Unified Framework for Comprehensive Psychological Assessment and Intervention: Metacognitive, Neuropsychological, and Psychodynamic Approach

Prof. Vitalii Lunov Mr. Sergii Sereda

The "Unified Framework for Comprehensive Psychological Assessment and Intervention: Metacognitive, Neuropsychological, and Psychodynamic Approach," developed by Prof. Vitalii Lunov and Mr. Sergii Sereda, offers a groundbreaking protocol integrating metacognitive, neuropsychological, and psychodynamic methods to diagnose and treat psychological disorders. This framework leverages individual awareness of thought processes, brain health's impact on cognition and behavior, and unconscious processes shaped by childhood experiences. The protocol's innovative elements include a standardized yet adaptable approach, incorporation of cutting-edge research, and a multimodal assessment combining self-reports, behavioral observations, and neurophysiological data. The framework's four diagnostic domains—Metacognitive Diagnosis and Assessment, Neuropsychological Mechanisms Diagnosis and Assessment, Symptoms and Behavioral Patterns Diagnosis, and Psychodynamic Orientation Projective Tests Diagnosis—provide a comprehensive understanding of an individual's psychological state, enabling targeted and effective interventions.

Keywords: Metacognitive Assessment, Neuropsychological Diagnosis, Psychodynamic Approach, Psychological Disorders, Comprehensive Psychological Framework, Cognitive Processes, Executive Functions, Mental Health, Diagnostic Protocols, Therapeutic Interventions.

1. Introduction to the Framework

The Unified Framework is designed to leverage the strengths of metacognitive, neuropsychological, and psychodynamic approaches in understanding and treating psychological disorders. Metacognition involves the individual's awareness and understanding of their own thought processes, neuropsychology focuses on how changes in brain health affect cognition and behavior, and psychodynamic theory emphasizes the influence of unconscious processes and childhood experiences on current behavior. By integrating these approaches, the protocol offers a comprehensive understanding of a patient's psychological condition, facilitating more targeted and effective interventions.

2. Novelty and Innovation

The Framework introduces several innovative elements to psychological practice. Firstly, it offers a standardized yet flexible approach to psychological diagnosis and therapy, allowing practitioners to adapt their interventions to the unique needs of each patient while maintaining a consistent theoretical and methodological foundation. Secondly, it incorporates cutting-edge research from neuroscience, cognitive psychology, and psychoanalytic theory, ensuring that the protocol is grounded in the latest scientific findings. Lastly, the protocol emphasizes the importance of a multimodal assessment, combining self-report measures, behavioral observations, and neurophysiological data to achieve a comprehensive understanding of the patient's psychological state.

The Unified Framework for Comprehensive Psychological Assessment and Intervention distinctively incorporates four diagnostic domains, setting it apart from conventional approaches in psychological diagnostics and therapy. This multi-faceted approach is designed to provide a more holistic and nuanced understanding of an individual's psychological state, facilitating targeted and effective therapeutic interventions.

The key aspects of the Unified Framework for Comprehensive Psychological Assessment and Intervention.

| Domain | Focus | Description |
|------------------------|--------------------|---|
| Metacognitive | Metacognitions | Evaluates how individuals think about their |
| Diagnosis and | about thoughts | own thought processes and their |
| Assessment | and symptoms | relationship to these cognitions. This |
| | | provides invaluable insights for the |
| | | therapeutic process by uncovering |
| | | underlying metacognitive beliefs and |
| | | attitudes. |
| Neuropsychological | Activity of neural | Focuses on changes in the activity of key |
| Mechanisms Diagnosis | networks (FPN, | brain networks through verbal tests. This |
| and Assessment | CEN, DMN, SN) | assessment offers insights into executive |
| | | functions, self-referential thoughts, and the |
| | | processing of salience, crucial for |
| | | understanding the neuropsychological |
| | | basis of disorders. |
| Symptoms and | Use of validated | Employs a range of validated instruments |
| Behavioral Patterns | tests and | recognized by professional communities for |
| Diagnosis | questionnaires | diagnosing symptoms and behavioral |
| | | patterns, ensuring the process is grounded |
| | | in accepted criteria and methodologies. |
| Psychodynamic | Unconscious | Utilizes projective tests to uncover |
| Orientation Projective | processes and | unconscious conflicts and dynamics, |
| Tests Diagnosis | dynamics | acknowledging the significant role of |
| | | unconscious factors in influencing behavior |
| | | and mental health. |

This table succinctly presents the multifaceted approach of the framework, highlighting its innovative integration of metacognitive, neuropsychological, and psychodynamic assessments, alongside established diagnostic tools. This

comprehensive approach enables a deeper, more nuanced understanding of psychological disorders, facilitating targeted and effective interventions.

Below is a detailed overview of these four domains:

- 1. **Metacognitive Diagnosis and Assessment**. This domain focuses on identifying and evaluating metacognitions, which involves understanding an individual's thoughts about their own thought processes, particularly in relation to symptoms and problems. This assessment goes beyond merely identifying cognitive patterns; it explores the individual's relationship to these cognitions. This insight is invaluable for the therapeutic process as it reveals underlying metacognitive beliefs and attitudes that may influence symptomatology and treatment outcomes.
- 2. **Neuropsychological Mechanisms Diagnosis and Assessment**. This domain involves the diagnosis and evaluation of neuropsychological mechanisms, with a particular focus on the potential changes in the activity of the Frontoparietal Network (FPN), the Central Executive Network (CEN), the Default Mode Network (DMN), and the Salience Network (SN). These assessments are primarily based on verbal tests and are crucial for understanding the neuropsychological underpinnings of psychological disorders. By evaluating these networks, the framework offers insights into executive functioning, self-referential thought processes, and the detection and attribution of salience to various stimuli, which are critical for effective psychological interventions.

The "Neuropsychological Mechanisms Diagnosis and Assessment" within the Unified Framework for Comprehensive Psychological Assessment and Intervention offers only a preliminary evaluation of the functioning of critical neural networks such as the Frontoparietal Network (FPN), the Central Executive Network (CEN), the Default Mode Network (DMN), and the Salience Network (SN), based on verbal assessments of human behavior. This evaluation aims to infer the activity and potential alterations in these networks through observed behaviors and verbal reports. However, it's important to recognize that this approach provides an initial assessment that may require further, more specialized diagnostic methods for a comprehensive understanding.

The "Scale of Cognitive Assessment of Executive Network Activity," developed by Serhii Sereda and Vitalii Lunov in 2023, serves as a preliminary assessment tool for cognitive domains critical to executive functions. These include sustained attention, complex problem-solving, working memory, goal-directed behavior, and decision-making. Each domain is crucial for understanding an individual's executive function abilities and identifying potential areas for improvement.

Test Domains:

- Sustained Attention.
- Complex Problem-Solving.
- Working Memory.
- Goal-Directed Behavior and Decision-Making.

The "Scale of Assessment of Passive Neurocognitive Activity," developed by Serhii Sereda and Vitalii Lunov in 2023, is a preliminary tool for evaluating the passive state of brain function across seven factors. It provides insights into an individual's ability to maintain attention and focus, think flexibly, establish deep connections with the inner self and the external world, activate social connection circuits, integrate past, present, and future, demonstrate creative abilities, and recall vague memories.

Test Domains:

- Absorption of Distractions.
- Ensuring Cognitive Flexibility.
- Establishing Deep Connections with the Inner Self and the External World.
- Activation of the "Social Connection" Circuit.
- Integration of Past, Present, and Future.
- Creative Self-Expression.
- Vivid Recollection of Vague Memories.

The "Scale of Psychological Assessment of Ability for Objective Cognitive Evaluation," presented by Serhii Sereda and Vitalii Lunov in 2023, serves as a preliminary tool for measuring the activity involved in detecting and integrating emotional and sensory stimuli, modulating attention shifts between internal and external cognition, facilitating communication and social behavior, and enhancing self-awareness and information integration.

Test Domains:

- Detection and Integration of Emotional and Sensory Stimuli.
- Modulation of Attention Shifts Between Internal and External Cognition.
- Facilitation of Communication and Social Behavior.
- Self-Awareness and Information Integration.

These norms can serve as a guide for self-assessment and personal development. They help identify strengths and weaknesses in functioning, which can be useful for working on psychological aspects of life.

Neuroimaging techniques such as fMRI (Functional Magnetic Resonance Imaging) or PET (Positron Emission Tomography) scans, alongside neuropsychological testing that directly measures cognitive functions, can offer more definitive insights into the activity and integrity of these neural networks. Such methods can uncover the precise nature of any dysfunctions or alterations in network activity, providing a more detailed map of an individual's neuropsychological status.

Therefore, while the verbal assessment of behaviors related to help-seeking and other neuropsychological indicators serves as a valuable starting point for understanding the neuropsychological underpinnings of psychological disorders, it should ideally be complemented with these specialized diagnostic techniques for a full and accurate neuropsychological evaluation.

- 3. Symptoms and Behavioral Patterns Diagnosis and Assessment Using Validated Tests. This domain utilizes a range of validated tests, scales, and questionnaires that are recognized and endorsed by professional communities. These instruments are employed to diagnose symptoms and behavioral patterns, providing a reliable and standardized method of assessment. This approach ensures that the diagnosis is grounded in widely accepted criteria and methodologies, enhancing the accuracy and reliability of the diagnostic process.
- 4. Psychodynamic Orientation Projective Tests Diagnosis and Assessment. The fourth domain employs projective tests of psychodynamic orientation to assess and diagnose psychological states. These tests are designed to uncover unconscious processes, conflicts, and dynamics that may be influencing an individual's behavior and mental health. By integrating psychodynamic assessments, the framework acknowledges the importance of unconscious factors in psychological disorders and offers a

comprehensive approach that combines contemporary psychological testing with deep psychological theory.

Together, these four domains provide a comprehensive and integrated approach to psychological diagnosis and therapy, distinguishing the Unified Framework from traditional methods. By incorporating metacognitive, neuropsychological, and psychodynamic assessments, along with validated diagnostic instruments, this framework offers a nuanced, in-depth understanding of an individual's psychological state, facilitating more effective and personalized therapeutic interventions.

Based on the comprehensive diagnostic approach encompassing the four domains outlined in the Unified Framework for Comprehensive Psychological Assessment and Intervention, the intervention strategy should be fundamentally rooted in these diagnostic insights, adopting a tailored, partial approach to treatment. This approach ensures that interventions are not only evidence-based but also precisely targeted to address the specific nuances and complexities of everyone's psychological state as identified through the diagnostic process.

| Diagnostic Domain Intervention Techniques | | Session Focus |
|---|--|--|
| Metacognitive Diagnosis and Assessment | Therapy techniques focusing on metacognitive strategies (e.g., Metacognitive Therapy). | Enhancing awareness of metacognitive processes, challenging and restructuring maladaptive metacognitive beliefs, promoting healthier metacognitive strategies. |
| Neuropsychological Mechanisms Diagnosis and Assessment | Cognitive rehabilitation, neuropsychological interventions, neurofeedback to address specific deficits in neural network activity. | Targeted cognitive exercises to strengthen network functioning, strategies to compensate for neuropsychological deficits. |
| Symptoms and Behavioral Patterns Diagnosis | Evidence-based practices (e.g., CBT, DBT, ACT) tailored to the diagnosed symptoms and behavior patterns. | Strategies and exercises targeting symptom management, emotional regulation, modification of maladaptive behavior patterns. |
| Psychodynamic Orientation Projective Tests Diagnosis Psychodynamic psychotherapy techniques focusing on unconscious processes, conflicts, and dynamics. | | Reflective sessions aimed at uncovering and addressing unconscious dynamics and internal conflicts. |

Interventions can be structured based on each diagnostic domain:

Metacognitive Intervention

Intervention Techniques. Cognitive-behavioral therapy (CBT) techniques that focus on metacognitive strategies, such as Metacognitive Therapy (MCT), can be particularly effective. These interventions aim to modify maladaptive metacognitive beliefs and

processes, teaching individuals to alter their relationship with their thoughts rather than the content of the thoughts themselves.

Session Focus. Sessions may involve exercises designed to enhance awareness of metacognitive processes, challenging, and restructuring maladaptive metacognitive beliefs, and promoting healthier metacognitive strategies for dealing with symptoms.

Neuropsychological Intervention

Intervention Techniques. Interventions may include cognitive rehabilitation and neuropsychological interventions tailored to address specific deficits or dysfunctions in neural network activity, as preliminarily identified through verbal assessments. Techniques could also involve neurofeedback and other biofeedback methods to improve neural network functioning.

Session Focus. Targeted cognitive exercises and activities designed to strengthen the functioning of the identified networks (e.g., FPN, CEN, DMN, SN), alongside strategies to compensate for any neuropsychological deficits.

Symptoms and Behavioral Patterns Intervention

Intervention Techniques. Utilizing evidence-based practices such as specific types of CBT, Dialectical Behavior Therapy (DBT), or Acceptance and Commitment Therapy (ACT) that directly address the diagnosed symptoms and maladaptive behavior patterns. The choice of therapy would depend on the nature of symptoms and behavioral patterns identified through validated tests and questionnaires.

Session Focus. Sessions would involve specific strategies and exercises targeting symptom management, emotional regulation, and the modification of maladaptive behavior patterns, based on the individual's specific diagnostic outcomes.

Psychodynamic Orientation Intervention

Intervention Techniques. Psychodynamic psychotherapy techniques that focus on understanding and resolving unconscious processes, conflicts, and dynamics revealed through projective tests. This might involve exploring past experiences, unresolved conflicts, and the role of unconscious motives in current psychological issues.

Session Focus. Deep reflective sessions aimed at uncovering and addressing unconscious dynamics, facilitating insight, and resolving internal conflicts that contribute to psychological distress.

Integrating the Partial Approach

The partial approach to intervention involves integrating these domain-specific techniques into a cohesive treatment plan that addresses the multifaceted nature of the individual's psychological state. By grounding interventions in the comprehensive diagnostic insights obtained from the four domains, therapists can ensure that treatment is personalized, dynamic, and responsive to the unique needs and circumstances of everyone. This integrated, evidence-based approach maximizes therapeutic efficacy, promotes sustained recovery, and enhances the individual's overall well-being.

3. Rationale for Copyright Application

The rationale for seeking copyright protection for the Unified Framework is threefold. First, it ensures that the integrity and fidelity of the protocol are maintained when used by other professionals in the field. Second, it enables the continued development and refinement of the protocol based on feedback from clinical practice and ongoing research. Lastly, copyright protection facilitates the dissemination of the protocol within the professional community, ensuring that it can contribute to the advancement of psychological science and practice while recognizing the original contributions of its creators.

4. Potential Impact

The Unified Framework has the potential to significantly impact both clinical practice and research in psychology. Clinically, it offers a more holistic and nuanced approach to diagnosis and treatment, potentially leading to improved outcomes for patients with a wide range of psychological disorders. Academically, it provides a comprehensive framework that can be used to guide future research on the integration of metacognitive, neuropsychological, and psychodynamic approaches in psychology.

5. Conclusion

In conclusion, the Unified Framework represents a significant contribution to the field of psychology. By integrating metacognitive, neuropsychological, and psychodynamic dimensions into a unified framework, it offers a comprehensive and scientifically grounded approach to understanding and treating psychological disorders. The application for copyright protection is a crucial step in ensuring that this innovative protocol can be widely disseminated and utilized to advance the science and practice of psychology.

References

- Atmaca M. (2022). Metacognitive Therapy in Patients with Obsessive-Compulsive Disorder: A review. Alpha psychiatry, 23(5), 212–216. https://doi.org/10.5152/alphapsychiatry.2022.22840
- Baucom, D. H., Fischer, M. S., Worrell, M., Corrie, S., Belus, J. M., Molyva, E., & Boeding, S. E. (2018). Couple-based Intervention for Depression: An Effectiveness Study in the National Health Service in England. Family process, 57(2), 275–292. https://doi.org/10.1111/famp.12332
- Beauchamp M. H. (2017). Neuropsychology's social landscape: Common ground with social neuroscience. Neuropsychology, 31(8), 981–1002. https://doi.org/10.1037/neu0000395
- Boakye, N. T., Taylor, K. M., & Corrie, S. (2022). Behavioral couples therapy for brain injury: single case methodology with bi-phasic design. Brain injury, 1–14. Advance online publication. https://doi.org/10.1080/02699052.2022.2145367

- Boukarras, S., Ferri, D., Borgogni, L., & Aglioti, S. M. (2024). Neurophysiological markers of asymmetric emotional contagion: implications for organizational contexts. Frontiers in integrative neuroscience, 18, 1321130. https://doi.org/10.3389/fnint.2024.1321130
- Boukarras, S., Ferri, D., Frisanco, A., Farnese, M. L., Consiglio, C., Alvino, I., Bianchi, F., D'Acunto, A., Borgogni, L., & Aglioti, S. M. (2022). Bringing social interaction at the core of organizational neuroscience. Frontiers in psychology, 13, 1034454. https://doi.org/10.3389/fpsyg.2022.1034454
- Brown, R. L., Wood, A., Carter, J. D., & Kannis-Dymand, L. (2022). The metacognitive model of post-traumatic stress disorder and metacognitive therapy for post-traumatic stress disorder: A systematic review. Clinical psychology & psychotherapy, 29(1), 131–146. https://doi.org/10.1002/cpp.2633
- Crews, W. D., Jr, & Harrison, D. W. (1995). The neuropsychology of depression and its implications for cognitive therapy. Neuropsychology review, 5(2), 81–123. https://doi.org/10.1007/BF02208437
- Crum, A. J., Santoro, E., Handley-Miner, I., Smith, E. N., Evans, K., Moraveji, N., Achor, S., & Salovey, P. (2023). Evaluation of the "rethink stress" mindset intervention: A metacognitive approach to changing mindsets. Journal of experimental psychology. General, 152(9), 2603–2622. https://doi.org/10.1037/xge0001396
- De Dominicis, S., Troen, M. L., & Callesen, P. (2021). Metacognitive Therapy for Work-Related Stress: A Feasibility Study. Frontiers in psychiatry, 12, 668245. https://doi.org/10.3389/fpsyt.2021.668245
- Dobbins, I. C. S., Bastos, M., Ratis, R. C., Silva, W. C. F. N. D., & Bonini, J. S. (2023). Effects of neurofeedback on major depressive disorder: a systematic review. Einstein (Sao Paulo, Brazil), 21, eRW0253. https://doi.org/10.31744/einstein_journal/2023RW0253
- Fernández-Alvarez, J., Grassi, M., Colombo, D., Botella, C., Cipresso, P., Perna, G., & Riva, G. (2022). Efficacy of bio- and neurofeedback for depression: a meta-analysis. Psychological medicine, 52(2), 201–216. https://doi.org/10.1017/S0033291721004396
- Haaland, K. Y., Sadek, J. R., Keller, J. E., & Castillo, D. T. (2016). Neurocognitive Correlates of Successful Treatment of PTSD in Female Veterans. Journal of the International Neuropsychological Society: JINS, 22(6), 643–651. https://doi.org/10.1017/S1355617716000424
- Hasani, H., Zarei, B., Danaei, Z., & Mahmoudirad, G. (2022). Comparing the Effect of Resilience Skills Training and Metacognitive Therapy on Job Stress in Nurses: An Experimental Study. Iranian journal of nursing and midwifery research, 27(5), 377–384. https://doi.org/10.4103/ijnmr.ijnmr_59_21
- Haseth, S., Solem, S., Sørø, G. B., Bjørnstad, E., Grøtte, T., & Fisher, P. (2019). Group Metacognitive Therapy for Generalized Anxiety Disorder: A Pilot Feasibility Trial. Frontiers in psychology, 10, 290. https://doi.org/10.3389/fpsyg.2019.00290
- Heller W. (1993). Gender differences in depression: perspectives from neuropsychology. Journal of affective disorders, 29(2-3), 129–143. https://doi.org/10.1016/0165-0327(93)90028-i

- Hermann, A., Bieber, A., Keck, T., Vaitl, D., & Stark, R. (2014). Brain structural basis of cognitive reappraisal and expressive suppression. Social cognitive and affective neuroscience, 9(9), 1435–1442. https://doi.org/10.1093/scan/nst130
- Jacob, S. N., Dodge, C. P., & Vasterling, J. J. (2019). Posttraumatic stress disorder and neurocognition: A bidirectional relationship?. Clinical psychology review, 72, 101747. https://doi.org/10.1016/j.cpr.2019.101747
- Karimyar Jahromi, M., & Mosallanejad, L. (2014). The impact of reality therapy on metacognition, stress and hope in addicts. Global journal of health science, 6(6), 281–287. https://doi.org/10.5539/gjhs.v6n6p281
- Kreuder, A. K., Wassermann, L., Wollseifer, M., Ditzen, B., Eckstein, M., Stoffel-Wagner, B., Hennig, J., Hurlemann, R., & Scheele, D. (2019). Oxytocin enhances the pain-relieving effects of social support in romantic couples. Human brain mapping, 40(1), 242–251. https://doi.org/10.1002/hbm.24368
- Kurowski, B. G., Taylor, H. G., McNally, K. A., Kirkwood, M. W., Cassedy, A., Horn, P. S., Stancin, T., & Wade, S. L. (2020). Online Family Problem-Solving Therapy (F-PST) for Executive and Behavioral Dysfunction After Traumatic Brain Injury in Adolescents: A Randomized, Multicenter, Comparative Effectiveness Clinical Trial. The Journal of head trauma rehabilitation, 35(3), 165–174. https://doi.org/10.1097/HTR.0000000000000545
- Liu, Y., Li, J., Wang, Q., & Li, Y. (2022). The specificity, situational modulations, and behavioral correlates of parent-child neural synchrony. Frontiers in human neuroscience, 16, 1000826. https://doi.org/10.3389/fnhum.2022.1000826
- Liu, Z., Lu, K., Hao, N., & Wang, Y. (2023). Cognitive Reappraisal and Expressive Suppression Evoke Distinct Neural Connections during Interpersonal Emotion Regulation. The Journal of neuroscience: the official journal of the Society for Neuroscience, 43(49), 8456–8471. https://doi.org/10.1523/JNEUROSCI.0954-23.2023
- Long, Y., Chen, C., Wu, K., Zhou, S., Zhou, F., Zheng, L., Zhao, H., Zhai, Y., & Lu, C. (2022). Interpersonal conflict increases interpersonal neural synchronization in romantic couples. Cerebral cortex (New York, N.Y.: 1991), 32(15), 3254–3268. https://doi.org/10.1093/cercor/bhab413
- Long, Y., Zheng, L., Zhao, H., Zhou, S., Zhai, Y., & Lu, C. (2021). Interpersonal Neural Synchronization during Interpersonal Touch Underlies Affiliative Pair Bonding between Romantic Couples. Cerebral cortex (New York, N.Y.: 1991), 31(3), 1647–1659. https://doi.org/10.1093/cercor/bhaa316
- Malarbi, S., Abu-Rayya, H. M., Muscara, F., & Stargatt, R. (2017). Neuropsychological functioning of childhood trauma and post-traumatic stress disorder: A meta-analysis. Neuroscience and biobehavioral reviews, 72, 68–86. https://doi.org/10.1016/j.neubiorev.2016.11.004
- McEvoy P. M. (2019). Metacognitive Therapy for Anxiety Disorders: a Review of Recent Advances and Future Research Directions. Current psychiatry reports, 21(5), 29. https://doi.org/10.1007/s11920-019-1014-3
- Moffat, R., Casale, C. E., & Cross, E. S. (2024). Mobile fNIRS for exploring inter-brain synchrony across generations and time. Frontiers in neuroergonomics, 4, 1260738. https://doi.org/10.3389/fnrgo.2023.1260738

- Nordahl, H. M., Halvorsen, J. Ø., Hjemdal, O., Ternava, M. R., & Wells, A. (2018). Metacognitive therapy vs. eye movement desensitization and reprocessing for posttraumatic stress disorder: study protocol for a randomized superiority trial. Trials, 19(1), 16. https://doi.org/10.1186/s13063-017-2404-7
- Park, S., Choi, S. J., Mun, S., & Whang, M. (2019). Measurement of emotional contagion using synchronization of heart rhythm pattern between two persons: Application to sales managers and sales force synchronization. Physiology & behavior, 200, 148–158. https://doi.org/10.1016/j.physbeh.2018.04.022
- Petrican, R., Rosenbaum, R. S., & Grady, C. (2015). Expressive suppression and neural responsiveness to nonverbal affective cues. Neuropsychologia, 77, 321–330. https://doi.org/10.1016/j.neuropsychologia.2015.09.013
- Pyke R. E. (2017). Metacognitive Therapy Trial for Hypoactive Sexual Desire Disorder Breaks the Mold. The journal of sexual medicine, 14(12), 1629–1630. https://doi.org/10.1016/j.jsxm.2017.10.069
- Ramezani, M. A., Ahmadi, K., Besharat, M., Noohi, S., & Ghaemmaghami, A. (2018). Efficacy of metacognitive therapy for hypoactive sexual desire disorder among Iranian couples. Psychotherapy research: journal of the Society for Psychotherapy Research, 28(6), 902–908. https://doi.org/10.1080/10503307.2017.1301690
- Sereda, S., & Lunov, V. (2024). Scale of Cognitive Assessment of Executive Network Activity. In M. Matyash, S. Maksimenko, V. Lunov, A. Pavlov, B. Tkach, & S. Sereda, Integrative Foundations of Medical Psychology: Normogenesis, Neuroscience, and Health Behavior: Textbook (pp. 69-70). Kyiv: "Ludmila Publishing", Bogomolets national medical university.
- Sereda, S., & Lunov, V. (2024a). Scale of Assessment of Passive Neurocognitive Activity. In M. Matyash, S. Maksimenko, V. Lunov, A. Pavlov, B. Tkach, & S. Sereda, Integrative Foundations of Medical Psychology: Normogenesis, Neuroscience, and Health Behavior: Textbook (p. 70). Kyiv: "Ludmila Publishing", Bogomolets national medical university.
- Sereda, S., & Lunov, V. (2024b). Scale of Psychological Assessment of Ability for Objective Cognitive Evaluation. In M. Matyash, S. Maksimenko, V. Lunov, A. Pavlov, B. Tkach, & S. Sereda, Integrative Foundations of Medical Psychology: Normogenesis, Neuroscience, and Health Behavior: Textbook (p. 71). Kyiv: "Ludmila Publishing", Bogomolets national medical university.
- Scott, J. C., Matt, G. E., Wrocklage, K. M., Crnich, C., Jordan, J., Southwick, S. M., Krystal, J. H., & Schweinsburg, B. C. (2015). A quantitative meta-analysis of neurocognitive functioning in posttraumatic stress disorder. Psychological bulletin, 141(1), 105–140. https://doi.org/10.1037/a0038039
- Shao, C., Zhang, X., Wu, Y., Zhang, W., & Sun, B. (2023). Increased Interpersonal Brain Synchronization in Romantic Couples Is Associated with Higher Honesty: An fNIRS Hyperscanning Study. Brain sciences, 13(5), 833. https://doi.org/10.3390/brainsci13050833
- Sharma, V., Sagar, R., Kaloiya, G., & Mehta, M. (2022). Effectiveness of Metacognitive Therapy in Patients With Depression and Comorbid Anxiety Symptoms: A Case Series From India. Cureus, 14(4), e24229. https://doi.org/10.7759/cureus.24229

- Sharma, V., Sagar, R., Kaloiya, G., & Mehta, M. (2022). The Scope of Metacognitive Therapy in the Treatment of Psychiatric Disorders. Cureus, 14(3), e23424. https://doi.org/10.7759/cureus.23424
- Shenal, B. V., Harrison, D. W., & Demaree, H. A. (2003). The neuropsychology of depression: a literature review and preliminary model. Neuropsychology review, 13(1), 33–42. https://doi.org/10.1023/a:1022300622902
- Simons, M., & Kursawe, A. L. (2019). Metacognitive Therapy for Posttraumatic Stress Disorder in Youth: A Feasibility Study. Frontiers in psychology, 10, 264. https://doi.org/10.3389/fpsyg.2019.00264
- Southwick, S. M., Vythilingam, M., & Charney, D. S. (2005). The psychobiology of depression and resilience to stress: implications for prevention and treatment. Annual review of clinical psychology, 1, 255–291. https://doi.org/10.1146/annurev.clinpsy.1.102803.143948
- Ströhle A. (2003). Die Neuroendokrinologie von Stress und die Pathophysiologie und Therapie von Depression und Angst [The neuroendocrinology of stress and the pathophysiology and therapy of depression and anxiety]. Der Nervenarzt, 74(3), 279–292. https://doi.org/10.1007/s00115-002-1444-7
- Subramanian, S., Oughli, H. A., Gebara, M. A., Palanca, B. J. A., & Lenze, E. J. (2023). Treatment-Resistant Late-Life Depression: A Review of Clinical Features, Neuropsychology, Neurobiology, and Treatment. The Psychiatric clinics of North America, 46(2), 371–389. https://doi.org/10.1016/j.psc.2023.02.008
- Vasterling, J. J., & Arditte Hall, K. A. (2018). Neurocognitive and Information Processing Biases in Posttraumatic Stress Disorder. Current psychiatry reports, 20(11), 99. https://doi.org/10.1007/s11920-018-0964-1
- Wells, A., & Colbear, J. S. (2012). Treating posttraumatic stress disorder with metacognitive therapy: a preliminary controlled trial. Journal of clinical psychology, 68(4), 373–381. https://doi.org/10.1002/jclp.20871
- Wells, A., McNicol, K., Reeves, D., Salmon, P., Davies, L., Heagerty, A., Doherty, P., McPhillips, R., Anderson, R., Faija, C., Capobianco, L., Morley, H., Gaffney, H., Shields, G., & Fisher, P. (2018). Improving the effectiveness of psychological interventions for depression and anxiety in the cardiac rehabilitation pathway using group-based metacognitive therapy (PATHWAY Group MCT): study protocol for a randomised controlled trial. Trials, 19(1), 215. https://doi.org/10.1186/s13063-018-2593-8
- Wells, A., McNicol, K., Reeves, D., Salmon, P., Davies, L., Heagerty, A., Doherty, P., McPhillips, R., Anderson, R., Faija, C., Capobianco, L., Morley, H., Gaffney, H., Heal, C., Shields, G., & Fisher, P. (2018). Metacognitive therapy home-based self-help for cardiac rehabilitation patients experiencing anxiety and depressive symptoms: study protocol for a feasibility randomised controlled trial (PATHWAY Home-MCT). Trials, 19(1), 444. https://doi.org/10.1186/s13063-018-2826-x
- Wells, A., Reeves, D., Heal, C., Fisher, P., Doherty, P., Davies, L., Heagerty, A., & Capobianco, L. (2022). Metacognitive therapy self-help for anxiety-depression: Single-blind randomized feasibility trial in cardiovascular disease. Health psychology: official journal of the Division of Health Psychology, American Psychological Association, 41(5), 366–377. https://doi.org/10.1037/hea0001168

Wells, A., Reeves, D., Heal, C., Fisher, P., Doherty, P., Davies, L., Heagerty, A., & Capobianco, L. (2023). Metacognitive therapy home-based self-help for anxiety and depression in cardiovascular disease patients in the UK: A single-blind randomised controlled trial. PLoS medicine, 20(1), e1004161. https://doi.org/10.1371/journal.pmed.1004161