

A3: An explanation of this treatment program

The treatment you are undertaking is called *metacognitive therapy*. Metacognitions are *thoughts about thoughts*. Cognition is another term for thought. In a way, metacognitions are like the control centre of the brain; they monitor and evaluate the everyday thinking that goes on at a lower level. Thoughts about thoughts can be positive or negative. For example, a positive thought about a thought might be, 'Oh, look at that; I'm thinking about our trip again; I must be excited.' A negative thought about a thought might be, 'Oh, I wish I would stop worrying about tomorrow; I feel so nervous.'

The reason why metacognition or thoughts about thoughts are important is that people with OCD have been found to have particularly unhelpful metacognitions. Often people with OCD will evaluate their thoughts as very important, and believe that the occurrence of certain types of thoughts may be particularly meaningful. For example, a person with OCD noticed himself having the upsetting thought that his brother might have an accident, and he then had a thought about this thought (metacognition): 'The fact that I have had this thought makes it more likely that it will come true.' As a result of this metacognition he had to call his brother repeatedly, checking that he was okay. This behaviour reinforced the thought, and gave it the power to make him feel anxious. It also made him more likely to pay attention to this kind of thought in future.

This treatment will help you to become aware of your unhelpful metacognitions and assist you in responding to them in a different way. The thoughts will not disappear completely. As we discussed in session 1, intrusive thoughts or images are a part of life, and happen to a lesser extent to everyone from time to time. The important thing is learning how to respond differently to the thoughts, so that they are not so distressing and do not lead to compulsions or avoidance. Usually, people with OCD respond to their thoughts with rituals and avoidance of anything which may trigger an intrusive thought: this reinforces the intrusive thoughts in the long term, and so is not helpful. This treatment will help you to modify your behaviours so that you can establish some more helpful metacognitive beliefs.

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This treatment will require your best effort to work with the therapists (and the group if you are completing group therapy), and will also require that you make some time to follow through with the exercises and experiments that make up the treatment. You will need to attend the sessions as scheduled and complete exercises, worksheets, or experiments each week in between sessions.

Your task for the week, along with any worksheets set by your therapist, is to try to get into the habit of observing your metacognitions, and notice your reactions and responses to your automatic thoughts. Don't try to change them; just 'tune in' to your thoughts about your thoughts and the effect of this.