Target Area: Adjustment/ Coping, Quality of life, Activities of daily living

Moss-Morris, R., Dennison, L., Landau, S., Yardley, L., Silber, E. & Chalder, T.(2013). A Randomized Controlled Trial of Cognitive Behavioral Therapy (CBT) for Adjusting to Multiple Sclerosis (the saMS Trial): Does CBT Work and for Whom Does It Work? *J Consult Clin Psych 81*(2), 251-262.	PEDro score - 7/10
Method/Results	Rehabilitation Program
Design ➢ **Study Design:** multicentre RCT ➢ **Population:** Ambulatory people with early stage, mild to moderate severity multiple sclerosis (≤ 10 years MS diagnosis). ➢ **Groups:** 1. Cognitive Behavioural Therapy (CBT, *n* = 48) 2. Supportive listening (SL, *n* = 46) (69.1% female, mean age = 41.7 years) ➢ **Setting:** Two UK-based university hospitals offering MS outpatient services **Primary outcome measures:** ➢ The General Heath Questionnaire (GHQ-12) for general distress ➢ The Work and Social Adjustment Scale (WSAS) for illness-related functional impairment. **Secondary outcome measure:** ➢ The Acceptance of Chronic Health Conditions Scale (ACHC) ➢ The Psychological Vulnerability Scale (PVS) ➢ The Beliefs and Emotions Scale (BES) ➢ The EuroQol (EQ-5D) for quality of life in functional, physical, and psychosocial domains. **Results:** Both post-therapy and at 12-month follow-up, the CBT group had significantly lower distress, but non-significantly lower functional impairment compared to the SL group. Groups were equivalent on illness acceptance post-therapy and at 12-month follow-up; in the CBT group unhelpful thoughts (PVS) and beliefs about emotions (BES) were significantly and marginally-significantly reduced post-therapy, both not at 12-month follow-up. Quality of life was equivalent for the two groups both at baseline, and at 12-month follow-up. Exploratory analyses reveal that CBT led to greater reductions on distress and impairment for participants with poor social support and/or clinically-defined baseline distress levels.	**Aims:** (i) to assess whether an 8-session nurse-led CBT program leads to better adjustment in early stage MS (lower levels of psychological distress and functional impairment) compared to 8 sessions of supportive listening; (ii) to determine whether treatment effects are moderated by baseline distress, social support, and treatment preference. **Materials:** CBT and SL manuals for nurses, CBT and SL patient manuals, telephone, questionnaires. **Treatment Plan:** ➢ **Duration:** Both therapies comprised 8 individual sessions over a 10 week period; the first session lasted 80-90 minutes, remaining sessions lasted 50 minutes and 1 hour. ➢ **Procedure:** Trained nurse-therapists, administered one-to-one sessions; the first and fourth sessions were held face-to-face and all others were held over the phone. Therapists followed written manuals for both interventions, and participants both groups received treatment manuals. Questionnaires were completed at baseline (Week 0), mid-therapy (Week 5), post-therapy (Week 15), 6 month (26 week) and 12 month (Week 52) follow-up. ➢ **Content: -** The CBT package comprised a nine-chapter manual, with activities and homework sheets, which focused on optimising day-to-day functioning and minimising distress and symptoms within the constraints of MS. Also included, was a 10-page information booklet to give to family and/or caregivers. - The SL treatment participants were given the opportunity to talk freely about their thoughts, feelings, and experiences of MS and its impact on their life. The therapist's role was non-directive and drew on listening skills derived from counselling techniques, such as empathising, reflecting, and summarising.

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Treatment effects were not moderated by preference.	