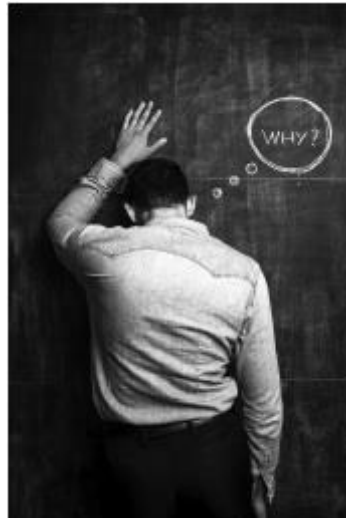


Participant handout

Metacognitive Training for Depression (D-MCT)



Dear patient,

Metacognitive Training for Depression (D-MCT) is a group training aimed specifically at people with depressive mood.

This brochure provides relevant information about the group as well as some basics of Metacognitive Training for Depression (D-MCT). Please read through this handout before your first meeting.

When and where does the group take place?

When:

Where:

Contact person:

What is Metacognitive Training about?

“Meta” is the Greek word for “about”. “Cognition” can simplified be translated to “thinking”. Put together they result in the word “Meta-cognition” which translates to “thinking about thinking”. This phrase describes how in Metacognitive Training we are observing our thought processes from a distance - from a satellite position so to speak (ill. 1). Hereby we mainly focus on thought patterns that play a role in the formation and maintenance of depression.

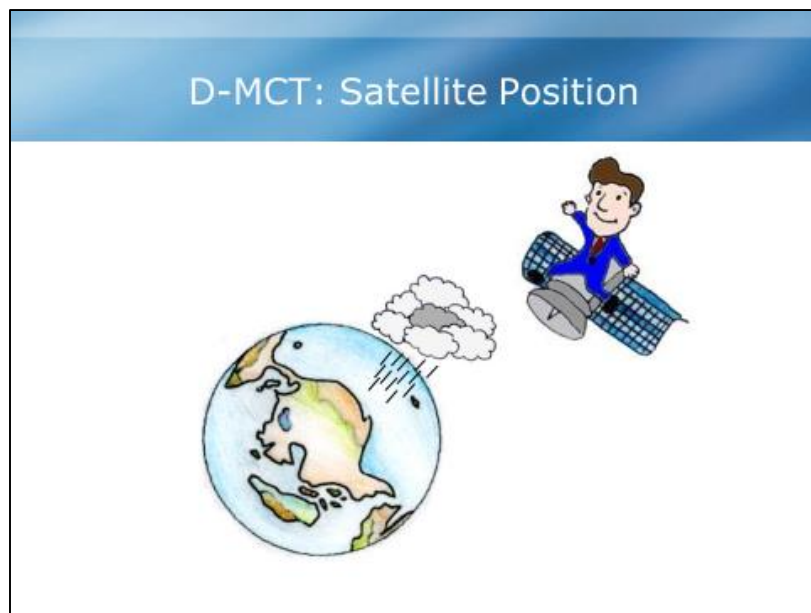


Illustration 1 View from the satellite position

How does thinking relate to depression?

To illustrate how thinking is associated with depressive emotions and depressive behavior, we would like to introduce an example:

Imagine that a good friend does not call you on your birthday.

Four different people might react with very different emotions in this situation: One person reacts angrily, the other calmly, the next is afraid and the last is sad (ill. 2).

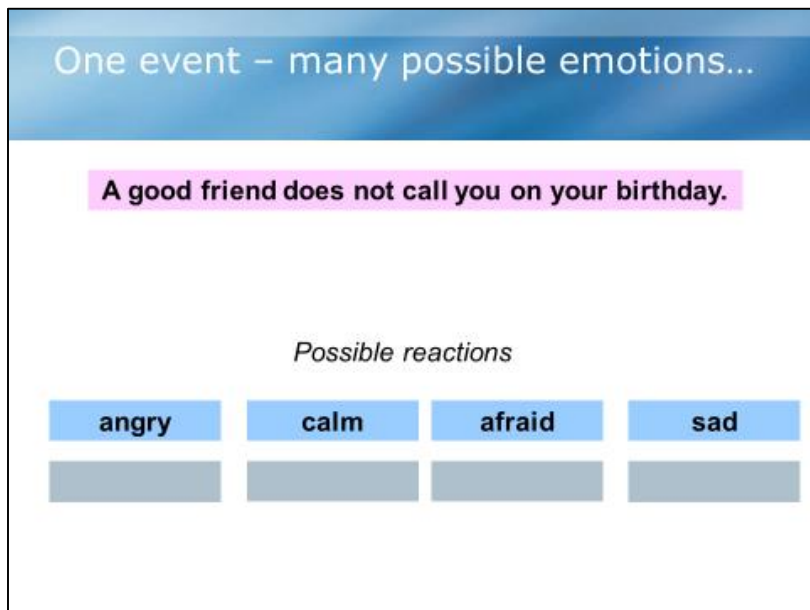


Illustration 2 Four different reactions of emotion to the same event

What do you think, how does the angry person behave? Maybe he/she sends out a vicious e-mail or decides to break-off contact. How might people behave who are calm, afraid or sad?

The person reacting calmly probably celebrates her birthday undisturbed, while the person who is afraid might worry that something happened to his/her friend. The person reacting with sadness might cry and start to ruminate (ill. 3).

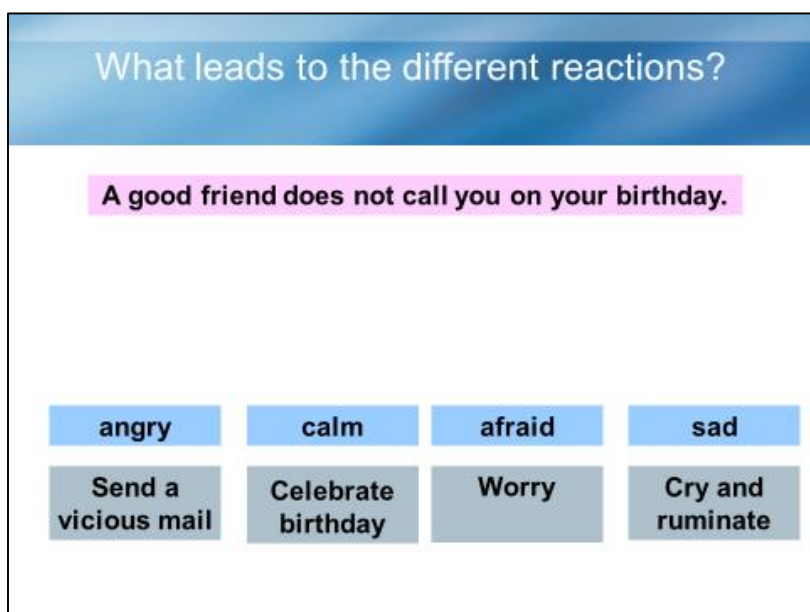


Illustration 3 Four different emotional and behavioral reactions to the same event

Why is it that people react with such diverse feelings and thus different behaviors to the same event? What could be the cause? Exactly - those people think differently about the situation. They attribute the event to different factors and, therefore, draw differing conclusions. (ill. 4).



Illustration 4 Different thoughts, attributions and conclusions can lead to different emotions and behaviors

What, for example, could a person who is angry think in this situation? What could someone who is calm, afraid or sad think (ill. 5)?



Illustration 5 Which thoughts could fit to the corresponding reaction?

The angry person might think: "This jerk! Always thinking about himself and never of others. I don't want to be friends with him any longer". Whereas the person who reacts calmly probably thinks that there is a simple explanation: "Maybe his phone battery was dead, he mislaid his calendar, he is on vacation or under a lot of stress". The person who is afraid might think: "Something terrible must have happened!" And the person who is sad might think "He forgot about me because I am not important to him" (ill. 6).



Illustration 6 Four possible thoughts, emotions and behaviors to the same situation.

Altogether, our thoughts influence our emotions and our behavior. However, our emotions also influence our thoughts. That's why it is difficult for most people to have positive, happy thoughts when they are in a negative, sad mood. Likewise, a negative mood leads to having increased negative thoughts. Our behavior can also influence our thoughts: e.g., pleasant activities are rather accompanied by positive emotions. Collectively, it is fair to say that emotions, thoughts and behaviors influence each other (ill. 7).

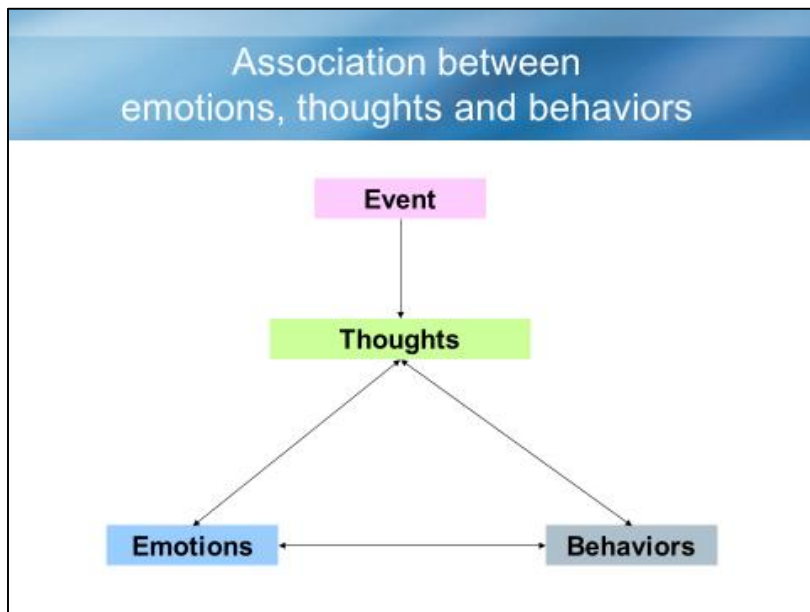


Illustration 7 Reciprocal links between thoughts, emotions and behaviors.

Why is it that different people have varying thoughts, attribute them differently and reach completely different conclusions despite having experienced the same situation? What kind of thoughts go through our heads in any given situation depends a lot on how we are used to thinking; or our "thinking style". Furthermore, our thinking is characterized by certain "core beliefs" that we develop throughout our lifespan (e.g. "I must be perfect", "I can't make any mistakes", ill. 8).

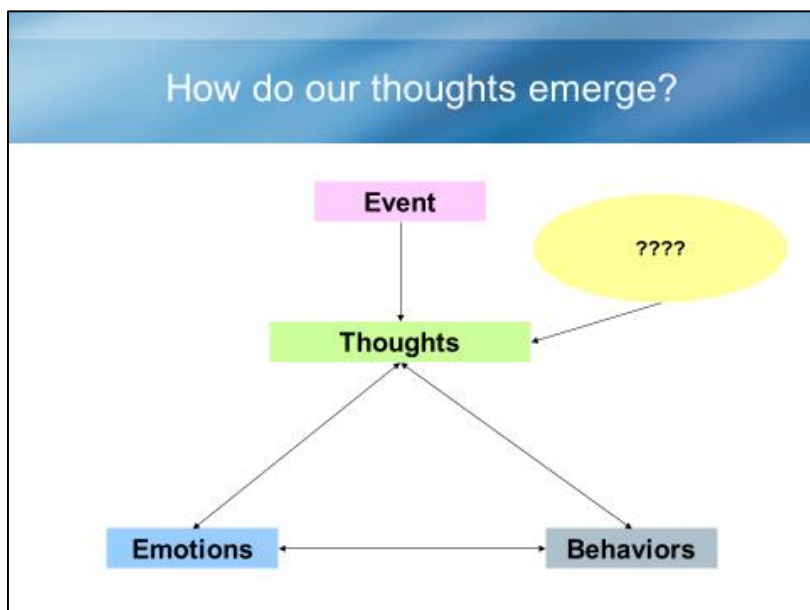


Illustration 8 Thoughts are influenced by thinking styles and/or core beliefs

Generally, thinking styles and/or core beliefs can be distorted, one-sided and not based on reality, thus leading to thought distortions (ill. 9).

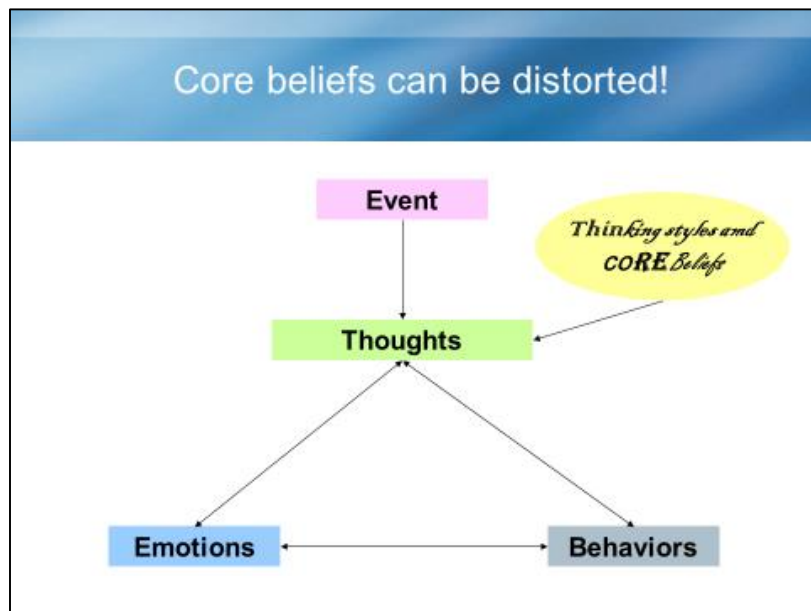


Illustration 9 Thinking styles and/or core beliefs can be distorted

Many specific thought distortions for depression have been identified that play a role in the development and maintenance of symptoms. MCT for depression seeks to provide you with knowledge about typical depressive thought distortions. Together we will consider how thought distortions in everyday life function and how they can be identified and modified. Furthermore, we will deal with strategies and assumptions that can strengthen depression in the long run.

Over the course of eight MCT-meetings, you can expect the following topics to be covered: Every second meeting provides more details on Thinking and Reasoning, including typical depressive thought distortions like mental filter, rejecting the positive and jumping to conclusions. In the other four meetings, we will deal with topics such as memory, self-worth, perception of feelings and typical depressive behavior (e.g. withdrawal, rumination).

We are happy to welcome you to the next of Metacognitive Training session! Please note the list of group rules. If you have any questions regarding this brochure, the therapists will be happy to answer them.

Group rules

for Metacognitive Training for Depression (D-MCT)

- (1) Please be on time so that we can start together.
- (2) Participants and therapists agree to keep all personal information discussed in the group confidential: Everything that is discussed within the group, stays in the group!
- (3) Everyone has the right to talk or to remain silent. Everyone can decide for himself/herself if and when they want to say something, and how much they would like to share.
- (4) Please treat each other with respect and respect the opinions of others! If you want to criticize, focus on the specific behavior or point of discussion, not on the individual.
- (5) Please listen and let others finish!
- (6) Please speak in the first person! ("I" instead of "one")
- (7) Don't be afraid to make mistakes. Mistakes are welcome in the group because we can learn from them!
- (8) If someone can't attend a meeting due to other obligations or has to leave early, please tell the therapists before the meeting!
- (9) In case of a crisis (especially for outpatients) or open questions, please talk to the therapists after the session (or sooner, if necessary)!