

Digitally supported CBT to reduce paranoia and improve reasoning for people with schizophrenia-spectrum psychosis: the SlowMo RCT

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†In memoriam

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Plain English summary

The SlowMo RCT

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Plain English summary

What is SlowMo therapy?

SlowMo is a new therapy for people who fear harm from others (some call this paranoia). Eight face-to-face meetings with a therapist were supported by a computer with easy-to-use features. People learn to notice unhelpful 'fast thinking', find ways to *Slow* down for a *Moment*, and cope with distressing thoughts and experiences. The person can access safer thought bubbles, recorded messages, tips and interactive features at any time using the SlowMo mobile telephone application. People can practise with the therapist in real-life settings, such as busy shops and buses, and keep the telephone at the end of therapy.

What did the SlowMo trial involve?

A total of 362 people with distressing worries about harm from others agreed to take part. All participants met with a researcher for a first assessment. Half of the participants then received the SlowMo therapy, decided at random by a computer. The other half continued with usual treatment. Participants met with the researchers at 3 and 6 months to see how things were going.

What did we find?

We found that, compared with usual treatment, those who received SlowMo had lower paranoia over the 6 months because they could slow down more and worry less. We also found that improvements in well-being and quality of life, and positive views of self, were strongest 6 months after the start of therapy. Interviews led by peer researchers suggested positive experiences of the therapy sessions and technology.

Why is this important?

To the best of our knowledge, this was the largest trial at this time in this area. SlowMo is also the first 'blended' therapy for paranoia, combining face-to-face therapy with digital technology. The results suggest that the therapy was well liked by participants and that there would be potential to use it to help others with these experiences across the NHS.

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This report

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