



Unified Protocol for Transdiagnostic Treatment of Emotional Disorders: Therapist Guide (2 edn)

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Module 1: Setting Goals and Maintaining Motivation: (Corresponds to Chapter 4 of the UP Workbook)

Chapter:

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Overview



The purpose of this module is to maximize the patient's readiness for change and increase motivation to engage in treatment. It was designed to help patients clarify their goals for treatment and to explore the benefits and costs of changing and remaining the same. This module provides two exercises for enhancing the motivation necessary in initiating this type of treatment program and can be reviewed as needed throughout the course of treatment.

Module Goals



- Discuss the importance of motivation to treatment outcome

Module 1: Setting Goals and Maintaining Motivation: (Corresponds to Chapter 4 of the UP Workbook)

- Help patients identify concrete goals to achieve during treatment
- Assist patients to set manageable steps to reach treatment goals
- Help patients explore the benefits and costs of changing and remaining the same

(p. 54) Materials Needed



- **Treatment Goals Form** located at the end of UP workbook Chapter 4
- **Decisional Balance Form** located at the end of UP workbook Chapter 4
- **Anxiety Scale, Depression Scale, Other Emotion Scale** (optional), and **Positive Emotion Scale** (optional) located in UP workbook Chapter 3

Motivation and Commitment



As discussed briefly in Chapter 4 of this guide, motivation and commitment are essential for patients beginning a course of cognitive-behavioral treatment. We find that it makes sense to discuss motivation for treatment shortly after presenting an overview of the skills, as many patients experience uncertainty about their ability to complete the program effectively when considering all of the exercises planned for treatment. Therefore, we typically begin the discussion of motivation by validating that many patients find the prospect of treatment to be daunting. We then inform them that some of the biggest determinants of successful treatment outcomes are ongoing motivation for change and engagement with the program. We let patients know that motivation is expected to wax and wane throughout treatment and that we have found attention to motivation from the beginning to be the most effective way to preemptively deal with fluctuations down the road.

You can assist your patient in increasing readiness and motivation for behavior change through two motivational exercises. First, we utilize a **Treatment Goal Setting Exercise** in which patients have the opportunity to articulate goals for treatment and are guided toward making their goals more concrete, followed by a **Decisional Balance Exercise** in which patients weigh the pros and cons of changing and for staying the same.

(p. 55) Clarifying Top Problems and Setting Treatment Goals



Building on information collected during the functional assessment in session 1 (Chapter 5), you will help your patient clarify the top problem areas they would like to target in treatment. Some patients will enter treatment with a clear idea of how their emotional experiences lead to significant problems in their life, though many patients start the treatment process with a vague understanding of their problems and related change they would like to accomplish in the treatment process. Clarifying top problem areas (see **Treatment Goals Form** in Chapter 4 of the UP workbook) will provide both you and your patient with a better idea of problem areas to focus on in treatment. Given the diversity in top problems amongst patients, clarifying the problems will also facilitate personalization of the treatment.

Once top problem areas have been identified, begin to discuss setting concrete and realistic treatment goals. This activity will enhance your patient's belief in their ability to successfully achieve the desired change, also known as *self-efficacy*. Research has consistently shown that one of the most effective ways to achieve successful behavior change is through goal setting. "Goals" refer to future states or events that an individual is interested in making happen or hoping to prevent from happening. Goals related to top problem areas may include "feeling less anxious" or "making more friends." By assisting your patient in setting specific, concrete, and

Module 1: Setting Goals and Maintaining Motivation: (Corresponds to Chapter 4 of the UP Workbook)

manageable goals for behavior change, you are greatly improving their chances of successfully changing. While “feeling less anxious” is a popular goal, this goal is diffuse and difficult to measure. Ask your patient to identify measurable behaviors or experiences that reflect what “feeling less anxious” would look like to them. Concrete behavioral goals may include “participating in work meetings” or “submitting five job applications.” This discussion will also facilitate setting realistic expectations for treatment. For instance, goal setting is an opportunity to shape the patient’s expectations regarding experiencing emotions. Many patients seek treatment to eliminate uncomfortable emotional experiences. Given that humans are programmed to experience a range of emotions (p. 56) (see Chapter 7 in this guide for details regarding the function of emotions), this goal is not only unrealistic but also inconsistent with the treatment approach. Realistic and attainable goals may include “learning to tolerate intense emotional experiences while giving a presentation.” Given that the nature of emotions has yet to be discussed, focus on goals that are consistent with the treatment rationale. An example of a completed **Treatment Goals Form** can be found on p. 166 in Appendix B of the UP workbook.

By clarifying top problem areas and treatment goals in the beginning of the treatment, and checking in on these goals as treatment progresses, your patient will have a more objective understanding of treatment gains made during the course of treatment. In addition, the rationale for the treatment approach can be directly connected to your patient’s top problem areas and related goals. Revisiting the treatment goals throughout the course of treatment will also provide a clear focus and structure to the therapy session.

Therapist Note

*Some of your patient’s goals might be achievable in a matter of hours (“going to the gym tonight”), whereas others might take longer to accomplish (“making more friends”), and some might be things that patients will always be working toward. Everyone has goals that are achievable in these different time frames. Research has shown that setting specific, concrete, and manageable goals for behavior change greatly improves individuals’ chances of successfully changing. Thus, the goal of “going to the gym tonight” is much more likely to lead to successful behavior change than the goal of “feeling more satisfied in life.” We’ve found that it can be helpful for patients to identify their larger goals for treatment and then come up with more concrete manageable steps to achieving those goals by completing the **Treatment Goals Form** in the UP workbook. We typically recommend that you guide your patient through choosing and breaking down at least one primary treatment goal in session. Then, the generation and breaking down of additional goals may be assigned for homework and discussed briefly at the beginning of a subsequent session.*

(p. 57) Building Motivation—Decisional Balance Worksheet



This exercise was designed to help patients directly address ambivalence for change by exploring the pros and cons of both staying the same and changing (see **Decisional Balance Form** from Chapter 4 of the UP workbook). Once they have been given a sense of what treatment entails, it can be overwhelming to consider actually completing treatment, which naturally triggers ambivalence. Even the most highly motivated patients can be expected to experience fluctuations in their levels of motivation over the course of treatment. The very nature of emotional disorders suggests at least some ambivalence about changing responses to anxious and depressive symptoms, as the patient is at least partially aware of how the symptoms

Module 1: Setting Goals and Maintaining Motivation: (Corresponds to Chapter 4 of the UP Workbook)

have negatively affected their life. However, changing these responses on the patient's own has been difficult, if not impossible. For example, a patient with obsessive-compulsive disorder might recognize that their compulsive behavior is excessive and at the same time believe that not engaging in the compulsion makes it more likely that a feared outcome or catastrophic consequence (the content of the obsession) will occur. Alternatively, a patient with generalized anxiety disorder might feel very distressed about worry but also believe that worry offers some control over their anxiety. As mentioned previously, this ambivalence is a natural part of the process of behavior change. One way to help resolve some of this ambivalence is to help your patient push the balance of the scales toward behavior change by amplifying the discrepancy between their current situation and their ideal or desired situation. Miller and Rollnick (2002) aptly described this process as "developing discrepancy." Essentially, if an individual views their current behavior as conflicting with important personal goals or values, the chances of modifying the behavior increase.

Using the **Decisional Balance Form**, help your patient identify pros and cons of changing, as well as for staying the same. As noted in the clinical vignette, some patients will struggle with identifying "cons" associated with changing their behavior. After all, they are coming to therapy in order to make a change in their life. However, it is important to help them identify potential sources of ambivalence and to develop discrepancy between the patient's life, currently, and how they would like it to be. If done properly, this exercise can lead naturally into a "call (p. 58) to arms" type discussion that offers the UP, and your patient's commitment to making a change, as a means for achieving the short- and long-term goals your patient identified and for developing a more desired situation in general. An example of a completed **Decisional Balance Form** can be found on p. 167 in Appendix B of the UP workbook.

Therapist Note

Some patients will be eager to jump into the treatment components that they perceive as more helpful or skill based. Particularly when motivation is high at the beginning of treatment, it can be helpful to provide a strong rationale for spending time evaluating the pros and cons of change. Investing time at the beginning of treatment discussing cons of treatment often alerts you to the types of barriers that may become problematic later in treatment. In addition, by having this conversation early on, your patient is aware of the fluidity of motivation and may be more willing to discuss problems as they arise in treatment.

Homework



- Identify additional goals on the **Treatment Goals Form** or steps for achieving goals for treatment goals identified but not discussed in session.
- Instruct the patient to begin monitoring progress by completing the **Anxiety and Depression Scales** (as well as **Other Emotions** and **Positive Emotions Scales**, if they are using them).

Case Vignettes



Module 1: Setting Goals and Maintaining Motivation: (Corresponds to Chapter 4 of the UP Workbook)

Case Vignette #1

In the following case vignettes, T represents the therapist and P represents the patient. The following is a therapist/patient dialogue where the therapist is working with the patient to set and break down a primary goal for treatment.

P: Well, I would really like to make more friends.

T: Okay, great. So, what would it look like when you've achieved this concrete goal? What kinds of things would you be doing? (p. 59)

P: Hmm, I guess I'd be in contact with people more using social media, maybe go out more with people from work, have friends over for dinner or maybe throw a party at my place, and not stay home on Saturday nights anymore when people ask me to do things.

T: Okay, those are some specific goals that you can work toward over the course of treatment. What are some manageable steps you can take to reach those goals?

P: I'm not sure. I guess I could ask for someone's phone number or social media user name?

T: That sounds like a good idea. What can you do before that, to help make that step easier?

P: Well, I guess I could start by making small talk with people at work or the gym.

Case Vignette #2

The following is a therapist/patient dialogue where the therapist is working with the patient to complete the **Decisional Balance Form** by exploring the pros and cons for making a behavior change (i.e., engaging in treatment).

Part 1

T: Okay, now let's look at some of the pros for staying the same. What did you come up with?

P: I left it blank. I don't really think there are any benefits to staying the same.

T: It's not uncommon to feel that way. However, what do you think has held you back from changing this before you came in for treatment?

P: Well, changing on my own was just so much work.

T: Changing one's behavior is really hard work, especially when it's something we've done for so many years. It sounds like one of your pros for staying the same might be that it's easier to stay the same. What is another benefit for staying the same?

(p. 60) Part 2

T: What are some of the cons for staying the same?

P: Well, the way things are kind of stinks. I mean, I can't do a lot of the things I want to, like travel or go out with friends.

Module 1: Setting Goals and Maintaining Motivation: (Corresponds to Chapter 4 of the UP Workbook)

T: So, some of the cons include being unable to travel and unable to go out with friends. What else were you able to come up with?

P: Mainly just that—all of the things that I can't do because of my panic.

T: You mentioned that one of the benefits for staying the same was that it was easier. How much work is it for you to try and manage your panic now?

P: It's a lot of work. In fact, it's pretty exhausting to constantly be on guard for situations that are going to make me panic.

T: It sounds like staying the same requires quite a lot of energy and effort on your part as well.

Troubleshooting



When reviewing the **Treatment Goals Form** with patients it is important to make sure that the goals they have identified are reasonable and achievable. Patients will sometimes have problems identifying concrete steps toward the larger goals they have identified. Make sure that the steps they have listed in the *"Taking the Necessary Steps"* column of the worksheet are in fact manageable. This is illustrated in Case Vignette #1 where the therapist responded to a common difficulty by helping the patient to generate intermediate steps that she could work toward to achieve her ultimate goal of making more friends. In addition to modeling the problem-solving or goal-setting process for the patient, the therapist also helped to enhance the patient's self-efficacy by reinforcing her problem-solving attempts.

When reviewing the **Decisional Balance Form** with patients, it is important to ensure that they have honestly explored the pros and cons for both changing and staying the same. As illustrated in Part 1 of Case Vignette #2, one difficulty that comes up is that patients will sometimes leave blank the cons for changing or the pros for staying the same. However, it is important to recognize that there *are* benefits (p. 61) to staying the same, and identifying these potential obstacles early in treatment will allow the patient to be aware of them as treatment progresses. Once you have reviewed potential benefits for staying the same, launch a review of the cons for staying the same. You can also use any benefits your patient came up with to help them generate additional cons for staying the same. This is shown in Part 2 of Case Vignette #2, where the therapist was able to help the patient identify her own ambivalence and also to generate additional reasons against staying the same. This technique can be helpful for overcoming patient ambivalence and continuing to build motivation. (p. 62)