



David H. Barlow, Todd J. Farchione, Shannon Sauer-Zavala, Heather Murray Latin, Kristen K. Ellard, Jacqueline R. Bullis, Kate H. Bentley, Hannah T. Boettcher, Clair Cassiello-Robbins: Unified Protocol for Transdiagnostic Treatment of Emotional Disorders

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This volume is a treatment manual for the unified protocol (UP), a cognitive-behavioral approach for the treatment of “emotional disorders”. The authors’ use of the term emotional disorders includes disorders with anxiety as their core (e.g., panic disorder, agoraphobia, social anxiety disorder, general anxiety disorder, post-traumatic stress disorder, obsessive–compulsive disorder) along with depressive disorders. The protocol is also thought to be appropriate for health anxiety and substance use problems when these problems occur in the context of significant anxiety and/or depression. The UP may even be of some use for eating disorders and borderline personality disorder. Common to all of these conditions, according to the authors, is the belief that one’s emotions are out of control and maladaptive responses to negative emotion (e.g., avoidance). Although the UP can be applied to a wide array of conditions, it is not recommended for uncomplicated specific phobia for which more targeted interventions are more appropriate.

Why use a single protocol for a number of different conditions? Three basic reasons are offered. First, there is enormous overlap among the emotional disorders such that clinicians will frequently be faced with trying to formulate and treat two or more disorders. The high level of comorbidity among emotional disorders is incompatible with single-disorder protocols. Second, there is a common set of vulnerabilities that contributes to the rise of all of the emotional disorders. These vulnerabilities include negative affectivity,

a negative cognitive appraisal of emotion (e.g., “I’m weak”, “I can’t function”), and, perhaps most importantly, efforts to avoid or suppress negative emotion. Thus, a treatment such as the UP that addresses these common vulnerabilities can treat numerous combinations and permutations of emotional disorders. A third reason for the UP is that it streamlines training for professionals. Rather than learning numerous single-disorder protocols, clinicians can simply learn the UP and be equipped to treat a great range of emotional problems. The UP has been tested in a number of clinical trials. It appears to be just as efficacious as single-disorder protocols and may have less attrition. Recent work also indicates that the UP can successfully be administered in a group format and with a high level of consumer satisfaction.

The UP approach is divided into modules. Examples of these modules include psychoeducation on the nature of emotions, mindful awareness of emotions, challenging automatic thoughts (for both internal sensations and external threats), changing emotion driven behavior, and “emotion exposures.” When challenging automatic thoughts (under the “cognitive flexibility” module), the focus is primarily on restructuring overestimates of the likelihood of a threat (“probability overestimation”) and overestimates of its consequences (“catastrophizing”).

Perhaps the most central module of the UP is modifying “emotion driven behaviors.” Patients undergo a functional analysis of their behavior to determine those behaviors that appear to function to dampen emotional experience and are maladaptive (e.g., the behaviors are out of sync with the demands of the situation). Emotion driven behaviors may include situational avoidance, cognitive avoidance, or safety signals (e.g., carrying a good luck charm). In another module, emotional exposures are conducted in which patients

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are exposed to internal physical sensations (i.e., interoceptive exposures). Interoceptive exposures are done even if a patient does not complain of a specific fear of internal sensations (as in panic disorder).

Prior to the start of any intervention, all patients undergo a motivational enhancement module. The motivational enhancement module includes goal setting and a decision balance sheet where patients evaluate the advantages and disadvantages of changing (versus not changing) their approach to emotions.

As a therapy, the UP is highly structured and this volume is extremely well organized. This does not mean, however, that clinicians cannot administer the protocol in a flexible manner. Thus, for patients who complain primarily of panic symptoms, clinicians can place added emphasis on the interoceptive exposure module. For patients who complain primarily of generalized anxiety, clinicians can emphasize the cognitive interventions. Although clinicians may emphasize different aspects of the UP, it is intended that all patients would complete every module.

Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (2nd Ed.) is extremely clinician friendly. It is pithy and gets right to the point. Lengthy descriptions of concepts that are not directly applicable to administering the treatment are omitted. The book includes an excellent case conceptualization form which details the patient's negative reactions to emotions (e.g., fear of blushing, fear of not getting anything done when stressed) and avoidance behaviors. The book contains numerous case vignettes that help clinicians learn to administer the protocol.

The UP is both an integrative and evidenced-based treatment. Those with cognitive-behavioral leanings will

appreciate how it integrates the concepts of Aaron T. Beck, contemporary views of exposure therapy, and concepts from acceptance and commitment therapy. It does a masterful job of distilling the most promising cognitive-behavioral interventions for emotional disorders, although there is little or no focus on integrating across other therapeutic modalities. Moreover, the UP appears to have a stronger focus on anxiety related emotional disorders than depressive disorders.

Practicing clinicians are the primary target audience for this volume. Graduate students may benefit from it as well, although it may have much less to offer undergraduates. The book does not include material from the patient manual, a separate volume which is designed to accompany the therapist manual to facilitate administering the treatment.

In front-line clinical work, comorbidity and an admixture of a variety of symptoms are the rule. The UP goes a long way toward reducing the multiple complaints of patients to a few fundamental vulnerabilities. Similarly, it distills the numerous cognitive-behavioral techniques in the literature into a few essential ingredients. The result is a highly structured yet flexible protocol with growing empirical support.

Compliance with Ethical Standards

Conflict of interest The author declares that he has no conflicts of interest.

Research Involving Human or Animal Rights This article does not contain any studies with human participants or animals performed by the author.