Metacognitive Behaviour Therapy

- FOR ADCP
- BY DR NAJMA IQBAL MALIK

Teaching aims:

- Introduction to main principles underpinning Meta cognitive therapy.
- Be able to identify what distinguishes meta cognitive therapy from standard cognitive behaviour therapy.
- To experience some meta cognitive treatment strategies

MCT

Does everyone have negative thoughts?

Does everyone believe there negative thoughts sometimes?

What is it that controls thoughts and determines whether one can dismiss them or whether one sinks into prolonged and deeper distress?

MCT

- Not what you think but how you think which determines the consequences.

Lea Suzuki / The Chronicle

The meta cognitive approach

- Cognitive attentional syndrome
- Sustained verbal thinking and dwelling in the form of rumination and worry
- Attentional bias

Traditional CBT

- Meanings
- Aims at changing thought content “ I am worthless”
- What is your evidence?

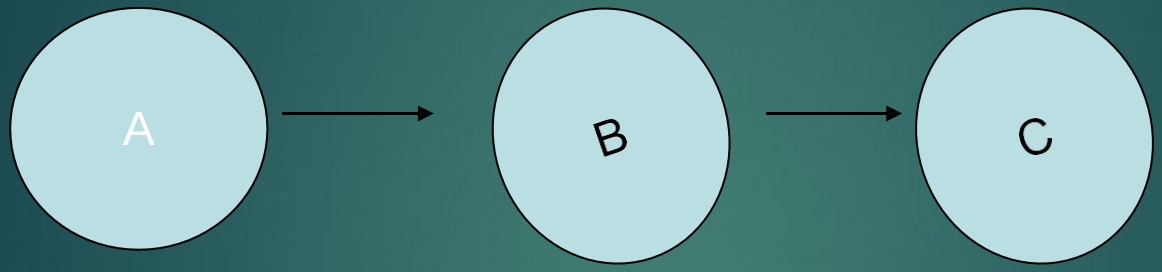
MCT

- “ I am worthless”
- What is the point in evaluating your worth?

MCT

- Study of metacognition emerged from developmental psychology
- Describes range of interrelated factors comprised of :
- Knowledge(theories about thinking)
- Experiences (appraisals of thoughts& feelings, tip of the tongue)
- Strategies (control or alter thinking)

ABC model



Antecedent
(Trigger)

Beliefs

Consequences
Emotional & behavioural

Relationship
has ended
I am alone

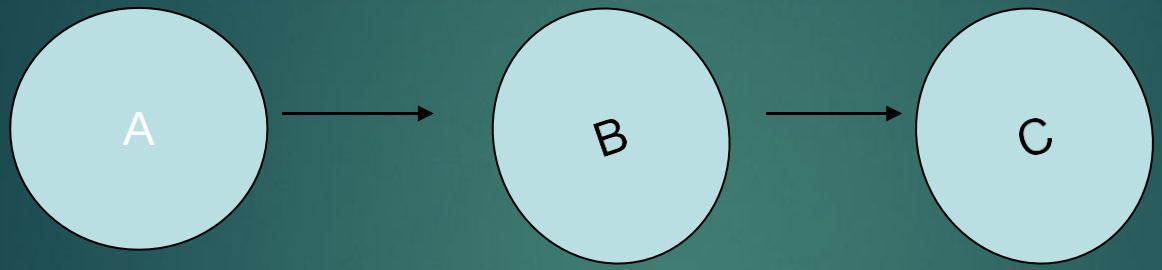
I am defective

sad , depressed
withdrawn, ruminate over
past failed relationships

I am alone

I am defective

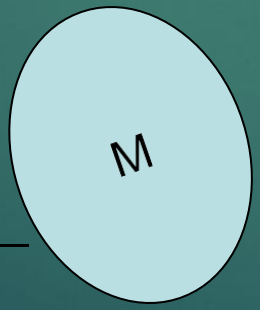
sad ,
depressed
withdrawn, ruminate over past failed relationships



Antecedent (Trigger)

Beliefs

Consequences
Emotional & behavioural



Ruminate
Focus on emotion

CAS

Meta beliefs

If I analyse past relationships I Will be able to work out what I do wrong

Aims of MCT

- To modify thinking processes
- Develop new ways of controlling attention
- Develop new ways of relating to negative thoughts and beliefs
- By modifying metacognitive beliefs that give rise to unhelpful thinking patterns
- Promoting detached mindfulness

Detached mindfulness

- A state of awareness of internal events, without responding to them with sustained evaluation , attempts to control or suppress them, or respond to them behaviourally. It is exemplified by strategies such as deciding not to worry in response to an intrusive thought, but instead allowing the thought to occupy its own mental space without further action or interpretation in the knowledge that it is merely an event in the mind. (Wells, 2005)

- Exercise one : Dialogue
- What happens to most of your everyday thoughts?

Treatment Techniques

Attention training

Aims to:

- interrupt the negative thinking pattern people become locked into.
- Strengthen ability to focus externally

ATT

Attention is multifaceted:

Selectivity

Switching

Parallel processing

Capacity

Exercise 2

- Read worksheet
- Try the ATT

Exercise: The tiger

Metaphors

- Clouds
- Recalcitrant child
- Train

Evidence base

Generalised anxiety disorder

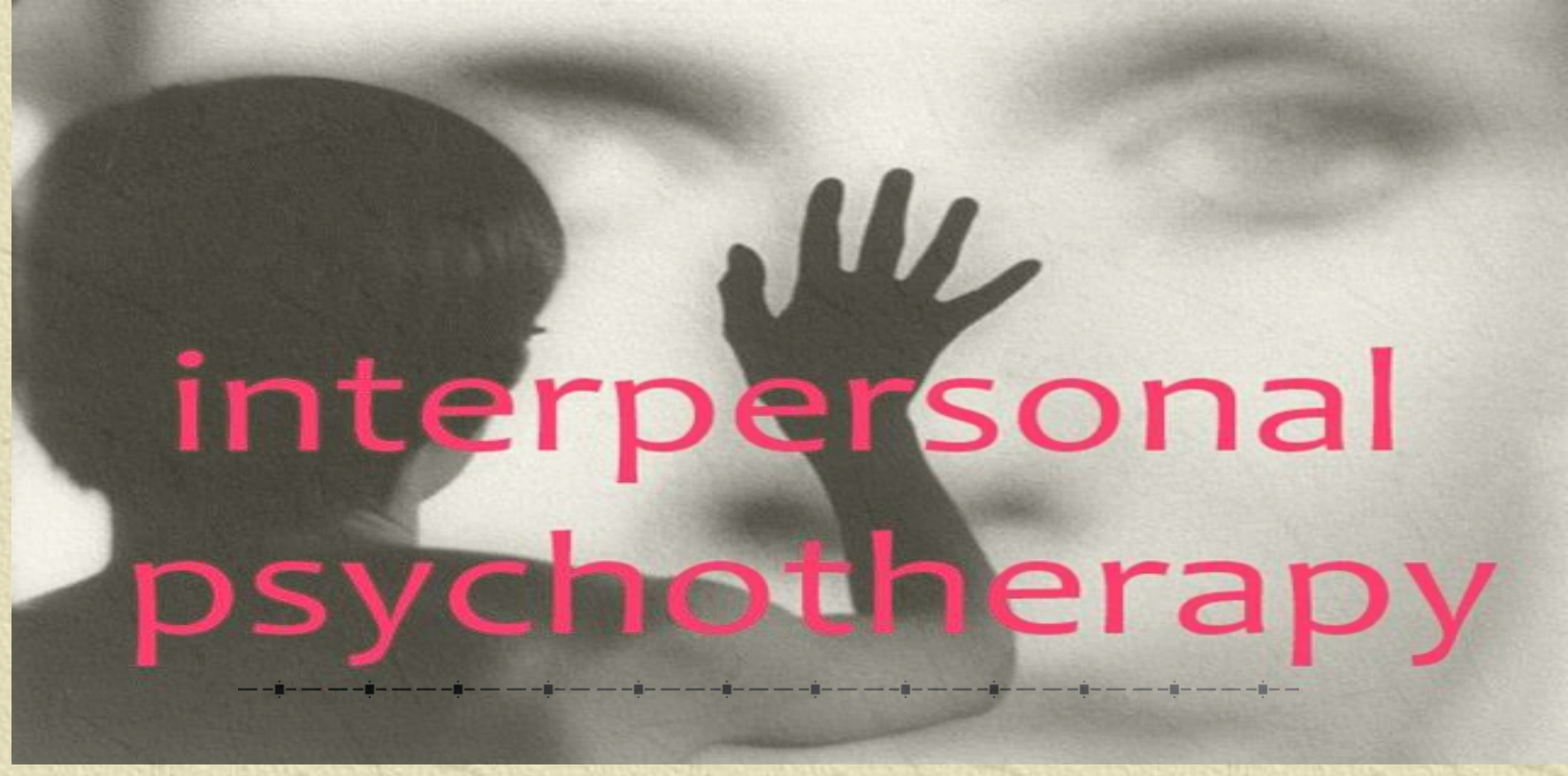
PTSD

OCD

Depression

References :

- Well D, 2009, Metacognitive therapy for anxiety and depression. The Guilford Press.London.


interpersonal
psychotherapy

Interpersonal Psychotherapy

- Interpersonal psychotherapy was developed by Gerald Klerman (1929–1992).
- Interpersonal Psychotherapy (IPT) is a brief psychotherapy
- Klerman approach identifies important interpersonal situations and suggests individualistic solutions for clients.
- That addresses interpersonal issues in depression, to the exclusion of all other foci of clinical attention

Continued

- Focus on the importance of interpersonal relationships in determining behavior and psychopathology
- IPT does not necessarily assert that psychopathology arises from impaired relationships. But, problems are manifested in these relationships
- Research has supported this idea
  - Individuals with depression have less supportive relationships
  - Individuals with other problems (e.g., alcohol abuse) more frequently have marital difficulties
  - Risk of relapse in depression increases when patients live with critical, negative family members

Background

- In developing interpersonal psychotherapy, Klerman was influenced by both early theorists and research on depression.
- Adolf Meyer (1957) emphasized the importance of both psychological and biological forces.
- According to Meyer, psychiatric disorders developed as individuals tried to adapt to their environment. Early experiences with both the family and various social groups influenced individuals' adaptation to their environment

Continued……

- **Interpersonal Theory:** proposed by Harry Stack Sullivan (1953) showed the importance of peer relationships in childhood and adolescence as they had an impact on later interpersonal relationships.
- **Attachment theory:** proposed by J. Bowlby, suggests that humans have an innate tendency to seek attachments, that these attachments contribute to the survival of the species, and to individual satisfaction.
- Attachments lead to reciprocal, personal, social bonds with significant others, and to experiences of warmth, nurturance and protection.

View of Human Nature

- Although childhood experiences are important, IPT regards current relationships as more important
- They focus on “ here and now” framework

Factors cause depression

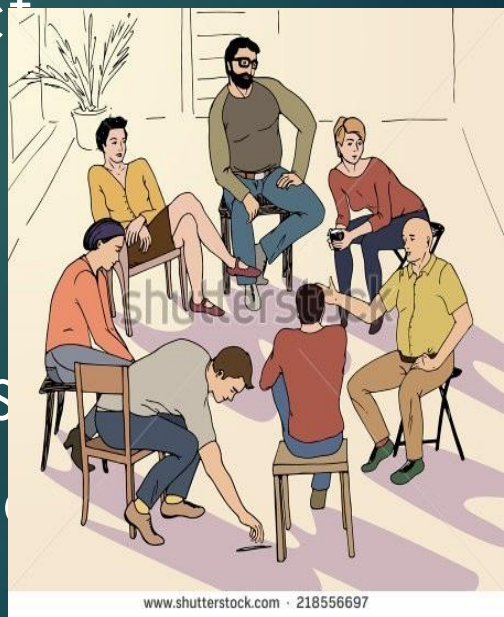
- Klerman studied psychological research on depression to determine which factors played a role in the onset of depression.
- Humans are vulnerable to depression if attachments do not develop early and attachment bonds are disrupted
- Certain life events created stress that led to depression.

Different factors

- loss of social relationships
- women became depressed, they interacted more poorly socially (for example, were nonassertive).
- Also, social and interpersonal stress, especially stress in marriage, affected the development of depression.
- Arguments between spouses were related to the onset of depression.

Personality Theory

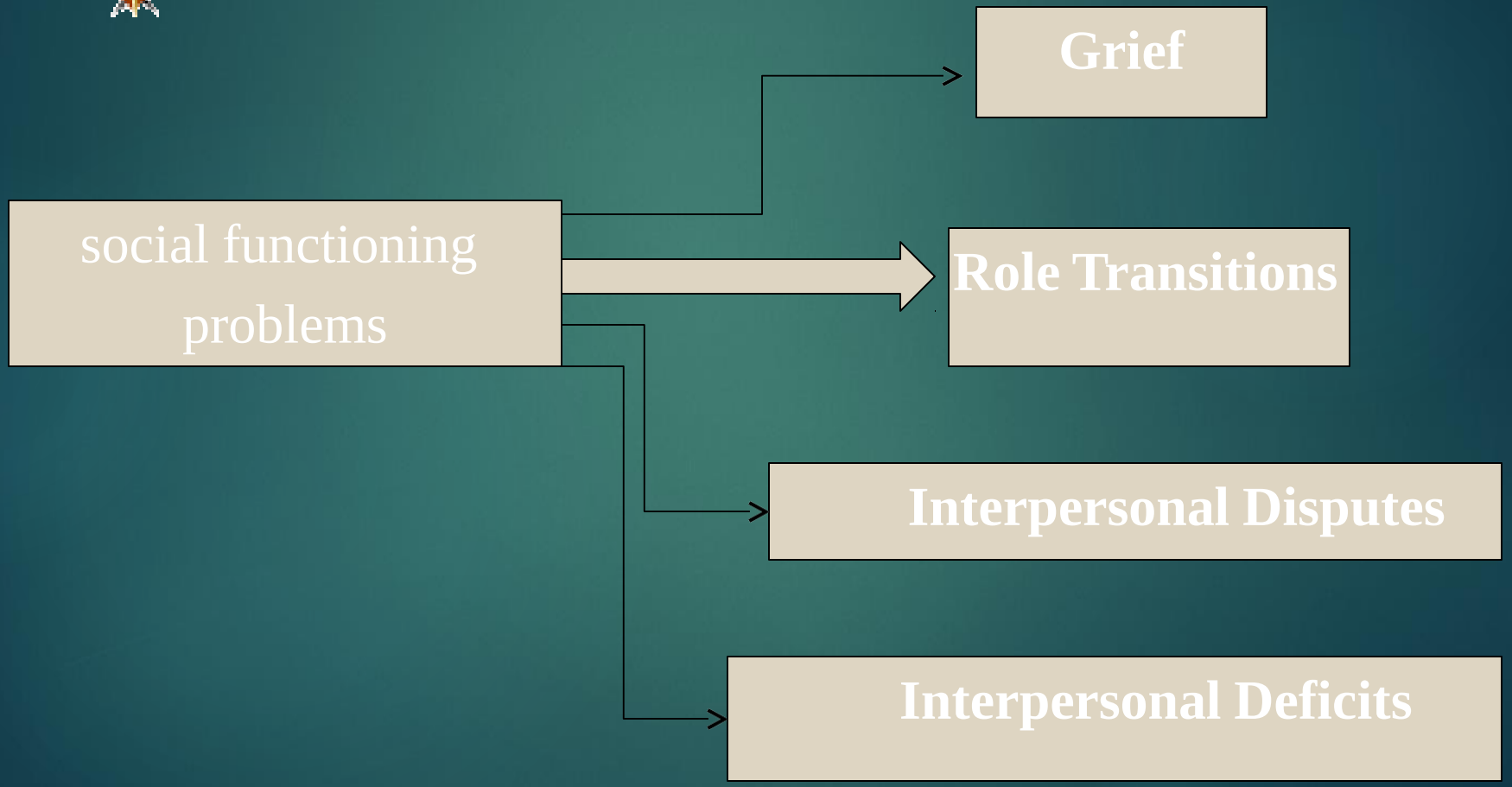
- Klerman (Klerman et al., 1984) was less concerned with the cause of depression than with helping individuals deal with the kinds of issues that affect their lives.
- Klerman believed that depression was the result of variety of interpersonal issues
- Many of these may have be caused



Continue…….

- To deal with these in a brief treatment approach did not seem to be the most effective way to help individuals deal with their current symptoms of depression.
- Rather, he believed that there were four interpersonal problem areas that, if they could be alleviated, would help an individual deal with depression.

Fourareas of social dysfunction



Grief

- Grief is simply defined in IPT as "**loss through death**". In IPT the term is reserved specifically for **bereavement.**
- It can provide difficulties for people in mourning, particularly when the reaction is severe and continues over a long period of time.
- Grief may present a particularly difficult problem when individuals experience the loss of more than one person who is close to them. Furthermore, some individuals are more prone to becoming depressed after losing a close friend or family member than are others.
- This reaction is often referred to as *complicated bereavement.*

Interpersonal Disputes

- Often arguments, or disagreements with others, particularly on a continuing basis, can lead to depression.
- The dispute is with :
  - Family member, spouse, child, parent, or other relative.
  - At work—a boss, a subordinate, or a coworker.
  - Friends or associates, or people in community organizations.
- The disagreement usually has to do with different expectations and communication problems between the person and the other party.

For example

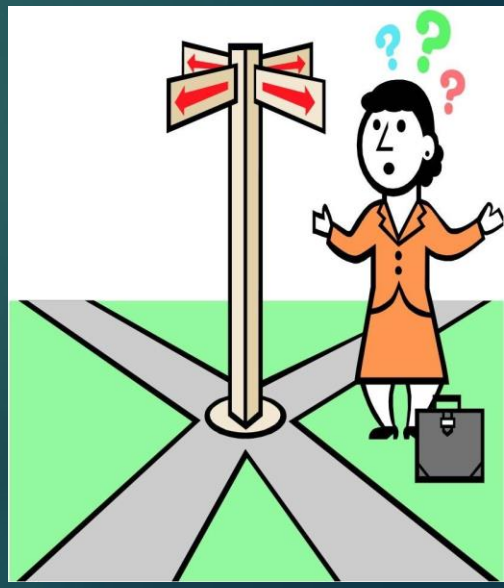
- A neighbor is stealing but the victim cannot prove it.
- A person's boss gives a better job to someone else who has only recently been hired and the person believes that this is unfair

Role Transitions

- Role transitions are situations in which the patient has to adapt to a change in life circumstances. Some are planned for and some are not.
- Examples of developmental changes are going to college, getting engaged or married, separating or divorcing, dealing with difficult children, or having a child leave the home.
- Sometimes role transitions have to do with work, such as trying to find a job, dealing with promotion or demotion, or being fired or laid off.

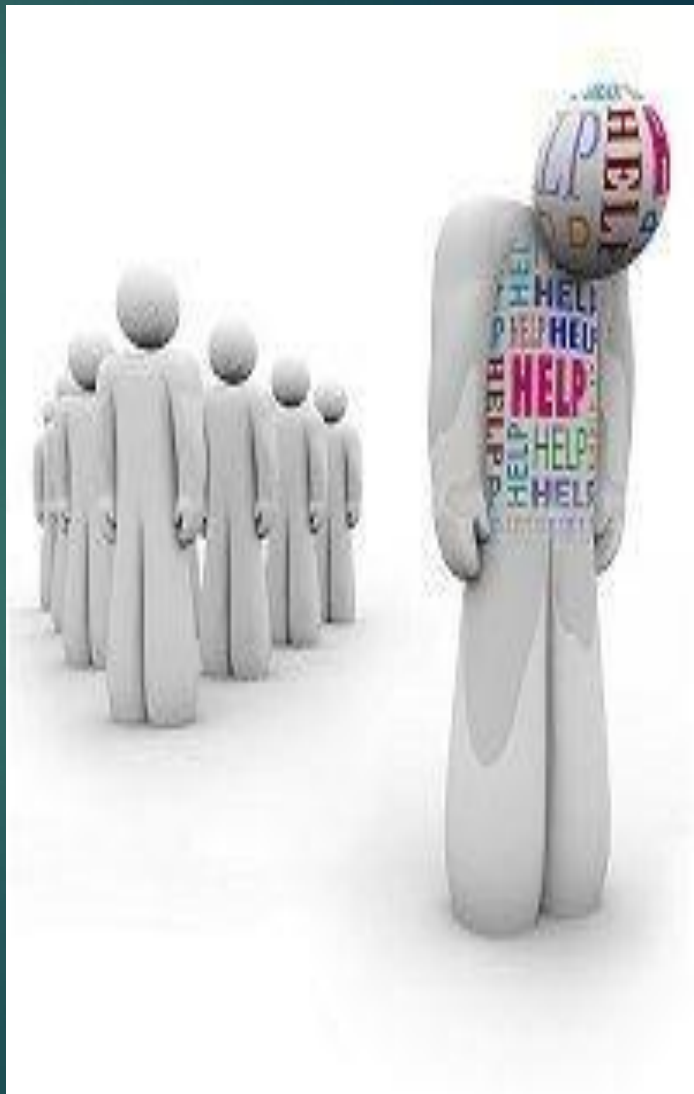
Continue……

- Other role transitions may be accidental or not predictable. An individual may develop a serious illness or disease, may be injured in an accident while at work or somewhere else, or have to deal with losing a house to fire or flood.
- In those who develop depression, these transitions are experienced as losses and hence contribute to the development of psychopathology.
- Individuals who are prone to depression may, when faced with one of these situations, see their situation as hopeless or out of control.



Interpersonal Deficits

- The person has a history of problems in beginning or maintaining relationships with friends, relatives or others.



- The person talks about feeling lonely and separate from others. Although these feelings are longstanding, they may become worse after one of the other problems surfaces (such as a move to a different town for a new job, or the death of a friend or relative who used to be central in bringing people together socially).
- When individuals do not report recent events that may have caused depression, this category is often used.

Goals of IPT

- Reduce symptoms of depression
- Major goal of IPT is to change interpersonal functioning by encouraging:
  - More effective communication
  - Emotional expression
  - Increased understanding of behavior in interpersonal settings
- Individuals are helped with the mourning process and to deal with their sadness.

Continued ……

- Helped to reestablish interest in relationships and to become involved in both relationships and activities.
- They are helped to develop strategies to resolve the dispute or to bring about a change in an impasse. Sometimes they may change their expectations of their problems and relationships with others.
- Seeing the new role as more positive is one goal.
- Develop a sense of mastery of the new role or roles and thus increase self-esteem.
- Goals are to develop new relationships or improve ones that may be superficial.

Interpersonal Therapy

Interpersonal Theory

- Focus on the importance of interpersonal relationships in determining behavior and psychopathology

Interpersonal Therapy

- Major goal of treatment= change interpersonal functioning by encouraging:
  - More effective
    - communication Emotional
    - expression
  - Increased understanding of behavior in interpersonal settings
- IPT assumes that by improving relationships, symptoms and the patient's life in general will improve

Role of therapist

- Patient advocate, not neutral
- Active, not passive
- Therapeutic relationship is not interpreted as transference
- Therapeutic relationship is not a friendship

Techniques of interpersonal therapy

- Clear approach that's why it can appear to be mechanical
- In conducting interpersonal therapy, therapists do this in three phases:
  - Initial session
  - Intermediate session
  - Termination

Initial session

- A. Dealing with depression
  - 1. use assessment inventories
  - 2.Explain depression as a medical illness not personal weakness and explain the treatment. (medication / treatment / both)
  - 3. Give the patient the “sick role.”
  - 4.Supportive of the patient and show him that there is hope

- B. Relation of depression to interpersonal context
- 1.Review current and past interpersonal relationships as they relate to current depressive symptoms. Determine with the patient the following:
    - a. Nature of interaction with significant persons
    - b. Expectations of patient and significant persons from one another and whether these were fulfilled
    - c. Satisfying and unsatisfying aspects of the relationships
    - d. Changes the patient wants in the relationships

C. Identification of major problem areas

- 1.Determine the problem area related to current depression and set the treatment goals.
- 2.Determine which relationship or aspect of a relationship is related to the depression and what might change in it..

D. Explain the IPT concepts and contract

- 1. Outline your understanding of the problem.
- 2.Agree on treatment goals, determining which problem area will be the focus.
- 3.Describe procedures of IPT: “here and now” focus, need for patient to discuss important concerns; review of current interpersonal relations; discussion of practical aspects of treatment—length, frequency, times, fees, policy for missed appointments

- In the initial stage the therapist's encouragement and reassurance help build a therapeutic alliance with the patient.
- By coming up with a specific formulation of how the treatment is to proceed, the stage is set for the middle phase of therapy.

Intermediate Sessions

- the interpersonal therapist uses different strategies for each of the four areas
  - Grief
  - Interpersonal dispute
  - Role transition
  - Interpersonal deficit

Intermediate Sessions: The Problem Areas

- A. Grief
  - 1. Goals
    - a. Facilitate the mourning process.
    - b. Help the patient reestablish interest and relationships to substitute for what has been lost.
  - 2. Strategies
    - a. Review depressive symptoms.
    - b. Relate symptom onset to death of significant other.

- c. Reconstruct the patient’s relationship with the deceased.
- D. Describe the sequence and consequences of events just prior to, during, and after the death.
- e. Explore associated feelings (negative as well as positive).
- f. Consider possible ways of becoming involved with others.

B. Interpersonal disputes

- 1. Goals
  - a. Identify dispute.
  - b. Choose plan of action.
  - c. Modify expectations or faulty communication to bring about a satisfactory resolution.

2. Strategies

- a. Review depressive symptoms.
- b.Relate symptom onset to overt or covert dispute with significant other with whom patient is currently involved.
- c. Determine stage of dispute:
  - i. Renegotiation (calm down participants to facilitate resolution)
  - ii. Impasse (increase disharmony in order to reopen negotiation)
  - iii. Dissolution (assist mourning)

- d. Understand how nonreciprocal role expectations relate to dispute:
  - i. What are the issues in the dispute?
  - ii. What are differences in expectations and values?
  - iii. What is the likelihood of finding alternatives?
  - iv. What resources are available to bring about change in the relationship?

- e. Are there parallels in other relationships?
  - i. What is the patient gaining?
  - ii. What unspoken assumptions lie behind the patient's behavior?
- f. How is the dispute perpetuated?

C. Role transitions

- 1. Goals
  - a. Mourning and acceptance of the loss of the old role.
  - b. Help the patient to regard the new role as more positive.
  - c. Restore self-esteem by developing a sense of mastery regarding demands of new roles.

2. Strategies

- a. Review depressive symptoms.
- b.Relate depressive symptoms to difficulty in coping with some recent life change.
- c.Review positive and negative aspects of old and new roles.
- d. Explore feelings about what is lost.

- e. Explore feelings about the change itself.
- f. Explore opportunities in new role.
- g. Realistically evaluate what is lost.
- h.Encourage development of social support system and of new skills called for in new role.

D. Interpersonal deficits

- 1. Goals
  - a. Reduce the patient's social isolation.
  - b. Encourage formation of new relationships.
- 2. Strategies
  - a. Review depressive symptoms.
  - b. Relate depressive symptoms to problems of social isolation

- c. Review past significant relationships including their negative and positive aspects.
- d. Explore repetitive patterns in relationships.
- e. Discuss patient’s positive and negative feelings about therapist and seek parallels in other relationships

Termination

- A. Explicit discussion of termination.
- B.Acknowledgment that termination is a time of grieving.
- C.Move toward recognition of independent competence.

Specific Techniques

- Exploratory techniques

An ability to use nondirective techniques, to foster the client's own sense of competence and autonomy

- open-ended questions
- allow the client to elaborate what they are feeling
- extension of productive topics

- Clarification

An ability to use clarificatory techniques, asking the client to rephrase what they have said.

- Communication analysis

An ability to engage the client in reporting and reflecting on a recent, difficult exchange/conflict with another person.

an ability to help the client to focus on the verbal and non-verbal level of the exchange (e.g. posture, tone of voice)

- Use of therapeutic relationship

An ability to help the client explore and try out, within the therapeutic relationship, alternative ways of communicating

An ability to provide feedback to the client about how they may be coming across to others

Strengths ofIPT

- Short term in nature
- Encourage the patient to regain his/her ability to function well
- Lasts from 12-16 weeks
- Lasting effects upto 16 weeks

limitations

- Deals with depresive symtoms and family problems
- Not deal with psychotic disorders
- Dependent on completing 12-16 weeks