

Sussex Voices Clinic

What do we do?

Distressing voices (also known as auditory hallucinations) are experienced by approximately 70% of patients with a diagnosis of schizophrenia and can have negative impacts due to high levels of distress, delayed recovery and an increased risk of suicide. Distressing voices are also experienced by patients with other diagnoses.

The National Institute for Health and Care Excellence (NICE) recommends a course of Cognitive Behavioural Therapy (CBT) for the treatment of distressing voices. However, many patients are not able to access CBT. The Sussex Voices Clinic (SVC) is a collaboration between Clinical Services and the Research & Development Department. We aim to work across age, diagnostic and service boundaries to improve access to CBT for distressing voices.

Within SVC we acknowledge that we have much to learn about the experience and treatment of distressing voices. Consequently, we conduct evaluation and research projects to help us to improve the services that we offer to patients.

Who do we do this with?

SVC is available in several Clinical Services across Sussex. These include the Assessment and Treatment Services in Eastbourne, Chichester & Bognor, Adur, Arun and Worthing and High Weald, Lewes and Havens. SVC also has a focus upon younger people within the Child and Adolescent Mental Health Services (CAMHS) across East Sussex.

What does the therapy look like?

- Brief Coping Strategy Enhancement Therapy (CSE): Some of our patients are offered a 4-session intervention guided by the principles of Coping Strategy Enhancement (Hayward et al., 2018). This intervention seeks to identify, adapt and implement coping strategies from the patient's existing range of strategies.
- Guided Self-help CBT intervention for voices (GiVE) (Hazell et al., 2018) is offered to some of our patients over eight sessions. This intervention covers coping, re-evaluation of beliefs about voices and self and responding assertively to voices. This intervention is linked to the CBT self-help book 'Overcoming Distressing Voices' (Hayward, Strauss & Kingdon, 2018) and is guided by the companion workbook (Hazell, Hayward, Strauss & Kingdon, 2018).

Further information

If you would like to refer a patient to SVC, please check that our services are available in your area and that the patient is aware of the referral.

Then contact us via:

voices.clinic@sussexpartnership.nhs.uk

and ask for a referral form. If you require further information, please see our website or contact us:

07825 753379

@sussexvoices

www.sussexpartnership.nhs.uk/sussex-voices-clinic

COVID-19 UPDATE

We are currently offering the majority of our interventions over phone or videocall because of the Covid-19 pandemic. Levels of engagement are encouraging and outcome data is currently being analysed.

Outcomes

The table below illustrates some outcomes for patients who have completed the GiVE intervention. The primary outcome for SVC is the reduction of the negative impact of voices, measured by the Negative Impact Scale of the Hamilton Questionnaire (HPSVQ; Van Lieshout & Goldberg, 2007). The Minimal Clinically Important Difference (MCID) is a 2-point reduction for HVSPQ and this was achieved by 69% of patients. One of our secondary outcomes is patient-reported recovery measured by CHOICE (Webb et al., 2020), which includes a personal goal. This goal is created by patients and rated from 1-10 (1 being worst and 10 being best). Examples of these goals include: "To react differently to the voices – more calm, not aggressively", "deal better with the voice's daily challenges", "to be more assertive with the voices", "a greater understanding of hearing voices", "to be able to manage worry better", "to improve self-confidence and positive thinking".

	Number of patients	Pre-intervention average (SD)	Post-intervention average (SD)	Effect size (Cohen's d)
HPSVQ Negative Impact of Voices (0-16)	35	13.19 (2.25)	9.14 (4.32)	1.18
CHOICE goal score (0-10)	34	3.06 (2.07)	6.09 (2.05)	1.47

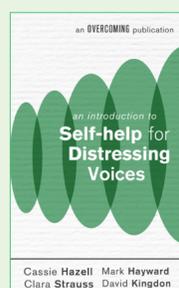
Feedback from patients who completed GiVE intervention

- "My resilience is higher. I can look for the evidence and say 'this isn't going to happen'"
- "Voices are now easier to deal with"
- "It was really helpful for me and it was nice to have someone understand the voices which was quite refreshing",
- "I learnt that I'm not the only person experiencing voices"
- "Therapy has helped me to understand the voices more, deal with them better and be more assertive with them"
- "Opened up to other ways of thinking about things"
- "Boosted my self-confidence"

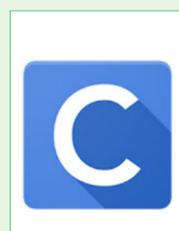
Resources to support learning during the GiVE intervention



This book contains chapters on coping, re-evaluating beliefs about self and voices and developing assertiveness. We hope that the book will be used by patients and their supporters to enable conversations and learning to continue long after therapy has finished.



This workbook is a way of making the 'Overcoming Distressing Voices' book personal to the specific needs and experiences of the patient. The structure of the workbook can helpfully guide conversations and learning.



The "Choices for Voices" app can be individualized by entering coping strategies and experiences within a therapy session. The interactive nature of the app enables patients to continue learning between sessions and after they leave SVC.

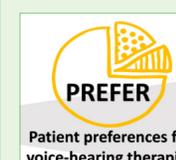
The research studies that help us to improve



MOTIVE — is a qualitative study exploring patients' and practitioners' perspectives about the outcomes of CBT for voices. Identifying a set of outcomes that are commonly valued can improve consistency in both research and practice, and facilitate the evaluation and development of CBT for voices. For more details, please contact SVC.



RELATE — is a feasibility randomised controlled trial of Relating Therapy for distressing voices. The trial is being conducted in Germany and is recruiting 75 participants with a diagnosis of psychosis. See: www.clinicaltrials.gov/ct2/show/NCT04578314



PREFER - is a national survey that is exploring the ways in which patients would like therapy for distressing voices to be provided, e.g. time, location, individual or group, skills of therapist, etc. We are recruiting patients aged 18+ years who have heard voices for at least six months, irrespective of diagnosis. For more details, please contact SVC.

References

- Hayward, M., Edgecumbe, R., Jones, A-M, Berry, C. & Strauss, C. (2018). Brief Coping Strategy Enhancement for distressing voices: an evaluation in routine clinical practice. *Behavioural & Cognitive Psychotherapy*, 46, 226–237.
- Hazell, C.M., Hayward, M., Cavanagh, K., Jones, A-M. & Strauss, C. Guided self-help cognitive-behaviour Intervention for VoicEs (GiVE): Results from a pilot randomised controlled trial in a transdiagnostic sample. *Schizophrenia Research*, 195, 441-447.
- Hayward, M., Strauss, C. & Kingdon, D. (2nd Edition) (2018). *Overcoming Distressing Voices*. London: Robinson.
- Hazell, C.M., Hayward, M., Strauss, C. & Kingdon, D. (2018). *An introduction to self-help for distressing voices*. London: Robinson.