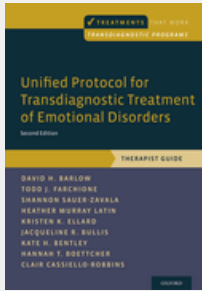


Module 8: Recognizing Accomplishments and Looking to the Future: (Corresponds to Chapter 13 of the UP Workbook)



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

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Chapter:

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Overview



The purpose of this module is to evaluate the patient's progress and to plan for the future. You will also reinforce the skills learned in treatment, review key treatment concepts, and help patients develop strategies for preventing "relapse." Additionally, this chapter is used to address symptom recurrence and how patients can maintain treatment gains in the long term.

Module Goals



- Review key treatment concepts and skills for coping with emotions
- Evaluate treatment progress and areas for improvement

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- Set short-term and long-term goals for maintaining treatment gains and for continued progress

Materials Needed



- **Treatment Goals Form** located at the end of UP workbook Chapter 4
- (p. 164) ■ **Progress Evaluation Form** located at the end of UP workbook Chapter 13
- **Practice Plan** located at the end of UP workbook Chapter 13

Homework Review



Review your patient's continued progress with completing homework assignments. You may find it useful to compare changes on more recent assignments with homework completed earlier in treatment, to identify improvement that has occurred over the course of the program. Further, assessing your patient's ability to complete homework assignments during treatment is important for discussing short-term and long-term goals for maintaining treatment gains and for continued progress.

Review of Treatment Skills



This module begins with a review of treatment skills. As part of this review, you may find it helpful to present a scenario that is consistent with your patient's presenting symptoms and then ask them how they would respond adaptively to the emotions they are most likely to experience. Using an example that is personally relevant will help your patient more easily appreciate their ability to handle these situations now and in the future, thus promoting a greater sense of efficacy as treatment comes to an end.

Evaluating Progress



Help your patient evaluate their progress in treatment to this point. The **Treatment Goals Form** and **Progress Evaluation Form** from chapters 4 and 13 of the UP workbook, respectively, can be used to facilitate a discussion regarding treatment gains and to identify areas in need of further improvement. Also, use data from the monitoring records that were completed throughout the course of treatment. This helps eliminate the possibility that your patient will simply focus on how they feel now, in general, compared to how they remember feeling at the (p. 165) beginning of treatment. We typically make graphs displaying a summary score for patients' weekly ratings on the **Anxiety** and **Depression Scales** and other scales if they were given. This provides a visual record of progress in treatment and can be used to generate discussion about treatment gains and to identify areas for improvement.

We have found it best to discuss change and improvement as a continuing process, consistent with learning any new set of responses and skills. Continued improvement following treatment is very typical, as patients have additional opportunity to practice and apply the skills they have learned.

It will also be important to assist your patient in understanding reasons for a lack of progress, when this occurs. Reasons might include initial error in diagnosis, difficulty understanding the treatment principles, the need for more time to practice the therapeutic strategies, unrealistic goals, and lack of motivation or opportunity for practice. Lack of progress should not be presented as a hopeless outcome. Instead, explore these possible reasons to determine the best course of action that can now be taken in order for your patient to progress. In this way, the end

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of treatment can actually be presented as an opportunity to engage in a “new phase” of development in which your patient can work toward overcoming prior obstacles and ultimately achieve greater gains.

Anticipating Future Difficulties



All patients will experience intense or uncomfortable emotions in the future, which often occur in response to life stressors. However, everyone experiences fluctuations in their emotional life—the ups and downs of everyday existence. Sometimes strong emotions can occur that may not appear to directly correlate with any overt stressors. This can be quite distressing to patients, and such experiences can serve as strong triggers for relapse. Throughout the course of treatment, patients have been developing a more detached, less judgmental stance toward their emotional experiences. As treatment is concluded and the focus turns to promoting skill generalization, it is essential to help patients bring this same nonjudgmental stance to bear on the inevitable ups and downs they will experience once treatment is terminated.

(p. 166) Addressing patient expectations regarding the recurrence of symptoms is an effective strategy for preempting the likelihood of symptom recurrence from spiraling into full-blown syndrome relapse. Help patients understand that fluctuation of symptoms is natural and normal and does not mean they have relapsed. If your patient experiences a recurrence of symptoms, including anxiety, depression, and avoidance of internal and external stimuli, this is not a sign that underlying problems are resurfacing to uncontrollable levels or that treatment did not work. Instead, it means that there is a temporary reappearance of old habits that can be addressed in the same ways as learned through the UP workbook.

Continuing Practice



In an effort to promote continuing progress following the end of treatment, you may wish to work with your patient to identify areas for further practice. Using the **Practice Plan** from the UP workbook, work with your patient to generate a list of specific things they would like to practice in the coming weeks.

We also recommend that patients set aside time each week to review progress and develop or revise a plan for moving forward. This gives them an opportunity to take stock in what they have accomplished, which can be very motivating. Also, they are in a good position to notice any recurrence of their symptoms and to prevent maladaptive patterns of emotional responding from developing. This can be especially helpful immediately after the end of treatment, usually for several weeks, but could be continued indefinitely or for as long as your patient finds it useful.

Establishing Long-Term Goals



Now that treatment is ending, and as patients experience improvement in their functioning, they may begin planning for things they were previously unable to do because of their symptoms. Using the **Treatment Goals Form** and **Practice Plan** from chapters 4 and 13 of the UP workbook, respectively, work with your patient to set long-term goals and the steps needed to achieve those goals.



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(p. 167) Ending Treatment

Patients frequently express concern about ending treatment. It is important to emphasize that patients now have the knowledge and necessary skills to manage and more effectively respond to their emotions.

Case Vignettes



In each of the following vignettes, the patient is coming to terms with the end of treatment.

Case Vignette #1

P: I feel like I've made some real progress, but I'm worried about stopping treatment. I guess I'm a little scared that if my symptoms come back, I won't remember what we talked about or how to apply the skills I've learned.

T: I agree that you've made some real progress in treatment, and I can understand why you might be nervous. But remember, over the course of treatment, you've been developing important skills for responding more adaptively to your emotions. I would say that you now have a good understanding of these skills, and if you continue to practice what you've learned, I imagine you'll become even better at applying these skills over time. I guess it's sort of like any class we may have taken. We don't simply forget everything we've learned just because the class is over. But in order to really retain that information, we may need to continue practicing it or at least revisit it from time to time.

Case Vignette #2

P: We're at our last session but I still feel anxious and sad sometimes. I get worried that things might get worse after treatment is over. I wish I was cured.

T: I can understand your concern. Ending treatment can be difficult. But remember, our work wasn't about eliminating your emotions. Feeling (p. 168) anxious and sad sometimes is perfectly normal, as these emotions can be very adaptive under certain conditions. So I wouldn't equate being "cured" with not experiencing these emotions. In fact, thinking this way can get you into some real trouble. Just take one situation at a time and come back to the skills you've learned. As you come back to these skills, and continue to practice them, they'll become second nature. Over time, I think it will be even easier for you to experience your emotions and respond to them in adaptive ways.

Case Vignette #3

P: I know I need to keep doing *Emotion Exposures*, but I'm afraid that once I stop coming in for treatment, I won't be able to make any additional progress. I don't have anyone to help me review my progress or give me feedback on how to do things differently.

T: Do you mean you aren't sure how to set up the exposures properly on your own?

P: No, I definitely know how to set them up, and I've been pretty good about doing them over the past few weeks. I'm just not sure I have the discipline to make myself practice. Coming in here each week and talking with you has been very motivating for me.

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T: I can see how coming in each week may have provided some structure and helped you stay on-task with completing the exposures. But I wonder if there might be some other ways to stay motivated. For instance, we talked about setting up your own weekly sessions to review your progress and develop a plan for completing exposures. You can even keep the same time you've been coming to treatment. What other things could you try?

P: Well, I guess I could ask my husband to help me stay motivated as well. Maybe I could even sit down with him and go over the progress I make each week. He's very supportive, and I'm sure he would be willing to help out.

T: I think that's a good idea. Also, some people find it useful to give themselves little rewards for completing their practices. You can do this for a little while, and then eventually the benefits from practicing become motivation enough to keep going.

P: I really like that idea! It's always good to get rewards.

(p. 169) Troubleshooting



Patients can feel discouraged at the end of treatment and sometimes minimize the improvements they have made. As previously noted, using data from the weekly tracking forms can help patients to more accurately evaluate their levels of change. If your patient discounts the improvements they have made, in favor of dwelling on the negative, you may find it helpful to point out these specific negative appraisals and then help them to consider the situation in other ways. For instance, you might emphasize that even though there is still room for improvement, they have worked hard to get to this point and have made considerable progress in addressing their symptoms. It may also be helpful for patients to think about treatment as more of an ongoing process that occurs even after the formal program has ended, as opposed to something that has a definitive end-point. In this way, the inability to achieve complete remission of symptoms by the end of treatment is not viewed as a failure, nor is it an indication that additional improvements cannot be made.

Sometimes major life crises occur toward the end of treatment. Depending on how the patient responds to the situation, they may actually regress a bit and feel as though they are "back at square one." If this happens, acknowledge the setback, but remind them that this does not mean that all progress has been lost. Reviewing records kept throughout treatment can be encouraging. By reviewing these records together, you can help your patient recognize that they have made progress before and that they can certainly do it again.

As illustrated in Case Vignettes #1 and #3, some patients will feel they are not yet ready to end treatment or will express uncertainty about their ability to continue to progress or to maintain what they have achieved once treatment ends. Acknowledging that this uncertainty can feel frightening will assure patients that this is a normal reaction. Remind your patients that they have learned skills that can be applied without continued assistance from you and that essentially in learning these skills they have become their own therapist. It can also be encouraging to explicitly point out the work that the patient may have done on their own, such as practicing *Emotion Exposures*. (p. 170)