

What will happen if I make a referral?

Upon referral clients will be assessed by a member of our team to see if the trial is suitable to meet the individual's needs. If the trial is suitable to meet their needs they will be allocated randomly to either a monitoring group or a monitoring plus cognitive therapy group. Those who are allocated to therapy plus monitoring will be offered up to 26 sessions of cognitive behavioural therapy over a 9 month period. Referrers will be made aware of the outcome of assessment and we will keep in touch with referrers over the course of the trial.

How to explain the trial to potential participants

We are more than happy for you to initially contact us to discuss whether a potential participant may be suitable. If you think someone is suitable we suggest you mention to your client that there is a research trial that may help them with some of their difficulties. Don't forget to mention that it is voluntary and they can change their mind at any time. The allocation to monitoring alone or monitoring plus therapy is made randomly and is not based on anything the person tells us. If they do not receive therapy this does not prevent them from seeking support elsewhere. We have found in other research trials that monitoring alone can be beneficial for people so it may be worth mentioning this also (monitoring involves regular, structured assessments of mental state and associated factors such as recovery, service use and psychological factors, as well as the development of crisis cards and signposting people to agencies appropriate to their current needs). We cannot contact a potential participant until they have given verbal consent to you for us to do so. Once we have this verbal consent to make contact we can send them more information and discuss the trial with them further.

To discuss a referral please contact Melissa Wardle, Professor Tony Morrison (Chief Investigator) or Dr. Paul Hutton, Greater Manchester West Mental Health NHS Foundation Trust, Psychology Department, Harrop House, Bury New Road, M25 3BL.

Telephone: 0776 776 0767, 0771 730 2057 or 0161 772 4350

Email: melissa.wardle@gmw.nhs.uk, tony.Morrison@gmw.nhs.uk, or paulhutton@nhs.net

The logo for the 'Action' trial, featuring the word 'Action' in a white serif font on a blue rectangular background.

Greater Manchester West 
Mental Health NHS Foundation Trust

Action

Assessment of Cognitive Therapy Instead Of
Neuroleptic medication.

Information for Referrers

Background and purpose of study

CBT has been shown to be highly effective when delivered in combination with antipsychotic medication, with several meta-analyses showing robust support for this approach (Pilling et al., 2002; Wykes, Steel, & Tarrier, 2008). However, it has yet to be formally evaluated in the absence of such medication, although there have been a few case studies (e.g. Morrison, 1994) that have demonstrated acceptability and provided some support. More recently, two case series have demonstrated some benefits, with 4 cases of patients experiencing auditory hallucinations showing some gains in terms of symptoms, distress and disability (Morrison, 2001a) and 3 cases with a diagnosis of schizophrenia showing improvements in positive and negative symptoms (Christodoulides et al., 2008).

The Pilot Study

A preliminary investigation of cognitive behavioural therapy for psychosis for people not taking medication is being conducted. In total 12 clients have been assessed as eligible for this initial pilot study. 6 of the clients have now finished the course of therapy. All except one have engaged with the study suggesting both the therapy and monitoring they have received has been an acceptable form of intervention. Interim findings from an ongoing qualitative study exploring service user's perceptions of CBT for psychosis (CBTp) have provided a useful insight into service user's perspectives of CBTp. Some quotes from the study are as follows:

"We thrashed things out and learnt new strategies that I had never learnt before, now if I have a blip I am able to use strategies to pull myself round".

"I was thinking that all these thoughts I was thinking when I felt fine, oh my god they're crazy but (psychologist) helped me to see that thoughts weren't crazy, after looking at what happened".

Referral Criteria

Inclusion criteria for participants are that they will:

- Be in contact with mental health services.
- Have an identified care coordinator.
- Either meet ICD-10 criteria for schizophrenia, schizoaffective disorder or delusional disorder or meet entry criteria for an Early Intervention for Psychosis service (operationally defined using PANSS) in order to allow for diagnostic uncertainty in early phases of psychosis.
- Either has at least 6 months without antipsychotic medication and experiencing continuing symptoms OR never have received anti-psychotics and be currently refusing.
- Score at least 4 on PANSS delusions or hallucinations or at least 5 on suspiciousness/persecution, conceptual disorganisation or grandiosity

Exclusion criteria:

- Currently receiving antipsychotic medication
- Moderate to severe learning disability
- Organic impairment
- Non-English speaking (since this would prevent the use of standardised assessment instrument's).
- Inpatient / acute psychiatric care needed
- Previous CBT for psychosis or, previous CBT for other disorders in the last 2 years
- Without a care coordinator
- Primary diagnosis of substance misuse disorder

Any person who you think may fit these criteria may be referred to the trial. Please give us a call to discuss any referral you would like to make.

Thank you for taking the time to read this leaflet.