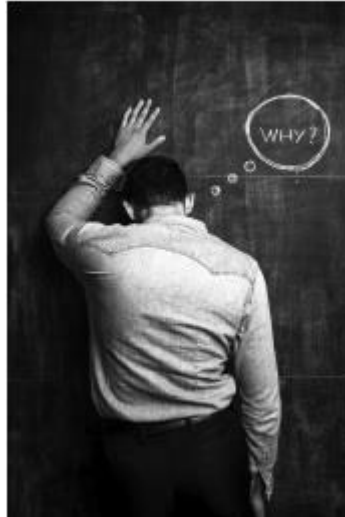


Information sheet

Metacognitive Training for Depression (D-MCT)



Dear patient,

Metacognitive Training for Depression (D-MCT) is a group training aimed specifically at people suffering from depressive symptoms.

This brochure provides useful information about the content and procedures of the group training as well as some of the basics of D-MCT. If possible, 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?

“Meta” is the Greek word for “about” or “above, over.” “Cognition” can be translated as “thinking.” Put together, they result in the word “metacognition,” which translates to “thinking about thinking.” In metacognitive training, we observe our thought processes from a distance—from a satellite position, so to speak (Figure 1). Here, we are mainly focused on the thought patterns that play a role in the formation and maintenance of depression.

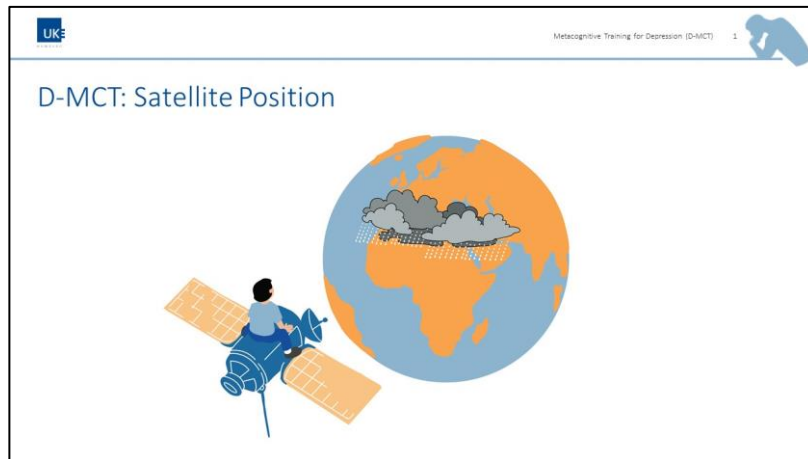


Figure 1. View from the satellite position

How does thinking relate to depression?

To understand how thinking is associated with depressive emotions and depressive behavior, imagine what might happen if a person does not receive a call from their good friend on their birthday.

The emotional reaction to this probably varies by individual. One person might react angrily, another calmly, a third with fear, and yet another with sadness (Figure 2).

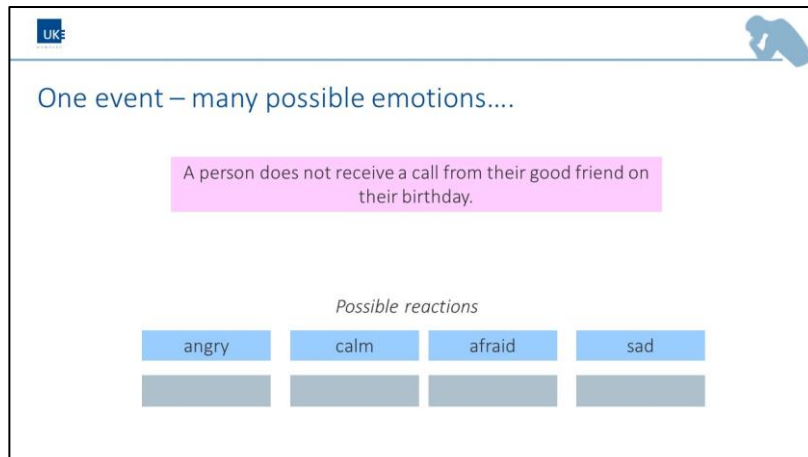


Figure 2. Four different emotional reactions to the same event

How do you think the angry person would behave? Maybe they would send a vicious email or decide to break off contact. In contrast, how might someone behave who is calm, afraid, or sad?

The person reacting calmly would probably celebrate their birthday undisturbed, while the person who is afraid might worry that something had happened to their friend. The person reacting with sadness might cry and start to ruminate over whether their friend longer cared for them (Figure 3).

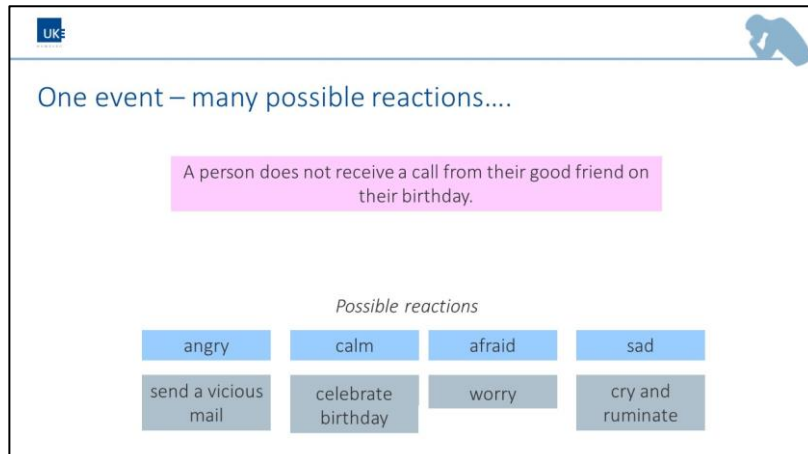


Figure 3. Four different emotional and behavioral reactions to the same event

Why is it that people react with such diverse feelings and thus different behaviors to the same event? People evaluate the same situation differently and thus come to different conclusions (Figure 4).

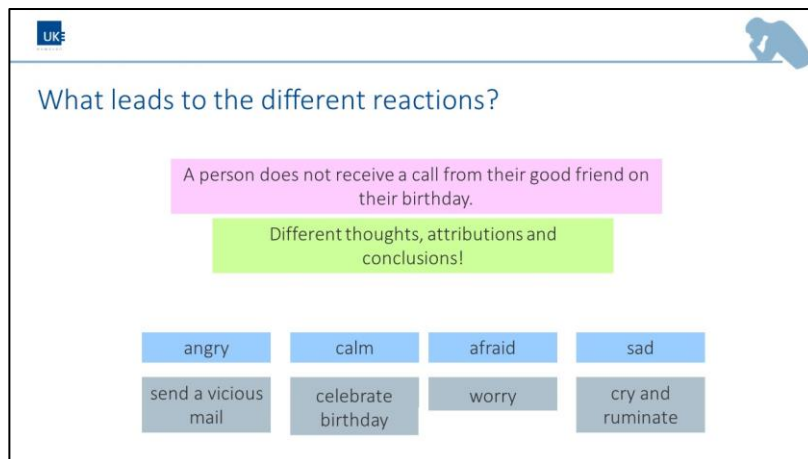


Figure 4. Different thoughts, attributions, and conclusions can lead to different emotions and behaviors

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

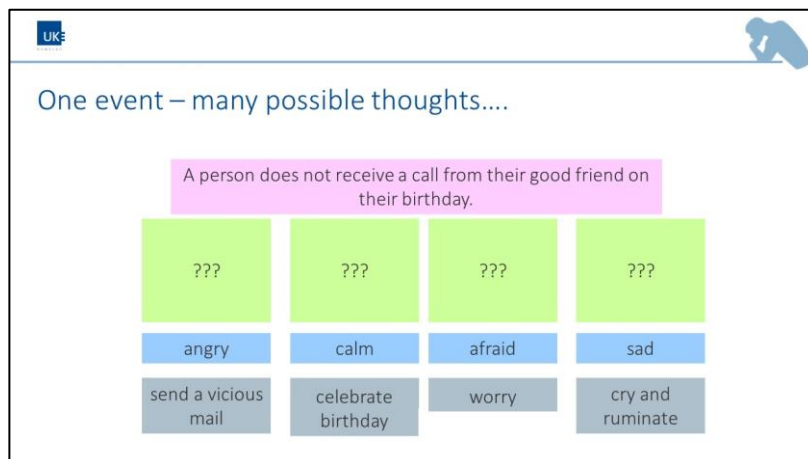


Figure 5. Which thoughts might accompany each reaction?

The angry person might think: "What a jerk! Always thinking about themselves and never of others. I don't want to be friends with them any longer. That's it." The person who reacts calmly, on the other hand, probably would think that there is a simple explanation: "Maybe their phone battery was dead, they mislaid their calendar, they are on vacation, or they are under a lot of stress." The person who is fearful might think, "Something terrible must have happened!" And the person who is sad might think, "My friend forgot about me because I am not important to them" (Figure 6).

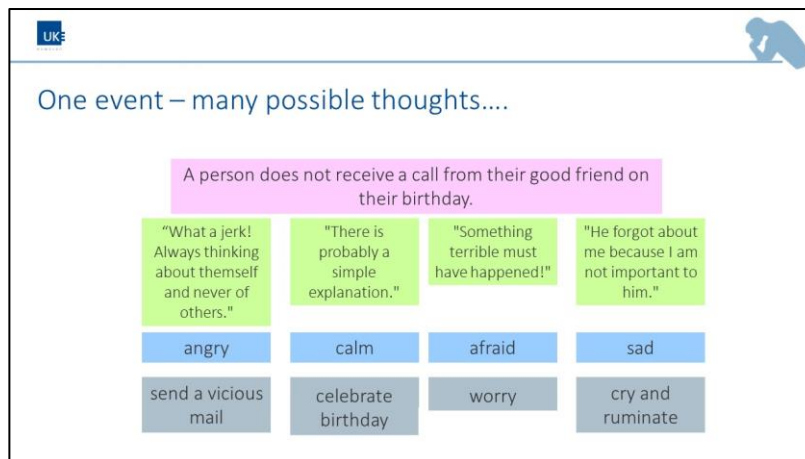


Figure 6. Four possible thoughts, emotions, and behaviors to the same situation.

Our evaluations of situations influence how we feel and behave. Conversely, 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 more negative thoughts. Our behavior can also influence our thoughts. For example, pleasant activities are often accompanied by positive emotions. In short, it is fair to say that our emotions, thoughts, and behaviors influence each other (Figure 7).

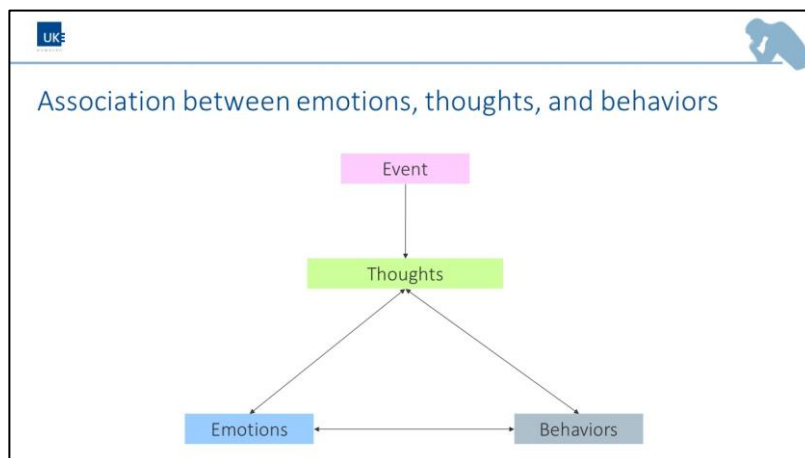


Figure 7. Links between thoughts, emotions, and behaviors.

What kinds of thoughts go through our heads in any given situation depends a lot on how we are used to thinking—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”; Figure 8).

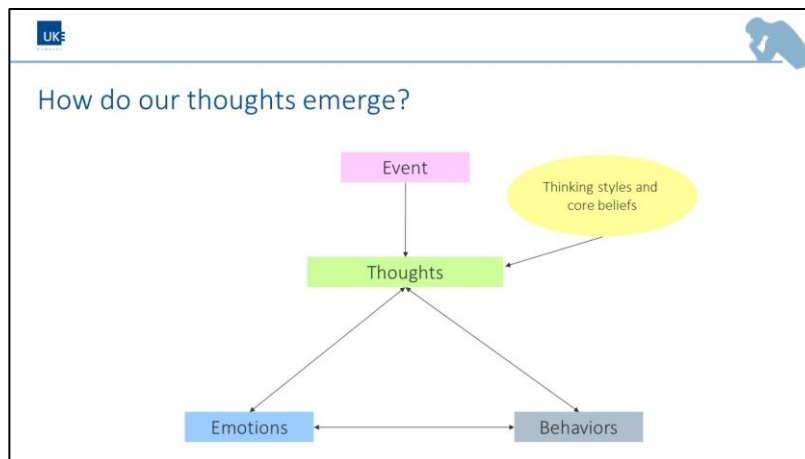


Figure 8. Our thoughts are influenced by our thinking styles and/or core beliefs

Often, our thinking styles and/or core beliefs are distorted or one-sided and not based on reality (Figure 9).

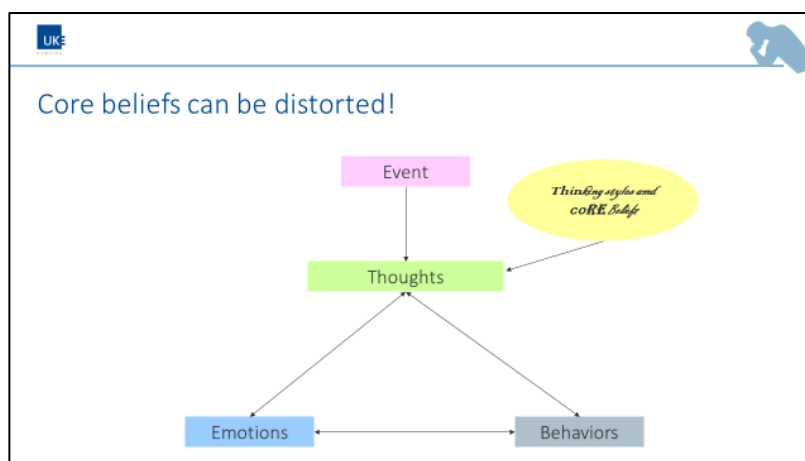


Figure 9. Thinking styles and/or core beliefs can be distorted

Many thought distortions for depression have been identified that play a role in the development and maintenance of the disorder. D-MCT seeks to help you understand typical depressive thought distortions. In the training, we will consider together 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 reduce depression in the long run.

Over the course of eight D-MCT meetings, the following topics will be covered: thinking and reasoning, memory, self-worth, perception of emotions, and typical depressive behavior (e.g., withdrawal, rumination). Every other meeting, you will learn more about thinking and reasoning and typical depressive thought distortions such as mental filters (overemphasizing the negative and rejecting positive experiences or praise). In the other four meetings, we will deal with topics such as memory, self-worth, perception of emotions, and typical depressive behavior.

We are happy to welcome you to the next D-MCT 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 within the group!
- (3) Everyone has the right to talk or to remain silent. Everyone can decide for themselves 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 have a criticism you would like to share, focus on the specific behavior or the point of the 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 you can't attend a meeting due to other obligations or have to leave early, please tell the therapists before the meeting.
- (9) If you experience a crisis (especially if you are an outpatient) or have unanswered questions, please talk to the therapists after the session (or sooner, if necessary).