



Available online at www.sciencedirect.com

SCIENCE @ DIRECT®

Journal of Behavior Therapy
and Experimental Psychiatry 37 (2006) 206–212

JOURNAL OF
behavior
therapy
and
experimental
psychiatry

www.elsevier.com/locate/jbtep

Metacognitive therapy for generalized anxiety disorder: An open trial

Adrian Wells^{a,*}, Paul King^b

^a*University of Manchester, Academic Division of Clinical Psychology, Rawnsley Building, MRI, Manchester M13 9WL, UK*

^b*Manchester Mental Health Partnership, Manchester, UK*

Received 4 November 2004; received in revised form 7 July 2005; accepted 18 July 2005

Abstract

Generalized anxiety disorder (GAD) responds only modestly to existing cognitive-behavioural treatments. This study investigated a new treatment based on an empirically supported metacognitive model [Wells, (1995). *Metacognition and worry: A cognitive model of generalized anxiety disorder. Behavioural and Cognitive Psychotherapy*, 23, 301–320; Wells, (1997). *Cognitive therapy of anxiety disorders: A practice manual and conceptual guide*. Chichester, UK: Wiley]. Ten consecutive patients fulfilling DSM-IV criteria for GAD were assessed before and after metacognitive therapy, and at 6, and 12-month follow-up. Patients were significantly improved at post-treatment, with large improvements in worry, anxiety, and depression (ESs ranging from 1.04–2.78). In all but one case these were lasting changes. Recovery rates were 87.5% at post treatment and 75% at 6 and 12 months. The treatment appears promising and controlled evaluation is clearly indicated.

© 2005 Elsevier Ltd. All rights reserved.

Keywords: Generalized anxiety disorder; Cognitive therapy; Worry; Metacognition; Trait anxiety

*Corresponding author. Tel.: +00 44 161 276 5387.

E-mail address: adrian.wells@man.ac.uk (A. Wells).

1. Introduction

Generalized anxiety disorder (GAD) appears moderately responsive to cognitive-behavioural treatments (e.g. [Durham & Allan, 1993](#)). In a reanalysis of data from six CBT outcome studies, [Fisher and Durham \(1999\)](#) reported a recovery rate across all treatments of 40% overall based on trait-anxiety scores ([Speilberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983](#)). Two treatments, applied relaxation (AR) and individual cognitive behaviour therapy (CBT), did best with recovery rates at post treatment of 17–59% for AR and 26–71% for CBT. At 6-month follow-up one particular study ([Borkovec & Costello, 1993](#)) obtained a recovery rate for AR of 81%.

In two more recent studies, AR appeared less effective ([Arntz, 2003](#); [Ost & Breitholtz, 2000](#)). Ost and Brietholtz obtained small improvements in trait anxiety following AR. [Arntz \(2003\)](#) compared cognitive therapy with applied relaxation. At post treatment he reported that 35% of cognitive therapy patients and 44.4% of applied relaxation patients were recovered. At 6-month follow-up this had increased to 55% of cognitive therapy patients and 53.3% of applied relaxation patients on the basis of the trait-anxiety scale.

These data show that the outcomes for AR and CBT show considerable variability, and there is a need for more effective treatments. Recent attempts to improve treatment have combined these treatment elements, and increased the amount of therapy delivered (e.g. [Borkovec, Newman, Pincus, & Lytle, 2002](#); [Durham et al., 2004](#)). However, so far treatment outcomes have not improved.

Progress might be made by basing treatment on a model of the mechanisms and factors underlying pathological worry, the hallmark of this disorder. The present study reports an initial evaluation of a new form of cognitive therapy (metacognitive therapy (MCT): [Wells, 1995, 1997](#)) that is based on a specific model of GAD. Furthermore, it aims to assess the impact of the treatment on multiple dimensions of worry.

The metacognitive model ([Wells, 1995, 1997](#)) asserts that individuals with GAD, like most people, hold positive beliefs about worrying as an effective means of dealing with threat. However, worry is used as an inflexible means of coping, and this becomes a problem when negative beliefs concerning the uncontrollability and the dangers of worrying develop, leading to unhelpful control strategies.

In this model two broad subtypes of worry are distinguished called type 1 and type 2 worry. Type 1 refers to worry about external events and physical symptoms, and can be distinguished from type 2, which concerns negative appraisals of worrying. Essentially type 2 worry is worry about worrying. In the model worrying is used as a means of coping with threat. It persists until the individual achieves an internal/external signal that signifies that it is safe to stop worrying or until the person is distracted from the activity. During the development GAD negative appraisals of worrying and associated negative beliefs about worry develop. Two domains of negative belief/appraisals are important and concern (1) the uncontrollability of worrying, and (2) its dangerous consequences for physical, psychological, and social functioning. When negative metacognitions of this kind develop, the person

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات