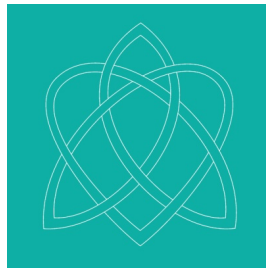




Memorial Sloan Kettering
Cancer Center™



MEANING-CENTERED PSYCHOTHERAPY SESSION EXAMPLE NOTES – SESSION 4

This session is an example of an Individual Meaning-Centered Psychotherapy (MCP) session based on a real case. We created this video in response to feedback from other trainees who said that it would be helpful to see an example of a full MCP session from start to finish. Below are our notes of things to look for to help guide you as you view the video. We have focused on the structures and techniques of MCP so that you can learn “how” we actually deliver MCP by seeing it in action. We have also highlighted some of the common themes that emerge in MCP and demonstrate how our therapist responds. We hope you find it a helpful tool to learn MCP!

PATIENT BACKGROUND INFORMATION

Meghan is a 51-year-old, married, mother of three children (ages 25, 22, and 19), who has stage IV Ovarian Cancer. In sessions 1-3, she discussed the importance of family in her life. Her most meaningful moments included her wedding, the births of her children, and the loss of her grandmother. Meghan identifies as a wife, a mother, and an integral member of her church. She sees herself as a caregiver and a woman who is very secure in her faith. She described a legacy of love and warmth as well as a legacy of strong women who inspired her to create a close and loving family of her own. Despite rich sources of meaning and a determination to stay positive, Meghan reports that she is struggling because she does not feel that she has “fulfilled her greater purpose in life” and still isn’t sure of what that is. Now that she has reached the middle of MCP treatment, she has started to identify several sources of meaning that have resonated with her and already have had an impact on how she is approaching her illness.

BEGIN EACH SESSION WITH A CHECK-IN (FIRST 5 MINUTES)

We begin the session with a check-in. Typically, you should spend no more than five minutes on this, but it is important to have some information about what has occurred since the last session. Particularly, when you know your patient has had a significant medical procedure, scan, started new treatment, etc.

Note - Meghan doesn't appear to have a full understanding of her illness and prognosis. However, following this meeting with her doctor, she now understands that "this isn't an illness that she is going to cure, but that it will be a part of her life moving forward." It is important to meet patients where they are regarding prognostic understanding. An MCP therapist's job is not to confront them about this, but to support them where they are, keeping in mind that prognostic understanding is a dynamic process that can shift as we have demonstrated here.

PRESENT THE SESSION TOPIC AND DIDACTIC (5-10 MINUTES)

The didactic can be delivered in many ways and each MCP therapist develops their own personal style. You will probably notice this throughout the demonstrations during the intensive training or when looking at other videos on our portal. The trick is to find a way to say it that is comfortable for you. This takes practice - After doing this a couple of times it will become much more natural. If possible, try to transition into the didactic by relating the current session's theme to something that the patient said during the check-in or a prior session. Note, the didactic can be lengthy and covers some rather abstract existential concepts. At the end of the discussion, check in again to ensure that they are understanding the material.

INTRODUCE QUESTIONS, IDENTIFY & HIGHLIGHT SOURCES OF MEANING (AT @ 10 MINUTES)

Many therapists may have difficulty transitioning to the questions after the didactic (especially if you are not used to using more structured treatment). You will get better with this with practice, but yes - you actually do just read the question verbatim from the patient workbook with the patient. The patient will get used to this practice very quickly and after the first couple of sessions expect this. Often you will have previewed the questions the week before and asked the patient to write down their responses in their workbook. This will save the time of having to think about a response (which is especially helpful in a group) and allow the patient the space to come up with a more thoughtful answer. The therapist's primary job is to listen for, identify, and highlight the sources of meaning from the patient's response.

Meghan's first response is a beautiful example of the type of response you may get. Meghan talks about facing the difficult loss of her grandmother, but then provides a great example of how she coped by choosing her attitude. She responded to the loss by pushing forward and deciding to enjoy her life despite her grief, ultimately leading her to meet her husband.

The therapist's job is to flesh out the decision using words like CHOICE, DECISION and RESPONSE. Notice during the discussion that the therapist asked her to "tell me a little bit more about that decision", the more you can use words like decision and choice the better because it helps the patient begin to think about how they have actively responded to challenges in the past and how they can choose to face challenges that they are experiencing in the present. You really want to highlight and empower their agency in these situations – thinking about attitude as something that can be controlled and chosen, when life feels out of one's control.

SOURCES OF MEANING CAN COME UP SPONTANIOUSLY AND OUT OF ORDER - BE FLEXIBLE

Meghan brought up experiential sources of meaning in this session, even though this is session 4. Although in the training we teach the “by the book” version of MCP to provide you with a foundation, it is important to emphasize that this intervention can be delivered flexibly; That is, if a patient brings up a theme that is to be discussed in a few weeks, it is perfectly appropriate to discuss it as it arises or let them know that you will discuss it in depth in a future session.

REMEMBER - WE ARE NOT TURNING LEMONS INTO LEMONADE

This patient likes to see the glass half full - positivity is important to her and is part of her identity and values. For her, choosing her attitude means trying to find the silver lining or finding something to be grateful for, but this won't be the case for everyone. As therapists we never want to advocate for turning lemons into lemonade, because our patients are often suffering and are up against enormous challenges. Instead, we want to acknowledge and validate that and help them to explore their options regarding their response to that suffering and challenges. The response to challenge will be different for everyone. What is important for our patients is to recognize is that there is choice, there is freedom, and the choices that are made in the wake of suffering can bring great meaning to life.

RESPONDING TO THE LIMITATION OF ILLNESS – TRANSCENDANCE

Meghan chose her response to the limitations of her illness of not being able to connect with her children in the way she did before by engaging with her son in a very meaningful way that she hadn't done before. This limitation a great example of how she didn't just cope with a limitation, but rather transcended it. When you hear an example like this you want to point it out and highlight it for the patient. For a patient who is struggling with this more, the therapist can help the patient brainstorm, formulate ways to cope, and think about how they can choose their attitude now and in the future.

A GOOD & MEANINGFUL DEATH - MEET PATIENT WHERE THEY ARE & PREVIEW QUESTIONS

The answer to the question about a good or meaningful death can take many different forms, and again you are meeting your patient where they are. For Meghan, knowing the optimism that she expressed about her future, the therapist oriented her to this question ahead of time to prepare her for it and process it with her a little bit. What she expresses here is what you will hear a lot of patients come to realize over the course of this work - that meaning can and is an everyday occurrence. “You don't have to scale Mount Everest to have lived a full and meaningful life.” Through these exercises, patients may come to realize that by choosing their attitude, creating their lives, and experiencing life, that have been doing enough or as Meghan said, “more than enough all along”.

END OF SESSION - PREPARE PATIENT FOR NEXT WEEKS SESSION & CHECK-IN AGAIN

The therapist should preview the next session's topic and if appropriate ask patient to read and/or write down the answers to the question in their MCP workbook. In this session, the "homework" was to think about the Legacy Project. Finally, notice at the very end of the session, the therapist gently asks, "Any lingering thoughts on today?" As you can see, the therapist can cover a lot of ground during one session. It good to check in again to see how the patient is doing, giving them a chance to reflect on what has occurred in your time together.

FINAL THOUGHTS ON LEARNING MEANING-CENTERED PSYCHOTHERAPY

Each MCP treatment is as unique as the individuals we are treating! We chose to present the case of Meghan because it is a good illustration of a typical "easy" MCP case that has many great examples of sources of meaning for the therapist to work with, which makes it a good teaching example. However, it is also important to point out that this video is an example of the fourth MCP session (right in the middle of treatment). By now, Meghan has already become very familiar with many of the sources of meaning and is even able to identify some of them on her own. But you may recall that Meghan began her treatment stating that she was struggling because she felt she hadn't "fulfilled her greater purpose in life" and it's really only in this session that she has the powerful realization that this actually already existed for her. So, remember to be patient and have faith in the MCP process. It's very common for it to take a patient a couple of sessions to fully "buy-in" to the treatment and really get the hang of MCP.

Of course, MCP won't always be so easy! We recognize that many patients may struggle more and will be more challenging to implement MCP treatment with. Therefore, we have prepared several other examples of some challenging cases in our video library that demonstrate how to try to address these situations and respond within the framework of MCP. Finally, we also want to let you to know that it typically takes our new MCP therapists several MCP cases before they feel more comfortable using the MCP manual and working with the material. So, please have PATIENCE with yourself and PRACTICE, PRACTICE, PRACTICE until MCP becomes your own!!!