TREATMENTS THAT WORK

TRANSDIAGNOSTIC PROGRAMS

Unified Protocol for Transdiagnostic Treatment of Emotional Disorders

Second Edition

WORKBOOK

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About ✓TREATMENTS THAT WORK

One of the most difficult problems confronting patients with various disorders and diseases is finding the best help available. Everyone is aware of friends or family who have sought treatment from a seemingly reputable practitioner, only to find out later from another doctor that the original diagnosis was wrong or the treatments recommended were inappropriate or perhaps even harmful. Most patients, or family members, address this problem by reading everything they can about their symptoms, seeking out information on the Internet or aggressively "asking around" to tap knowledge from friends and acquaintances. Governments and health care policymakers are also aware that people in need do not always get the best treatments—something they refer to as *variability in health care practices.*

Now health care systems around the world are attempting to correct this variability by introducing *evidence-based practice*. This simply means that it is in everyone's interest that patients get the most up-to-date and effective care for a particular problem. Health care policymakers have also recognized that it is very useful to give consumers of health care as much information as possible, so that they can make intelligent decisions in a collaborative effort to improve physical health and mental health. This series, Treatments *ThatWork*, is designed to accomplish just that. Only the latest and most effective interventions for particular problems are described in user-friendly language. To be included in this series, each treatment program must pass the highest standards of evidence available, as determined by a scientific advisory board. Thus, when individuals suffering from these problems or their family members seek out an expert clinician who is familiar with these interventions and decides that they are appropriate, patients will have confidence they are receiving the best care available. Of course, only your health care professional can decide on the right mix of treatments for you.

The latest 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 many groups of related disorders share important causes, and look very similar in terms of behavioral problems and brain function. Thinking of these disorders or problems as related, or on a "spectrum," is the approach now taken by leading therapists and researchers as well as by the authors of the *DSM-5*. This is because most people with one disorder or problem also have another problem or disorder (referred to as comorbidity). If someone has panic disorder, they may also have social anxiety as well as depression; these are all emotional disorders. If someone abuses drugs, they may also abuse alcohol or cigarettes; these are all addictive disorders. Treatment programs in this series are "unified" because they share a common, unified set of therapeutic procedures that are effective with a whole class of disorders, such as emotional disorders or addictive disorders. Treatment programs are "transdiagnostic" because they are designed to be effective with all of the disorders in that class (emotional or addictive or eating disorders) that somebody might have, rather than just one disorder. Working with one set of therapeutic principles makes it easier and more efficient for you and your therapist, and should address all of the problems you may have in a more comprehensive and effective way.

This particular workbook is designed to address the range 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 conditions that arise from difficulty responding to strong emotions, such as health anxiety, dissociation (feelings of unreality), alcohol or substance use, and self-injurious behavior. What all of these disorders have in common is the experience of strong emotions that is interfering with the ability to lead a fulfilling life. This program is not generally recommended for a specific phobia, if that is the only problem you are experiencing at this time. Only your healthcare professional can tell you for sure which disorders you have and which you may not have; and only your healthcare professional can decide on the most appropriate treatments for you.

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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 PDFs. To access the forms and worksheets, please visit http://www.oup.com/us/ttw.

Contents

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Unified Protocol for Transdiagnostic Treatment of Emotional Disorders

CHAPTER 1 What Are Emotional Disorders?

GOALS

- To describe the types of problems this program was designed to address
- To help you determine whether your difficulties fit with this program

What Are Emotional Disorders?

This workbook was developed to help people who are struggling with intense emotions like anxiety, sadness, anger, and guilt. A person may have an *emotional disorder* when her emotions are so overwhelming that they get in the way of moving forward in life. For example, feeling really sad may make it harder to reach out to friends or even get out of bed. Feeling anxious at school or work may prevent someone from finishing important tasks. You may have picked up this book because your emotions are interfering in your own life in ways that matter to you. Although emotions affect our lives in different ways, there are three features that often occur across all emotional disorders, as shown in Figure 1.1: Emotional Disorders.

1. **Frequent, strong emotions:** People who struggle with emotional difficulties tend to feel strong emotions quite often. This is a biological tendency to be emotionally sensitive—some people may simply be hard-wired to experience their emotions more intensely in response

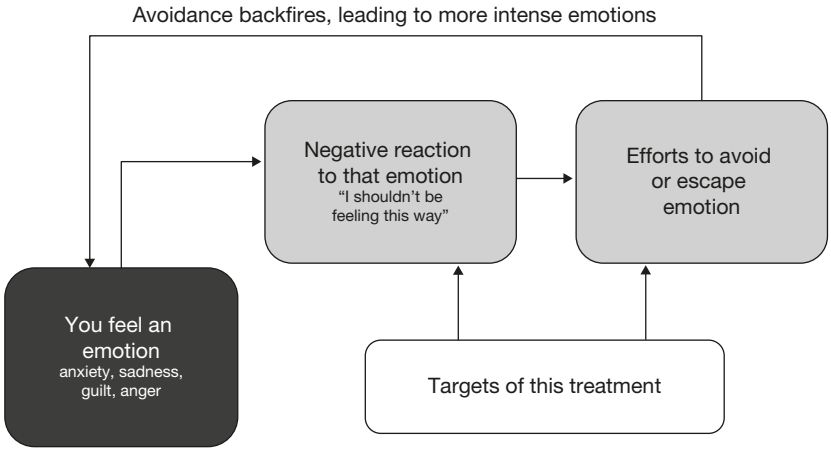

Figure 1.1

Functional Model of Emotional Disorders

to situations in their lives. It is important to point out, though, that feeling emotions strongly does not necessarily mean a person will find them overwhelming and interfering. It is how we respond to our emotions that really matters.

2. **Negative reactions to emotions:** People with emotional disorders also tend to view their emotions negatively. They can be hard on themselves for having certain reactions, thinking "I shouldn't be feeling this way" or "getting upset about this is a sign of weakness." They may also link strong emotions to bad outcomes and conclude things like "Everyone will judge me for being anxious," "If I get angry, I'll do something that I'll regret," or "If I let myself feel sad, I'll fall into a hole that I won't be able to get out of." Sometimes one part of an emotional experience is particularly distressing. For example, some people may find the physical sensations associated with emotions like a racing heart, sweating, and butterflies in the stomach quite uncomfortable. For other people, intrusive, unwanted thoughts may be most difficult. Sometimes people even have negative reactions to positive emotions (e.g., "If I let myself feel excited, I'll be even more disappointed if it doesn't work out").
3. **Avoidance of emotions:** Since people with emotional disorders view their emotions negatively, it makes sense that they would try to avoid them. The problem with avoidance is that it actually doesn't work very well. Actively trying to push away emotions may make you feel better in the short term but generally leads to more frequent, intense emotions in the long term. It is like being stuck in quicksand—the more

you struggle, the more you sink. Additionally, by avoiding activities or situations because they might bring up intense emotions, life can become limited. You may find it difficult to get the most out of day-to-day activities like going to work, spending time with friends, or just doing something fun.

The goal of this workbook is to change the way you respond to your emotions when they occur. Specifically, you will be asked to approach your emotions in a more accepting manner instead of viewing them as something to avoid. This may seem like the opposite of what you were expecting—perhaps you are hoping to *get rid of* your overwhelming emotions. However, as you progress though this workbook, you will learn more about how emotions, even negative ones, are important and that pushing them away actually backfires. Leaning in toward your emotions and responding more effectively to them may be difficult at first, but it will gradually make them more manageable.

To begin to see if this program is right for you, take a look at these examples of people we have treated at our clinic.

Amira

Amira is a 24-year-old graduate student who came to our clinic for help with a number of difficulties. First, she reported worrying for long periods of time (90% of her day) about her family's finances, her ability to complete her school work, as well as her health and safety. To cope, Amira often put off her school work by surfing the Internet for several hours every evening. In particular, she had been putting off a large project that was important for graduating on time. She described feeling extremely guilty about her lack of progress but still felt unable to face this task. Additionally, she reported engaging in checking behaviors (e.g., going to the doctor frequently, looking up symptoms on the Internet), as well as refusing to enter crowded public spaces that she perceived might be more susceptible to terrorist attacks. These behaviors helped Amira to feel better for a little while, but the worries always returned in response to new situations and symptoms. In addition to her worries, Amira also described feelings of restlessness, difficulty concentrating, irritability, and muscle tension.

Amira also noted that she was struggling to make friends since moving to the area for graduate school. She worried that her classmates would

view her as "awkward and weird," so she avoided class social gatherings. Although she had attended a church in her neighborhood a few times, Amira always sat in the back and left immediately following the service to avoid mingling during the coffee hour. Amira also reported that she had been holding back from asking questions in class because she was worried her professors would "regret accepting her to the program." Finally, Amira indicated that all of these difficulties had been weighing on her and that she was feeling really down. She felt hopeless to solve her problems and had stopped engaging with her hobbies, like biking, yoga, and needlepoint. Amira noted that she didn't deserve to do "fun" things if she didn't complete her school work.

Kevin

Kevin is a 58-year-old, married male who lives with his wife of 20 years and their two teenaged children. He has been working as a lawyer for the past 25 years. Kevin came to our center experiencing intense panic attacks that consisted of racing heart rate, shortness of breath, dizziness, a frequent lump in his throat, nausea, and sweating. He had his first panic attack while he was on the highway driving to work one day. Kevin immediately pulled off to the side of the road and got out of his car. He had never experienced anything like this before, and he was terrified that he would lose control of the car; he ended up calling his wife to come pick him up. Following this first attack, Kevin started having panic attacks regularly. Most felt like they came "out of the blue," but he noticed that he was especially likely to have them in situations where he felt trapped. Kevin was constantly worried about having another panic attack and made changes to his behavior in order to prevent them. For example, Kevin stopped driving on the highway. Instead, he added 30 to 45 minutes to his commute by taking back roads. In addition, he started leaving work earlier, in order to avoid rush-hour traffic. He also began avoiding other situations, such as airplanes, elevators, stores, shopping malls, theaters, and crowds. Wherever he went, Kevin carried his cell phone (so he could call for help if anything happened to him) and his fast-acting anxiety medication with him. Even though he didn't take his medication very often, Kevin said that just looking at it made him feel more comfortable and better able to cope. Kevin had tried a number of different things to "get rid of" his panic, including relaxation, hypnosis, and even medication that his doctor had prescribed. However, none of these things had

helped. Kevin couldn't shake the feeling that there was something wrong with his brain and that he was weak for experiencing these symptoms.

Marco

Marco is a 41-year-old firefighter who lives with his wife of eight years. Shortly after an incident at work in which one of his coworkers was seriously injured, Marco noticed that his sleep had become disrupted by nightmares. These dreams usually involved not being able to help his coworker during the fire and made it nearly impossible for Marco to get back to sleep afterward. As a result, Marco spent much of his day feeling groggy and fatigued, though he often put off going to sleep because being in bed had become so unpleasant for him. In addition to being tired, Marco found that he was frequently distracted throughout the day by intrusive thoughts about his coworker. These memories would pop up unexpectedly even when he was trying to relax, and they left him feeling on edge. His wife tried to be supportive by asking him what was on his mind, but Marco preferred not to discuss these memories, thinking this would make him feel more stressed out. Around the same time, Marco's wife noticed that his temper was shorter than usual. He seemed frequently irritable and would often snap at her over minor issues. For example, Marco was startled by their dog coming into the house and yelled at the dog to get out of the way, which he felt guilty about afterward. When Marco's wife brought up his short temper, Marco agreed that he had been feeling irritable and restless but said that it was hard to relax at home. Marco also found that the activities he and his wife used to do with their friends, like going to movies or out to eat, didn't hold his interest anymore.

Marco decided to talk to a therapist after some encouragement from his wife, and he came in for treatment saying that everything felt harder since the fire that injured his coworker. Marco felt very frustrated by his symptoms—in particular, he wondered why he felt so stressed in daily life after having performed well under much more stressful conditions at work. Marco found himself thinking self-critical thoughts and asking "Why can't I just get it together?"

Rachel

Rachel is a 33-year old stay-at-home mom who lives with her husband and two-year-old child. Rachel described herself as "a rigid person" who likes

to follow rules and routines. She noted that she has always found it mildly uncomfortable when things don't go as she planned. However, since the birth of her daughter, Rachel started noticing that minor deviations from her routine caused overwhelming anxiety. For example, if Rachel did not have time to put away the laundry immediately after folding it, she would begin to get the sense that something really terrible would happen. She noticed intrusive thoughts that her daughter, husband, and parents would be involved in some kind of accident. To avoid these thoughts, Rachel tried very hard to keep the same schedule every day and would become very angry if something interfered (e.g., her husband having to stay late at work). If the thoughts did pop up, Rachel would rub a worry stone she carried in her pocket while counting the floorboards in her dining room. Engaging in these behaviors made her feel like she was doing something to protect her loved ones. Rachel was frustrated with the time these behaviors were taking up in her life but was reluctant to give them up "just in case" they did keep her family safe.

You may notice that each person is experiencing different symptoms. In each of these cases, however, strong emotions are getting in the way of their ability to live the life they want. Their negative reactions to their emotions are driving them to do things they don't want to do—and, as we'll discuss throughout this program, things that might make them feel better for a short time (e.g., skipping gatherings with classmates, avoiding driving, snapping at a spouse, rigidly following a routine) only lead to more problems in the long term.

What Types of Disorders Does This Program Treat?

This treatment program is designed to help people like Amira, Kevin, Marco, and Rachel. By focusing on negative, avoidant reactions to strong emotions, we can help people with a variety of different problems. There are several mental health conditions that can be considered emotional disorders and would be a good fit for this treatment. As a reminder, emotional disorders occur when the way a person responds to strong emotions is taking over his life. Examples of emotional disorders include anxiety disorders such as panic disorder, generalized anxiety disorder, social anxiety disorder, and obsessive compulsive disorder. Depression is another common emotional disorder. See Table 1.1 for a description of many