



COMMON LANGUAGE for PSYCHOTHERAPY (clp) PROCEDURES

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ATTENTION TRAINING (AT)

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Definition: AT involves attending to several kinds of sounds coming at the same time from different places for about 11 minutes at a time without trying to improve symptoms or perform particular tasks.

Elements: The therapist tells patients their disorder is maintained by patterns of thinking that dwell on symptoms, traumas and social problems, so Attention Training (AT) can help them control and react flexibly to those patterns. If during AT practice unpleasant feelings/thoughts/ memories or bodily sensations arise, patients should simply see these as noise and continue attending to them without trying to get distracted from or analyse those or make themselves feel better. Instead AT helps them suspend any response of worry, rumination or attention to threat. Before starting AT, patients are asked to rate self-focus on a scale from -3 (entirely externally focused) to +3 (entirely self-focused) and try to reduce self-focus by 2 points by the end of the AT-practice session.

In attention training the therapist presents 5-7 sounds simultaneously and asks the patient to: 1. for 5 minutes, attend selectively to each of those sounds in turn, first identifying it and then attending intensively to it e.g. “*focus intensely on each (specified in turn) of 6 sounds which you can hear in the near distance on your right hand side*”; 2. for the next 5 minutes, switch attention rapidly from one sound to a different sound at another location e.g. “*switch your attention quickly from each of those 6 sounds to another of those sounds*”; 3. for the next minute, divide attention by simultaneously focusing on as many different sounds and locations as possible e.g. “*For 1 minute focus at the same time on as many as possible of the 6 sounds that you can hear together (pause). Now, expand your attention and count how many sounds you can hear at the same time*”.

At the end of the session the therapist says “*As homework until your next session, once or twice a day when you’re **not** feeling anxious, practise 5’ of selective AT, then 5’ of rapidly-switching AT, then 1’ of divided AT. Keep a diary of the number of times you practise AT*”

Related procedures: Meditation; task-focusing in sport psychology, test-anxiety, and pain management; task concentration training.

Application: AT is used to attain flexible control over runaway worry, rumination and focusing on threat that might worsen depression and anxiety. AT may be used alone or during some applications of metacognitive therapy.

1st use? Wells A (1990)

References:

1. Wells A (1990) Panic disorder in association with relaxation induced anxiety: An attention training approach to treatment. *Behavior Therapy*, 21, 273-280.
2. Wells A, White J, Carter K (1997) Attention training: Effects on anxiety and beliefs in panic and social phobia. *Clinical Psychology and Psychotherapy*, 4, 226-232.

3. Papageorgiou C, Wells A (1998) Effects of attention training in hypochondriasis: An experimental case series. *Psychological Medicine*, 28, 193-200.
4. Papageorgiou C, Wells A (2000) Treatment of recurrent major depression with attention training. *Cognitive and Behavioral Practice*, 7, 407-418.

Case illustration: (Wells, unpublished)

Mary had been depressed for nine months - her second depressive episode. She had negative thoughts e.g. "I'm a failure, a depressive, defective; I'll never recover; Why do people seem happier than me?". The therapist said those thoughts could be made easier to interrupt by practising attention training (AT) in each therapy session and as homework. This could help her gain flexible non-repetitive thinking.

At the start of each session Mary did 11 minutes of AT (5' selective, then 5' rapidly-switching, then 1' divided AT) followed by metacognitive therapy. The therapist asked Mary to listen to a combination of sounds such as a ticking clock, a radio tuned between stations, a metronome, tapping with a pencil, and other sounds coming from outside. He also asked Mary to do AT practice at home twice a day listening to several sounds at the same time which varied in loudness and location, including an AT recording he gave her of sounds such as church bells, running water, birdsong, traffic, and a clock.

After 8 sessions of attention training and other aspects of metacognitive therapy Mary became less depressed and remained improved to 6-month follow-up.