

## Making a referral

We are more than happy for you to contact us to discuss whether a client 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 ATT plus TAU or TAU alone 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 participants in the TAU group have found monitoring appointments beneficial, so it may be worth mentioning this also (monitoring involves 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).

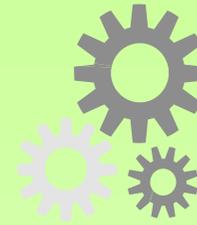
**We cannot contact a potential participant until they have given verbal consent to you for us to do so.** Once we have this verbal consent to make contact we can send them more information and discuss the trial with them further.

If you would like more information, we are more than happy for you to contact a member of the research team:

Rachel Sellers (Assistant Psychologist) on 0161 358 1408/ 07798852289;

Heather Law (Trial Manager) on 0161 358 1395/ 07788586496;

Sophie Parker (Senior Clinical Psychologist) on 0161 358 1395/  
07767755790



# IACT

Investigating Attention Control Training in Psychosis

## Information for Referrers

The IACT trial are looking for individual's to take part in a randomised controlled trial looking at the **beneficial effects of Attention Training** as a **brief intervention to improve control over attention** and reduce anxiety, worry, or distress associated with auditory hallucinations and troubling beliefs.

## Background and purpose of the research

Attention Training is part of a wider therapeutic framework known as Metacognitive Therapy. Metacognitive Therapy (MCT) assumes emotional distress is related to activation of unhelpful forms of perseverative processing such as worry, rumination, self-focused attention, focusing on threat and thought control. These processes are thought to play a central role in the onset and maintenance of many different emotional disorders and problems, including generalised anxiety (GAD), post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD) and depression. Metacognition has also been linked to the development of psychotic symptoms, specifically hallucinations and delusions.

Attention training (ATT) is a specific technique aimed at increasing awareness of the flexible control individuals have over thinking. Preliminary studies suggest that ATT is promising in the treatment of auditory and visual hallucinations in psychosis, and a recent trial has shown that reduction of worry in people with persecutory ideation also led to reductions in paranoia. ATT has been applied to various other disorders as a brief intervention (4-11 sessions) as well as in psychosis (7-9 sessions) with promising effects. A brief treatment has advantages in relation to resource allocation, costs of delivery within the NHS, minimising waiting lists and could enable patients to achieve social recovery sooner.

The present research is a pilot trial that aims to investigate whether ATT is a feasible and acceptable brief intervention for individuals experiencing difficulties with psychosis.

## Referral Criteria

In order to take part in the research, participants must meet the following criteria:

- 1) Be in contact with mental health services
- 2) Either meet ICD-10 criteria for Schizophrenia, Schizoaffective Disorder or delusional disorder, or meet entry criteria for early intervention for psychosis service (operationally defined using PANSS)
- 3) Score at least four on PANSS delusions or hallucinations items
- 4) Be help seeking
- 5) Be competent and willing to provide written, informed consent

Individuals will be excluded if they:

- 1) Have moderate to severe learning disability
- 2) Have organic impairment
- 3) Are non-english speaking
- 4) Require inpatient/acute psychiatric care
- 5) Do not have a care co-ordinator or responsible clinician
- 6) Are Substance dependent
- 7) Are hard of hearing or deaf

## What will happen if I make a referral?

Following referral, clients will be assessed by a member of the research team to ensure that they are suitable. If they are eligible, participants will be randomly allocated to ATT plus Treatment As Usual (TAU) or TAU alone. All participants will have a monitoring appointment at eight weeks and twelve weeks, at which they can discuss their experiences. Participants will be compensated £10 for each monitoring appointment. Those who are allocated to ATT plus TAU will be offered eight sessions of Attention Training. Referrers will be made aware of the outcome of assessment and will be kept informed throughout the participants involvement.