

# A multicentre, randomised controlled trial of cognitive therapy to reduce harmful compliance with command hallucinations

<b>Submission date</b> 04/12/2007	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 27/03/2008	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 18/10/2019	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

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## Additional identifiers

### Protocol serial number

MRC ref: G0500965

## Study information

**Scientific Title**

A multicentre, randomised controlled trial of cognitive therapy to reduce harmful compliance with command hallucinations

**Acronym**

COMMAND

**Study objectives**

Main hypothesis: The group receiving the cognitive therapy (CTCH group) will show a lower level of compliance and appeasement behaviour and an increase in resistance compared with the control group

Secondary hypotheses: The CTCH group will show lower levels of conviction in the power of the voice and reduction in distress and depression compared to the control group

Publication from pilot study: <http://www.ncbi.nlm.nih.gov/pubmed/15056575>

More details can be found at: <http://www.mrc.ac.uk/ResearchPortfolio/Grant/Record.htm?GrantRef=G0500965&CaseId=5966>

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

West Midlands Multi-centre Research Ethics Committee, 05/01/2007, ref: 06/MRE07/71

**Study design**

Multicentre single-blind randomised controlled trial with intention to treat

**Primary study design**

Interventional

**Study type(s)**

Treatment

**Health condition(s) or problem(s) studied**

Command hallucinations

**Interventions**

Three UK sites will be taking part: Birmingham, London and Manchester.

Participants will be randomly allocated to two groups:

1. Cognitive Therapy for Command Hallucinations + Treatment As Usual (CTCH + TAU)
2. TAU only

The CTCH + TAU group will receive an average of 15 sessions (maximum 25 sessions in all) of cognitive therapy delivered by qualified clinical psychologists who will be regularly supervised by consultant psychologists. This cognitive therapy uses Cognitive Behavioural Therapy (CBT) to assess and modify conviction in four beliefs linked to the construct of voice power: i) that the

voice has absolute power and control; ii) that the client must comply or appease or be severely punished; iii) the identity of the voice (e.g. the Devil) and iv) the meaning attached to the voice experience (e.g., the client is being punished for past bad behaviour).

## **Intervention Type**

Other

## **Phase**

Not Specified

## **Primary outcome(s)**

Compliance behaviour, assessed using the Cognitive Assessment of Voices Interview Schedule combined with the Revised Voice Compliance Scale. This is an observer rated scale to measure the level of compliance/resistance with each command, using information from the participant and at least one of three other informants (parent, spouse, keyworker). Each behaviour is then classified as:

1. Neither appeasement nor compliant
2. Symbolic appeasement, i.e. compliant with innocuous and/or harmless commands
3. Actual appeasement i.e. preparatory acts or gestures
4. Partial compliance with at least one severe command
5. Full compliance with at least one severe command

The ratings are taken at baseline, 9 and 18 months.

## **Key secondary outcome(s)**

Beliefs about voices, distress and symptoms assessed at baseline, 9 and 18 months follow-up as follows:

1. Voice power is measured using the Voice Power Differential Scale (VPD) which measures the power differential between voice and voice hearer
2. Distress associated with delusions about voices is measured using the Psychotic Symptoms Rating Scales (PSYRATS)
3. Psychosis symptoms are rated using the Positive and Negative Symptom Scale (PANSS)
4. Beck Hopelessness scale & Beck Scale for Suicidal Ideation
5. Calgary Depression Scale
6. Personal Knowledge Questionnaire
7. Beliefs about voice questionnaire
8. Suicide and self-injury scale (SASII)
9. Childhood trauma questionnaire

## **Completion date**

31/01/2011

## **Eligibility**

### **Key inclusion criteria**

1. Aged 16-65
2. Primary diagnosis of International Statistical Classification of Diseases and Related Health Problems (ICD-10) schizophrenia or related disorder
3. History of experiencing command hallucinations (minimum 6 months) with risk of harm to self or others

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Total final enrolment**

197

**Key exclusion criteria**

1. Over 65 years of age
2. Primary diagnosis of organic brain disorder
3. Primary diagnosis of addictive substance misuse
4. Insufficient command of the English language

**Date of first enrolment**

17/09/2007

**Date of final enrolment**

31/01/2011

**Locations****Countries of recruitment**

United Kingdom

England

**Study participating centre**

University of Birmingham

Birmingham

United Kingdom

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**Sponsor information****Organisation**

University of Birmingham (UK)

ROR

<https://ror.org/03angcq70>

## Funder(s)

### Funder type

Government

### Funder Name

Medical Research Council (UK)

### Alternative Name(s)

Medical Research Council (United Kingdom), UK Medical Research Council, MRC

### Funding Body Type

Government organisation

### Funding Body Subtype

National government

### Location

United Kingdom

## Results and Publications

### Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/06/2014		Yes	No
<a href="#">Results article</a>	results	15/06/2018	18/10/2019	Yes	No
<a href="#">Protocol article</a>	protocol	30/09/2011		Yes	No