



## 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

Publisher: Oxford University Press  
Print ISBN-13: 9780190685973  
DOI: 10.1093/med-psych/  
9780190685973.001.0001

Print Publication Date: Nov 2017  
Published online: Jan 2018

## Basic Principles Underlying Treatment and Outline of the Treatment Procedures

### Chapter:

(p. 9) Basic Principles Underlying Treatment and Outline of the Treatment Procedures

### Author(s):

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

DOI: 10.1093/med-psych/9780190685973.003.0002

## Basic Principles Underlying the Treatment Procedures



The Unified Protocol (UP) is based on traditional cognitive-behavioral principles. However, its particular emphasis on the way individuals experience and respond to their emotions is unique in that it brings emotional processes to the forefront, making them available to fundamental psychological mechanisms of change. These mechanisms not only change behavior, including responses to emotional experience, but also change brain function and create new learning and memories (Craske & Mystkowski, 2006; Monfils, Cowansage, Klann, & LeDoux, 2009). The main premise of this treatment is that individuals with emotional disorders use emotion regulation strategies—namely attempts to avoid or dampen the intensity of uncomfortable emotions—which ultimately backfire and contribute to the maintenance of their symptoms. Thus, the UP is an emotion-focused treatment approach; that is, the treatment is

# Basic Principles Underlying Treatment and Outline of the Treatment Procedures

---

designed to help patients learn how to confront and experience uncomfortable emotions and learn how to respond to their emotions in more adaptive ways. By modifying patients' emotion regulation habits, this treatment aims to reduce the intensity and incidence of interfering and overwhelming emotional experiences and improve functioning. It is important, however, to understand that the UP does not attempt to eliminate uncomfortable emotions. On the contrary, the emphasis is on bringing emotions back to a functional level, so that even uncomfortable emotions can be appreciated as adaptive and helpful.

Early chapters of the UP workbook help patients develop a greater understanding of emotions. Patients learn about emotions, including (p. 10) why they occur and how they are adaptive, and are presented with a three-component model of emotion that helps them develop a greater understanding of the interaction of thoughts, physical sensations, and behaviors in generating internal emotional experiences. In addition, patients are taught to track their emotional experiences in accordance with this model. This process assists patients with gaining a greater awareness of their emotional experiences (including the triggers and short- and long-term consequences of behavior) and helps them take a more objective view of their emotions, rather than simply getting "caught up" in their emotional response. This increased understanding and awareness of emotion transitions to *the first core skill of the UP, mindful emotion awareness, which involves the practice of nonjudgmental, present-focused attention toward emotional experiences*. This mindful awareness building is seen as an important fundamental skill serving to enhance acquisition of subsequent treatment concepts. As such, the UP emphasizes the adaptive, functional nature of emotions and helps facilitate greater tolerance of emotions.

*Challenging automatic thoughts related to external threats (e.g., being late) and internal threats (e.g., physical sensations leading to a heart attack) and increasing cognitive flexibility comprise the second core skill in the UP.* We adapted existing cognitive interventions, as innovated by Aaron T. Beck (Beck, 1972; Beck, Rush, Shaw, & Emery, 1979), to focus on two fundamental misappraisals: (1) overestimating the likelihood of a negative event happening ("probability overestimation") and (2) exaggerating the consequences of that negative event if it did happen and underestimating the ability to cope ("catastrophizing") (Barlow & Craske, 2000; Zinbarg, Craske, & Barlow, 2006). Also, unlike some other cognitive therapies, the emphasis of the UP is not on eliminating or replacing negative thoughts with more adaptive or realistic interpretations but rather on increasing cognitive flexibility as an adaptive emotion regulation strategy. Patients are encouraged to use reappraisal strategies not only before but also during and after emotionally laden situations. In addition, the UP emphasizes the dynamic interaction between cognitions and both physical sensations and behaviors as an important component of emerging emotional experiences. Although cognitive reappraisal could theoretically be used as a standalone treatment procedure, our experience is that it is (p. 11) particularly important for assisting patients to change behaviors and face challenging, emotionally provoking situations later in treatment.

*A third core skill in the UP is identifying and modifying problematic action tendencies, or emotional behaviors.* Inclusion of this strategy is consistent with theories and evidence from emotion science that indicate that focusing on and modifying these actions can be an effective means of emotion regulation. As Izard pointed out in 1971, "the individual learns to act his way into a new way of feeling" (p. 410). The idea of reducing patterns of avoidance is introduced early in treatment, during the initial discussion on the nature of emotions, and is then discussed in greater detail in the second half of the program.

*Increasing awareness and tolerance of physical sensations through interoceptive exposures represents a fourth core skill in the UP.* All patients, regardless of their diagnosis, are asked to engage in a series of interoceptive exercises designed to evoke physical sensations analogous to

# Basic Principles Underlying Treatment and Outline of the Treatment Procedures

---

those typically associated with the emotions they find uncomfortable. We first placed an emphasis on interoceptive exposures as applied to the treatment of panic disorder (Barlow, 1988; Barlow & Cerny, 1988), in which physical sensations serve as both a direct trigger and a specific focus of anxiety. However, in the UP, interoceptive exposures are applied across diagnoses, whether or not physical sensations represent a specific trigger for the patient's emotional response. This serves not only to increase the patient's awareness of physical sensations as a core component of emotional experiences but also increases tolerance of these sensations, which in turn reduces the contribution of physical sensations to emotion aversion and avoidance. Through interoceptive exposure exercises, patients begin to recognize the role of physical sensations in emotional experiences, identifying ways in which these somatic sensations might influence thoughts and behaviors, as well as how thoughts and behaviors can serve to intensify these somatic sensations—all while challenging expectations about their ability to cope when experiencing strong physical symptoms.

*These core treatment concepts are brought together in the final phase of the UP through engagement in emotion exercises, a fifth core component of the UP.* These exercises emphasize the elicitation of and exposure (p. 12) to emotional experiences in both situational and internal contexts. Consistent with other cognitive behavioral therapies utilizing exposure, the exposure exercises occur in a graduated “step-wise” fashion, so that patients confront less difficult (and less emotionally provoking) situations before systematically moving on to situations that elicit more intense emotions. However, it is important to communicate that there is no necessary reason for conducting exposures in this way. More difficult situations may produce higher intensity emotions that may be more difficult for patients to tolerate, but it does make the emotions more dangerous. With all exposures, the focus is on confronting the situation fully, so patterns of avoidance and other safety behaviors are identified and then efforts are made to reduce or eliminate these behaviors during the exposure exercises to best facilitate new learning and the creation of new memories. In this way, the tendency to engage in avoidance behaviors or emotional suppression is replaced with more adaptive approach tendencies.

## Description of Treatment Modules



Based upon the five core skills just discussed, the UP consists of five core treatment modules that target key aspects of problematic emotional processing, specifically aversive reactions to emotions that lead to avoidant coping strategies (see Box 2.1): (1) mindful emotion awareness, (p. 13) (2) cognitive flexibility, (3) countering emotional behaviors, (4) recognizing and confronting physical sensations, and (5) emotion exposures. Based upon traditional cognitive-behavioral therapy approaches, these modules are anchored within the three-component model of emotion (thoughts, physical sensations, and behaviors) with an emphasis upon increasing awareness of the interaction among these components, as well as the function of emotions and behaviors within the context of present moment experience. Placing unfolding emotional experiences within the context of present moment awareness allows the patient to identify patterns of emotion regulation strategies being employed that are inconsistent or incompatible with ongoing situational or motivational demands. Thus, the UP moves away from targeting disorder-specific symptoms and toward targeting underlying mechanisms that exist along the full “neurotic spectrum” (Barlow, 2002; Krueger, Watson, & Barlow, 2005; Brown & Barlow, 2009). The five core modules are preceded by an introductory module that includes treatment exercises for enhancing motivation. A final module consists of reviewing progress over treatment and developing relapse prevention strategies. As the treatment proceeds, thoughts, physical feelings, and behaviors are each explored in detail, focusing specifically on elucidating dysfunctional emotion regulation strategies that the patient has developed over time within each of these domains and teaching more adaptive emotion regulation skills.

# Basic Principles Underlying Treatment and Outline of the Treatment Procedures

## Box 2.1 UP Modules

**Module 1:** Setting Goals and Maintaining Motivation

**Module 2:** Understanding Emotions

**Module 3:** Mindful Emotion Awareness

**Module 4:** Cognitive Flexibility

**Module 5:** Countering Emotional Behaviors

**Module 6:** Understanding and Confronting Physical Sensations

**Module 7:** Emotion Exposures

**Module 8:** Recognizing Accomplishments and Looking to the Future

*Note:* Core modules are in bold.

The modules build upon one another and were designed to proceed sequentially. However, flexibility was built into the UP by allowing each of the modules to be completed within a range of sessions, thus allowing for extra time to be devoted to certain modules in accordance with individual patient needs. For example, individuals with excessive, uncontrollable worry might benefit from an extended focus on mindful emotion awareness (Module 3), whereas individuals with repetitive compulsive behaviors might benefit from prolonged practice and attention to emotional behaviors (Module 5). Further, a common use of additional time is to extend Module 7 (Emotion Exposures) as needed, as this module provides an opportunity to practice all treatment skills simultaneously.

Following is a basic description of the UP treatment modules. We recommend that each patient complete all of the treatment modules, if (p. 14) possible, even if the module may not initially appear to be directly relevant to the presenting problem. For instance, some patients do not report experiencing significant sensitivity to physical sensations, and so, on the surface, interoceptive exposures may not appear indicated. However, it has been our experience that many of these patients still report some benefit from engaging in these procedures, giving them the opportunity to recognize physical sensations as an important component of emotional experiences. For each module, we provide a recommended duration. Again, flexibility in the number of sessions dedicated to each module provides the therapist with some freedom in how much the treatment procedures are emphasized for a particular patient.

### **Module 1: Setting Goals and Maintaining Motivation**

■ *Duration: 1 session*

■ *Corresponding Therapist Guide Chapter: 6*

■ *Corresponding Workbook Chapter: 4*

This module focuses on increasing the patient's readiness and motivation for behavior change and fostering the patient's self-efficacy, or belief in his or her ability to successfully achieve change. To enhance motivation, patients are given the opportunity to weigh the pros and cons of making changes during treatment. They are also given the opportunity to articulate goals for treatment, with a focus on making their goals more concrete and identifying possible steps for achieving their treatment goals. This module was incorporated into the UP based on research conducted by Westra and colleagues illustrating the efficacy of such techniques as an adjunct in the treatment of anxiety disorders (Westra & Dozois, 2006; Westra, Arkowitz, & Dozois, 2009;

# Basic Principles Underlying Treatment and Outline of the Treatment Procedures

---

Westra, Constantino, & Antony, 2016) and is based heavily on the principles and techniques used in Motivational Interviewing (Miller & Rollnick, 2002, 2012).

## **Module 2: Understanding Emotions**

- *Duration: 1–2 sessions*
- *Corresponding Therapist Guide Chapter: 7*
- *Corresponding Workbook Chapters: 5 and 6*

**(p. 15)** This module provides patients with psychoeducation on the nature and function of emotions and the concept of learned responses. In addition to discussing the function of anxiety, this module covers many other emotions including anger, sadness, guilt, and fear, as well as positive emotions. Patients should begin to understand that their emotions serve a functional and adaptive role of providing information about the environment that informs and motivates behavior. During this module, patients also develop greater awareness of their own patterns of emotional responding, including potential maintaining factors of such experiences (e.g., common triggers and/or environmental contingencies), by beginning to monitor and track these experiences.

## **Module 3: Mindful Emotion Awareness**

- *Duration: 1–2 sessions*
- *Corresponding Therapist Guide Chapter: 8*
- *Corresponding Workbook Chapter: 7*

The goal of Module 3 is for patients to learn and begin to apply present-focused, nonjudgmental attention to their emotional experiences. Specifically, this module serves to cultivate an attitude of curious and willing observation, facilitating the ability to “watch” the interaction between their thoughts, feelings, and behaviors during an emotional experience. Teaching of these concepts occurs in the context of three in-session exercises. First, patients are led in a guided meditation that prompts them to apply mindful attention to each component of an emotional experience; patients are then encouraged to practice this meditation for homework as a way to gain an understanding of what this type of attention feels like. Next, patients are asked to identify and listen to an emotion-eliciting song to practice applying nonjudgmental, present-focused awareness in the context of a strong emotion. Finally, patients are taught a “real-life” application of these formal meditation exercises called “anchoring in the present.” Here, they are encouraged to observe the three components of an emotional response and ask themselves whether their reaction is relevant to the demands of the present moment. After this module, patients’ understanding of their emotions should be sufficient to utilize strategies covered in subsequent modules.

## **(p. 16) Module 4: Cognitive Flexibility**

- *Duration: 1–2 sessions*
- *Corresponding Therapist Guide Chapter: 9*
- *Corresponding Workbook Chapter: 8*

The primary purpose of Module 4 is to encourage flexible thinking using principles originated by Beck (1976) and modified in our setting over the decades (e.g., Barlow & Craske, 1988). In this session, patients come to understand how their thoughts influence their emotional reactions. Automatic interpretations happen quickly while in the moment and are most often negative.

# Basic Principles Underlying Treatment and Outline of the Treatment Procedures

---

Core automatic thoughts are more generalizable cognitions patients have about themselves, for instance “I am a disappointment,” and these may shape many emotional responses. Automatic thoughts cause the patient to exclude other, potentially more appropriate perspectives on the situation. These thoughts are considered “thinking traps” if the patient has difficulty viewing the situation in another way. Two thinking traps common to all emotional disorders (and the only two that are taught in the UP, reflecting our longstanding approach) are “jumping to conclusions,” or the tendency to assume a negative outcome is very likely to occur, and “thinking the worst,” or thinking the outcome will be disastrous or that one is unable to cope with the outcome. The patient is taught to identify these biases and encouraged to be more flexible in their thinking by using reappraisal strategies.

## Module 5: Countering Emotional Behaviors

- *Duration: 1–2 sessions*
- *Corresponding Therapist Guide Chapter: 10*
- *Corresponding Workbook Chapter: 9*

This module focuses on the behavioral component of an emotional experience. In this part of the treatment, you will assist patients in identifying behavioral patterns that function to avoid negative (p. 17) emotions. In order to generate an encompassing list of emotional behaviors, patients are encouraged to consider several behavioral categories. These include emotion-driven behaviors that serve to dampen the experience of emotions once they are present (e.g., escaping a crowded area when feeling anxious, harming oneself when feeling overwhelmed), overt avoidance (e.g., refraining from air travel or attending parties), subtle behavioral avoidance (e.g., limiting eye contact, procrastinating), cognitive avoidance (e.g., distraction, thought suppression), and safety signals (e.g., carrying a lucky charm). Here, the consequences of these behaviors (i.e., reduction of distress in the short term but maintenance of it in the long term) is highlighted once again. After the patient identifies his or her patterns of emotional behaviors, the therapist encourages the use of alternative actions in which emotions (and the situations that provoke them) are approached, rather than avoided.

## Module 6: Understanding and Confronting Physical Sensations

- *Duration: 1 session*
- *Corresponding Therapist Guide Chapter: 11*
- *Corresponding Workbook Chapter: 10*

This module focuses on increasing awareness of the role of physical sensations in emotional experiences. You will conduct a series of interoceptive exposure exercises designed to evoke physical sensations analogous to those typically associated with the experience of strong emotions (e.g., running in place to induce elevated heart rate, spinning in a chair to induce dizziness). The purpose of these exercises is to develop an increased tolerance of these sensations, in order to reduce the impact of strong physical symptoms on emotion aversion and avoidance. This module also allows the patient to begin to identify how physical sensations influence thoughts and behaviors, as well as how thoughts and behaviors can influence physical sensations.

## (p. 18) Module 7: Emotion Exposures

- *Duration: 2 sessions minimum. Many therapists find it beneficial to devote several sessions to practicing emotion exposures, if possible. This intervention provides an opportunity to*



# Basic Principles Underlying Treatment and Outline of the Treatment Procedures

*consolidate learning from previous modules and is where many patients see the most progress.*

■ *Corresponding Therapist Guide Chapter: 12*

■ *Corresponding Workbook Chapter: 11*

This module focuses on exposure to both internal (including physical sensations) and external emotional triggers, which provides patients with opportunities to increase their tolerance of emotions and allows for new contextual learning to occur. The focus of the exposures is on the emotional experience that arises and can take the form of in-session, imaginal, and in vivo exposures. You will help your patient design an Emotion Exposure Hierarchy that contains a range of situations so that exposures can proceed in a graded fashion for the remainder of treatment.

## Module 8: Recognizing Accomplishments and Looking to the Future

■ *Duration: 1 session*

■ *Corresponding Therapist Guide Chapter: 14*

■ *Corresponding Workbook Chapter: 13*

Treatment in the protocol concludes with a general review of treatment concepts and a discussion of the patient's progress. In this module, you will help your patient identify ways to maintain treatment gains and anticipate future difficulties and encourage them to use treatment techniques to make further progress in achieving short-term and long-term goals.

## Outline of the Treatment Procedures



All of the treatment modules can be completed in as few as nine sessions but typically one or more of the modules will require more than (p. 19) one session, extending the total length of treatment to between 12 to 16 sessions. Sessions are approximately 50 to 60 minutes in duration. Sessions are typically conducted weekly, although toward the end of treatment, after initiating Module 7, you may elect to hold sessions at two-week intervals to allow patients more time to experience and practice overcoming residual problems.

Table 2.1 provides an example of how you may wish to work through the chapters in the UP workbook. Again, the number of sessions for each of the primary UP modules, and thus the total number of treatment sessions, will vary from patient to patient, at your discretion. For example, a patient who worries constantly and has difficulty “staying in the moment” may spend more time developing awareness skills, whereas a patient suffering primarily from obsessive thoughts and compulsive behaviors may benefit from spending more time on the later treatment modules, as those are more directly focused on countering avoidance of feared situations and modifying maladaptive action tendencies.

Table 2.1 Sample Program Outline

| Treatment Week(s)<br>and Module | Workbook Chapter(s)                         | Therapist Guide Chapter(s)   |
|---------------------------------|---|--|
| Week 1<br>Introduction          | Chapter 1: What are<br>Emotional Disorders? | Chapter 5: Functional<br>Assessment and Introduction to<br>Treatment |

# Basic Principles Underlying Treatment and Outline of the Treatment Procedures

|                                 |  |   |
|---------------------------------|--|---|
|                                 | Chapter 2: About this Treatment<br>Chapter 3: Learning to Record Your Experiences  |   |
| Week 2<br>Module 1              | Chapter 4: Setting Goals and Maintaining Motivation  | Chapter 6: Setting Goals and Maintaining Motivation   |
| Weeks 3 and 4<br>Module 2       | Chapter 5: Understanding Your Emotions—What is an Emotion?<br>Chapter 6: Understanding Your Emotions—Following the ARC               | Chapter 7: Understanding Emotions   |
| Weeks 5 and 6<br>Module 3       | Chapter 7: Mindful Emotion Awareness   | Chapter 8: Mindful Emotion Awareness  |
| Weeks 7 and 8<br>Module 4       | Chapter 8: Cognitive Flexibility   | Chapter 9: Cognitive Flexibility  |
| Weeks 9 and 10<br>Module 5      | Chapter 9: Countering Emotional Behaviors  | Chapter 10: Countering Emotional Behaviors  |
| Week 11<br>Module 6             | Chapter 10: Understanding and Confronting Physical Sensations  | Chapter 11: Understanding and Confronting Physical Sensations   |
| Weeks 12 through 15<br>Module 7 | Chapter 11: Putting it into Practice—Emotion Exposures<br>Chapter 12: The Role of Medication in the Treatment of Emotional Disorders | Chapter 12: Emotion Exposures<br>Chapter 13: Medications for Anxiety, Depression, and Related Emotional Disorders |
| Week 16<br>Module 8             | Chapter 13: Moving UP from Here: Recognizing Accomplishments and Looking to Your Future  | Chapter 14: Recognizing Accomplishments and Looking to the Future   |

(p. 20)