Cognitive Bias Modification for paranoia

The research question
Could ‘Cognitive Bias Modification for paranoia’ (CBM-pa) be a possible new treatment to help individuals break the cycle of paranoid thinking?

Why do this research?
Paranoid thinking, or false beliefs that one is being or going to be harmed by others, are the most frequent and distressing features of psychosis and affect over one third of all UK psychiatric patients. This pattern of thinking occurs partly because ambiguous information is consistently processed in a biased way, leading to paranoid interpretations that people are “out to get them”.

Unfortunately, existing treatments are not widely accessible and can be ineffective for some individuals. CBM-pa is a text and story-based computer programme. It is designed to help the user change how they understand information and so develop more helpful beliefs about themselves and others. Since it can be self-administered and specifically targets causative factors, it is hoped that this intervention could provide an accessible and effective treatment for people who experience paranoia.

Recruitment
63 outpatients with persistent, distressing paranoid symptoms were recruited.

Study
Participants were allocated to receive treatment as usual, plus 6 CBM-pa (intervention) or 6 text-reading (control) sessions.

Assessments
A researcher without knowledge of allocation assessed:
• Feasibility parameters
• Interpretation bias
• Clinical symptoms

Key findings
- Acceptable and well-received, with low drop out rates
- No harmful effect on mood
- Significant improvement in severity of paranoid symptoms on some measures
- Significant improvement in interpretation bias
- Interpretation bias improved as the number CBM-pa sessions increased
- 2 most suitable measures chosen for use in the future trial

What does this research mean?
These initial results are promising and will help towards the design of the future trial.

Next steps
- Include more sessions and a longer follow up period in the future trial to determine the optimum number of intervention sessions that are needed to bring about the maximum reduction in paranoia.
- Consider other factors that may affect the results e.g. dyslexia.
- Consider including measures to assess beneficial change in real-world behaviour.
- Develop a digital version of the intervention to improve ease of use and accessibility.

The CBM-pa treatment

This consisted of 240 scenarios, delivered over six weekly 40 minute sessions. Participants were presented with text depicting ambiguous scenarios, which could be interpreted in a threatening or non-threatening way.

After reading the scenario, participants were presented with two tasks: to complete a missing letter in a word and to answer a question. Both tasks help to encourage participants to interpret the information in a way that promotes helpful beliefs about themselves and others.

You go to your local hairdressers to get a haircut. Your normal hairdresser is away so a young man you have not had before cuts your hair. This hairdresser cuts your neck slightly during the haircut and you believe that he must be an...

appr-nt-ce
Type the first missing letter

Now use the passage to answer the following question:

Does the hairdresser cut you because they are inexperienced?

Yes: Press ‘y’
No: Press ‘n’

You pressed: e
Well done!

Press SPACE to continue