Metacognitive Therapy

First please allow me to express my gratitude to you once again for agreeing to further fund my training in Metacognitive Therapy (MCT) – it has continued to be an extremely rewarding course and has continued to enhance my own personal and professional development. In addition, it has allowed me to provide further techniques and skills to young people to help assist them in managing their emotional health and wellbeing.

In my last report, I informed you that I had completed the first two workshops of my MCT training which was focused on the theoretical basis of metacognitive therapy, how to conceptualise and introduce this form of therapy to the young people I work with, and more specifically how to use it with Generalised Anxiety Disorder (GAD). As I explained at the time, I had begun using this form of therapy with two young people. I am pleased to report, based on feedback from the young people I have worked with thus far, that this form of therapy appears to be acceptable to them and has helped them manage their worries and anxieties in a new way. Since these initial discoveries I have now completed all but one of the workshops (the final is due in a few months) and am on course to complete my MCT training and qualify as a licenced clinician. The most recent workshops I have attended were focused on helping people overcome common mental health difficulties including Obsessive Compulsive Disorder (OCD), Social Anxiety Disorder (SAD), Post-Traumatic Stress Disorder (PTSD), and Major Depression. I have found these workshops enormously helpful in my work with young people and can report that I have applied MCT with two young people struggling with Social Anxiety, one young person struggling with PTSD, and one young person struggling with Depression. As per above, the feedback from these young people appears positive and this has helped further develop my skills in MCT with youth and has given me confidence and faith in this form of therapy.

As I also noted in the previous report, my training has allowed me to support other colleagues in mental health when working with young people with common mental health difficulties. Through supervision and multidisciplinary meetings, I have used my knowledge in MCT to help colleagues 'reformulate' some of their challenging cases by supporting them to focus on 'rumination' and 'worry' as key components driving emotional distress. This shift in focus, though not a panacea, has proved useful in many cases and has given my colleagues new ideas in how to support young people with enduring emotional health difficulties. Aside from the above, other research-related developments have also emerged as a result of this funding. I am currently co-investigator on a grant application which has been submitted which hopes to provide a feasibility trial of MCT in community CAMHS (which will be the first of its kind nationally). Without this training, it is unlikely that this would have been possible.