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Emotion Regulation Therapy for Generalized Anxiety Disorder

David M. Fresco, *Kent State University*

Douglas S. Mennin, *Hunter College*

Richard G. Heimberg, *Temple University*

Michael Ritter, G.V. (Sonny) Montgomery VA Medical Center

Despite the success of cognitive behavioral therapies (CBT) for emotional disorders, a sizable subgroup of patients with complex clinical presentations, such as patients with generalized anxiety disorder, fails to evidence adequate treatment response. Emotion Regulation Therapy (ERT) integrates facets of traditional and contemporary CBTs, mindfulness, and emotion-focused interventions within a framework that reflects basic and translational findings in affect science. Specifically, ERT is a mechanism-targeted intervention focusing on patterns of motivational dysfunction while cultivating emotion regulation skills. Open and randomized controlled psychotherapy trials have demonstrated considerable preliminary evidence for the utility of this approach as well as for the underlying proposed mechanisms. This article provides an illustration of ERT through the case of "William." In particular, this article includes a case-conceptualization of William from an ERT perspective while describing the flow and progression of the ERT treatment approach.

INDIVIDUALS with generalized anxiety disorder (GAD) frequently live by the maxim that "most miseries lie in anticipation" (Balzac, 1897). Their lives are marked by strong emotional experiences often discussed as emotionality, intensity, or distress and that are particularly characterized by a cautiousness that favors protection over promotion (Chorpita, Albano, & Barlow, 1998; Klenk, Strauman, & Higgins, 2011; Woody & Rachman, 1994); they are often self-conscious about the interpersonal relationships and the events in their lives (Przeworski et al., 2011), and they tend to worry and persevere as a way to manage this emotional distress (Borkovec, Alcaine, & Behar, 2004). Emotion Regulation Therapy (ERT; Mennin & Fresco, 2009) represents our effort to better understand and reduce the suffering caused by GAD, particularly when it is accompanied by co-occurring depression. The ERT model melds principles from traditional and contemporary cognitive behavioral treatments (e.g., skills training and exposure) with basic and translational findings from affect science to identify targets of treatment in terms of core disruptions of normative cognitive, emotional, and motivational

systems. Contrasting a client's difficulties with what we understand as normative functioning allows us to generate theory-driven hypotheses that form the basis of our case conceptualization and treatment planning (e.g., Sanislow et al., 2010).

Affect Science Approach to Emotion Function and Dysfunction

Drawing from a perspective that emphasizes the analysis of emotions from normative to disordered functioning, ERT delineates three main facets of basic emotional functioning: (a) *motivational mechanisms*, reflecting the functional and directional properties of an emotional response tendency; (b) *regulatory mechanisms*, reflecting the altering of response trajectories to be more congruent with contextual demands and constraints as well as one's personal values or goals, and (c) contextual *learning mechanisms*, reflecting, optimally, the promotion of broad and flexible behavioral repertoires. We offer both a normative account and our perspective for how these processes become dysfunctional in GAD.

Normative and Disordered Motivational Mechanisms

Emotions are functional and integrally tied to our motivations (Keltner & Gross, 1999), serving as signals to us that there is something important to which we must attend and, possibly, to take action (Frijda, 1986). Further, our actions and preparation for actions are guided by the motivational salience of stimuli that signal perceived threats/safety cues (i.e., security focus) in the

¹ Video patients/clients are portrayed by actors.

face of gains/losses (i.e., reward focus; Gray & McNaughton, 2000; Higgins, 1997). One of the core premises of the ERT model is that the basic, primary directive of all organisms is to bring balance to our lives in terms of seeking safety and avoiding threat while engaging reward and minimizing loss. As we increasingly become creatures of habit over the course of our lives, we remain organisms pushed and pulled by these very basic motivations of security and reward (Mennin & Fresco, 2009; in press). Our well-ingrained behavioral repertoires are, in fact, shaped and sculpted to a large degree by these fundamental motivations.

In contrast to this normative functional response, individuals with GAD evidence heightened subjective emotional intensity (Mennin, Heimberg, Turk, & Fresco, 2005) as well as strong motivational impulses for security, protection, and control (Klenk et al., 2011). They inordinately focus on issues of personal safety and security following life experiences that reinforce beliefs concerning their sense of security in the world (Cassidy, Lichtenstein-Phelps, & Sibrava, 2009). As a result, individuals with GAD complicate their ability to make beneficial life choices that can be informed not only by security concerns but also reward possibilities. Although more rigorous experimental and biobehavioral research is needed, preliminary findings support a role for both motivational dysfunction (i.e., Campbell-Sills, Liverant, & Brown, 2004) and subjective emotional intensity (i.e., Mennin, Holaway, Fresco, & Moore, & Heimberg, 2007) in the distress disorders.

Normative and Disordered Emotion Regulation

Emotions serve adaptive functions, yet their presence is not always functional. Similarly, in some contexts, the absence of emotions may be dysfunctional. Thus, emotions are part of a larger self-regulation system that allows us to flexibly respond to events in our lives in accordance with both personal goals/values and situational factors (Keltner & Gross, 1999; Wilson & Murrell, 2004). This regulation reflects coordination across numerous biological and behavioral systems involved in the emotional response that help us fine tune this response to situations that arise in our lives. In some instances, the optimal tuning in a given situation results in the accentuation (i.e., up-regulation) of the emotional salience of the situation; in other instances, toning down (i.e., dampening) the emotional aspects of the situation is warranted (Gross & Thompson, 2007).

Emotional processes also unfold over time, and thus, emotion regulation is best conceptualized as temporally congruent with the unfolding of emotional responses (cf. Davidson, 1998). Building upon Gross' temporal model of emotion regulation (for an extensive review; see Gross & Thompson, 2007), we argue that emotional dysfunction in GAD can occur at varying points of an

unfolding emotional response and these points become increasingly more elaborative over a given emotional trajectory. Elaboration essentially refers to the degree of verbal mediation required to engage a particular capacity (Baddeley, 2012). Greater elaboration requires greater mental effort and therefore can result in greater cognitive resource depletion (Joormann, Nee, Berman, Jonides, & Gotlib, 2010; MacNamara & Hajcak, 2010; Muraven & Baumeister, 2000).

Optimal emotion regulation may begin with engaging less elaborative capacities first, followed by capacities with increasing elaboration as needed. Less elaborative capacities, which are relatively less verbal, primarily involve *attentional flexibility*, or the ability to rapidly shift, sustain, or broaden one's attention from one stimulus to another as per contextual demands. When these less elaborative and depleting capacities are not capable of producing an adaptive response to the current situation, we can draw upon more elaborative and more verbally mediated capacities, including the promotion of *acceptance and allowance* (Hayes, Strosahl, & Wilson, 1999), which we define as the ability to sustain one's awareness of emotionally laden information and maintain it in working memory, *meta-cognitive distancing and decentering* (Fresco, Segal, Buis, & Kennedy, 2007; Liberman & Trope, 2008; Safran & Segal, 1990), or the ability to gain perspective in time and space from emotionally laden information so as to gain clarity around the motivational and emotional signals, and *cognitive change*, or the ability to change a situation's meaning in a way that alters its emotional impact (Gross & Thompson, 2007).

In contrast to these adaptive emotion-regulation capacities, individuals with GAD utilize a series of maladaptive emotion-regulation strategies that also vary in their degree of elaboration. Specifically, they *respond reactively* to the arising of intense emotions that signal strong pulls for security. These *reactive responses* are usually manifested in rigid and circumscribed ways to gain a greater sense of control, including making the sense of threat and danger go away or escaping or dampening the intensity of the emotional experience. The less elaborative maladaptive strategies include *attentional rigidity* by either fixating or avoiding both interoceptive and exteroceptive emotional stimuli (Mogg & Bradley, 2005). Each day, we are confronted with the simultaneous occurrence of emotionally conflicting information that may perturb our goal-directed behavior—requiring us to attend to, consider, and possibly inform our actions before completing the task at hand. GAD with and without major depressive disorder (MDD) is characterized by a failure to spontaneously regulate emotional conflict by shifting attention in response to a motivationally salient emotional stimulus (Etkin, Prater, Hoefl, Menon, & Schatzberg, 2010; Etkin & Schatzberg, 2011).

Because of deficits in less elaborative emotion regulation, individuals with GAD often resort to a variety of

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