

# Sussex Voices Clinic

## Committed to best quality practice and research

### Introduction

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

The National Institute for Health and Care Excellence (NICE) recommend Cognitive Behaviour Therapy (CBT) for the treatment of distressing voices. However, there are significant gaps in the provision of CBT nationwide.

The Voices Clinic is a collaboration between clinical services and the Research & Development Department. It is designed to cross diagnostic and service boundaries to improve access to CBT for distressing voices while continuing to research its effectiveness.

### Participating services

The Voices Clinic has been established in six Assessment & Treatment Services (Brighton & Hove; Eastbourne; Horsham & Crawley; Mid-Sussex; Chichester & Bognor; and Adur, Arun and Worthing) and four Early Intervention in Psychosis (EIP) teams (Hailsham, Brighton, Hastings & Horsham). The Voices Clinic is currently being piloted within our Children & Young People Services.

### Which therapies are available?

The Voices Clinic offers four therapies within a stepped-care model referred to as Levels 1 and 2.

#### Level 1:

**Brief Coping Therapy** – a four-session individual therapy based upon the principles of Coping Strategy Enhancement (Hayward et al., 2018) is offered to all patients. The therapy seeks to identify and systematically implement coping strategies from the patient's existing repertoire of strategies.

If a patient remains distressed by voices after the Level 1 therapy, they are offered a Level 2 therapy – all of which have been developed and evaluated in Sussex. The particular therapy offered will vary between clinical services:

#### Level 2:

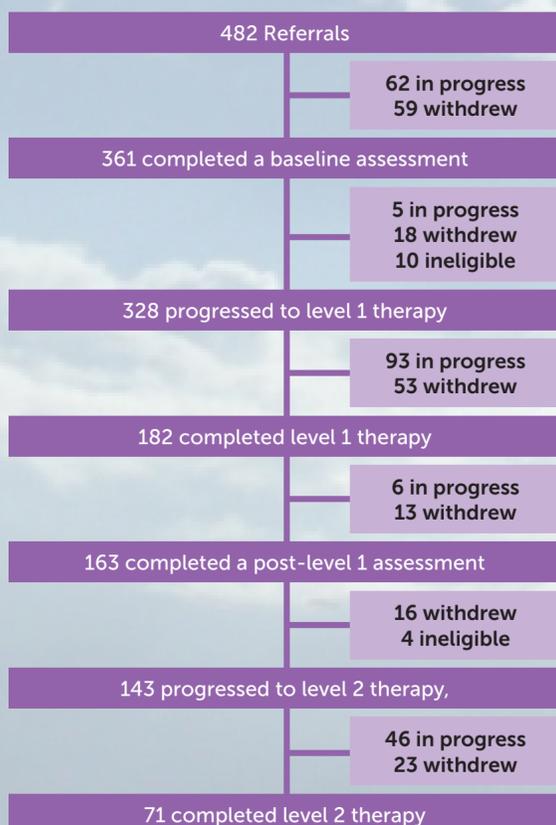
**Group Person-based Cognitive Therapy (PBCT):** A 12-session therapy that integrates cognitive therapy (exploring and re-evaluating beliefs about self and voices) with a mindfulness-based approach (Chadwick et al., 2016).

**Relating Therapy:** A 16-session individual therapy that teaches patients to respond assertively within difficult relationships (with voices and other people) (Hayward et al., 2017).

**Brief CBT ('GiVE'):** A 4-8 session individual therapy based on the self-help book 'Overcoming Distressing Voices' (Hayward, Strauss & Kingdon, 2018) and workbook (Hazell et al., 2018) that teaches patients to consider all of the evidence when forming judgements about themselves and voices (Hazell et al., 2017).

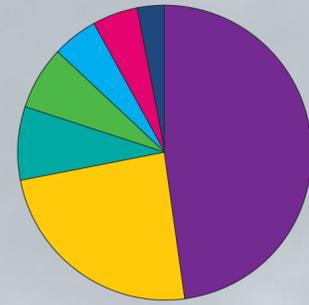
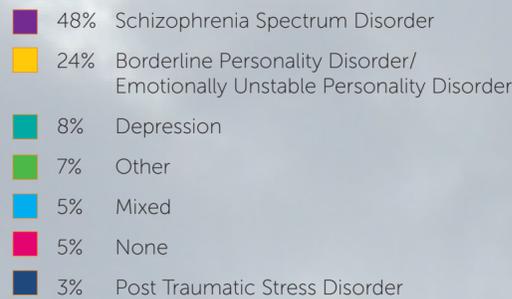
### Clinical activity

We use inclusive eligibility criteria that require patients to be distressed by their voice-hearing experiences. The flow of patients through the Clinic has been as follows:



Drop out at Level 1 is 23% and at level 2 is 27%. These levels of attrition are consistent with those reported in trials of CBT for this patient group.

Confirmed patient diagnoses breakdown as follows, and illustrate to the trans-diagnostic nature of the Voices Clinic:



### Outcomes

The primary clinical outcome for the Voices Clinic is the reduction of voice-related distress. This outcome is captured by the Distress Scale of the Psychotic Symptoms Rating Scale – Auditory Hallucinations (PSYRATS-AH; 0-20), or the Voice Impact Scale of the Hamilton Program for Schizophrenia Voices Questionnaire (HPSVQ; 0-16). Higher scores imply more distress.

We also assess any impact on recovery using a locally developed measure of patient-defined recovery called Choice of Outcome in CBT for psychoses (CHOICE; Greenwood et al., 2010). CHOICE is an 11-item self-report measure that generates a mean score (0-10) across all items. Higher scores imply a greater degree of recovery.

**Table 1: A summary of changes in distress and recovery at each time point with Cohen's d effect sizes. Paired t-tests were used to carry out the analyses on complete datasets**

Outcome	Comparison	Number of patients	Mean difference	95% CIs	Effect size	Combined effect size	Number of patients improved
PSYRATS-AH Distress	Baseline v Post Level 1	88	-1.69	-2.78 to -0.61	0.38		51 (58%)
HPSVQ Voice-Impact	Baseline v Post Level 1	54	-1.50	-2.34 to -0.66	0.46	0.41	29 (54%)
PSYRATS-AH Distress	Baseline v Post Level 2	43	-3.72	-5.38 to -2.06	0.61		32 (74%)
HPSVQ Voice-Impact	Baseline v Post Level 2	12	-3.00	-5.53 to -0.47	0.69	0.63	10 (83%)
CHOICE	Baseline v Post Level 1	146	+0.73	+0.49 to +0.96	0.50		102 (70%)
CHOICE	Baseline v Post Level 2	61	+1.48	+0.97 to +1.99	0.71		49 (80%)

Table 1 indicates that the majority of patients reported reductions in distress and an enhancement of recovery. The Minimum Important Clinical Difference (MCID: 3 points for PSYRATS-AH; 2 points for HVSPQ; and 1.45 points for CHOICE) is contained within the confidence intervals for all measures at post level 2.

### Feedback from patients

"I feel calmer generally – I used to argue with the voices all the time"

"Learning coping strategies, thinking about how to respond to voices differently and talking about the voices out loud has given them less power"

"Initially I was unsure about talking to someone about the voices but after doing it seemed to be ok"

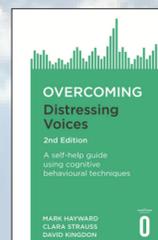
"I felt listened to at all times and we worked through the therapy course at a speed that felt manageable to me"

"It gave me a chance to hear from and share with other people and not feel alone"

"I think it's very good. Very positive. It's given me a new way of looking at my illness and to take positive steps going forward"

### Publication in the spotlight

All of the therapies offered within the Voices Clinic are informed by the principles of CBT that are described in our book – which was revised and published as a second edition in 2018.



### Key References

Chadwick, P., Strauss, C., Jones, A-M., Kingdon, D., Ellett, L., Dannahy, L., & Hayward, M. (2016) Group mindfulness-based intervention for distressing voices: A pragmatic randomised controlled trial. *Schizophrenia Research*, 175, 168-173.

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., Jones, A-M., Bogen-Johnston, L., Thomas, N. & Strauss, C. (2017). Relating Therapy for distressing auditory hallucinations: A pilot randomized controlled trial. *Schizophrenia Research*, 183, 137-142.

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. (2017). Guided self-help cognitive-behaviour Intervention for VoicEs (GiVE): Results from a pilot randomised controlled trial in a transdiagnostic sample. *Schizophrenia Research*. First published online 13th October 2017.

Hazell, C.M., Hayward, M., Strauss, C. & Kingdon, D. (2018). *An introduction to self-help for distressing voices*. London: Constable & Robinson.

### Research studies in the spotlight!

**AppRoVE** – a questionnaire study developing and evaluating a measure of assertive relating to voices and other people. Recruiting patients aged 18+ who currently hear distressing voices, irrespective of diagnosis.

Contact [mark.hayward@sussexpartnership.nhs.uk](mailto:mark.hayward@sussexpartnership.nhs.uk)

**VIBE** – a questionnaire and scanning study exploring the voice hearing experiences of patients with a diagnosis of Borderline Personality/Emotionally Unstable Personality Disorder. Recruiting patients aged 18+ years with a BPD/EUPD diagnosis who currently hear distressing voices.

Go to <http://www.sussex.ac.uk/spriglab/research/current/vibe> for further details and to make a referral.

**VISTA** - a questionnaire study comparing the social relationships of young people who do and do not hear distressing voices. Recruiting patients aged 14-18 years from Children & Young Peoples Services.

Contact [aikaterini.rammou@sussexpartnership.nhs.uk](mailto:aikaterini.rammou@sussexpartnership.nhs.uk)

**GiVE 2** – a feasibility Randomised Controlled Trial of brief CBT ('GiVE') delivered by Assistant Clinical Psychologists. Recruiting patients aged 18+ years with a psychosis diagnosis who currently hear distressing voices.

Contact [mark.hayward@sussexpartnership.ac.uk](mailto:mark.hayward@sussexpartnership.ac.uk)

### Further information

If you would like to refer a patient to the Voices Clinic, please speak to the patient in the first instance, then send their details to:

[voices.clinic@sussexpartnership.nhs.uk](mailto:voices.clinic@sussexpartnership.nhs.uk)

If you require further information please contact Dr Mark Hayward, Clinic Director.

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