

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 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, and Adur, Arun and Worthing. SVC also has a focus upon younger patients within the Early Intervention in Psychosis Service (EIS) and Children and Adolescent Mental Health Service (CAMHS) in Hailsham.

What does the therapy look like?

- **Brief Coping Strategy Enhancement (CSE):** Most patients coming into SVC are offered four sessions of individual therapy which follows the principles of 'Coping Strategy Enhancement' (Hayward et al., 2018). This is a form of CBT which seeks to maximise the effectiveness of coping strategies that have been identified and adapted from the patient's existing range of strategies.
- **Brief CBT (Beliefs):** Offered over four to eight individual sessions, this part of the therapy focuses on re-evaluating the accuracy of beliefs that patients may hold about both themselves and their voices (Hazell et al., 2018). It is based on our self-help book 'Overcoming Distressing Voices' (Hayward, Strauss and 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

Key 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.
- Hayward, M., Strauss, C. & Kingdon, D. (2nd Edition) (2018). *Overcoming Distressing Voices*. London: Constable & Robinson.
- Hazell, C.M., Hayward, M., Cavanagh, K., Jones, Anna-Marie. & Strauss, C. (2018). 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.
- Hazell, C.M., Hayward, M., Strauss, C. & Kingdon, D. (2018). An introduction to self-help for distressing voices. London: Constable & Robinson.
- Hayward, M. (2018). Evidence-based psychological approaches for auditory hallucinations: Commentary on Auditory hallucinations in schizophrenia. *BJPsych Advances*, 24, 174-177.

Outcomes

The primary outcome for SVC is the reduction of the negative impact of voices. This outcome is measured by the Negative Impact Scale of the Hamilton Questionnaire (HPSVQ). The scale generates a score of 0-16, with a higher score indicating a more negative impact. The majority of patients report reductions in the negative impact of voices after therapy. The Minimum Clinically Important Difference (MCID) is 2 points for HVSPQ, which is contained within the confidence intervals.

Table 1: A summary of changes in patient outcomes, from a recent cohort at each time point.

Outcome	Comparison	Number of Patients	Mean Difference	95% Confidence Intervals	Effect Size	Number of Patients Improved
HPSVQ Negative Impact Scale	Baseline v post-Brief CSE	111	1.36	.170 to 2.02	0.39	60 (54.1%)
HPSVQ Negative Impact Scale	Baseline v post-Brief CSE + Brief CBT	43	2.74	1.43 to 4.06	0.74	31 (72.1%)

Feedback from patients

"My life has changed for the better."

"They (the voices) are still there, but I have risen above it now – I just get on with my life"

"I can finally start to look at getting my life back and do the hobbies my voice has never let me do."

"I was apprehensive at first, but the therapy was better than I thought it would be."

"My therapist was nice and friendly; it was nice to be listened to without judgement."

"I'm very, very happy with the therapy...it has changed my life"

"Therapy was brilliant, it taught me a lot and I still use that stuff now (six months later)"

"I went into therapy thinking it was impossible to change, but after attending every week I could actually see the change and was amazed"

Resources to support learning

Our therapies involve having conversations about voice hearing experiences. A great deal can be learnt from these conversations, but the conversations can be difficult. It can also be difficult to apply any learning to everyday life when the conversations have finished. Within SVC we use a range of resources to help patients to engage in conversations and then take any learning away with them.



We have a workbook that is used by the therapist and patient within the Brief CSE therapy. The workbook can help to structure conversations and enable them to move forwards. At the end of therapy, the workbook can be taken home and remind patients of the strategies they can implement to get some peace from voices. Please visit our website to see and download a copy of the workbook.



Within the Brief CBT therapy, the conversations can be guided by a published workbook. This workbook contains information and exercises that can help a patient to explore the accuracy of any unhelpful beliefs they may have about themselves and their voices.



At some stage in their journey through SVC, every patient will be offered a free copy of our self-help book. This book contains further reading on coping, the accuracy of beliefs and much more! 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.



The 'Choices for Voices' app was developed by SVC to help patients to put their learning into practice. The 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



GIVE2 – a feasibility Randomised Control Trial of brief CBT ('GIVE') delivered by Assistant Psychologists. Recruiting patients aged 16+ years with a psychosis diagnosis who currently hear distressing voices.

See www.isrctn.com/ISRCTN16166070 or contact GIVE2@sussexpartnership.nhs.uk



PREFER – is a national survey that will explore 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 ages 18+ years who have heard voices for at least six months, irrespective of diagnosis.



R2V(ED) – is a small trial of Relating Therapy for voices in the context of Anorexia Nervosa. We will work with colleagues at the Vincent Square Eating Disorder Service in Central & North West London NHS Foundation Trust to explore the ability of Relating Therapy to reduce distress caused by the 'Eating Disorder Voice'.

Our international collaborators

SVC is proud to be learning with collaborators from across the world! This will ensure that our learning is applicable to patients in a wide variety of contexts.

