



Course syllabus

Course title	Metacognitive Approaches to Psychotherapy
Instructor	Joachim Kowalski, PhD
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Affiliation	Institute of Psychology, Polish Academy of Sciences
Course format	seminar
Number of hours	15
Number of ECTS credits	2 ECTS
Brief course description	Metacognitive approaches to psychotherapy are gaining popularity over the past years. The seminar will cover two of them: metacognitive trainings created by prof. Steffen Moritz and the Clinical Neuropsychology Working Group of the University Medical Center Hamburg-Eppendorf and metacognitive therapy created by prof. Adrian Wells.
Full course description	<p>Prefix "meta" derives from Greek and translates as "about" or "above". "Cognition" is a mental process of acquiring knowledge and/or understanding through thinking and experiencing. So, "metacognition" roughly translates to "thinking about thinking".</p> <p>Why and how thinking about thinking, so awareness, monitoring and flexibility of ones thinking processes, may be beneficial for mental health?</p> <p>During this seminar, we will cover two such psychotherapeutic methods and studies and theories that laid their foundations. We will also learn about some diagnostic methods used in these approaches. Metacognitive trainings created by prof. Steffen Moritz and the Clinical Neuropsychology Working Group focuses on cognitive biases and associated behavioural strategies. The seminar will include information on the science and practice of metacognitive training for patients with schizophrenia (MCT) and metacognitive training for depression (D-MCT). Metacognitive therapy (also MCT) developed by prof. Adrian Wells and associates comes with a metacognitive theory of psychopathology – in this approach, various psychological disorders are included in a single transdiagnostic model, but we will focus on generalized anxiety disorder and depressive disorders.</p>
Learning outcomes	<p>Student will:</p> <ul style="list-style-type: none">- Recognize and recall major terms and concepts regarding metacognitive approaches in psychotherapy- Describe and explain major methods and theories

	<ul style="list-style-type: none">- Be aware of and critically read major papers concerning metacognitive approaches- Understand how cognitive biases and metacognitive processes are involved in mechanisms of psychopathology- Characterize different cognitive biases and be able to differentiate them- Be aware of how common cognitive biases are- Possess knowledge of different diagnostic materials and procedures used in metacognitive approaches- Know what further training is required in order to use metacognitive approaches in clinical practice
Learning activities and teaching methods	<ul style="list-style-type: none">- Case studies concerning the diagnosis of psychopathology symptoms and identifying underlying metacognitive mechanisms.- Lectures and discussions- Own experience with some of the diagnostic materials and therapeutic techniques
List of topics/classes and bibliography	<p>PART I – Metacognitive trainings for schizophrenia (Moritz et alii)</p> <p>1. Course introduction. Information about the course, materials and exam but also a few words about cognitive-behavioural approaches to psychotherapy and psychological disorders.</p> <p>2. Cognitive biases in schizophrenia and metacognitive training, part I</p> <ul style="list-style-type: none">- Moritz, S., & Woodward, T. S. (2005). Jumping to conclusions in delusional and nondelusional schizophrenic patients. <i>British Journal of Clinical Psychology</i>, 44(2), 193-207. <p>3. Cognitive biases in schizophrenia and metacognitive training, part II</p> <ul style="list-style-type: none">- Moritz, S., & Woodward, T. S. (2006). A generalized bias against disconfirmatory evidence in schizophrenia. <i>Psychiatry research</i>, 142(2), 157-165.- Moritz, S., Woodward, T. S., & Rodriguez-Raecke, R. (2006). Patients with schizophrenia do not produce more false memories than controls but are more confident in them. <i>Psychological medicine</i>, 36(05), 659-667. <p>PART II – Metacognitive training for depression (Jelinek, Moritz et al.)</p> <p>4. Cognitive biases in depression and metacognitive training for depression</p> <ul style="list-style-type: none">- Leahy, R. L. (2017). <i>Cognitive therapy techniques: A practitioner's guide</i>. Guilford Publications. Chosen pages. <p>5. cognitive styles and strategies, emotions and memory in depression and metacognitive training for depression</p>

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- Spasojević, J., & Alloy, L. B. (2001). Rumination as a common mechanism relating depressive risk factors to depression. *Emotion*, 1(1), 25.
 - Wegner, D. M., & Zanakos, S. (1994). Chronic thought suppression. *Journal of personality*, 62(4), 615-640.

PART III – Metacognitive therapy approach (Wells et alii)

6. Metacognitive theory of psychopathology

- Wells, A. (1995). Meta-cognition and worry: A cognitive model of generalized anxiety disorder. *Behavioural and cognitive psychotherapy*, 23(03), 301-320.
- Wells, A. (2009) *Metacognitive Therapy for Anxiety and Depression*. New York-London: Guilford Press, pp. 15-16, 108-122.

7. Assumptions, setting and techniques of metacognitive therapy

- Wells, A. (2008). Metacognitive therapy: Cognition applied to regulating cognition. *Behavioural and Cognitive Psychotherapy*, 36(06), 651-658.
- Wells, A. (2005). Detached mindfulness in cognitive therapy: A metacognitive analysis and ten techniques. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, 23(4), 337-355.

8. Summary and test

Additional reading - how clinical scientists "beef":

- Capobianco, L., & Wells, A. (2018). Letter to the editor: Metacognitive therapy or metacognitive training: What's in a name?. *Journal of behavior therapy and experimental psychiatry*, 59, 161.
- Andreou, C., Balzan, R. P., Jelinek, L., & Moritz, S. (2018). Letter to the Editor: Metacognitive training and metacognitive therapy. A reply to Lora Capobianco and Adrian Wells.
- Moritz, S., Lysaker, P. H., Hofmann, S. G., & Hautzinger, M. (2018). Going meta on metacognitive interventions. *Expert review of neurotherapeutics*, 18(10), 739-741.
- Moritz, S., & Lysaker, P. H. (2018). Metacognition—what did James H. Flavell really say and the implications for the conceptualization and design of metacognitive interventions. *Schizophrenia research*.

Assessment methods
and criteria

Test at the end of the seminar with both multiple-choice and open-ended questions concerning both the literature and the material covered in classes.

Percent of points determines the final grade:
95% or more = 5!
90-94% = 5



	80-89% = 4.5 70-79% = 4 60-69% = 3.5 50-59% = 3 below 50% = 2 (fail)
Attendance rules	No more than one absence is permitted.
Prerequisites	Completed course on psychotherapy
Academic honesty	Students must respect the principles of academic integrity. Cheating and plagiarism (including copying work from other students, the internet or other sources) are serious violations that are punishable and instructors are required to report all cases to the administration.
Basket	
Remarks	
