

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

Submission date
04/12/2007

Recruitment status
No longer recruiting

Prospectively registered

Protocol

Registration date
27/03/2008

Overall study status
Completed

Statistical analysis plan

Results

Last Edited
18/10/2019

Condition category
Mental and Behavioural Disorders

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

Primary study design

Interventional

Study design

Multicentre single-blind randomised controlled trial with intention to treat

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

B6 4NF

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, Medical Research Committee and Advisory 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? |
|----------------------------------|----------|--------------|------------|----------------|-----------------|
| Results article | results | 01/06/2014 | | Yes | No |
| Results article | results | 15/06/2018 | 18/10/2019 | Yes | No |
| Protocol article | protocol | 30/09/2011 | | Yes | No |