Metacognitive Therapy for Anxiety and Depression
Adrian Wells
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The author of this book is well known for his contributions to the understanding of psychological processes and for his work on cognitive therapy, particularly in anxiety disorders. His previous books include a more academic account of metacognition (Wells, 2000), and a guide for clinicians on the treatment of anxiety disorders which has become a much used source book for both novice and experienced cognitive therapists (Wells, 1997). He has also published numerous papers, including some on the outcome of metacognitive therapy, albeit mostly small in scale.

Wells laid some of the foundations for metacognitive (as opposed to traditional cognitive) therapy in his 1997 book, but here the potential of metacognition is more fully explored, and applied not only to anxiety based disorders (Generalised Anxiety Disorder (GAD), Post Traumatic Stress Disorder (PTSD), Obsessive Compulsive Disorder (OCD) but also to Major Depression. Wells begins by explaining the theory and nature of metacognitive therapy, and provides an exceptionally clear account of its major constructs in a competent fashion that manages to avoid technical descriptions of the S-REF model on which it is based (Wells & Matthews, 1994). Wells takes particular care to explain the differences between standard cognitive theory/therapy and metacognitive theory/therapy. In brief, it might be said that cognitive behavioural therapy tackles the content of cognitions, while metacognitive therapy tackles the processes that maintain these cognitions. This might appear difficult to understand at first, but Wells makes it very easy for the reader. In metacognitive theory the pattern of responding that creates distress is the Cognitive Attentional Syndrome (CAS), consisting of worry, rumination, fixated attention, and unhelpful self regulatory strategies or coping behaviours. Two types of metacognitive beliefs are thought to maintain the CAS, positive and negative metacognitive beliefs. Positive beliefs concern the usefulness of worry, rumination, threat monitoring or other similar strategies (e.g. Focussing on danger will keep me safe). Negative beliefs concern the uncontrollability of thoughts, danger, importance and meaning of them (e.g. “Thinking something makes it true”). This chapter is the best account I have read of how the metacognitive approach differs from standard CBT. Moreover, it is well illustrated with clear and helpful diagrams to show exactly how metacognitive theory differs from standard cognitive behavioural theory, and how each thus has different implications for therapy.

In the subsequent chapter Wells describes what needs to be included in assessment when considering a metacognitive therapy formulation and treatment plan. Crucially, such information is also important for monitoring and evaluating the outcome of therapy and so measures for monitoring patients on a weekly basis are also included. A number of self report questionnaires which might assist assessment are discussed, and the majority of these are helpfully included in the Appendices, with permission to use them.

Two key treatment strategies are then outlined in detail, with a whole chapter devoted to each. Firstly, attention training techniques are presented, with sufficient detail and tips for the (appropriately qualified) reader to implement them. Secondly, detached mindfulness is treated in the same way. Both chapters deal with presenting the rationale to the patient, describe “how to” do the strategies, and incorporate detailed session plans and use of homework. Separate chapters

then follow on GAD, PTSD, OCD and major depression. These chapters each have a similar format, covering the relevant metacognitive model, a typical formulation, and make use of lots of clinical material not only to cover eliciting a formulation and socialisation, but also to illustrate "how to" do metacognitive modification, and relapse prevention. Some very detailed and specific strategies and experiments are described to assist socialisation, and then to modify metacognitions in each chapter. Verbal reattribution is used, behavioural experiments are designed to maximise the chances that the patient will disconfirms his beliefs (for example, by pushing worry, or trying hard to lose, say, control, of their worries). Therapist and patient search for counterevidence, including questioning the mechanism (for example, asking, how does worry cause harm to the body?). Case formulation models are in diagrammatic form in the Appendices, one for each of the disorders discussed in the book, accompanied by useful questions to elicit the various aspects of the formulation for each patient. Each of the four disorders involve rather different recommended strategies, and both attention control and detached mindfulness are not recommended for every disorder, but applied based on a theoretical rationale about the nature of each disorder. The same applies to specific therapy techniques, which are tailored for the different nature of each disorder. This means that there is not a great deal of repetition in the disorder specific chapters. Treatment plans are outlined, and contained in the appendices. Although these are clear and useful, it did feel slightly frustrating that they were not contained in the main text, but this is only a very minor complaint, and the advantage of displaying them in the appendices is that they can easily be photocopied and used without text copied onto the page. The plans are useful in that they suggest potential topics for each session, typically up to 10 sessions are thought necessary. The treatment chapters have good clinical examples, including examples of questions the therapist can ask to uncover specific processes or coping strategies, and example of dialogue between the therapist and patient when addressing particular issues.

Towards the end of the book the empirical evidence for metacognitive theory and therapy is presented, with some impressive treatment effects having been obtained, although currently only for relatively small scale studies. This is a useful chapter for those looking for research ideas, and perhaps might inspire some larger scale treatment studies, which definitely appear warranted on the basis of these results.

Overall this is a clear and focussed book. It is probably not most helpful for the novice therapist, in that many basic therapy skills are not covered, but it will provide the appropriately trained therapist with the specific guidance needed to begin to understand the theory behind metacognitve therapy, and many of the specific skills that are required to put the therapy into practice. In short, it is the perfect treatment manual for those wishing to try a relatively novel therapy. This is particularly important at a time when many are questioning the ability of CBT to help all patients, and searching for alternatives for those who fail to respond to CBT.

Wells has written and published on metacognitive theory and therapy in various books and journals, but this book is a star in that it brings this knowledge into a coherent and easy to digest summary. It is also accessible in a way that many books and articles on this topic are not. There is also much for researchers to learn from reading the summaries of theory, evidence and case examples. Indeed both researchers and therapists should enjoy this book, and it makes a nice, timely and significant contribution.

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References

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