COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES
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METACOGNITIVE THERAPY (MCT)

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Definition: A way to improve emotional disorders by challenging negative and positive beliefs about cognitive processes like ruminating and worrying e.g. positive: "Ruminating/worrying helps me cope"; negative: "I can't control my ruminating/worrying". Whereas cognitive restructuring or danger-ideation-reduction therapy challenge thought content e.g. reasons for & against believing one is contaminated, MCT helps patients to manage thinking about thinking ("Having this thought means…", "Washing helps me feel better"), thought suppression (mental avoidance), and selective attention to threatening cues.

Elements:

The therapist uncovers metacognitive beliefs like fusion of thoughts with: 1. actions e.g. `Thinking I could harm someone makes it more likely that I'll really harm somebody'; 2. events e.g. `Because I think my dad could be killed in an accident, he is in real danger'; 3. intentions e.g. `Thinking I could have sex with grandpa means I want to have sex with him'. The patient is persuaded to modify such beliefs by experiments e.g. for thought-action fusion: *"Try to lift a stone just by thinking about it";* for thought-event fusion: *"Try to change the weather just by mental power"*; for thought-intention fusion by socratic dialogue e.g. *"You believe thinking something means you want it to happen. So, if you're thinking about bad marks at school, does that mean you want bad marks?"*

The therapist asks patients about attempts at thought suppression (*"What do you do when this thought pops into your mind?"*) and fusion beliefs (*"What does having this thought mean to you?"*). Patients are encouraged to try thought-suppression experiments (e.g. *"Try not to think of X!"*) in order to find out how hard it is to suppress thoughts and that trying to do so can worsen them.

Selective attention is challenged by socratic dialogue (e.g.*"How does it help to always attend to possible dangers like dirt?")*, and detached mindfulness exercises are advised (e.g. *"Observe your thoughts as they come and go as if they were scrolling on the CNN news ticker, without trying to change them"*). Other metacognitive beliefs are challenged by brief (5-10 minutes) exposure and ritual prevention exercises (exposure exercises to produce habituation usually last 30 minutes or longer).

Related procedures: *Experiment*, *detached mindfulness*, *cognitive restructuring*, reframing, giving perspective, *exposure*.

Application: For depression, anxiety, PTSD and OCD in individual sessions, if need be together with relatives in children and adolescents.

1st Use? Wells (1999)

References:

1. Simons M, Schneider S, Herpertz-Dahlmann B (2006) Metacognitive therapy versus exposure and response prevention for pediatric OCD: case series with randomized allocation. *Psychotherapy & Psychosomatics*, 75: 257-264

2. Wells A (1999) A metacognitive model and therapy for generalized anxiety disorder. *Clinical Psychology and Psychotherapy*, 6: 86-95
3. Wells A (2000) *Emotional disorders and metacognition. Innovative cognitive therapy*. Chichester: Wiley

Case Illustration (Simons, unpublished)

Kevin aged 14 suffered for 6 months from contamination ideas and washing rituals, and obsessive thoughts about Hitler and Nazi ideas and fears that he himself might be a Nazi. The therapist's asking him *`What does it mean to have such thoughts?'* uncovered Kevin's fear that `thinking about Hitler and Nazis means I want to be a Nazi' (thought-intention fusion). Asking him *`How do you react when you have these thoughts?'* disclosed his excessive monitoring and suppressing of politically incorrect thoughts and checking whether he may have said anything against foreigners. The therapist asked Kevin to test these ideas by doing *experiments* such as 1. *`Think about something you don't want such as a bad mark in school'* - Kevin found that thinking about a bad mark did not mean that he wanted one, and 2. *`Try for a minute not to think of a crocodile sitting on my head'* - Kevin found that trying to suppress the thought actually made it more intrusive. His problem was thus not his thoughts but rather his fruitless efforts to stop them. He learned "detached mindfulness" to the intrusions (*`Just observe your thoughts coming and going like waves and say to yourself: "This is just a thought"'*). After 3 weeks of daily self-training *("Whenever these thoughts pop into your mind, just recognize them; watch them coming and going")*, without recording thoughts, such thoughts ceased to disturb him without any prolonged exposure exercises to them. Washing rituals decreased mainly by exposure with ritual prevention targeted at gradual shortening of shower time by 10 minutes a week, from 1 hour to 15 minutes a day. After ten weekly 50-minute sessions of MCT for the repugnant thoughts and exposure and ritual prevention for the washing rituals, these problems ceased. Therapy gains were maintained at 1 year follow-up.