

The Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders: One Treatment, Multiple Applications

Ellen Frank, PhD
Fiona Ritchey, BA
University of Pittsburgh School of Medicine

What is the Unified Protocol?

- A transdiagnostic, emotion-focused cognitive-behavioral treatment developed to be applicable across the emotional disorders
 - Anxiety
 - OCD
 - PTSD
 - Depression

Ellard et al., 2010

Disclosures

- Editorial Consultant
 - American Psychiatric Press
- Royalties
 - American Psychological Assn. Press and Guilford Press
- Copyright (spouse)
 - Pittsburgh Sleep Quality Index
- Stock (self and spouse)
 - Psychiatric Assessments, Inc.
 - Health Rhythms
- Stock (spouse)
 - Aliphcom
- Advisory Board (self and spouse)
 - Servier International

Treatment Rationale: Clinical Observations

- High levels of comorbidity (76% over the life span) between depression and anxiety
 - Treatment of one anxiety disorder often yields improvement in symptoms not specifically targeted in treatment
 - Antidepressants are effective for a variety of emotional disorders
- Suggests existence of “negative affect syndrome”

Treatment Rationale: Logistics

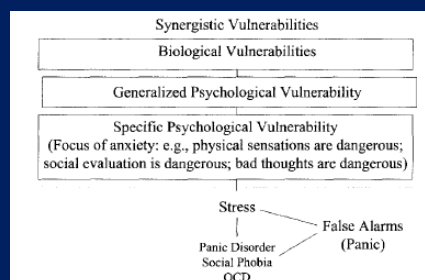
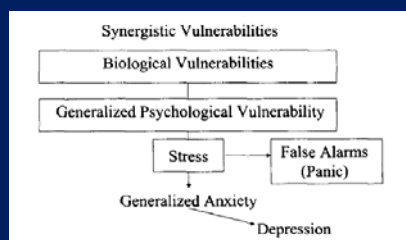
- Abundance of disorder-specific treatment manuals make it hard for clinicians to treat diagnostically heterogeneous patients
- A broadly-applicable evidence-based treatment should be easier to disseminate

Treatment Rationale: Theory

- Studies have shown a variety of common factors among emotional disorders
 - Frequent, intense negative affect that is experienced as aversive (hyperexcitability of limbic structures)
 - Cognitive processing biases
 - Behavioral avoidance
 - Deficient/maladaptive emotional regulation (disrupted/limited inhibitory control by cortical structures)

Ellard et al., 2010

Treatment Rationale: Theory



Triple vulnerabilities theory

Barlow, 2004

Content of the UP: the Core Modules

1. Increasing emotional awareness
2. Facilitating flexibility in appraisals
3. Emotion Driven Behaviors (EDBs) and emotional avoidance
4. Awareness and tolerance of physical sensations
5. Interoceptive and situational exposure

Core Module 1: Increasing Emotional Awareness

- Utilizes mindfulness exercises in session
- Brief, daily exercises to condition present-focused awareness
- Idiosyncratic emotion induction exercises
 - Identify thoughts, feelings, & behaviors that arise in reaction to emotion
 - Patient encouraged to accept emotions without judgment

Emotional Awareness in Action

- Chapter 1, 13:33-16:00

Core Module 2: Increasing Cognitive Flexibility

- Patients learn to generate numerous alternative attributions and appraisals for intense emotional experiences
 - Presented with a picture of ambiguous valence and asked to interpret it
- Concepts of appraisal and reappraisal are taught

Cognitive Flexibility in Action

- Chapter 5, 5:37-8:47

Core Module 3: Emotion-Driven Behaviors (EDBs) and Emotion Avoidance

- Identify specific behaviors that prevent full exposure to strong emotions
 - Behavioral avoidance
 - Cognitive avoidance
 - Safety signals
- Differentiate adaptive & maladaptive EDBs
- Develop adaptive behavioral responses

Emotion-Driven Behaviors in Action

- Chapter 3, 14:29-16:39

Core Module 4: Awareness & Tolerance of Physical Sensations

- Engage in interoceptive exercises to evoke physical sensations related to anxiety & distress
- Module is completed even for patients for whom physical sensations are not a focus of anxiety
- Patients learn how somatic sensations influence thoughts & behaviors in general

Tolerance of Physical Sensations in Action

- Chapter 4, 1:16-2:30

Core Module 5: Interoceptive & Situational Exposure

- Interoceptive exposures facilitate identification and tolerance of uncomfortable physiological sensations related to emotional experiences
- Situational exposures facilitate acceptance of externally-triggered emotional experiences

Interoceptive Exposure in Action

- Chapter 2, 17:53-19:34, 23:25-26:20

Support for the UP: Methods of an RCT

- Participants: 37 patients (15 men, 22 women) with principal anxiety disorder diagnosis
 - GAD (n = 7)
 - SOC (n = 8)
 - OCD (n = 8)
 - PDA (n = 8)
 - Anx NOS (n = 2)
 - PTSD (n = 1)
- 12 patients had co-occurring depressive disorder at intake
- Up to 18 sessions of treatment, 6 month follow up
- Immediate treatment vs waitlist control

Farchione et al., 2012; Gallagher et al., 2013

Support for the UP: Results from an RCT

- Significant improvements in:
 - Clinical severity
 - General symptoms of depression and anxiety
 - Levels of negative and positive affect
 - Symptom interference in daily functioning
 - Quality of life
- Results maintained at 6 month follow-up

Farchione et al., 2012; Gallagher et al., 2013

Summary

- Anxiety and mood disorders have more in common than DSM-IV criteria indicated
- Differences are often better expressed dimensionally than categorically (DSM-5)
- Targeting transdiagnostic contribution of emotion regulation should increase generalizability of acquired skills (addresses comorbidity)
- If well and flexibly learned, the UP could provide a highly useful skill for clinicians

Future Directions

- Larger, multi-site RCTs
- Compare UP to specific CBT protocols and other evidence-based treatments
- Evaluate potential for dissemination and implementation
- Evaluate clinical utility of “negative affective syndrome”

Special thanks to David Barlow, PhD and the
Center for Anxiety & Related Disorders (CARD) at
Boston University

For more information about the UP, see:
[http://bostonanxietytreatment.com/the-unified-
protocol/](http://bostonanxietytreatment.com/the-unified-protocol/)

To order the UP Therapist Guide, see:
[http://www.amazon.com/Protocol-
Transdiagnostic-Treatment-Emotional-
Disorders/dp/0199772665](http://www.amazon.com/Protocol-Transdiagnostic-Treatment-Emotional-Disorders/dp/0199772665)