



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

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Module 3: Mindful Emotion Awareness: (Corresponds to Chapter 7 of the UP Workbook)

Chapter:

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Overview



The purpose of Module 3 is to introduce patients to cultivating a nonjudgmental, present-focused stance toward their emotional experiences. The previous module asked patients to monitor to how their emotions unfold over time. This module builds upon that work by encouraging them to incorporate mindful awareness that moves beyond simply paying attention to these experiences. The principles of mindfulness are very consistent with the overall goal of the UP—to develop a more open, approach-oriented relationship with emotions.

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Therapist Note

This module is best administered across two or more sessions. The first session is generally spent providing psychoeducation on the definition of Mindful Emotion Awareness, followed by an in-session meditation exercise that allows patients to experience the principles of mindfulness first-hand. In the second session of this module, following a week of daily meditation practice, patients are asked to practice applying mindful awareness in the context of induced emotion. They are also provided with steps for how to apply the principles of Mindful Emotion Awareness to daily emotional experiences occurring in real time. An alternative session structure for this module can be seen in the Troubleshooting section at the end of this chapter.

(p. 82) Module Goals



- Help patients learn how to observe their emotional experiences in an objective, nonjudgmental way
- Work with patients to develop skills to observe emotional experiences within the context of the present moment
- Assist patients to apply *Mindful Emotion Awareness* to daily emotional experiences

Materials Needed



- Music file or CD
- Headphones, computer with speakers, or stereo
- **Mindful Emotion Awareness Form** located at the end of UP workbook Chapter 7

Homework Review



As with previous sessions, we typically begin with a review of the patient's homework. In this case, one or more **Following Your ARC Form(s)** should have been completed. Start by asking your patient to describe some of the antecedents that triggered emotional experiences over the past week, encouraging them to identify patterns. You can help patients see similarities amongst their antecedents; for example, you might say something like: "It looks like some of your triggers occur at home with your family and others happen at work. Although they may seem different on the surface, they are all characterized by feeling backed into a corner by quick deadlines."

The amount of session time spent on the "R" part of the **Following Your ARC Form** will depend on whether you presented the two Understanding Your Emotions UP workbook chapters (Chapter 5—What is an Emotion? and Chapter 6—Following Your ARC) across one or two sessions. If you covered both chapters in one session, you may want to spend a bit more time helping patients understand how (p. 83) their thoughts, physical sensations, and behaviors influence each other. On the other hand, if you spread the material in these chapters across two sessions, you will have likely reviewed this information in sufficient detail during the homework review of your previous session (using the **Three-Component Model Form**). In this case, we generally spend less time reviewing the "R" on the **Following Your ARC Form**. The final part of

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the **Following Your ARC Form** to review with your patient is the identification of consequences that occur as a result of their emotional responses. Encourage them to examine both short-term and long-term consequences. This part of the homework emphasizes the rationale for this treatment—short-term strategies that push away emotions are, in fact, leading to *even more* difficult emotions in the long run. This concept is essential for establishing “buy-in” for this treatment program. If your patient is having any difficulty completing the **Following Your ARC Form**, you may want to review the key concepts from the past two sessions.

Introduction to Mindful Emotion Awareness



In this module you will be introducing the concept of *Mindful Emotion Awareness*. The previous module (Understanding Your Emotions) was focused on how emotional experiences unfold over time, including antecedents; interactions between thoughts, physical sensations, and behaviors (collectively referred to as the emotional response); and consequences. This module will build upon this work by discussing a particular quality of awareness that the patient can apply to their emotional experiences. *Mindful Emotion Awareness* refers to approaching emotions in a nonjudgmental, present-focused way. This is an important skill for the patient to acquire early on in treatment and will facilitate acquisition of later treatment concepts.

Nonjudgmental Emotion Awareness

Very often, patients react to their emotions with an evaluative, critical, or judgmental tone. Patients who experience emotional disorders often judge themselves simply for having emotional reactions to situations in (p. 84) their lives. This might involve telling themselves “I shouldn’t be feeling this way” or “No one else is reacting like this.” Patients also judge themselves for not feeling their emotions as strongly as they would like (“Why am I not happier about this—there must be something wrong with me,” “I should be angrier about this problem—I’m so weak”). They mistakenly believe that beating themselves up for having a particular emotional response (or lack thereof) will prompt them to feel the way they think they “should.” Here, it is important for you to highlight how this approach to managing emotions does not work. For instance, you might remind your patient that emotions are normal, natural, and hard-wired into us, so it is actually impossible to change our emotions completely when the situation calls for them.

Another way that patients can be judgmental is to have a negative reaction to specific parts of their emotional experiences; in other words, patients might believe that the thoughts, physical sensations, and behaviors that they experience are bad in some way. For example, patients with panic disorder are likely telling themselves that their racing hearts and flushing face are too uncomfortable to cope with. Or patients with obsessive-compulsive disorder might believe that having thoughts about something bad happening to a loved one (e.g., getting into a car accident) means this event is more likely to occur. Other patients might think that they’re more likely to do something out of control if they are feeling a particular emotion (like anger).

Therapist Note

You may want to illustrate the consequences of judgmental responses to emotions by guiding patients through a hypothetical, universal example. For instance, we often ask patients to imagine what emotions they might experience prior to giving a presentation. Most patients indicate that they’d be feeling at least somewhat nervous. Then, we ask them to imagine what would happen next if they responded to this nervousness judgmentally (e.g., “It’s stupid to feel this way over a little presentation,” “No one else reacts like this”). Again, most patients are able to articulate that putting pressure on themselves to feel

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different actually increases their anxiety and may also generate additional emotions (e.g., feeling guilty, angry at themselves). Finally, after using this generic example to illustrate the consequences of negatively judging emotional experiences, (p. 85) we ask patients to provide personal examples of times when judgmental reactions may have influenced their own emotions.

In contrast, nonjudgmental awareness means accepting emotional experiences as they are, instead of labeling them as problematic and immediately trying to push them away. It is important to point out to your patients that accepting emotions does not mean resigning oneself to feel uncomfortable. Instead, encourage your patients to recognize that their emotions, even the difficult ones, are trying to tell them something. The goal here is to help patients move past their knee-jerk reaction to immediately change how they are feeling, allowing them to respond to their emotions in a more thoughtful way.

Therapist Note

To illustrate a nonjudgmental approach to emotional experiences, it may be helpful to ask your patient to imagine how she would respond to a friend who revealed that he was experiencing a particularly uncomfortable emotion, such as sadness. Often it is much easier to provide a compassionate response to our friends than to ourselves.

You can also provide patients with a template of the language they can use to be nonjudgmental of their emotional responses. For example, you might guide patients toward: "Given my experiences, it makes sense I'm feeling this way." You can, of course, tailor this language to fit your patient's personal situation (e.g., "It makes sense that you become more anxious when people raise their voices, given that you grew up in a home with domestic violence").

Present-Focused Emotion Awareness

In addition to emphasizing the importance of taking a nonjudgmental stance on emotional experiences, mindfulness also includes grounding oneself in the present moment. Oftentimes, emotional reactions are based upon memories and associations with past situations and/or anticipation over potential future consequences. Patients may not be paying enough attention to the current context in which their emotions are occurring and thus are missing out on valuable corrective (p. 86) information. For example, a patient with panic disorder who is experiencing dizziness may be focusing on the fact that the last time she had these physical sensations, she experienced a full-blown panic attack (past). She might also be focusing on the impending panic attack she believes will "inevitably" follow the physical sensations (future). The patient is *not* focusing on potentially corrective information occurring in the here and now: namely, that she is not currently having a panic attack. Similarly, a patient with generalized anxiety disorder may be so focused on a potentially catastrophic future outcome, such as becoming destitute and alone, that he misses the fact that at that moment he is neither destitute nor alone and has actually been surviving quite well. Likewise, a patient with depression might compare her current experience to better times (past) or anticipate that she will not have a good time attending a social event (future) and decide not to go. Focusing on the demands of the present moment may

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make an emotional situation feel more manageable. Additionally, present-moment awareness can be used to bring more attention to positive emotions.

Therapist Note

Here you may return to the example provided earlier to illustrate the consequences of judgmental reactions to emotions; however, in this instance we emphasize how focusing on the past and the future can influence an emotional response. Using the example of giving a presentation, we ask our patients: “What would happen to your nervousness if you started to think about the ways you messed up (e.g., lost train of thought, froze) the last time you gave a speech?” “What would happen to your nervousness if you started to predict all the ways this upcoming presentation could go wrong (e.g., people will be bored)?” Again, patients are generally able to understand that focusing on the past and/or future (rather than the demands of the situation right in front of them) can impact the intensity of the emotions they are experiencing.

Of course, it is important for you to emphasize that we learn significant information from our past experiences and that focusing on the present does not simply mean discounting what has happened before. Similarly, preparing for challenges that may come up in the future can also be quite useful and adaptive. Instead, we are encouraging patients to refrain from exclusively focusing on the past or the future *at the (p. 87) expense of* (or ignoring) what is right in front of them, particularly in emotional situations.

Practicing Mindful Emotion Awareness



Mindful Emotion Awareness is a skill best understood through experience. Although patients can readily recognize the theoretical advantages of *Mindful Emotion Awareness*, it is necessary to put these concepts (nonjudgment and present-focus) into practice in order to really grasp them. This module includes three exercises aimed at helping patients cultivate a mindful stance toward their emotions. First, we include a brief guided meditation exercise (*Mindful Emotion Awareness Meditation*) that is designed for patients to “get their feet wet” with what mindfulness means; we recommend having patients begin by completing this exercise while they are in a neutral mood (or close to it) as it is difficult to learn any new skill when feeling very strong emotions. The second exercise is a *Mindful Mood Induction*, in which music is used to bring on an emotional state. It is more difficult to be nonjudgmental and present-focused when feeling a strong emotion, so this exercise allows patients to practice this skill in a controlled, emotional context. Finally, the ultimate goal of this skill is to respond mindfully when emotions come up in day-to-day life. The last exercise in this module, called *Anchoring in the Present*, provides patients with step-by-step instructions to apply the mindful attention they’ve been practicing as emotions come up naturally.

Therapist Note

*In order to help patients understand how the three exercises included in this module fit together, we often use the analogy of building a muscle. The first exercise, the *Mindful Emotion Awareness Meditation*, can be described as a “five-pound weight”—a bit of resistance because it is a new “move,” but a good place to start. The *Mindful Mood**

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Induction adds a bit more resistance because it is more difficult to be present-focused and nonjudgmental when experiencing an emotional response—we call this exercise our “10-pound weight.” Finally, Anchoring in the Present is what we’ve been training for—it’s the real-world application of all this practice.

(p. 88) Mindful Emotion Awareness Meditation

As noted, the first experiential exercise in this module is the *Mindful Emotion Awareness Meditation*. The purpose of this exercise is to help patients get a better idea of what nonjudgmental, present-focused attention feels like. After defining *Mindful Emotion Awareness*, we generally lead patients through a guided meditation following the script provided in the UP workbook. We ask patients to follow the instructions in the script as this will help them to approach their emotional experiences in an objective, present-focused way. After completing the meditation, it is important to process the exercise with your patient.

Therapist Note

The guided meditation exercise provided in the UP workbook encourages patients to apply present-focused, nonjudgmental awareness to the three components of an emotional experience—thoughts, physical sensations, and behaviors/behavioral urges. The following are tips for describing how to mindfully attend to each component, as well as emotions more broadly. We usually incorporate these points into the discussion that follows the guided meditation.

- *Thoughts: Remind patients that their thoughts are not facts. Encourage them to notice thoughts that come up during the exercise without taking them at face value and subsequently feeling compelled to respond to them. To illustrate this point, we ask patients to articulate the difference between telling yourself “I’m stupid” versus “I’m having a thought that I’m stupid.” The latter is more debatable, whereas the former feels more like the truth.*
- *Physical Sensations: Patients often use judgmental language to describe the physical sensations associated with emotional experiences (e.g., “This is terrible,” “I’m choking,” “My heart shouldn’t be racing”). We ask them to use more neutral language to describe how they’re feeling (e.g., “I feel a tightness in my chest,” “My heart rate has increased a bit”) that is akin to a scientist recording objective data (or “facts” about the situation). Physical sensations also tend to draw future-oriented appraisals (e.g., “This feeling is going to get worse,” “I’m going to feel this way forever”). Here, we encourage patients to focus on what they are feeling in this very moment, emphasizing (p. 89) that forecasting negative outcomes in the future will almost certainly intensify the physical sensations they are feeling now.*
- *Behaviors/Behavioral Urges: We encourage patients to take note of any behaviors or urges to act they experience during the meditation. Often behaviors are designed to dampen the experience of emotions (discontinuing the practice, deep breathing to eliminate fast heart rate). We ask patients to observe these urges without acting on them as a means to explore what happens when they do not immediately push emotional experiences away.*

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- *Emotions: The meditation script compares emotions to waves—the intensity builds and crests, only to come back down again. For many of our patients, completing this exercise is the first time they have sat still with their emotions long enough to see this process unfold. Following the meditation, we ask our patients if their emotions stayed at the same intensity throughout the entire practice. Typically, there are fluctuations, allowing patients to see that they need not engage in knee-jerk avoidant responses in order to see relief from emotional experiences.*

The homework following this first session is daily practice with the meditation exercise; patients can download the audio file from our website (<http://www.oup.com/us/ttw>) or you can record yourself reading the script and email it to them directly. Patients are asked to record their experience with this practice on the **Mindful Emotion Awareness Form**. They are instructed to note their observations of thoughts, physical sensations, and behaviors/behavioral urges (tying it back to the three-component model), as well as to rate the extent to which they were able to maintain their attention in the present moment, in a nonjudgmental manner. Importantly, we emphasize that we are only asking patients to commit to a week of daily practice; the meditation is a great way to experience the concept of mindful attention, but our ultimate goal is to apply nonjudgmental, present-focused awareness to emotional experiences as they unfold in real time. We find that pitching the meditation as a short-term exercise makes it seem less daunting for individuals who might think they will need to complete this exercise daily for the rest of their lives in order to see the benefit. Of course, if patients enjoy the meditation, we encourage them to continue to use it.

(p. 90) Mindful Mood Induction

Once your patient has had the opportunity to practice present-focused, nonjudgmental awareness using the *Mindful Emotion Awareness Meditation* (we typically recommend a week of daily practice), it is useful to employ this same skill in the context of an emotional experience. We find that listening to music is a useful way to bring up manageable emotional experiences in session. You should encourage your patients to choose songs that are particularly meaningful for them, as well as to experiment with a variety of songs that may bring up different emotions. Often patients have personally-relevant songs downloaded on their phones already, but if they do not, many songs are freely available on YouTube or streaming services and can be played on your computer. If your patient has difficulty choosing a piece of music, you can offer her the suggestions on the list available for download from the Treatments *ThatWork*™ website at <http://www.oup.com/us/ttw>. As you listen to each piece of music, encourage your patients to try to remain nonjudgmental (“It makes sense that I’d think about my ex while listening to this song”) and remind them to refrain from getting carried away by the past or the future (“That was a long time ago—I’ve made changes to my life since being with them”). If patients get carried away by their emotional experience, you can remind them to use their breath to help anchor them back to the present moment. At the conclusion of the music, assist patients in eliciting thoughts, feelings, or other reactions, helping them observe these reactions in objective, nonjudgmental ways. In addition to songs, we have also used emotionally provoking movie clips (typically downloaded from YouTube) and/or images.

In the week following the session in which the *Mindful Mood Induction* is introduced, we encourage participants to listen to songs that bring up strong emotions several more times as a means to get more practice approaching emotions in a nonjudgmental, present-focused manner.

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Anchoring in the Present

The final exercise in this module involves encouraging your patients to incorporate the principles learned from the *Mindful Emotion Awareness Meditation* and the *Mindful Mood Induction* into their daily lives. This (p. 91) skill is called *Anchoring in the Present*, and the goal is for patients to “slow down” and notice their emotions in the present moment, as the emotion starts to build; instead of just responding reflexively, we ask them to deliberately choose a response that is consistent with the present moment, rather than being driven by the past or the future.

In the UP workbook, we outline four steps for *Anchoring in the Present*. The first step for the patient is to pick a cue that they can use to pull their attention back to the present when they are feeling emotional. The breath is a useful cue because it is with us wherever we go, but any concrete sensation will work (e.g., the feeling of one’s feet on the floor). The next step is for patients to look at their emotional response in a nonjudgmental manner. This is called doing a “three-point check” and reminds patients to take stock of their thoughts, physical sensations, and behaviors. Once they become more aware of their emotional response, we can then ask them to consider whether it is consistent with the demands of the present moment. In other words, we ask our patients to determine if their emotion fits with what is going on right now, in the present moment. If they find that the intensity of their emotion is being driven by thoughts about the past or worries about the future, the last step is to ask them to adjust their response to be more in line with what is happening in the “here and now.” For homework, we ask patients to use the steps for *Anchoring in the Present* whenever they feel an emotional response starting to build.

Therapist Note

It can be helpful to provide an example of how patients can use Anchoring in the Present. For instance, we often describe a person who is worried about finding a parking space well before they leave their house for an important appointment. This person’s thoughts are likely to be future oriented (e.g., “There won’t be any street parking. I’m going to be late or even miss my appointment”). These worries may be associated with racing heart and muscle tension and behaviors like pacing while mentally reviewing all the metered spots near the appointment and what they might do if parking is unavailable. We ask our patients to consider whether this response is consistent with the demands of the present moment and, if not, what they could do instead. Patients are usually able to reflect that they are not really able to know what the parking situation will be until they get to their destination and therefore should (p. 92) probably refocus on tasks that need to be done around the house (e.g., having lunch, doing laundry).

One of our patients began referring to this skill as doing a “real-time threat assessment.” He had watched a lot of law enforcement TV shows and felt that this phrase, pulled from these programs, really captured what he was doing when Anchoring in the Present. In essence, we are indeed asking patients to check in with what is going around them to assess whether their emotions are reflecting a true threat or a false alarm. We liked this phrasing so much that we began using it with more of our patients.

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Homework



The three exercises described previously can be practiced using the **Mindful Emotion Awareness Form** found at the end of Chapter 7 of the UP workbook. An example of a completed **Mindful Emotion Awareness Form** can be found on p. 171 in Appendix B in the UP workbook. As noted already (see the *Therapist Note* near the start of this chapter), this module is typically conducted in two sessions, and assignments pertaining to each session are as follows:

■ **Week 1 Homework:** The patient is asked to practice the guided *Mindful Emotion Awareness Meditation* once a day and record their reactions on the **Mindful Emotion Awareness Form**.

■ **Week 2 Homework:** The patient is asked to practice the *Mindful Mood Induction* and record their experiences on the **Mindful Emotion Awareness Form**. The same form is also used to practice the *Anchoring in the Present* skill that should be completed anytime an emotional experience is starting to build. Finally, if the patient would like to continue the *Mindful Emotion Awareness Meditation*, they can continue to record their responses on the **Mindful Emotion Awareness Form**.

■ 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**.

(p. 93) Case Vignettes



Case Vignette #1

The following is a therapist/patient dialogue where the therapist addresses the patient's concerns regarding *Mindful Emotion Awareness*.

P: This feels a little “new age-y.” I’m not really into that sort of thing.

T: You’re right—mindfulness meditation has its roots in practices like Buddhism and that can feel uncomfortable to some people. Keep in mind that I’m not asking you to become a Buddhist, or even a formal meditator. Instead, I’m trying to pull out the principles from mindfulness that help people cope better with their emotions. Doing these formal mindfulness exercises now allows you to practice what it feels like to observe your emotions in a nonjudgmental and present-focused way. Many people find this to be a helpful tool for coping with uncomfortable emotional experiences when they come up naturally.

Case Vignette #2

In the following therapist/patient dialogue, the therapist tries to address the patient's concerns about being more in the present with her emotional experiences.

P: I don’t like to sit still—it makes me more anxious.

T: Tell me more—what happens when you sit still?

P: I don’t know—I just feel like I should be doing something. I feel like if I stop thinking about everything I need to do, my whole day will fall apart. I’m also afraid I’ll start thinking about things I’d really rather not think about.

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T: So by sitting still and focusing on the present, you're afraid you will be losing control of things that are supposed to happen today and that you might start thinking about things that have happened in the past?

P: Yeah, and that just makes me even more anxious.

T: Tell me what you are thinking about the things you need to do later today. (p. 94)

P: Well, I'm worried that I'll be late for my doctor's appointment and that I won't get the car back to my husband in time this afternoon. If I don't get him the car, he will be late for his meeting, and that would be really bad.

T: And where are you right now?

P: I'm here in this office.

T: Are you running late right now?

P: No, unless we run over.

T: Are we running over?

P: Well, not right now.

T: So, you are not late for anything at the moment, but you are focusing on the possibility that you might be late later on. How does focusing on the possibility you might be late later on make you feel?

P: Anxious!

T: And what about the information that right now, in this moment, you are not running late?

P: Well, much less anxious. But I still could run late later!

T: Does thinking about being late later, or noticing that you are not late now, change what is going to happen in three hours' time?

P: I don't know—it depends on what happens later!

T: Right! The thing is, you have no way of knowing exactly what may happen later. You may hit traffic or your doctor's appointment might run over. Or, alternatively, you might find the roads are clear and your appointment only lasts 15 minutes instead of the scheduled 30 minutes. In other words, you just don't know. The only thing you do know for sure is that you are in this office right now, and at the moment you are not late for anything. This means that the only thing that is different about worrying about the future as opposed to paying attention to the present moment is that one makes you really anxious and the other makes you less anxious. How does worrying about being late later this afternoon make you feel physically?

P: Agitated, tense, stressed out!

T: And what about the thought that you are not late right now?

P: Well, a little less tense.

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T: So, sitting still and observing your experience in the present moment doesn't mean trying to pretend you are not worried about what is going to happen later in the day or trying not to think about memories from the past. Instead, sitting still and observing your (p. 95) experience means noticing in an objective, curious way that your thoughts are focused on potential negative events that may or may not happen in the future. It also allows you to notice that these thoughts also make you feel tense and anxious and lead to urges to stop the practice.

Case Vignette #3

In the following vignette, the therapist addresses the patient's perception that they are not able to successfully practice *Mindful Emotion Awareness*.

P: I don't think I'm doing this right. I can't focus, and I can't stop thinking!

T: There is no right or wrong way to practice *Mindful Emotion Awareness*. The goal here is to notice our own experiences—so if you *notice* that you have a lot of thoughts moving through your mind, then you *are* doing it right! Now, we just need you to practice going easier on yourself for when you catch your mind wandering. You have a lot going on right now, so it's natural that you're thinking about lots of topics. If you notice that you're getting carried away by a particular topic—maybe pulled to the past or the future—try to anchor yourself back to the present. You might find your thoughts carry you away a hundred times, but you can also anchor yourself one hundred times—eventually it gets easier to stay in the present. Again, the very fact that you notice yourself getting carried off by your thoughts means you *are* successfully observing your experience.

Troubleshooting



Some patients may be resistant to the idea of *Mindful Emotion Awareness*, finding it difficult or even “hokey,” as illustrated in Case Vignette #1. Others may find the skill unsatisfying, as observing their experience nonjudgmentally may not feel like “doing enough” to address their symptoms. In this case, it is important to reiterate the (p. 96) rationale behind practicing nonjudgmental, present-focused awareness, to be sure patients fully understand. In the UP, *Mindful Emotion Awareness* is a foundational skill that will enhance the patient's ability to proceed through the remainder of treatment. Being able to observe their experience objectively will give them the room to make deliberate changes in how they respond to their thoughts, physical sensations, and behaviors using subsequent skills.

Sometimes patients with certain symptoms (e.g., trauma-related disorders, severe panic disorder) or particular comorbidities (e.g., chronic pain) experience a lot of difficulty completing the *Mindful Emotion Awareness Meditation*. Given the nature of their symptoms, there is rarely a time when they are in a neutral enough mood to use this exercise as a way to get a baseline for what mindful attention feels like. In these cases, we usually start with the *Mindful Mood Induction* or another concrete stimulus (e.g., seated meditation where they focus on the noise in the room, walking meditation). We work up to bringing the focus of the meditation to internal emotional stimuli, with the ultimate goal of being to sit still with their emotional experiences. You should use your conceptualization of your case to determine which exercise might be most neutral to demonstrate the skill, with the goal of moving onto ones that may elicit more discomfort.

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On a related note, if patients are unable or unwilling to close their eyes during the *Mindful Emotion Awareness Meditation* or *Mindful Mood Induction*, it can be helpful to ask them to pick a spot on the floor or the wall in front of them to focus their gaze.