

## ***What is the aim of the study?***

To inform psychological therapies for distressing voices by exploring patterns that might be acting to maintain distress **during daily life**.

## ***What does the study involve?***

After completing a series of standardised questionnaires, participants will be asked to **carry a mobile phone** (provided) for nine days as they go about their usual daily activities.

This mobile phone contains an 'app' which asks questions at regular intervals about peoples' current activities, thoughts, feelings and voices.

## ***What are the benefits?***

Participants will **receive £60** for their time, plus any travel costs. They will also receive **personalised feedback** about patterns that might be maintaining their voice-related distress, of which they might not be aware.

## ***Who can take part?***

We are looking for service users who:

- a) are **18 or over**
- b) have received a diagnosis of **psychotic, mood or personality disorder, or PTSD**
- c) currently hear a voice or voices **most days**
- d) have *not* received a full course of CBT for psychosis

## ***How can I refer my client to the study?***

To refer a client to the study, please fill out the referral form overleaf.

**For more information**, or to download and **submit your referral form electronically**, please visit the study website:

**[www.sussex.ac.uk/spriglab/research/explorevoices](http://www.sussex.ac.uk/spriglab/research/explorevoices)**





**Team Referral Letter**  
**Exploring Voice Hearing Experiences in Daily Life**

Name of referring team member (print): \_\_\_\_\_

Tel: \_\_\_\_\_ Team: \_\_\_\_\_

Service User Name: \_\_\_\_\_ PIMS: \_\_\_\_\_

Service User Tel: \_\_\_\_\_ Service User Address: \_\_\_\_\_

Service User's Care Co-ordinator \_\_\_\_\_

**Please confirm that the service user meets all of the following study inclusion criteria:**  
(please **circle** as appropriate)

- |   |       |          |          |
|---|-------|----------|----------|
| 1. Is the service user <b>18 or over</b> ?  | ..... | <b>Y</b> | <b>N</b> |
| 2. Has the individual been <b>ICD 10</b> (research criteria) diagnosed with one of the <b>diagnoses listed overleaf</b> ?     | ..... | <b>Y</b> | <b>N</b> |
| 3. Does the individual have an <b>organic illness</b> or a <b>primary diagnosis of substance misuse</b> ?                     | ..... | <b>Y</b> | <b>N</b> |
| 4. Does the individual currently experience <b>auditory verbal hallucinations</b> (i.e. a voice or voices) <b>most days</b> ? | ..... | <b>Y</b> | <b>N</b> |
| 5. Has the individual <b>received 16 sessions of CBT</b> for psychosis.....   |       | <b>Y</b> | <b>N</b> |
| 6. Are there <b>any risks</b> with visiting the individual at their home?.....  |       | <b>Y</b> | <b>N</b> |

**Please add any further comments overleaf**

Signature of referring team member: \_\_\_\_\_ Date: \_\_\_\_\_

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*Thank you for taking time to make this referral. Please return this form to:*

**Sarah Fielding Smith**  
**Pevensey 1 Building**  
**University of Sussex**  
**Falmer, BN1 9QH**

