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**Potential Frequently Asked Questions for Psychiatrists delivering Standardised medical care**

***Q. Can I enrol a patient in the RCT who has been free from seizures for the past 8 weeks but who has a number of psychological issues that could be addressed in therapy?***

A. No the current trial is only able to recruit patients whose seizures have persisted following diagnosis.

***Q. What happens if I think the patient needs to be seen by a community mental health team? What should I tell them about treating the seizures?***

A. You should refer them in the normal way. The patient should receive normal care for problems such as self-harm or depression. The local team need to know that treatment of the seizures remains your responsibility as part of a trial to which the patient has consented, and should not form part of their work with the patient.

**Q. *Can I give the patient medication for anxiety or depression?***

A. There is no recognised drug treatment for dissociative seizures, so medication should not be prescribed for the seizures themselves. However, some patients may have co-morbid anxiety or depression of a severity that warrants prescription of medication and in such cases medication may be given, as per normal clinical practice.

**Q. *The patient complains that SMC alone is really no treatment - what do I say?***

A. Explain that ‘more is not necessarily better’ and that we do not know if all the extra effort of having cognitive behavioural therapy results in additional benefit. People can recover naturally with the advice and support from an experienced doctor. The trial aims to establish whether the extra demands made on the participant by having cognitive behavioural therapy are justified by an improved outcome. They can also be reminded that 12 months after randomisation they may have an opportunity to receive psychological therapy or other support if that is deemed appropriate on clinical grounds.

**Q. *The patient has been randomised to cognitive behavioural therapy and tells me they don’t like it and wants to stop - can I advise them?***

A. Participants should be encouraged to discuss any questions about their cognitive behavioural therapy they have with their therapist. It may be helpful to point out that research shows that some treatments may take some time to have a positive effect, and can be helpful after the face-to-face therapy has finished. However, it is less likely to work unless they complete a full course of treatment and they are free to stop therapy if that really is their wish.

***Q. The patient randomised to SMC has met a patient in the CBT arm. They ask whether they can have some of the same treatment.***

A. Explain that we don’t know whether having some of the CBT treatment will be helpful or not, which is why it is not provided as usual NHS treatment. They can be reminded that psychological treatment (including CBT) may be offered 12 months after randomisation, if felt to be clinically appropriate at that time.

**Q: *My patient asks if there are any other treatments available that they could be referred for instead of taking part in the trial – what do I say?***

A: You can explain that there are currently no established treatments for Dissociative Seizures. We know that people can recover with advice and support provided by an experienced doctor. They will receive this whether they take part in the trial or not. They may be offered additional psychological treatment if appropriate after 12 months – again, whether or not they take part in the trial. You can explain that time-wise they are very unlikely to receive any other therapy any sooner by not taking part in the study, given waiting list times etc and that there is no evidence that any other treatment is effective.