

How CBT might help

People who took part in our previous smaller study of CBT for psychosis (and who weren't taking antipsychotic medication), have mentioned things that helped them, such as:

- *“Each session she would say what do you want to look at or I think this is what we could look at or other things like what do you think, so you are working together”*
- *“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”.*
- *“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”.*

Feel free to contact us...

We are more than happy for you to contact us directly. Please note that if you decide to take part we will need to inform your care provider (e.g., GP, care coordinator, psychiatrist).

To discuss taking part in this study please contact:

Laura Drage: 07789 852289 laura.drage@nhs.net
Melissa Wardle: 0776 776 0767 melissa.wardle@gmw.nhs.uk
Dr. Paul Hutton: 0771 730 2057 paulhutton@nhs.net
Prof. Tony Morrison: 0161 772 4350

Greater Manchester West Mental Health NHS Foundation Trust,
Psychology Department, Harrop House, Bury New Road, M25 3BL.

Thank you for taking the time to read this leaflet.

Action

Greater Manchester West 
Mental Health NHS Foundation Trust

The **ACTION** trial: Assessment of Cognitive Therapy Instead Of Neuroleptic Medication.



Information Leaflet

- **Do you hear voices or have other unusual experiences that worry you?**
- **Have you decided not to take antipsychotic medication for these problems?**

What is this study about?

If you answered 'yes' to the questions overleaf you may be interested in taking part in our research study. Our study is trying to find out if a talking therapy (CBT) can be useful for people who are distressed by experiences such as hearing voices or fears of being harmed but have decided not to take antipsychotic medication for at least 6 months.

Are your experiences causing you distress?

Experiences like hearing voices or having very strong beliefs about being harmed by others can be distressing. Many people (including health workers and service users) use the term 'psychosis' when talking about them. But many other people don't agree that 'psychosis' is the right term to use. For example, some people who hear voices prefer to describe them in a religious or spiritual way instead (see www.intervoiceonline.org for more information on other ways to make sense of hearing voices).

However if these experiences are causing you distress and you want help to reduce this then you may wish to consider taking part in our study.

What is Cognitive Behavioural Therapy?

CBT is designed to help people think about their problems in way that causes them much less distress. CBT can also help people learn new ways of coping with their problems, which can reduce how often they happen and for how long. It also tries to help people understand their experiences better. It can help people begin to see their problems as an understandable and normal response to distressing life events.

CBT has been shown to be helpful for anxiety, depression, panic attacks and many other problems. The National Institute of Clinical Excellence (NICE; www.nice.org.uk) currently recommends CBT for the treatment of anxiety, depression and psychosis.

What will happen if I choose to take part?

We will discuss the study with you to check you are able to take part. We will then send you some more detailed information and give you more time to think about it. We would also need to talk to your care coordinator or doctor at this stage. All being well, we will then offer you **an appointment** to check in more detail that you can take part.

A computer system will then choose which of **two groups** you will be in (this is completely random and not based on anything you tell us).

Group 1: CBT + regular review appointments

People in this group will be offered up to 26 sessions of CBT over a 9-month period. Participants will also receive regular review appointments every 3 months. These involve meeting with our research assistant and answering some questions about your experiences and how they are affecting your life. Both the CBT and the review appointments can be carried out at home or at another convenient location.

Group 2: Regular review appointments only

People in this group will receive regular review appointments every 3 months with our research assistant. Many people have told us they find the review appointments quite helpful as it gives them some idea how they are progressing. The research assistant will also provide people with information about who to approach for help should they need it. Everyone taking part will receive £10 to compensate for their time at 5 of the 7 appointments.

If you are in the group that does not receive CBT this does not prevent you from seeking CBT or other types of help elsewhere. If you receive CBT and decide to start taking antipsychotic medication, you can still continue to receive CBT.

You can leave the study at any point if you change your mind and this will not affect your normal care in any adverse way.