



A Pilot Study of Emotion Regulation Therapy for Generalized Anxiety and Depression: Findings From a Diverse Sample of Young Adults

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Emotion regulation therapy (ERT) for generalized anxiety disorder (GAD) and accompanying major depressive disorder (MDD) is a theoretically derived, evidence-based treatment that integrates principles from traditional and contemporary cognitive-behavioral and experiential approaches with basic and translational findings from affect science to offer a blueprint for improving intervention by focusing on the motivational responses and corresponding

self-referential regulatory characteristics. Preliminary evidence supports the efficacy of a 20-session version of ERT. However, previous trials of ERT and other traditional and contemporary cognitive-behavioral therapies have often utilized relatively homogeneous samples. Various contextual and demographic factors may be associated with challenges that increase risk for negative mental and social outcomes for young adults ages 18–29, particularly for individuals from diverse backgrounds. The aim of this pilot study was to examine the effectiveness of a briefer 16-session version of ERT in a racially and ethnically diverse sample of young adults. Participants ($N = 31$) were enrolled at an urban-based, commuter college who consented to treatment for anxiety, worry, or depression at an on-campus counseling center. Open-trial results demonstrate strong ameliorative changes in worry, rumination, self-reported and clinician-rated GAD and MDD severity, social disability, quality of life, attentional flexibility, decentering/distancing, reappraisal, trait mindfulness, and negative emotionality from pre- to posttreatment. These gains were maintained throughout a 3- and 9-month follow-up. These findings provide preliminary evidence for the efficacy of

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ERT in treating a racially and ethnically heterogeneous population. Further, this study highlights comparable effectiveness of a briefer 16-session version of ERT.

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The Challenge of Distress Disorders

GENERALIZED ANXIETY DISORDER (GAD) is characterized by chronic and excessive worry (American Psychiatric Association, 2000), a high degree of subjective distress, and considerable functional impairment (Barrera & Norton, 2009). GAD is the most frequently seen psychological disorder in primary care facilities in the United States (Greenberg et al., 1999) and the world (Kessler, Walters, & Wittchen, 2004). GAD is even more burdensome when it co-occurs with major depressive disorder (MDD). Due to high levels of comorbidity and overlapping symptom presentations, GAD and MDD are often referred collectively as the “distress disorders” (e.g., Watson, 2005). Much of our understanding of the phenomena associated with GAD follows from the work of Borkovec, Newman, Pincus, and Lytle (2002), for example, who posited that worry serves an avoidance function. More recently, conceptualizations of worry show that it becomes reinforced by increasing the predictability of negative emotional experience, often to the cost of experiencing greater variations in positive and rewarding states (Newman & Llera, 2011). Considerable evidence supports this functional view of worry at neurobiological (Etkin, Prater, Hoedt, Menon, & Schatzberg, 2010), psychophysiological (Oathes, Siegel, & Ray, 2011; Weinberg, Klein, & Hajcak, 2012), behavioral (Cooper, Miranda, & Mennin, 2013), and self-report (Mennin, Heimberg, Turk, & Fresco, 2005; Roemer, Salters, Raffa, & Orsillo, 2005) levels of analysis. In addition, perspectives on GAD complementary to this functional perspective have emphasized processes such as intolerance of uncertainty (Deschenes, Dugas, Radomsky, & Buhr, 2010), emotional nonacceptance (Roemer et al., 2005), and emotion dysregulation (Mennin et al., 2005) factors that increase worry. Although these approaches have advanced our understanding of GAD, there exists considerable conceptual heterogeneity. One way to potentially integrate and synthesize these approaches is to apply an affect science perspective so as to offer a framework that accounts for the compensatory functions of worry and other destructive forms of self-referentiality (e.g., rumination; Mennin & Fresco, 2013).

EMOTION REGULATION THERAPY

GAD and MDD, especially when comorbid, are significantly less responsive to treatment in the long term than other anxiety and mood disorders and overall have inferior long-term treatment outcomes (e.g., Newman, Przeworski, Fisher, & Borkovec, 2010). More conventional treatment approaches such as cognitive-behavioral therapy (CBT), which rely primarily on cognitively elaborative, verbally mediated treatment components (i.e., cognitive restructuring), are effective in reducing GAD severity (Cuijpers et al., 2014) and demonstrate moderate effects during the acute phase of treatment and throughout follow-up. More recent mindfulness-based interventions that rely on less elaborative components (i.e., attentional bias and dysregulation) have demonstrated modest treatment gains as well (Hoge et al., 2013). However, the emergence of more contemporary and comprehensive interventions (i.e., acceptance-based behavioral therapy [ABBT], metacognitive therapy) that target less elaborative and more elaborative components within the same treatment package have demonstrated considerably larger effect sizes compared with less comprehensive approaches during the acute period of treatment as well as throughout follow-up (Hayes-Skelton, Roemer, & Orsillo, 2013; Wells et al., 2010).

Emotion regulation therapy (ERT) has been developed with the goal of better integrating less and more elaborative treatment components into a comprehensive intervention that is mechanism targeted. ERT draws from an affect science framework specifically designed to address the negative emotionality and self-referencing associated with generalized anxiety and co-occurring depression (Mennin, Fresco, Ritter, & Heimberg, 2015). ERT melds principles from traditional and contemporary cognitive-behavioral treatments (e.g., Mennin, Ellard, Fresco, & Gross, 2013) with basic and translational findings from affect science to identify and intervene on core disruptions of normative motivational, emotional, and cognitive systems. This model posits that dysfunction in disorders such as GAD can best be understood by (a) *motivational mechanisms*, reflecting the functional and directional properties of an emotional response tendency; (b) *regulatory mechanisms*, reflecting the alteration of emotional response trajectories utilizing less and more elaborative systems; and (c) *contextual learning consequences*, reflecting the promotion of broad and flexible behavioral repertoires (Renna, Quintero, Fresco, & Mennin, 2017). With respect to GAD, dysfunction results from a failure in each of these normative systems of functioning. Using a motivational framework (i.e., identifying reward- and risk-based impetuses),

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