Assessing, Conceptualizing and Treating Core Processes in Anxiety and Depressive Disorders in Order to Improve Outcomes:
A Practical Clinical Tool to Validly Measure Behaviour, Emotion Regulation, Cognition, Meta-Cognition, and the Self

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Workshop Structure

- Theoretical background
  - A transdiagnostic processual approach to case conceptualization
  - Designing a modular protocol for anxio-depressive disorders
  - Presentation of the specific questionnaires used in the protocol
- Presentation and use of the Computer-assisted evaluation package
- Practicum
  - Decoding and analysis of clients' protocols
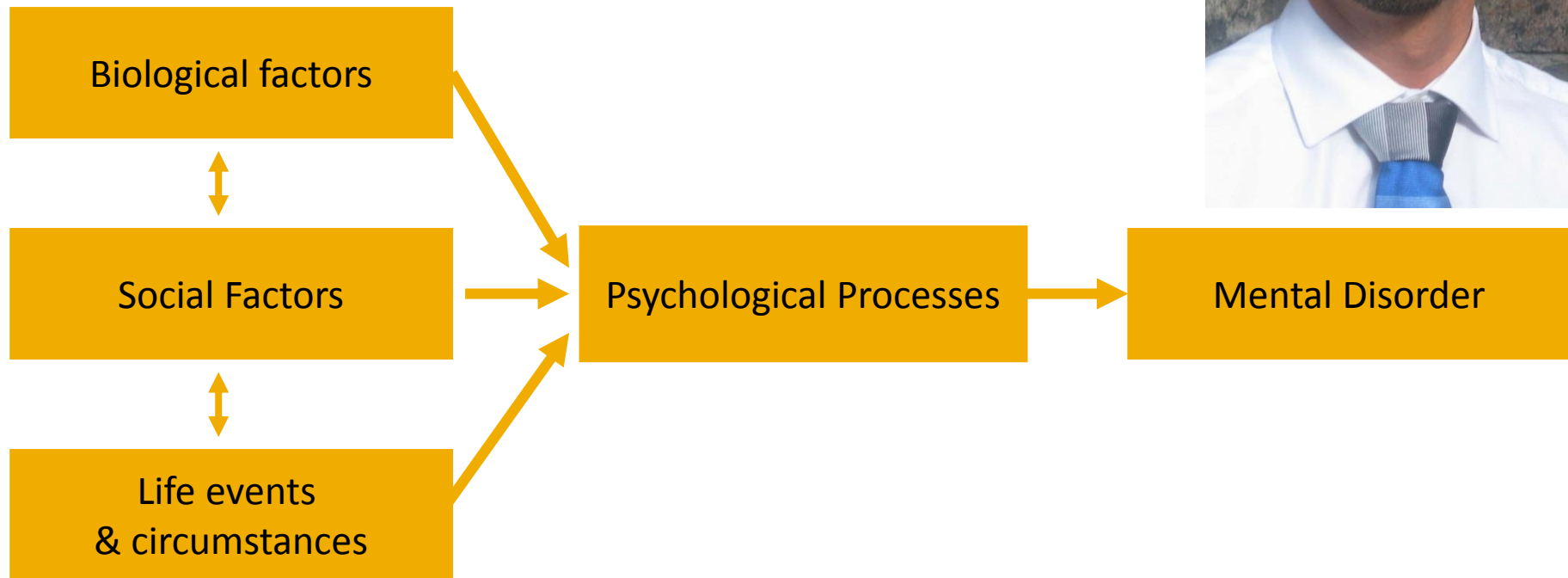 - Implication for treatment
- Conclusions

A transdiagnostic process approach to case conceptualization

Evolution in psychological treatments

- From empirically validated protocols (APA task force) to Evidence-based practice

- From diagnosis-based protocols to protocols targeting specific processes

Kinderman's model

Biological factors

↕

Social Factors	→	Psychological Processes	→	Mental Disorder

↕

Life events & circumstances

Kinderman, P., &t Tai, S. (2007). Empirically Grounded Clinical Interventions. Clinical Implications of a Psychological Model of Mental Disorder. *Behavioural and Cognitive Psychotherapy*, *35*, 1-14.

A processual approach

- Treatment should be designed for targeting psychological processes responsible for the onset/maintenance of the disorder
  (*e.g. rumination, experiential avoidance)*

→ **Identification of the relevant psychological processes**

Implications

- Targets causal mechanisms, not the symptoms
- Transdiagnostic perspective: most processes are present in many diagnoses
- The intervention evaluation should include measures of process changes

Main processes in anxio-depressive disorders

- **Behavioral level**
  - Experiential avoidance
- **Cognitive level**
  - Biases & deficits in emotional information processing
- **Meta-cognitive & representational level**
  - Dysfonctional beliefs
  - Self esteem and self representation
  - Self-efficacy
- **Interpersonal level**
  - Loneliness ; dependancy

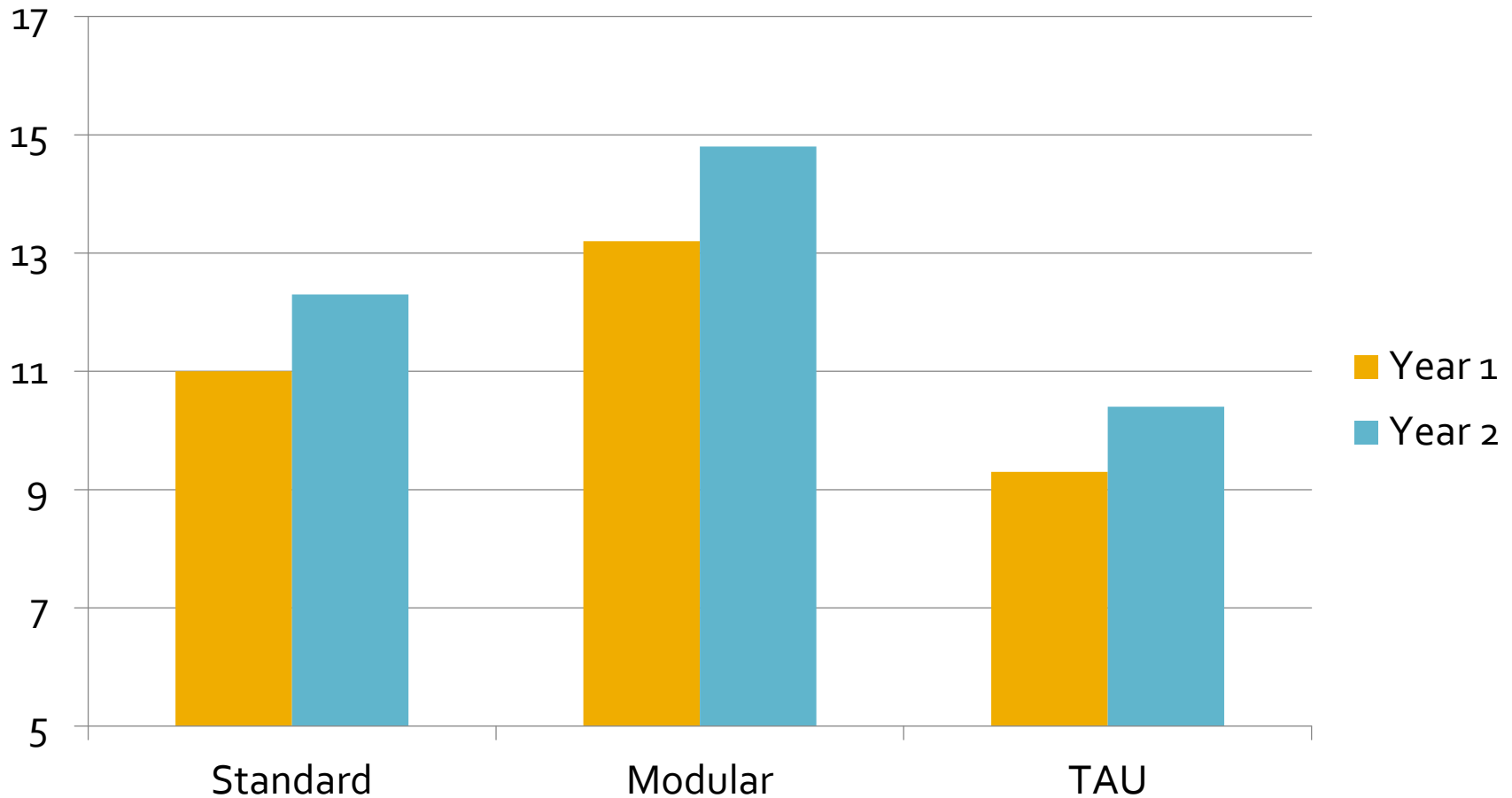# A modular approach to psychological treatment

Characteristics of modular approaches

- Treatment tailored according to the specific processes active in a given client
→ Each process is addressed by a specific treatment module
→ An assessment module is needed to identified the active process(es)
→ A rational is needed to organize the succession of treatment modules

Empirical evidence supporting the modular approach

- Chorpita et al. (2013). *JCCP*.
  - 174 Youths ages 7-13 ; anxiety, depression, conduct disorders
  - 3 treatment conditions
    - TAU
    - Standard : manualized evidence-based treatment
    - Modular : Modular approach to Treatment of Children with Anxiety, Depression of Conduct problems; MATCH)
      Ex. of modules:
      - Psychoeducation
      - Activity scheduling
      - Exposure

Change estimates at 1 and 2 years by Treatment Condition

Conclusions

- The modular approach is a viable alternative to protocols validated for a specific disorder
  - It offers similar possibility of empirical validation
  - It informs about the active processes
  - It helps reducing the multiplication of protocols (there are less core processes than diagnoses)
  - It provides an answer to the issue of comorbidity

Designing a modular protocol for anxio-depressive disorders

Aims of the present protocol

- Target population :
  - Adults with anxious-depressive problems
- Focus on processes
  - Importance of assessment / case conceptualisation
  - Modules are selected as a function of the identified active processes

General architecture of the protocole

Case conceptualisation
- Assessment module

Introduction to the intervention
- General psychoeducation

Intervention
- General intervention module
  - Experiential exposure

- Optional intervention modules
  - Rumination
  - Uncertainty tolerance
  - Ritual prevention
  - Selves discrepancy reduction

Intervention closure
- Relapse prevention module

The specific questionnaires used in the protocol

Assessment and case conceptualization module

- Experiential avoidance
  - Multidimensional Experiential Avoidance Questionnaire (MEAQ; Gamez et al., 2011)
- Emotion Regulation
  - Emotion Regulation Questionnaire (REQ; Phillips & Power, 2007)
- Rumination
  - Mini-CERTS (Douilliez et al., 2014)
    Concrete/experiential versus abstract/analytic thinking modes
- Intolerance to uncertainty
  - Intolerance of Uncertainty Scale (Freeston et al., 1994)

Assessment and case conceptualization module

- Meta-cognitive beliefs
  - Metacognitions Questionnaire (MCQ-30; Wells & Cartwright-Hatton, 2004)
- Self-efficacy
  - Self-efficacy Scale (Bandura, 2006)
- Selves discrepancy
  - Discrepancy between actual, ideal and prescribed selves + associated distress

Multidimensional Experiential Avoidance Questionnaire (MEAQ)

- Experiential avoidance :
  - Tendency to avoid internal negative experiences

- Multidimensional Experiential Avoidance Questionnaire
  Initial version (Gámez, Chmielewski, Kotov, Ruggero, & Watson, 2011)
  - Six dimensions (62 items; 6-point Likert scale)
    - (1) Behavioural avoidance (11 items)
    - (2) Distress aversion (13 items)
    - (3) Procrastination (7 tiems)
    - (4) Distraction and suppression (7 items)
    - (5) Repression and denial (13 items)
    - (6) Distress endurance (11 items)

Multidimensional Experiential Avoidance Questionnaire (MEAQ)

- Validation

  - Original version (Gamez et al., 2011)

    - Non clinical and clinical samples

    - Internal consistency from .76 to .92

    - Good discriminant validity

    - Correlations with other measures (avoidance, psychopathology, quality of life)

  - French translation (Monestès, Baeyens, Cheval, & Villatte, 2012)

Multidimensional Experiential Avoidance Questionnaire (MEAQ)

- Therapeutic paths

Processes	Interventions
Behavioural avoidance	Exposure
Distress aversion	Information on the effects of suppressing aversive experiences
Procrastination and low distress endurance	Motivational interviewing (Miller & Rollnick, 2002) Values and committed action (Hayes & Smith, 2005; Martell et al., 2001)
Repression/denial and Distraction/suppression	Mindfulness and emotional regulation strategies

Emotion Regulation Questionnaire (ERQ)

- 21 items
- Four dimensions of emotion regulation
  - Fonctional vs. Dysfonctional
  - Intern vs. Extern

- Examples
  - Fonctional intern : positive reappraisal
  - Fonctional extern : seeking social support
  - Dysfonctional intern : rumination
  - Dysfonctional extern : acting out

Emotion Regulation Questionnaire (ERQ)

- Validation
  - Original Version du ERQ (Phillips & Power, 2007)
    - Clinical and non clinical populations
    - Good association with measures of psychopathology

Table 2.   Mean, standard deviation (SD) and internal consistency of each Regulation of Emotions Questionnaire scale

Scale	Mean	SD	Cronbach's alpha
Internal-dysfunctional ER	2.07	0.70	0.72
Internal-functional ER	2.89	0.70	0.76
External-dysfunctional ER	1.55	0.53	0.76
External-functional ER	2.83	0.79	0.66

ER = emotion regulation.

  - French translation (Philippot, 2009)
  - French validation in preparation by Decker, Trouillet & Philippot (2015)

Emotion Regulation Questionnaire (ERQ)

- Therapeutic paths
  - Rumination focused CBT
  - Emotional skills training

Repetitive thoughts questionnaire (Mini-CERTS)

- 15 items
- Measures 2 forms of repetitive thoughts
  - Concrete experiential thoughts
    - Generally constructive
  - Abstract analytical thoughts
    - Generally unconstructive
- Based on research by Barnard, Teasdale et Watkins

Repetitive thoughts questionnaire (Mini-CERTS)

- Original scale in French (Douillez, Heeren, Lefèvre, Watkins, Barnard et Philippot, 2013)
- Good internal consistency (Cronbach α: .70)
- Correlations with anxiety and depression
- Sensitive to clinical changes

Repetitive thoughts questionnaire (Mini-CERTS)

- Therapeutic path:
  Rumination-focused CBT by Watkins

Intolerance to Uncertainty Scale

- Intolerance to uncertainty
  - The extensive tendency to find unacceptable the possibility that a negative event might occur, irrespective of its probability of occurrence (Dugas, Gosselin, & Ladouceur, 2001)
  - Risk factor for the development and maintenance of anxio-depressive difficulties
    - Development and maintenance of worry

Intolerance to Uncertainty Scale

- Intolerance of Uncertainty Scale (IUS; Freeston et al., 1994)

  - 27 items; 5-point Likert scale

  - Validation

    - Good test-retest reliability: r_{xx} = .74 (Freeston et al., 1994, cited in Carleton et al., 2007)

    - Standards on nonclinical and clinical populations (GAD and other anxiety disorders (Ladouceur, Blais, Freeston, & Dugas, 1998)

Intolerance to Uncertainty Scale

- Therapeutic paths

  - Acceptance of uncertainty

  - Work on constructs linked to intolerance of uncertainty (worries, metacognitions, cognitive avoidance, negative problem orientation)

Metacognition Questionnaire (MCQ-30)

- Metacognition: Any knowledge or process implied in evaluation, monitoring or control of cognition (Harvey et al., 2004)
- S-REF Model (Wells & Matthews, 1996)

Metacognitive beliefs ➡ Cognition Action

- Metacognitive factors:
  - GAD (Davis & Valentiner, 2000; Wells & Carter, 1999)
  - OCD (Emmelkamp & Aardema, 1999; Janeck, Calamari, Riemann, & Heffelfinger, 2003; Wells & Papageorgiou, 1998)
  - PTSD (Holeva, Tarrier, & Wells, 2001; Reynolds & Wells, 1999)
  - hypochondria (Bouman & Meijer, 1999)
  - depression (Papageorgiou & Wells, 2003)
  - schizophrenia (Lobban, Haddock, Kinderman, & Wells, 2002)

Metacognition Questionnaire (MCQ-30)

- Initial development(Cartwright-Hatton & Wells, 1997):
  - Semi-structured interviews (reasons to engage in worry)
  - + Items related to Cognitive Confidence
  - =>65 items
  - Principal Components Analysis:
    - 5 factors
      - Positive Beliefs (*Worrying helps me to get things sorted out in my mind*)
      - Negative Beliefs about Uncontrollability and Danger (*I could make myself sick with worrying*)
      - Beliefs about cognitive competence (*I have little confidence in my memory for words and names*)
      - Superstition of personal responsibility (*I will be punished for not controlling certain thoughts*)
      - Cognitive self-consciousness (*I pay close attention to the way my mind works*)

Metacognition Questionnaire (MCQ-30)

- Short version (Wells & Cartwright-Hatton, 2004)
  - Highest loadings items
  - 6 items per dimension
- Clinical pathways
  - Metacognitive beliefs identification
  - Restructuration of the metacognitive beliefs
  - Detached mindfulness
  - Metacognitively-focused behavioural experiments (Wells, 2009)
  - Important links with Rumination-focused CBT

Self-efficacy (SE) Questionnaire

- Sociocognitive theory (Bandura, 1977)
  - SE : Beliefs in the ability to produce a certain achievement (Bandura, 1997)
  - SE -> Initiation, effort and maintenance of coping strategies

Self-efficacy (SE) Questionnaire

- On the basis of the Guidelines of Bandura (2006)
- Level of confidence in the ability to cope in various areas of life:
  - in the relationships within family
  - in the relationships within my couple
  - in the professional relationships
  - as a parent
  - in sexual life
  - in the profession or studies
  - in the regulation of my emotions
  - in the free time, hobbies
  - in daily tasks / housework

Self-efficacy (SE) Questionnaire

- Clinical pathways
  - Poor SE in a domain judged as important for the individual:
    - Guided Mastery (Bandura, 1997) : Gather conditions that facilitate experiences in which the individual develops a sense of control over potential threats or challenges (in complement with a cognitive reevaluation of SE)
    - Development of a flexible attitude towards the potential control over situations. Control may be dysfunctional for example in the regulation of emotions.
    - Relate it to Selves Discrepancies
  - High SE: Identification of resources

Selves discrepancy questionnaire

- Measures the characteristics that the client …
  - Ideally wishes to have
  - Ideally wishes not to have
  - Thinks that significant others wishes s/he would have
  - Thinks that significant others wishes s/he would not have
- Measures the perceived gap and the resulting distress between
  - Perceived and ideal selves
  - Perceived and socially prescribed selves

Selves discrepancy questionnaire

Ideal Self			
Features I would like to have:	**Percentage**	**Features I wouldn't like to have :**	**Percentage**
- _____	_____%	- _____	_____%
- _____	_____%	- _____	_____%
- _____	_____%	- _____	_____%
- _____	_____%	- _____	_____%
- _____	_____%	- _____	_____%
- _____	_____%	- _____	_____%

Selves discrepancy questionnaire

Choose the correct answer.

How big is globally the discrepancy between this ideal and the way you perceive yourself?

1	2	3	4	5	6	7
I feel very close to this ideal			I feel moderately close to this ideal			I feel very far away to this ideal

How strong is the distress caused by this discrepancy?

1	2	3	4	5	6	7
I don't feel distress about this discrepancy			I feel a moderate distress about this discrepancy			I feel an important distress about this discrepancy

Selves discrepancy questionnaire

- Questionnaire created for the present protocol
- Validation in progress

- Therapeutic paths
  - Identification of key values and roles for the person
  - Behavioral activation and commitment to important roles and values

A word of caution

- The questionnaire package is just one element of the case conceptualisation procedure.
- Questionnaire results need to be discussed and nuanced within an interview with the client.

Presentation and use of the Computer –assisted evaluation package

To obtain the protocol

- uclep.be/processus
- Engagements
  - Do not circulate it—always refer to us potentially interested colleagues
  - Send us back filled in protocols

Protected: Download

ENGLISH – Processes Assesment Protocol

You'll find below the updates files

Files:

Excel file – Answer and Analysis 2.1.
Excel file – Answer and Analysis 2.1.-participant (only the participant form is visible)
Paper version

IMPORTANT INFORMATION

When you open the excel files, please enable the activation of content (of the macros). Those macros allow to hide and display the desired sheets. More information in regard to this function is given in the information sheet of the file.

Please send the completed files to vincent.dethier@uclouvain.be. Before sending the files, please check that there

Workshop files

- Wifi: Nighnet-300-4G (password:1122334455)
- http://uclep.be/eabct/ (password:processes)

Mary

- General information
  - 30 years old woman
  - In a couple
  - Is the mother of a 4 year old girl and is pregnant
- Psychological difficulties:
  - Intense anxiety of not being able to find a bathroom and to have an involuntary urine leakage
    - Consequence: fear of leaving home
    - Any biological explanation has been excluded
  - In the past: panick attacks
  - Stress in regard to managing daily activities
- Trigger event: Need to urninate in a car
- Development: Increase of the difficulties intensity since several months

Shortcuts

In order to dislay all the worksheets (whenever a client/patient filled in "Quest T1" or "Quest T2"), please use the keyboard shortcut CTRL-D (Maintain CTRL and D simultaneously).

| Ctrl | + | D |

In order to hide all worksheets except "Quest T1", please use the keyboard shortcut CTRL-H. This allows to send the file to the client/patient with preventing the client/patient to view the other worksheets.

| Ctrl | + | H |

In order to hide all worksheets except "Quest T2", please use the keyboard shortcut CTRL-J.

| Ctrl | + | J |

If you agree to participate in this research, please send the completed files to vincent.dethier@uclouvain.be. One time of measurement is sufficient to do so.

Sheets

This file contains several worksheets:

The worksheet named "Inf" provides information regarding the use of this file.

The Worksheets "QuestT1" and "QuestT2" allow the participant to fill in the questionnaires in directly the file. "QuestT1" collects the data at a time 1, and "QuestT2" at a time 2. The therapist has also the possibility to encode a paper version directly in each of the worksheets. Time 2 is optional and allows to measure changes across time. Please check that there are no missing answers before analyzing data. A red flag indicates missing answers.

The worksheet named "Therapist" is to be filled by the therapist in charge. This information is very important for research purpose. If you use the worksheet "QuestT1", some data will be filled in automatically in the worksheet "therapist".

The following worksheets (DASS, REQ,...Self-Discr) relate to each of the questionnaires. It is possible to encode the data manually in the score column of each of the worksheets. Those worksheets provide means and percentiles of the various dimensions as well as graphs. In order to observe the results of the items of a specific dimension, you may click on the little arrow next to dimension (at the top) and select the dimension of interest.

The worksheet named "Summary" allows to observe possible changes between time 1 and time 2 in regards to the therapeutic targets.

Identified processes and interventions

- Selves discrepancies
  - Particularly sailent in regard to the fear of urinating
    - Emotion of shame : primary emotion (Greenberg, 2002)
    - Exposure
      - Target: Not only to anxiety but also to shame
      - Development of an attitude of acceptation of emotion
      - In imagination: memories of shame: debriefing focused on the associated meanings: « When you look at that memories, what does it tell about you? » « What do you know about this episode that you didn't know at that time? » (Hackmann, Bennett-Levy & Holmes, 2011)
  - In general
    - Cognitive work: shedding some light on the fact that Mary doesn't take into account important qualities in her self-evaluation
    - Engagement in activities that matter (Behavioral activation; Jacobson, 2001)
    - Identification and detached observation of self-critical thoughts
    - Self-compassion

Identified processes and interventions

- Ruminations and meta-beliefs about worries
  - Function Identification
  - Centration on the present moment
  - Behavioral tests of metacognitive beliefs

Changes evaluation

- Reliable Change Index ([RCI; Jacobson & Truax, 1991](#))

$$RCI = \frac{x_2 - x_1}{\sqrt{2\left(SD\sqrt{1 - r_{xx}}\right)^2}}$$

Note. x_1 : score at time 1 ; x_2 : score at time 2 ; SD : Standard deviation in a control group ; r_{xx} : Test-retest correlation

- Level of confidence in change

Practicum in small groups

Now YOU play!

- http://uclep.be/eabct/ (password:processes)
- Presentation of the vignettes
- Your task:
    - Identify on the basis of the questionnaire results the processes that might be active in the case
    - Propose hypotheses for the possible interactions among the processes involved
    - Elaborate a psychological intervention targeting the selected processes

Debriefing

Conclusions

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