed with the appropriate reproduction rights organization. Inquiries concerning reproduction outside the scope of the above should be sent to the Rights Department, Oxford University Press, at the address above.

You must not circulate this work in any other form
and you must impose this same condition on any acquirer.

CIP data is on file at the Library of Congress
ISBN 978-0-19-068597-3

9 8 7 6 5 4 3 2 1

Printed by WebCom, Inc., Canada



Stunning developments in healthcare have taken place over the last several years, but many of our widely accepted interventions and strategies in mental health and behavioral medicine have been brought into question by research evidence as not only lacking benefit, but perhaps, inducing harm (Barlow, 2010). Other strategies have been proven effective using the best current standards of evidence, resulting in broad-based recommendations to make these practices more available to the public (McHugh & Barlow, 2010). Several recent developments are behind this revolution. First, we have arrived at a much deeper understanding of pathology, both psychological and physical, which has led to the development of new, more precisely targeted interventions. Second, our research methodologies have improved substantially, such that we have reduced threats to internal and external validity, making the outcomes more directly applicable to clinical situations. Third, governments around the world and healthcare systems and policymakers have decided that the quality of care should improve, that it should be evidence based, and that it is in the public's interest to ensure that this happens (Barlow, 2004; Institute of Medicine, 2001, 2015; McHugh & Barlow, 2010).

Of course, the major stumbling block for clinicians everywhere is the accessibility of newly developed evidence-based psychological interventions. Workshops and books can go only so far in acquainting responsible and conscientious practitioners with the latest behavioral healthcare practices and their applicability to individual patients. This series, *Treatments That Work*, is devoted to communicating these exciting new interventions to clinicians on the frontlines of practice.

The manuals and workbooks in this series contain step-by-step detailed procedures for assessing and treating specific problems

and diagnoses. But this series also goes beyond the books and manuals by providing ancillary materials that will approximate the supervisory process in assisting practitioners in the implementation of these procedures in their practice.

In our emerging healthcare system, the growing consensus is that evidence-based practice offers the most responsible course of action for the mental health professional. All behavioral healthcare clinicians deeply desire to provide the best possible care for their patients. In this series, our aim is to close the dissemination and information gap and make that possible.

A leading development in evidence-based treatment programs based on the most up-to-date research and clinical evaluation is found in unified, transdiagnostic interventions for disorders that share common features and respond to common therapeutic procedures. Deepening understanding of the nature of psychological disorders reveals that commonalities in etiology and latent structures among many classes of disorders supersede differences, and many disorders in a class look very similar in terms of behavioral problems and brain function. Indeed, most people with one disorder or problem typically have another problem or comorbid disorder, often from the same class of disorders. Thinking of these disorders or problems as related, or on a “spectrum,” is the approach now taken by leading therapists and by the authors of the *DSM-5*.

This volume, *Unified Protocol for Transdiagnostic Treatment of Emotional Disorders*, inaugurates a new collection of books published as part of the *Treatments That Work* series, TTW: Transdiagnostic Programs, established to reflect and respond to the growing acknowledgement in our field of the importance of the spectrum approach to mental health treatment. This book is designed to address emotional disorders. Generally, this group of disorders includes all of the anxiety and mood (depressive) disorders such as panic disorder with or without agoraphobia, social anxiety disorder, generalized anxiety disorder, post-traumatic stress disorder, obsessive-compulsive

disorder and depression. The program is also designed to address closely related “emotional disorders” such as health anxiety, the experience of dissociation (feelings of unreality), and alcohol or substance abuse associated with substantial negative affect such as anxiety and depression. What all of these disorders have in common, based on recent research findings, is excessive or inappropriate emotional responding accompanied by a sense that one’s emotions are careening out of control.

In this fully updated and revised second edition of the *Unified Protocol*, treatment procedures have been further elucidated and more guidance is provided to practitioners on how to present key treatment concepts. Chapters brand new to this updated edition introduce functional assessment and describe how to provide the UP in a group format, while patient materials have been revised, streamlined, and made more user-friendly.

The development of the *Unified Protocol for Transdiagnostic Treatment of Emotional Disorders* began with the distillation of key principles from traditional empirically supported cognitive behavioral treatments (CBT; e.g., Barlow & Craske, 2006) integrated with advances in research on emotion regulation and dysregulation (e.g., Fairholme, Boisseau, Ellard, Ehrenreich, & Barlow, 2010). It is important to note that the UP continues to emphasize the fundamental principles of traditional CBT as applied to emotional disorders such as extinction learning, through the prevention of cognitive and behavioral avoidance strategies, behavioral, emotional and interoceptive exposure, and the encouragement of cognitive flexibility.

This program is not generally recommended for a specific phobia, if that is the sole problem unaccompanied by other emotional disorders. Other books in this series can deal more efficiently with that problem (see Craske, Antony, & Barlow, 2006).

David H. Barlow, Editor-in-Chief,
Treatments *ThatWork*
Boston, MA

References

- Barlow, D. H. (2004). Psychological treatments. *American Psychologist*, *59*, 869–878.
- Barlow, D. H. (2010). Negative effects from psychological treatments: A perspective. *American Psychologist*, *65*(2), 13–20.
- Barlow, D. H. & Craske, M. G. (2006). *Mastery of your anxiety and panic (4th ed): Therapist guide*. New York: Oxford University Press.
- Craske, M. G., Antony, M. M., & Barlow, D. H. (2006). *Mastering your fears and phobias (2nd ed): Therapist guide*. New York: Oxford University Press.
- Fairholme, C. P., Boisseau, C. L., Ellard, K. K., Ehrenreich, J. T., & Barlow, D. H. (2010). Emotions, emotion regulation, and psychological treatment: A unified perspective. In A. M. Kring & D. M. Sloan (Eds.), *Emotion regulation and psychopathology: A transdiagnostic approach to etiology and treatment*. (pp. 283–309). New York: Guilford Press.
- Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academy Press.
- Institute of Medicine (IOM). (2015). *Psychosocial interventions for mental and substance use disorders: A framework for establishing evidence-based standards*. Washington, DC: National Academies Press.
- McHugh, R. K., & Barlow, D. H. (2010). Dissemination and implementation of evidence-based psychological interventions: A review of current efforts. *American Psychologist*, *65*(2), 73–84.

Accessing Treatments *ThatWork* Forms and Worksheets Online

All forms and worksheets from books in the TTW series are made available digitally shortly following print publication. You may download, print, save, and digitally complete them as PDF's. To access the forms and worksheets, please visit <http://www.oup.com/us/ttw>.

Contents

Acknowledgments *xi*

Part I Background for Therapists

Chapter 1	Introduction to the Unified Protocol	<i>3</i>
Chapter 2	Basic Principles Underlying Treatment and Outline of the Treatment Procedures	<i>9</i>
Chapter 3	Additional Information for Therapists	<i>21</i>
Chapter 4	Overview of General Treatment Format and Procedures	<i>31</i>

Part II Providing the Treatment

Chapter 5	Session 1: Functional Assessment and Introduction to Treatment	<i>37</i>
Chapter 6	Module 1: Setting Goals and Maintaining Motivation	<i>53</i>
Chapter 7	Module 2: Understanding Emotions	<i>63</i>
Chapter 8	Module 3: Mindful Emotion Awareness	<i>81</i>
Chapter 9	Module 4: Cognitive Flexibility	<i>97</i>
Chapter 10	Module 5: Countering Emotional Behaviors	<i>113</i>
Chapter 11	Module 6: Understanding and Confronting Physical Sensations	<i>131</i>
Chapter 12	Module 7: Emotion Exposures	<i>143</i>

Chapter 13	Medications for Anxiety, Depression, and Related Emotional Disorders	<i>157</i>
Chapter 14	Module 8: Recognizing Accomplishments and Looking to the Future	<i>163</i>
Chapter 15	Using the UP in a Group Format	<i>171</i>
	Definitions of Key Terms	<i>179</i>
	References	<i>183</i>
	About the Authors	<i>189</i>

Acknowledgments

We acknowledge with deep gratitude the following individuals who contributed to the development of this treatment program. First, we would like to acknowledge authors of the first edition of this guide (Tina Boisseau, Chris Fairholme, and Laura Payne). Without their thoughtful contributions to the first edition, this edition would not have been possible. Additionally, our thanks go to Amantia Ametaj, James Boswell, Laren Conklin, Matthew Gallagher, and Cassidy Gutner. Their feedback was invaluable to make the necessary updates included in this edition of this therapist guide. Further, we would like to express appreciation to past and current members of our research group who have helped shape our thinking on the Unified Protocol: Jenna Carl, Johanna Thompson-Hollands, Julianne Wilner, Meghan Fortune, Katherine Kennedy, Ujunwa Anakwenze, Olenka Olesnycky, Gabriela Aisenberg, and Gayle Tan. Finally, we wish to extend our gratitude to researchers and clinicians using the Unified Protocol around the world that have provided their insights regarding our treatment and offered suggestions to revise this second edition, as well as to our patients; their willingness to share their experiences has been invaluable to the initial development and ongoing refinement of this treatment program.

✓ PART I

Background for Therapists

“Human infirmity in moderating and checking the emotions I name bondage: for, when a man is a prey to his emotions, he is not his own master, but lies at the mercy of fortune: so much so, that he is often compelled, while seeing that which is better for him, to follow that which is worse”

—Baruch Spinoza, *Ethics*

Over the last several decades, many advances have been made in the psychological treatment of anxiety and mood disorders. In fact, effective treatments have emerged for the most common mental health conditions (e.g., Mastery of Your Anxiety and Panic for panic disorder, Managing Social Anxiety for social anxiety disorder; Barlow & Craske, 2007; Hope, Heimberg, & Turk, 2006). These individual protocols have narrowly focused on addressing the discrete symptoms associated with a given disorder (e.g., panic attacks, fears of social evaluation). However, more recent conceptualizations of these common conditions emphasize their similarities rather than their differences. Specifically, research suggests that there is considerable overlap in symptoms across disorders; for example, worry occurs in all of the anxiety disorders, though the focus may vary across conditions (e.g., worry about safety of loved ones in generalized anxiety disorder, worry about having another panic attack in panic disorder). Additionally, there appears to be a broad treatment response when targeting one disorder that often generalizes across other disorders. Finally, there are extremely high rates of comorbidity for the range of anxiety and depressive disorders (estimates as high as 75%; Brown, Campbell, Lehman, Grisham, & Mancill, 2001), suggesting that patients do not fit neatly into the diagnostic boxes the field has created for them. Taken together, this

evidence suggests that there may be a common set of vulnerabilities contributing to the development of anxiety, depressive, and related disorders that can become a more efficient focus of treatment than the diverse symptoms themselves.

Specifically, research converges on three core vulnerabilities that put an individual at risk to develop many common mental health conditions. First, there is evidence to suggest that anxiety, depressive, and related disorders are characterized by high levels of negative affect. In other words, individuals with these disorders have a temperamental propensity to experience negative emotions frequently and intensely, referred to as neuroticism (Barlow, Sauer-Zavala, Carl, Bullis, & Ellard, 2014). Second, individuals with these common conditions tend to view their emotional experiences negatively (e.g., “it’s weak to feel this way,” “no one else is reacting like this,” “these physical sensations are terrible”). Finally, aversive reactions to emotions when they occur, in turn, lead to efforts to avoid and suppress them. Individuals with anxiety and depressive disorders often rely on maladaptive regulation strategies that backfire (Purdon, 1999), maintaining high levels of negative affect and contributing to the persistence of symptoms. Given the role of emotional experiences in the development and maintenance of the full range of anxiety, depressive, and related disorders, we refer to these conditions as “emotional disorders” to emphasize this common feature. For more information on the nature of emotional disorders, see Barlow, Sauer-Zavala, Carl, Bullis, and Ellard (2014).

Thus, cutting-edge research lends support for a unified approach that considers these commonalities and is applicable to a range of emotional disorders. Based on these advances, we developed a treatment applicable to all anxiety and unipolar depressive disorders, and potentially other disorders with strong emotional components (e.g., eating disorders, borderline personality disorder). The Unified Protocol (UP) for the Transdiagnostic Treatment of Emotional Disorders addresses neuroticism by targeting the aversive, avoidant reactions to emotions that, while providing relief in the short term, increase the likelihood of future negative emotions and maintains disorder symptoms. The strategies included in this treatment are largely based on common principles found in existing empirically supported psychological treatments—namely, fostering mindful awareness, reevaluating

automatic cognitive appraisals, changing action tendencies associated with the disordered emotions, and utilizing exposure procedures. It is important to note, however, that the focus of these core skills has been adjusted to specifically address core negative responses to emotional experiences, described in detail in the following chapter.

Advantages of a Unified, Transdiagnostic Approach

Mechanistically transdiagnostic interventions, like the UP, confer several practical advantages for patients and clinicians (Sauer-Zavala et al., 2017). First, as noted previously, rates of co-occurrence across the emotional disorders is quite high, and single-disorder protocols (SDPs; i.e., interventions that focus on the symptoms of one disorder) are not equipped to handle comorbid conditions. In contrast, by targeting the core emotional processes that maintain symptoms across disorders, the UP can simultaneously address co-occurring conditions. Additionally, the field's emphasis on SDPs has created a training burden, as therapists must familiarize themselves with a separate treatment for nearly every disorder. Again, the UP eliminates this burden as therapists need only learn one intervention in order to provide evidence-based care to most common conditions.

Efficacy of the UP

The UP has now garnered strong empirical support for its use with a range of emotional disorders. First, in a small randomized controlled trial ($N = 37$), the UP was found to significantly reduce symptoms for a range of anxiety disorders compared to a wait-list control group, with patients continuing to improve even 18 months after treatment (Bullis, Fortune, Farchione, & Barlow, 2014; Farchione et al., 2012).

Based on these promising results, we then conducted a larger, randomized trial ($N = 223$) comparing the UP to gold-standard, evidence-based protocols designed to treat the diagnosis-specific symptoms (i.e., SDPs) of generalized anxiety disorder, social anxiety disorder, obsessive compulsive disorder, and panic disorder. Results indicated that emotional disorder symptoms improved similarly for UP and SDPs, with

both groups demonstrating significant reductions in the severity of the principal diagnosis posttreatment, with the UP evidencing significantly less attrition than the SDPs. With regard to comorbid conditions, 62% of patients treated with the UP no longer met diagnostic criteria for *any* emotional disorder, and these improvements were largely maintained one year later. Overall, these results suggest that the transdiagnostic UP approach is just as good at addressing the primary disorder as the targeted protocol designed explicitly for that condition. Given the practical advantages of the UP (described previously), these results lend support for the widespread dissemination of the UP.

There is also preliminary data to suggest that the UP can be successfully applied to other diagnoses that are characterized by the emotional disorder vulnerabilities described earlier. Specifically, there is evidence to support the use of the UP for emotional disorder patients with co-occurring alcohol abuse or dependence diagnosis (Ciraulo et al., 2013), unipolar depressive disorders (Boswell, Anderson, & Barlow, 2014), bipolar disorder (Ellard, Deckersbach, Sylvia, Nierenberg, & Barlow, 2012), borderline personality disorder (Sauer-Zavala, Bentley, & Wilner, 2016), and posttraumatic stress disorder (Gallagher, 2017).

Given the UP's focus on addressing core processes, we have also studied the UP's ability to change dimensions of temperament in the scope of the randomized control trials mentioned previously (Carl, Gallagher, Sauer-Zavala, Bentley, & Barlow, 2014). Results revealed that the UP, compared to the wait-list group, indeed produces small to moderate changes in neuroticism from pre- to posttreatment. Significantly, these changes in temperament are related to improvements in functional impairment and quality of life (Carl et al., 2014). These results underscore the potential importance of factoring in changes in temperament when considering treatment outcome.

Furthermore, based on the relative advantages of group treatment to individual treatment (e.g., ability to treat more patients, reduced stigma associated with seeking treatment, opportunity to learn from other group members), we have studied the efficacy of the UP delivered in a group format, which happens to be where the protocol originated (Barlow, Allen, & Choate, 2004). Results indicated moderate to strong effects on anxiety and depressive symptoms, functional impairment,

quality of life, and emotion regulation skills. Additionally, patients who received the UP in a group format reported comparable levels of satisfaction to those who received individual administration (Bullis et al., 2015).

Purpose of This Therapist Guide

This book was developed to provide mental health providers with guidance on administration of the UP. This guide is based on our research related to the development of this protocol for over a decade, on our clinical experience administering this treatment to countless individuals with emotional disorders, and on the feedback we have received from other practitioners whom we have trained and others who use the UP regularly in their clinical practice. Clinical vignettes are provided to illustrate common issues that tend to arise in the administration of the protocol and ways to resolve them. However, for more detailed case examples covering a range of emotional disorders, please see our recent publication designed specifically for that purpose (Barlow & Farchione, 2017).

The first four chapters of this guide provide introductory and background information about the treatment program. Subsequent chapters provide step-by-step instructions for facilitating treatment and conducting sessions. Each of these chapters corresponds to a chapter in the UP (patient) workbook. Please note that in this guide we intentionally use the terms *therapist*, *clinician*, and *practitioner* interchangeably to describe treatment providers.

