

# Investigating Attention Control Training in psychosis

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		<input type="checkbox"/> Protocol
<b>Registration date</b> 14/04/2014	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
<b>Last Edited</b> 13/03/2017	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Attention Training is part of a wider method called 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 disorder (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 study 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 an initial study that aims to investigate whether ATT is a feasible and acceptable brief intervention for individuals experiencing difficulties with psychosis.

### Who can participate?

The IACT study aims to recruit 40 participants (20 per group) allowing for a drop-out rate of 25%. Individuals within the Greater Manchester West NHS Foundation Trust aged above 16 years that meet the eligibility criteria can take part.

### What does the study involve?

Following referral, individuals 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. Those who are allocated to ATT plus TAU will be offered eight sessions of Attention Training.

What are the possible benefits and risks of participating?

Some participants may find completing some of the assessments distressing. In order to minimise this, participants will be offered choice regarding the length of the assessments, including the option of breaks and completing the assessments across multiple sessions. We have a standardised protocol for managing distress that has been developed with the Psychosis Research Unit Service User Reference Group. The participant will be able to freely withdraw from the study at any point, which will also be clear on the consent form and this will not affect their statutory care. In order to reduce any inconvenience caused to the participant, all of the assessments will be completed in a non-stigmatising and convenient location of the participants choice (e.g. their home, their GP surgery or a community venue). Participants that are randomly allocated to ATT plus TAU will have the benefit of receiving a brief and non-invasive intervention that has been found to have enduring effects, without a lengthy waiting list. For participants that are not receiving ATT, having regular assessments is considered a potential benefit given that it presents an enhancement from routine care as psychotic symptoms will be monitored more regularly and in a more comprehensive manner. Involvement in this study has the potential to provide commissioners with valuable data for improving choices for consumers in the future. As the intervention is brief and non-invasive, it could be potentially beneficial for IAPT services and mental health nurses. Therefore, this would benefit future service users and carers by providing more options for reducing distress and improving quality of life.

Where is the study run from?

Greater Manchester West NHS Foundation Trust (UK)

When is the study starting and how long is it expected to run for?

March 2014 to November 2015

Who is funding the study?

Greater Manchester West NHS Foundation Trust (UK).

Who is the main contact?

Dr Sophie Parker

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## Contact information

### Type(s)

Scientific

### Contact name

Dr Sophie Parker

### Contact details

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## **Additional identifiers**

## **Study information**

### **Scientific Title**

A study to investigate the role of attention in psychotic symptoms and the feasibility and acceptability of using attention training as a strategy for individuals with psychosis

### **Acronym**

IACT

### **Study objectives**

The primary hypothesis of the proposed study is that Attention Training (ATT) plus Treatment as usual (TAU) will improve psychotic symptoms compared to TAU alone, measured using a psychiatric interview (PANSS). In addition, secondary hypotheses include:

1. ATT plus TAU will lead to improved quality of life compared to TAU alone
2. ATT plus TAU will lead to a reduction in affective symptoms and negative symptoms compared to TAU alone
3. ATT plus TAU will be cost effective compared to TAU alone

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

NRES Committee North West Greater Manchester West, 25/02/2014, ref: 14/NW/0043

### **Study design**

Single-blind randomised controlled trial

### **Primary study design**

Interventional

### **Study type(s)**

Quality of life

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

Schizophrenia, schizoaffective disorder or delusional disorder

### **Interventions**

Patients are randomised to two groups:

1. Intervention: The intervention group will receive Attention Training (n=20). ATT will be delivered over eight sessions. During these sessions, participants will be assisted in developing their skills in selective attention, rapid attention, switching and divided attention, in a process lasting approximately 12 minutes. This is done using an auditory modality, research has shown this to have greater success than using visual tasks. Participants will also be asked to practice this as a home-task between sessions once per day for twelve minutes. Intervention will be on a

1:1 basis with a health care professional trained to deliver ATT and working under supervision from a Clinical Psychologist. Each session will last approximately 30 minutes and will consist of an overview of how things have been in the last week including any practice issues, administration of assessments due, followed by the 12 minute auditory attention training task.

2. Control: The control group will receive treatment as usual plus follow-up (n=20). This will include comprehensive monitoring at eight weeks and twelve weeks.

### **Intervention Type**

Other

### **Phase**

Not Applicable

### **Primary outcome(s)**

Feasibility will be measured using referral rates, recruitment, attendance at sessions, adherence to between-session work, and follow-up and questionnaire response rates.

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

1. The PANSS (Positive and Negative Syndrome Scale): a structured clinical interview assessing positive and negative symptoms of psychosis occurring within the last seven days
2. The HADS (Hospital Anxiety and Depression Scale): a self-report measure of anxiety and depression
3. The MCQ-30 (Meta-cognitions Questionnaire): a 30-item self-report measure of meta-cognitive beliefs
4. The CAS (Cognitive Attentional Syndrome Scale): a short self-report measure of cognitive attentional syndrome activation in the last seven days
5. The ACS (Attention Control Scale): a 20 item measure designed to assess general capacity to control attention
6. The WHOQOL: a questionnaire assessing quality of life of the participant
7. The QPR (Process of Recovery Questionnaire): a service user designed measure of recovery
8. Finally, a self-attention rating scale will be administered after the first and second ATT session for those randomly allocated the ATT plus TAU arm. The scale will utilise a likert rating to measure current intensity of self-focus on a scale ranging from -3 (entirely externally focussed) to +3 (entirely self-focussed).

### **Completion date**

01/11/2015

## **Eligibility**

### **Key inclusion criteria**

1. In contact with mental health services
2. Either meets ICD-10 criteria for schizophrenia, schizoaffective disorder or delusional disorder, or meet entry criteria for early intervention In psychosis services (operationally defined using the PANSS)
3. Score at least four on PANSS delusions or hallucinations items
4. Help seeking
5. Competent and willing to provide written informed consent

### **Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

1. Moderate to severe learning disability
2. Organic impairment
3. Non-English speaking (this would prevent the use of standardised assessment instruments)
4. Inpatient/acute psychiatric care needed
5. Does not have a care coordinator or responsible clinician
6. Substance dependency
7. Deaf or hard of hearing (this would prevent use of the audio task as part of the intervention)

**Date of first enrolment**

16/05/2014

**Date of final enrolment**

01/11/2015

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

United Kingdom

England

**Study participating centre**

**Prestwich Hospital**

Manchester

United Kingdom

M25 3BL

**Sponsor information****Organisation**

Greater Manchester West NHS Foundation Trust (UK)

# Funder(s)

## Funder type

Hospital/treatment centre

## Funder Name

Greater Manchester West Mental Health NHS Foundation Trust (UK)

# 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="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes