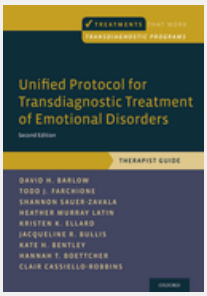

Unified Protocol for Transdiagnostic Treatment of Emotional Disorders: Therapist Guide (2 edn)

David H. Barlow, Todd J. Farchione, Shannon Sauer-Zavala, Heather Murray Latin, Kristen K. Ellard, Jacqueline R. Bullis, Kate H. Bentley, Hannah T. Boettcher, and Clair Cassiello-Robbins

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Medications for Anxiety, Depression, and Related Emotional Disorders: (Corresponds to Chapter 12 of the UP Workbook)

Chapter:

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Overview

This chapter provides information for the therapist and does not correspond to a particular therapy session. Discontinuation of medications is usually addressed toward the end of therapy when patients are beginning to feel better and more confident in their ability to manage their symptoms without medication. You may find the information in this chapter useful for discussing medications, including discontinuation, with your patient.

Session Goals

- Discuss reasons for medication use

- Review how medication use might affect treatment
- Provide information on how medications can be discontinued

Materials Needed

- **UP workbook Tables 12.1 and 12.2**, describing various types of medication and their most common side effects, if needed

(p. 158) Discussing Medication Issues

There is tremendous variability in the extent to which individuals use medication, psychological treatment (such as this program), or some combination of the two. In general, we do not really talk about medication as a more or less effective form of treatment but as more or less appropriate depending on the situation.

There are a number of medications that are often used in the treatment of emotional disorders including benzodiazepines, beta-blockers, selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), mood stabilizers, antipsychotic medications, and other sedatives. The mechanisms by which these medications act are largely unknown, and different medications tend to have different side effect profiles. The UP workbook offers a thorough review of commonly used medications as well as considerations regarding their side effects. During a discussion of these medications, we emphasize the importance of consulting a prescriber before making decisions.

Under ordinary circumstances, medications are likely to begin exerting beneficial effects in a shorter period of time than a psychological treatment program. This is especially true of the benzodiazepines and beta-blockers, which can be effective almost immediately. Antidepressant medication such as SSRIs and SNRIs, which are widely regarded as the first-choice medication treatments for most anxiety and mood disorders, can take longer (about four to six weeks) to be metabolized into the bloodstream and begin to exert their effects. Additionally, some of these medications, particularly SSRIs, SNRIs, and mood stabilizers, require a titration period. That is, the dosage of these medications is increased gradually over time until it is at a therapeutic level. This titration period can mean it takes a little longer for these medications' effects to begin.

Another consideration is that sometimes medications can lose some of their effectiveness when taken continuously over an extended period of time. In addition, there may be a greater risk of relapse when the medication is discontinued. The UP program may be beneficial for individuals who have achieved some relief from medication or who are hoping to prevent long-term use of such medications.

(p. 159) How Medications Can Affect UP Treatment

Medications can interact and sometimes even interfere with treatment procedures.
For a number of disorders, in particular panic disorder, combination medication and cognitive-behavioral treatments have been shown to have poorer treatment outcomes over the long term than individual cognitive-behavioral treatments. This does not appear to be the case with depression, where combination treatment appears to be somewhat more effective than either treatment alone, at least in the short term.

Beyond overall treatment outcome, it is important to note that fast-acting medications, such as benzodiazepines, may interfere with exposures by either preventing levels of emotion from reaching peak intensity and/or by functioning as safety signals. In both cases, the use of these medications may prevent the new learning that naturally occurs during exposures. Further, reliance on them, like any safety signal, can reduce the patient's sense of self-efficacy and belief in their ability to cope with the experience of strong emotions. Case Vignette #1 in this chapter provides an example of a therapist talking to a patient about using medication as a safety signal.

A number of patients who come in for therapy mention going off of their medications as one of their treatment goals. Withdrawal or reduction in medication use must be undertaken under the direct supervision of a physician. This process can be accompanied by an increase in anxious or depressed mood as well as uncomfortable physical sensations. Such side effects are common, and the application of the techniques described in the UP is appropriate and can be helpful for patients. If withdrawal from medications is particularly difficult (as might often be the case when withdrawing from benzodiazepines), then the program described in the book *Stopping Anxiety Medication* (Otto & Pollack, 2009) from the Treatments That Work series might also be helpful (search for the title on www.oxfordclinicalpsych.com).

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Case Vignettes

Case Vignette #1

In the following vignette, the therapist talks with a patient about using medication as a safety signal.

P: Can I take my medication with me during (or before I do) the exposure?

T: What makes you think you need to take your medication with you during the exposure?

P: I don't think I'll need them. I mean, I haven't taken them in months, but I want to have them in case my emotions get too intense.

T: Have you had any intense emotions over the past few months?

P: Yes, many times. Especially during some of the recent exposures we've been doing.

T: Okay, so in that last exposure, did you take your medication?

P: No, I didn't have it with me.

T: What happened to your emotions?

P: Well, they got really intense, but I guess they came back down on their own.

T: So if your emotions came back down on their own, what role do you think taking them into this exposure might play?

P: I guess they could actually be a safety signal and might prevent me from fully engaging in the exposure and may even prevent my emotions from coming down as quickly as they naturally would on their own.

Case Vignette #2

Here the therapist and patient discuss a commonly held belief regarding how medications work.

P: I thought that the medication was necessary to correct my chemical imbalance.

T: That is actually a commonly held belief. However, to date, there is no clear evidence of a specific chemical imbalance that is a primary cause of anxiety or depression. The question of how the medications (p. 161) work isn't well understood, except that they do seem to reduce the intensity of the symptoms experienced. Regardless of how the medications work, it is still important to learn that you can cope with emotions, even if you do experience more intense symptoms.

Case Vignette #3

In this vignette, the therapist helps the patient with concerns about withdrawal from medication.

P: I'm afraid that my emotions are going to become even more severe when I stop taking the medication and I'll be right back where I started.

T: Specifically, what do you mean when you say that your emotions would become more severe?

P: You know, out of control like they were before I started this treatment.

T Okay. How would you respond to those emotions now?

P Well, I suppose I would try to apply the skills I've learned in treatment.

T: Great! What would that look like specifically?

P: Well, I guess first I would try to identify what I was feeling. Then I would practice being mindful and maybe try to think about things differently.

T: So it sounds like you've learned quite a bit about your emotions and how to respond to them effectively.

P: I guess I have.

T: Given how much you've learned, and that you've already changed how you experience and respond to your emotions once, how do you think you would respond even if your emotions did become more severe and intense?

P: Well, I guess I'd work through the treatment procedures again. If I've done it once, it must be easier the second time.

(p. 162) Troubleshooting

Perception that Medications Remedy a Chemical Imbalance

As illustrated in Case Vignette #2, patients often have preconceived notions about the nature of emotional disorders and the need for medications to correct chemical imbalances in their brain. These beliefs can increase patients' anxiety or apprehension about withdrawing from their medication. Brief psychoeducation about the research on the nature of emotional disorders can be helpful in allowing patients to make a more informed decision about continuing or withdrawing from their medication. In short, the causes of these disorders are complex and still largely unknown. There is likely a biological component to them (e.g., neurotransmitters, genes), but research suggests that the way individuals interpret and respond to events also constitutes a

large vulnerability to the development of them. Programs such as the UP can target the latter vulnerability.

Concerns that Discontinuing Medications Will Result in More Severe Symptoms

Another common fear described by patients is that their emotions or symptoms will become more severe and intense once they discontinue medication and that they will be right back where they started before treatment. As illustrated in Case Vignette #3, it is helpful to point out to patients how much they have learned and how far they have come already. Even if they do have a recurrence of their symptoms, they have developed a new way of responding to them that they did not previously have. Thus, they will never really be right back where they started.