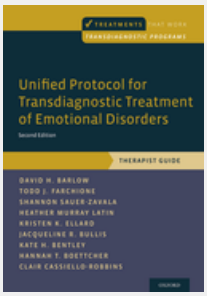

Unified Protocol for Transdiagnostic Treatment of Emotional Disorders: Therapist Guide (2 edn)

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Module 4: Cognitive Flexibility: (Corresponds to Chapter 8 of the UP Workbook)

Chapter:

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Overview

Module 4 focuses on one very important component of emotional experiences: thoughts. Specifically, you will work with your patient to develop a greater awareness of how their thoughts (or interpretations) influence their emotions, to learn to identify their negative thinking patterns, and to increase flexibility in interpreting different situations. The concepts introduced in this chapter are aimed to facilitate patients' ability to approach emotion-provoking situations and respond to their emotions in more helpful, adaptive ways.

Therapist Note

Module 4: Cognitive Flexibility: (Corresponds to Chapter 8 of the UP Workbook)

This module is generally administered over two or more sessions. The first session is typically spent discussing the role of thoughts in emotional experiences, followed by introducing the concept of automatic thinking patterns and presenting two common "thinking traps." The second session is usually dedicated to practicing a skill for generating alternative thoughts or interpretations about emotion-provoking situations. Patients are provided a list of specific questions to help them come up with alternative, ideally more adaptive and present-focused, interpretations. The troubleshooting section contains instructions for addressing core automatic thoughts (i.e., core beliefs), which can be useful if patients are having difficulty using the Cognitive Flexibility skill, and other commonly encountered roadblocks.

(p. 98) Module Goals

- Explain the reciprocal relationship between thoughts and emotions
- Introduce the concept of automatic thoughts
- Introduce and help patients identify common thinking traps
- Introduce and help patients increase flexibility in thinking

Materials Needed

- **Ambiguous Picture** (Figure 8.2) in UP workbook Chapter 8
- **Practicing Cognitive Flexibility Form** located at the end of UP workbook Chapter 8
- **Downward Arrow Form** (as needed) located at the end of UP workbook Chapter 8

Homework Review

As with all treatment sessions, we generally begin with reviewing the homework. In this case, focus on your patient's **Mindful Emotion Awareness Form**(s). Was your patient able to practice nonjudgmental and present-focused awareness through formal *Mindful Emotion Awareness Meditation, Mindful Mood Induction,* and daily-life *Anchoring in the Present* exercises? Was he or she able to note any thoughts, physical sensations, and behaviors/behavioral urges that arose during these exercises? If your patient had difficulty completing or became frustrated during these exercises, normalize that *Mindful Emotion Awareness* can be a difficult skill to develop. It often requires repeated practice over an extended period of time. If patients seem to be struggling with mindful awareness of *emotions* specifically, it may be helpful to help them practice this skill by engaging in an in-session exercise where they engage in an everyday task less likely to elicit intense emotions (e.g., eating a snack, drinking a cup of tea). The aim here is to focus on the *sensory* experience of that task (e.g., what is the smell, what does it taste like, what is the texture). This can help give your patient a better sense of (p. 99) what to strive for in terms of practicing nonjudgmental and present-focused awareness of his or her *emotional* experiences.

Introduction to Cognitive Flexibility

In this module, you will introduce the concept of *Cognitive Flexibility*. The previous chapter was focused on developing mindful awareness of emotional experiences. Patients practiced attending to all aspects of their emotions (including thoughts, physical sensations, and

behaviors) in a nonjudgmental and present-focused manner. The skill presented in this chapter targets one very important component of every emotional experience: thoughts. A specific skill for coping with automatic, negative thinking patterns will be introduced. This skill is aimed at helping patients become more flexible in their thoughts (or interpretations) about and during emotion-provoking situations. *Cognitive Flexibility* will help your patient be better able to approach strong emotions and respond more adaptively to them, thereby decreasing the frequency and intensity of negative emotions over time.

The Importance of Thoughts

Our thoughts (or interpretations) tend to help determine the kinds of emotions experienced in response to a given situation. By emphasizing that how we think about (or interpret) situations influences our feeling or mood states, the rationale for teaching a skill dedicated to patterns of thinking becomes clear. When discussing this point, we have found it helpful to ask patients to come up with an example or two from their lives of when how they thought about or interpreted a situation influenced how they felt. This discussion also offers you the opportunity to model nonjudgmental awareness and acceptance of feelings, by validating the patient's emotional reactions (e.g., "Of course you would feel Y if you interpreted the situation that way"; "it is natural to feel Y if X were true").

Therapist Note

If your patient is having trouble coming up with a personally relevant example of his emotional state influencing his interpretations of a situation, you could ask him to consider the following scenario: He is walking down the street and sees an old friend he hasn't seen in a while. He waves to this person, but she does not wave back. If the patient were to think, "She just ignored me," how would this interpretation make him feel? Probably sad, guilty, embarrassed, or lonely. But what about, "She must not have seen me"? Probably more neutral.

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Emotions can also influence the kinds of thoughts we have (or interpretations we make) in a given situation. We have similarly found it useful to ask patients to describe how moods or feelings might lead them to appraise differently a recent situation they encountered (e.g., "If you felt Y, how do you think you would interpret that situation?"). You could also consider asking your patient to discuss how different types of emotions (i.e., fear, anxiety, sadness, anger) might influence their thoughts or interpretations. We have found this discussion to further assist patients in understanding how their feelings or mood states can help determine how they think about (or interpret) situations. This discussion often leads nicely into introducing the next key concept: *automatic thinking patterns*.

Therapist Note

If your patient has difficulty coming up with his own example, consider providing the same example of waving to an old friend on the street. You could ask your patient to imagine that right before seeing this friend, he had just received some very bad news—like having failed a big test or being let go from his job—so he was feeling sad, anxious, or angry. While

feeling this way, how would he be likely to interpret his friend not waving back? Probably in a negative way, like this person was ignoring him or it means something negative about their friendship or his own self-worth, which would of course intensify his negative feelings. But what if he had just received some very good news—how would feeling more joyful affect his interpretation of the person not waving back? Maybe he would be a bit more likely to believe (or at least consider) a more neutral possibility, like the friend not seeing him or it really not being a big deal.

(p. 101) Automatic Thinking Patterns

There are almost always many different ways that one can interpret a given situation or event. In every situation, there are a large number of different aspects (or stimuli) that a person can attend to or focus on. This is the way the human mind works—serving as a filter by focusing on certain aspects of a situation and assigning meaning to those aspects, in order to increase the efficiency and speed of response to a given situation. Experiences from the past also help us interpret current situations, and then these interpretations are used to project what might happen in the future. It is important to convey that this type of *automatic thinking* often happens without awareness.

Ambiguous Picture Exercise

The *Ambiguous Picture Exercise* can be used to show *automatic thinking* in action. First, present the ambiguous picture (Figure 8.2 in the UP workbook) to your patient. After approximately 10 seconds, put the picture away and ask for the patient's initial interpretation of what is happening in the scene. After identifying the initial (or automatic) interpretation, consider asking your patient to try to name the specific aspects of the picture (such as a particular object or facial expression) that may have led them to this automatic interpretation. You may also consider asking whether a past memory or experience may have influenced their initial interpretation of the picture. Once you've spent some time discussing their first interpretation, return the image to your patient and ask them to try generating alternative interpretations about what might be happening in the picture.

Therapist Note

During the Ambiguous Picture Exercise, encourage patients to generate as many alternate interpretations as possible, even if some seem less plausible. Some patients have trouble with this. It can be helpful to validate that coming up with alternatives can be difficult at first, but that, with practice, it gets easier and can become "second nature." You also may choose to note that there is no right answer and that the purpose of the exercise is not to change interpretations so that they are (p. 102) *more "appropriate" or "better." Nor is the purpose to come up with the "right" interpretation. Rather, the purpose is to show that despite the speed with which we generate initial interpretations, other interpretations are possible.*

The main point to emphasize with the *Ambiguous Picture Exercise* is that we tend to interpret situations in our lives quickly and at times, even without conscious awareness. This process generally happens as a result of honing in on specific aspects of the situation, and filtering out

other parts. Once we have landed on our first interpretation, it can be difficult to step back and see other possibilities, and this is especially true when experiencing intense emotion. However, there are almost *always* other possible interpretations of a given situation.

Therapist Note

The Ambiguous Picture Exercise can also be used to show the point discussed in the previous section—how we think affects how we feel, and vice versa. This can be accomplished by asking patients to describe how various interpretations would trigger certain feeling states (e.g., "How would/did interpretation X make you feel?") and how certain feelings might influence their interpretations (e.g., "How would/did feeling X [anxious, sad, angry, neutral, joyful] influence your interpretations?").

Automatic thinking helps us filter our experiences and respond to situations quickly and efficiently. In some situations, it is adaptive to focus on a few key salient pieces of information and exclude additional information or evidence so that we can respond quickly. Over time, individuals often develop a particular way or style of appraising situations. Research has found that individuals with emotional disorders are more likely to latch onto negative, more pessimistic interpretations. It can be useful to use your patient's initial interpretation of the ambiguous picture to illustrate this point, or you can use a personally relevant patient example discussed in the previous section. This point sets the stage for the next key concept: *thinking traps*.

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Thinking Traps

Latching onto a single interpretation (or type of interpretation) about a situation or event repeatedly can create a powerful heuristic and start to exclude other ways of thinking about or interpreting a situation or event. Although filtering out unnecessary information is adaptive and helpful, it can become problematic when a person continues to filter out additional information and exclude other possible, more realistic interpretations of a situation. Such filtering may lead to increased negative emotions and, in turn, to more negative and judgmental thoughts about oneself and the world. Thus, both automatic thoughts and emotions maintain this cycle—our thoughts influence how we feel, and our feelings influence the future interpretations we make.

Two common automatic thinking patterns (or *thinking traps*) often found in individuals with emotional disorders are *jumping to conclusions* (or *probability overestimation*) and *thinking the worst* (or *catastrophizing*). It can be helpful to use examples from the patient's daily life to identify possible thinking traps. Looking at their previously completed **Following Your ARC Forms** to identify possible thinking traps is often a good place to start. Try to elicit specific examples of interpretations that may be rigid or problematic in that the interpretation or thought focuses on one aspect or interpretation of a situation that may not be helpful in the long term. We have also found it useful to try and ascertain the automatic interpretations patients may have that are adaptive—ones that filter out truly unnecessary information and focus on motivating patients to deal with a specific problem or task. However, we tend to spend the most time discussing the automatic thoughts that get in the way of functioning.

Therapist Note

"Jumping to conclusions" happens when patients jump to the conclusion (or overestimate the probability) that a negative outcome will occur, even with little or no evidence. They may also ignore evidence to suggest a different possibility. "Thinking the worst" is when patients automatically predict that the worst possible scenario is going to happen, and if/when it does happen, they will be unable to cope with it. Although there is a distinction between these two thinking traps, we tend to emphasize that most negative automatic thoughts can be considered both types of (p. 104) *traps, and it is not all that important to determine whether a particular thought is one trap or the other.*

The problem with thinking traps is that they prevent us from acknowledging a range of different interpretations or considering the context in which something occurs. By repeatedly falling into thinking traps, we are more likely to respond in maladaptive, avoidant ways to the experience of negative emotion. Over time, this maintains the cycle of frequent and intense negative emotion and emotional disorder symptoms. After introducing thinking traps, ask your patients to try to begin noticing when they might be falling into a thinking trap in their daily lives.

Therapist Note

It is common for patients to judge or blame themselves for the automatic interpretations they make. This can create a barrier to generating flexibility in thinking because the more they blame themselves, the more negative affect they experience in response to the thoughts and, in turn, the more negative thoughts they have. It is important to help patients practice being aware of automatic thoughts in a nonjudgmental way, noticing the thought and allowing it to pass through their mind (consistent with practicing Mindful Emotion Awareness), rather than holding onto it as the only way of considering the situation and "running" with that interpretation. The point is to be aware of the thinking trap and consider it within the context of the emotion being experienced, not as the only truth but as one way of thinking about the situation.

Practicing Cognitive Flexibility

Thinking traps maintain problematic emotional response cycles by decreasing our flexibility in thinking. The problem with these ways of thinking is not that they are "bad" or "wrong" but rather that they are limiting in that they represent only one possible interpretation of the situation. Thus, the goal of *Cognitive Flexibility* is to increase flexibility in appraising situations, *not* to replace bad thoughts or "fix" faulty ways of thinking. One way out of these thinking traps is to pay attention (p. 105) to interpretations and evaluate them not as "truths" but as one possible way to look at the situation. Instead of automatically thinking that the worst scenario is going to happen and about one's inability to cope, it is important to begin to introduce and consider other interpretations. Thoughts about the worst scenario can still be there, but they can "coexist" with other possible assessments of the situation. The goal is to allow flexibility in our thoughts and for alternate interpretations of emotionally provocative situations that are anchored in the present situation and take the current context into consideration.

Therapist Note

It is important to emphasize that the purpose of this Cognitive Flexibility skill is not to eliminate all thoughts related to negative thoughts, nor is it to "punish" patients for having negative interpretations. Cognitive Flexibility is useful for helping the patient gain some perspective on thoughts, so that negative, automatic thoughts do not further feed the problematic emotional response cycle. Thinking more flexibly about and during emotional situations is also a helpful way to facilitate later emotion exposures by allowing for different assessments of the emotions when they are experienced. Helping patients to practice realistically assessing automatic interpretations will provide some motivation when faced with completing a difficult emotion exposure.

Cognitive Flexibility involves coming up with other interpretations of emotion-provoking situations or experiences. This is a useful strategy for helping to break problematic emotional response cycles and can also be an effective way to change the way an emotion or event is experienced. Learning to generate more, realistic, and evidence-based interpretations of emotional situations facilitates adaptive, nonavoidant responding to intense emotions.

In this treatment, we use a series of questions (presented in Chapter 8 of the UP workbook) to assist patients in generating alternative interpretations. Examples of such questions include, "Could there be any other explanations? Even if X was true, could I cope with it? Is my negative automatic thought driven by the intense emotions I'm experiencing?" The questions are designed to be broadly applicable across both types of thinking traps. We generally encourage patients, especially as they (p. 106) are just learning the *Cognitive Flexibility* skill, to utilize all the questions when attempting to generate alternative perspectives on emotion-provoking situations. Patients also may benefit from entering this list of questions in their cell phone or taking a picture of them, which can facilitate use in daily life.

Therapist Note

We have also found it useful to encourage patients to work toward increased flexibility in their thoughts about emotions themselves. Many of our patients tend to have negative, judgmental, and/or catastrophic interpretations of the experience of emotion. Thoughts like "Feeling anxious is terrible" or "I can't handle feeling this way" are very common. To assist the patient in considering alternatives, you might ask them to reflect on how emotions can be functional, as was discussed in Module 2 ("Anxiety can help me prepare for important things" or "Being sad after a loss is normal—feeling this way now will help me move on later"). The same questions presented in the UP workbook can also be useful with these thoughts. Generating other interpretations about what it means to experience emotions, even the negative ones, will help your patient approach their emotions and respond in more adaptive ways—the main goal of this treatment.

Homework

■ Ask your patient to use the **Practicing Cognitive Flexibility Form** to monitor their automatic thoughts and thinking traps. They will note the situation or trigger for the

automatic thought, the automatic thought itself, and whether they fell into a thinking trap. Once you have covered the *Cognitive Flexibility* skill in-session (typically during the second session of Module 4), your patient should use the final (fourth) column to record other possible interpretations. We generally encourage patients to generate at least one alternative interpretation for every situation, although coming up with additional alternatives can be helpful as well. The list of questions for generating alternative interpretations is included at the top of the form to facilitate this process. The **Practicing Cognitive Flexibility Form** can be assigned for homework after each Module 4 session, as (p. 107) long as thinking traps have been introduced. When assigning and reviewing this homework, it can be helpful to remind your patient that the goal is not to "believe" a new interpretation but rather to allow it to coexist with the automatic negative thought. Neither of the interpretations is necessarily correct—they are each examples of a range of possible interpretations. An example of a completed version of this form can be found on p. 172 in Appendix B of the UP workbook.

■ Instruct your patient to continue monitoring progress by completing the **Anxiety** and **Depression Scales** (as well as **Other Emotion** and **Positive Emotions Scales**, if they are using them) and charting their scores on the **Progress Record**.

■ Finally, you can ask your patient to continue practicing skills introduced in the previous module, as needed. For example, it may be helpful for them to continue practicing *Anchoring in the Present* using the **Mindful Emotion Awareness Form**. Although the main focus of the homework should be practicing the *Cognitive Flexibility* skill learned in this chapter, you should feel free to assign one or two worksheets from previous chapters if extra practice would be of benefit.

Case Vignettes

Case Vignette #1

In the following vignette, the patient is having difficulty identifying her thoughts.

P: I don't know. I didn't think anything. I mean, I just had to escape. I had to get out of there right away!

T: What do you remember thinking while you were standing in front of everyone?

P: I was thinking about the presentation I was supposed to give.

T: Were you making any specific predictions about how it might go? Or did you have any concerns about what might happen?

P: Well, I was pretty sure it was going to go badly, just like the last time I tried to give a presentation. I was really concerned that the audience would see how anxious I was and think that I didn't know what I was talking about.

(p. 108) Case Vignette #2

In this vignette, the therapist helps the patient think more flexibly about a possible undesirable scenario.

T: You mentioned that you are afraid that you won't meet the expectations that your new supervisor has for you. If they don't give you a good review, what are you concerned will happen?

P: I'll lose my job.

T: If you lose your job, what are you concerned would happen next?

P: It would be completely devastating for me. I'd have let my family down again, and I wouldn't know how to handle that. My depression would get worse.

T: So your biggest concern is that if you don't meet your new supervisor's expectations, you will be let go from your job, which will leave you devastated and unable to cope. Is this correct?

P: Yeah, I guess that's it.

T: Okay. Have you ever received a negative review before?

P: Yeah. Not many times, but it has happened before. [pause] Three times, I think.

T: Were you let go any of these times?

P: Once. Two years ago. That was awful.

T: So you've gotten a negative review three times before and were let go once. Based on this evidence, is there a *chance* you may not lose your job now?

P: Yeah, I mean, I'm not *certain* it will happen. But if it does, I don't know what I'll do.

T: I understand. Let's talk a little bit about the one time you were let go. How did you feel?

P: I was so upset. I hadn't seen it coming. That was the toughest part—being blind-sided.

T: That must have been difficult. Can you be more specific about the emotions you experienced?

P: Well, at first I was angry. And really sad because it was like I'd failed. I hadn't been at the job for long, so it was like I had disappointed my supervisor, and myself.

T: Of course you felt sad. It is always hard when we lose something important to us, especially when we think that we could've done **(p. 109)** something to prevent it. How would you say you were able to cope with this situation then?

P: Well, the first few weeks were terrible. I got really down on myself and basically didn't leave the house or see anyone, which didn't help.

T: And after that?

P: After those first few weeks? I guess I coped okay. I mean, I started applying for jobs and did get one eventually. I also had a friend who had recently lost his job too, so it was good having someone else in the same boat as me. We supported each other.

T: So despite losing something you really cared about, it sounds like you were able to cope pretty well. In fact, after a tough first few weeks, you turned things around fairly quick.

P: Yeah, I guess so.

T: Also, is there anything different about the situation you're in now that might make coping a bit easier this time around, if you do lose your job again?

P: Maybe. I mean, I already got a heads-up that my review isn't going to be positive. So it wouldn't exactly come out of nowhere, like it did before.

T: How could this be helpful for you?

P: I guess I could plan ahead a bit. Like start to look for other openings online, and update my resume.

T: Good! Is there anything else you have going for you now that could help you cope?

P: [pause] Well, I'm learning coping skills for my depression, which I guess should help. I also have more money saved, so I *could* survive for a while even if I'm unemployed.

T: Okay. So even in the case that you are let go, is it possible that it won't be as devastating as you had initially assumed?

P: I guess not. I mean, it's happened before and I'm still standing. I could live through it.

Troubleshooting

As described in Case Vignette #1, some patients can have difficulty identifying their thoughts. Often times, these individuals will become so focused on the intensity of the emotion in the moment that they will (p. 110) effectively "ignore" the events or moments that preceded their reaction. In cases like these, it can be helpful for the therapist to help guide the patient "back in time" to before they entered the situation or when they had just entered the situation to help them begin to identify their automatic thoughts. In Case Vignette #1, the therapist helped the patient to identify what kinds of thoughts she was having prior to the situation (e.g., giving a presentation) and her response in the situation itself (e.g., intense urge to escape). In cases like this, patients will likely benefit from additional focus on and practice with identifying their automatic thoughts, before moving on to the *Cognitive Flexibility* skill.

For some patients experiencing intrusive cognitions (e.g., obsessions or worry), the evaluation of risk or determining the actual probability of the feared outcome can become problematic itself. In these situations, it is helpful to ask the patient to redirect from evaluating probabilities to evaluating the consequences or implications of the event itself. For example, a patient with obsessive-compulsive disorder may think that because they have intrusive and disturbing thoughts, they are a terrible person. In this case, it can be most helpful to focus primarily on generating other interpretations about what the unwanted thoughts mean about them as a person. In addition to redirecting these individuals to evaluate the consequences associated with the feared event itself, it can also be useful to establish a time limit for patients to use the flexibility skill to help ensure they do not get stuck in a cognitive avoidance cycle.

Another potential roadblock that arises for many of our patients is that considering other perspectives in certain emotion-provoking situations does not seem to "help." Individuals may report that although they can come up with other possibilities, they do not find them very (or even remotely) believable. This is especially true when their emotions are intense. You may also observe that, for some patients, there is a disconnect between the intensity of their emotional response and their interpretation of a given situation. For example, if a patient described avoiding an important social event and the thought related to this was "I may not have anything interesting to say," there is a disconnect between the relatively extreme behavior (avoidance) and the relatively mild cognition. In these cases, it can be helpful to identify the patient's *core*

automatic thought (i.e., core belief) that is driving the emotional response, not merely the surface-level cognitions that are often more easily accessible.

Therapist Note

This treatment differentiates core automatic thoughts from surface-level automatic thoughts in that core automatic thoughts are not specific to one situation or event. Common core automatic thoughts about the self include "I'm incompetent," "I'm a failure," "I'm unlovable," "I'm bad," "I'm worthless," and "I'll be alone forever." Common core automatic thoughts about the world are "The world is a dangerous place," or "At the end of the day, I have no control over what happens to me." When these core automatic thoughts are activated, patients are likely to find it more difficult to think flexibly and resist the urge to engage in avoidant, maladaptive responses to emotion.

(p. 111)

When helping patients identify their core automatic thoughts, the *Downward Arrow* strategy can be useful. This involves starting with a surface-level automatic thought, and asking your patient questions such as "What would happen if this were true?" and "What would it mean about you if this were true (or if this did happen)?" Two examples of completed **Downward Arrow Forms** can be found on pp. 173–174 in Appendix B of the UP workbook.

Once the core automatic thought(s) have been identified, you may decide to work with your patient on becoming more flexible with their core automatic thoughts. This can involve using the same list of questions from Chapter 8 of the UP workbook to come up with more balanced or neutral alternatives (e.g., "I'm okay," "I have value," "I'm good enough," and "I am successful sometimes"). We generally try to stay away from overly positive and therefore unrealistic thoughts (e.g., "I am always successful"). We have also found that encouraging patients to begin looking for evidence that supports their new, more balanced core thoughts can help them strengthen these more adaptive cognitions about the self and the world. Thinking flexibly here is key, as it is expected that the patient will continue to notice negative events—while *also* being on the lookout for positive or more neutral things. Suggesting that the patient write down two or three pieces of observed evidence to support their new core thought each day can facilitate this process. **(p. 112)**