


Sussex
Voices Clinic



GIVE3





National Clinical Audit of Psychosis

National report for the core audit



LIMITED RESOURCES



PSYCHOSIS AND SCHIZOPHRENIA IN ADULTS

THE NICE GUIDELINE ON TREATMENT AND MANAGEMENT

UPDATED EDITION 2014

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH



NICE have posed questions about increasing access

What happens when CBTp is delivered in less than the recommended 16 sessions?

What happens when CBTp is delivered by briefly trained therapists?



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Brief & targeted interventions

Bite-size CBT

Bite-size CBT

Briefly trained therapists



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Cognitive model of voices

(Chadwick et al, 1996)

A

Activating Event

Voice comments:

“if you go out today,
someone will attack
you”

“you’re useless and
weak”

B

Beliefs

“Voices are in control of me”

“I must obey the voices”

“The voices speak the truth”

“I am useless”

“I am weak”

C

Consequences

Feelings

Fearful

Depressed

Behaviour

Stay at home

Cognitive model of voices

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Brief & targeted interventions

CSE

GiVE

Briefly trained therapists



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Briefly trained therapists



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Coping strategies

71 – 100% of participants reporting one or more strategies used to 'cope' with voices (Farhall et al., 2007; So & Wong, 2008)

Descriptively, these coping strategies can be grouped (Tsai & Chen, 2006) into domains of:

Doing something (Behavioural),
e.g., such as a chore;

Thinking differently (Cognitive),
e.g., telling myself not to worry;

Changing sensations
(Physiological), e.g., having a shower.

What strategies would you suggest to a patient distressed by hearing voices?

What should the therapy involve?

order from 1 (most prefer) to 6 (least prefer)
(Berry et al., 2022)

1) Developing and practising coping strategies

2) Developing an understanding of my voices

3) Identifying and evaluating unhelpful beliefs

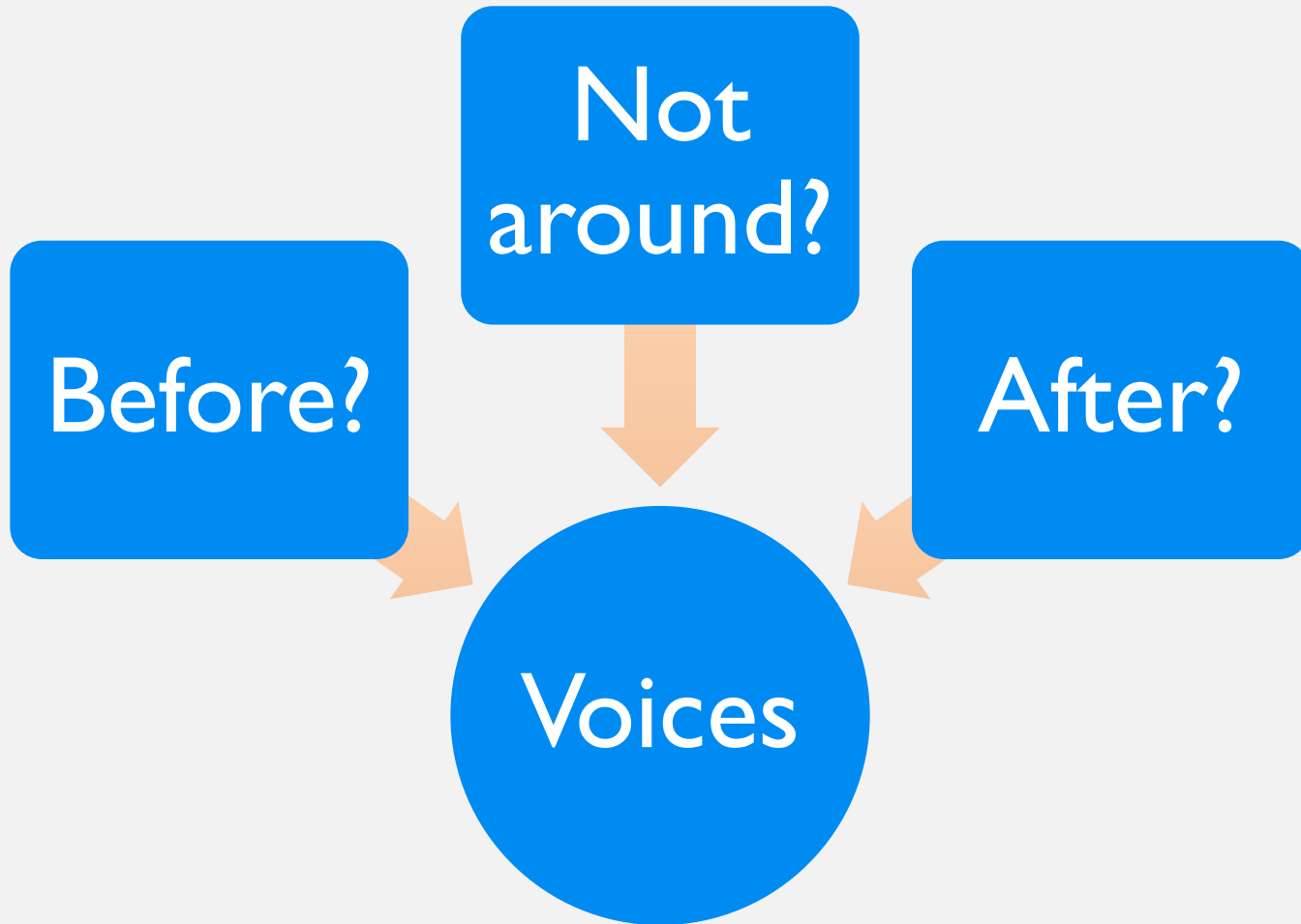
4) Developing a relationship with the therapist

5) Providing me with educational information

6) Developing a sense of my personal values and goals

Coping Strategy Enhancement

(Tarrrier et al., 1993, 1998)



Session 1: Triggers

- Aim - begin to explore voice hearing experiences and raise awareness
- Emphasis upon triggers and esteeming activities

■ Are there other times when voices are not around or are less distressing? What am I doing at these times?

.....

.....

.....

.....

■ What can I do more or less of over the next week to manage my voices better and to help me to feel better about myself?

.....

.....

.....

.....

Don't forget to use the diary pages at the back of this workbook to help you keep track of and use what you've learnt this week!

My Notes and Drawings

Session 2: Responses

- Aim – begin to explore what happens after voice activity – for better and worse!
- Emphasis upon coping responses and adapting a chosen strategy for coping with voices

■ Do any of these coping strategies make voices worse (e.g. shouting back can sometimes lead to voices getting louder)?

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■ Is there a coping strategy that you could use more often / differently? What will you do and when?

.....

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.....

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.....

■ Are there any activities that give you a sense of achievement or make you feel good about yourself that you can do more of this week? What will you do and when?

.....

.....

.....

.....

.....

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Session 3: Reviewing action

- Aim - to review the use of the adapted strategy and tweak this strategy further or adapt another strategy
- Emphasise any lessons being learnt from any attempts to use adapted strategy

■ Over the next week, is there a coping strategy that you could use differently? What will you do and when?

.....
.....
.....
.....

■ Are there any activities that give you a sense of achievement or feel good about yourself that you can do more of this week? What will you do and when?

.....
.....
.....
.....

Don't forget to use the diary pages at the back of this workbook to help you keep track of and use what you've learnt this week!

My Notes and Drawings

Session 4: Lessons learnt

- Aim - to review learning and plan for next steps
- Emphasis upon learning about self and voices, and changes noticed during therapy

■ Are there any other changes that have happened as a result of attending these sessions?

.....
.....
.....
.....
.....

■ How will you respond to your voice(s) over the next few weeks?

.....
.....
.....
.....
.....

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My Notes and Drawings

What outcome(s) should we measure?



Contents lists available at [ScienceDirect](#)

Clinical Psychology Review

journal homepage: www.elsevier.com/locate/clinpsychrev



Review

Measuring the longitudinal course of voice hearing under psychological interventions: A systematic review

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ARTICLE INFO

Keywords:

Voice hearing
Auditory verbal hallucinations
Psychological interventions
Longitudinal course

ABSTRACT

Trials of psychological interventions targeting distressing voices have used a range of variables to measure outcomes. This has complicated attempts to compare outcomes across trials and to evaluate the effectiveness of these interventions. Therefore, this review aimed to identify the variables that have been used to measure the longitudinal course and impact of voice hearing under these interventions and to evaluate how these variables change over time. Inclusion and exclusion criteria were applied, resulting in a total of 66 articles. Of these, 60 studies (28 RCTs, 23 uncontrolled, 9 non-randomised) were published in peer-reviewed journals, whilst 6 were recently completed or currently ongoing. The findings of this review suggest that a range of variables that are not directly relevant to psychological interventions have been used (e.g., depression, characteristics of voice hearing experience), whilst those directly impacted by psychological interventions (e.g., voice-related distress), broader concepts of outcome (e.g., functioning) and specific associated processes (e.g., self-schema) have received less attention. Findings also showed that the majority of variables demonstrated improvements, but effect sizes varied considerably across trials. This may be attributed to methodological differences such as statistical power, blinding, control groups and different methods of measurement. Our review highlights the importance of determining a set of outcomes that are directly targeted and should change under psychological interventions. Recommendations include the use of voice-related distress as a primary outcome. This can ultimately facilitate comparisons across studies and inform the development of psychological interventions.

Consistent benefits across the world ...



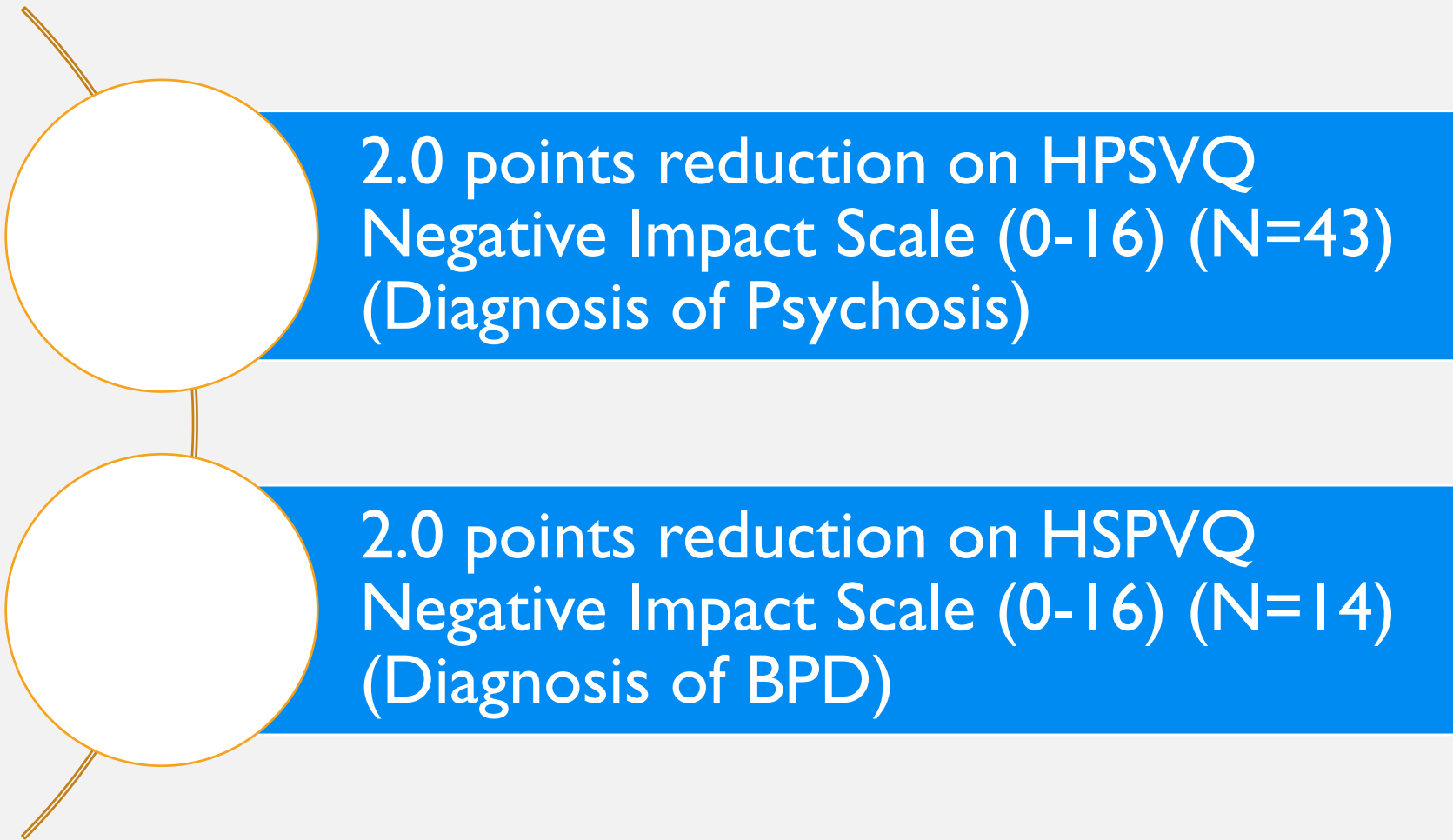
1.9 points reduction on PSYRATS Distress Scale (0-20)
(UK; N=101) (Hayward et al., 2018)

2.5 points reduction on PSYRATS Distress Scale (0-20)
(Australia; N=62) (Paulik et al., 2019)

2.3 points reduction on HSPVQ Negative Impact Scale (0-16)
(France; N=22) (Zanello et al., in press)

... across diagnoses ...

(Morrice et al., 2022)



2.0 points reduction on HPSVQ
Negative Impact Scale (0-16) (N=43)
(Diagnosis of Psychosis)

2.0 points reduction on HSPVQ
Negative Impact Scale (0-16) (N=14)
(Diagnosis of BPD)

... across the lifespan ...
 young people ...
 (Hayward et al., 2022)

Table 2. Summary of outcomes for young people who completed the CSE intervention and offered full datasets ($N = 13$).

Measure	Pre-intervention			Post-intervention			Effect size <i>d</i>
	M	SD	Range	M	SD	Range	
HPSVQ negative impact scale	10.54	2.18	8–14	7.00	4.58	0–16	0.96
HPSVQ physical scale	12.73	2.76	7–17	10.36	5.22	0–18	0.54
PHQ-9	18.92	4.60	9–25	15.33	6.62	3–26	0.63
GAD-7	16.58	4.06	8–21	14.92	5.55	7–21	0.34
CHOICE severity	3.75	.87	2–5	4.83	1.19	3–7	–1.04
CHOICE goal rating	3.00	1.35	1–6	6.83	2.55	2–10	–1.70

... across therapists ...

(Clark et al., 2021)



1.31 points reduction on HPSVQ
Negative Impact Scale (0-16) (N=48)
(Highly trained therapists)



1.20 points reduction on HPSVQ
Negative Impact Scale (0-16) (N=44)
(Briefly trained therapists)

... and in the words of patients

“More practical things to distract - reading, cross-stitch, mosaic art. Found all this really helpful.”

“Very open therapist, understanding. I was able to feel at ease - able to talk about the voices without being afraid.”

“There was a lot of emphasis on the helpful and positive things that I already do and could do in the future to make my life more enjoyable and fun.”

“Helped me see voices aren't as strong as you let them be”

“The workbook has helped me to recognise my issues and I can go out more now.”

What have We

LEARNED?

So far...



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Brief & targeted interventions



Briefly trained therapists

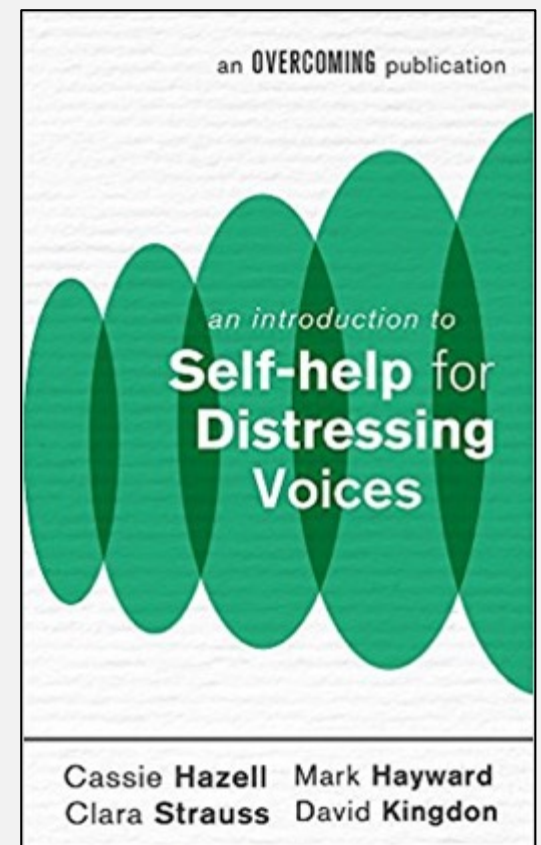
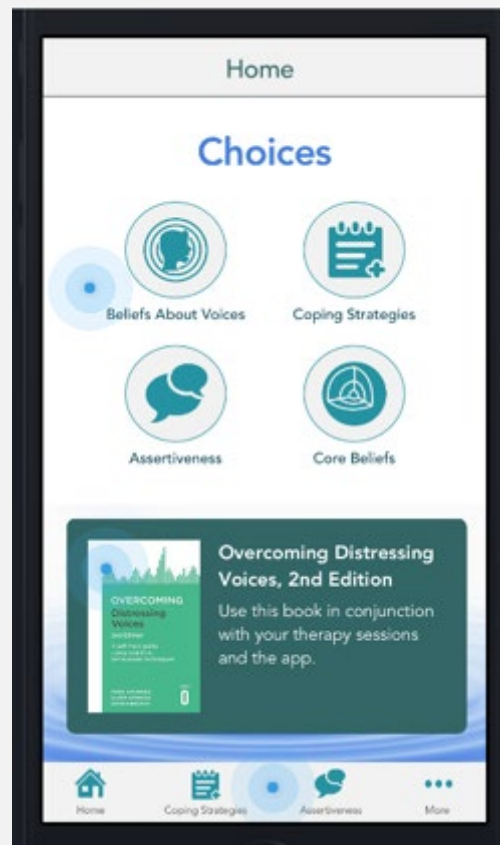
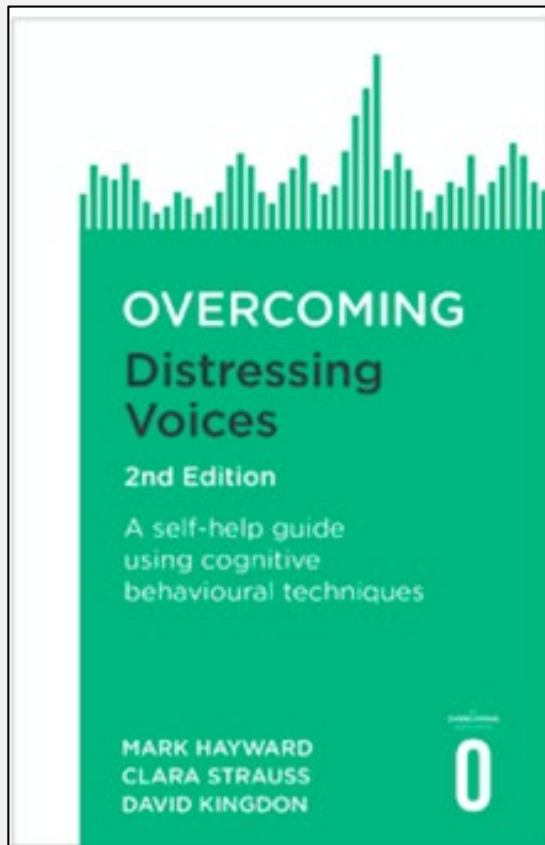


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HELPFUL RESOURCES!



GUIDED SELF-HELP CBT FOR VOICES (THE 'GIVE' INTERVENTION)

Introduction
& Coping

'Me'
Beliefs about self

'My Voices'
Beliefs about voices

'My relationships'
Relating to voices and
other people

Moving
forward

Session 1
(Chapter 4)

Session 2
(Chapter 2)

Session 3
(Chapter 6)

Session 4
(Chapter 1)

Session 5
(Chapter 5)

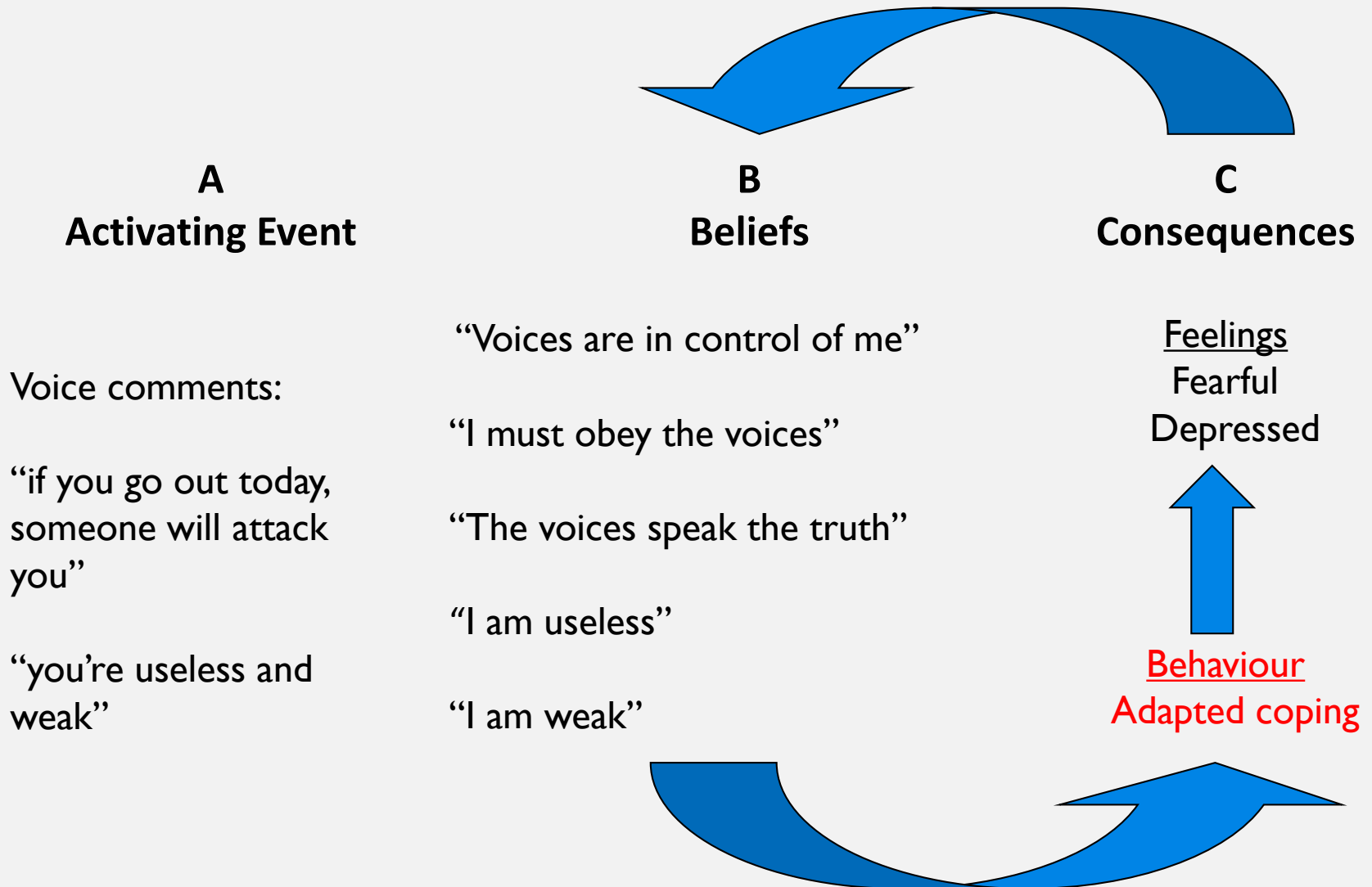
Session 6
(Chapter 3)

Session 7
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Session 8
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Cognitive model of voices

(Chadwick et al, 1996)





Guided Self-help CBT for Voices (the 'GiVE' intervention)

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You're useless and worthless



If you go out, bad things will happen to you

Nobody likes you



IS THIS THE WHOLE STORY?

**I believe that my
voice is ... in control**

**How certain are you
that this belief is true
... 75%**

**Right now, this belief
is true with about ...
60% ... conviction**

**Evidence and experiences
that mean this belief is not
true all of the time:**

1. Voices say quit smoking –
and I'm still smoking
2. Voices say I will get beaten
up if I go outside – and its
never happened
3. You're not going shopping
– and I went
4. Only buy certain things –
I bought lots of stuff

Three ways to ask questions,
gather facts and re-evaluate
the accuracy of...



Negative
beliefs about
self



Positive
beliefs about
self



Beliefs
about voices





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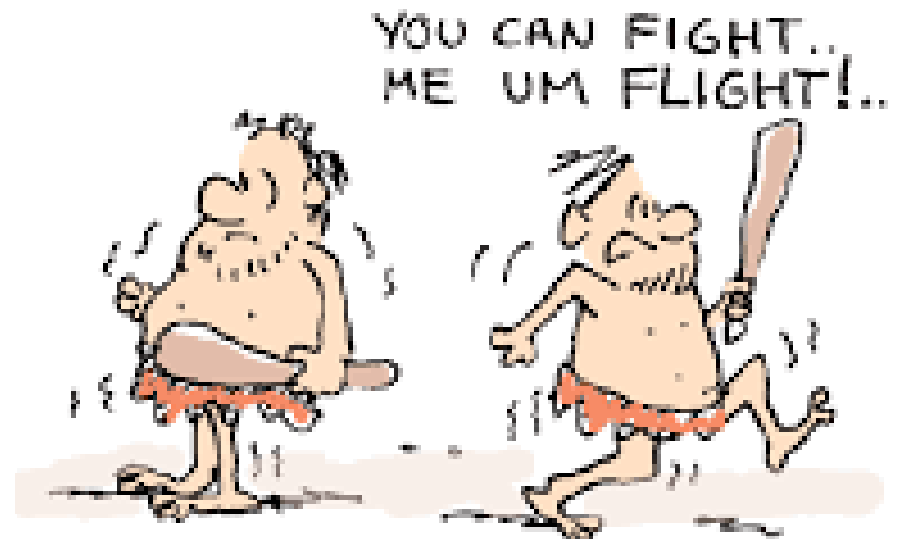
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You're useless and worthless – a complete failure



INSTINCTIVE RESPONSES TO THREAT!

How do people respond to the voices they hear?

(Hayward et al., 2020)

Passive

Aggressive

Assertive

Poorer Mental Health & more severe voice hearing

Improved Mental Health

They say...	I respond by... Feelings, actions, what I say	Is my response: passive, aggressive or assertive?	An assertive response would be...
You are useless and worthless, and deserve to die	Feelings: frightened	Passive	1) I hear what you're saying
	Actions: go to bed		
	What I say: try to say nothing		

They say...	I respond by... Feelings, actions, what I say	Is my response: passive, aggressive or assertive?	An assertive response would be...
You are useless and worthless, and deserve to die	Feelings: frightened	Passive	1) I hear what you're saying
	Actions: go to bed		2) I have made a lot of mistakes and do feel useless
	What I say: try to say nothing		sometimes.

They say...	I respond by... Feelings, actions, what I say	Is my response: passive, aggressive or assertive?	An assertive response would be...
You are useless and worthless, and deserve to die	Feelings: frightened	Passive	1) I hear what you're saying
	Actions: go to bed		2) I have made a lot of mistakes and do feel useless sometimes.
	What I say: try to say nothing		3) I see things a bit differently.....

They say...	I respond by... Feelings, actions, what I say	Is my response: passive, aggressive or assertive?	An assertive response would be...
You are useless and worthless, and deserve to die	Feelings: frightened	Passive	1) I hear what you're saying
	Actions: go to bed		2) I have made a lot of mistakes and do feel useless sometimes.
	What I say: try to say nothing		3) I see things a bit differently.....and have evidence to support my view

Using roleplay to bring the conversation to life!

- The patient in their 'own chair':
 - saying the assertive statements previously created – and reflecting upon the experience.
 - Being aware of body language and how to adopt an assertive posture.
 - Drawing upon evidence to support their view.





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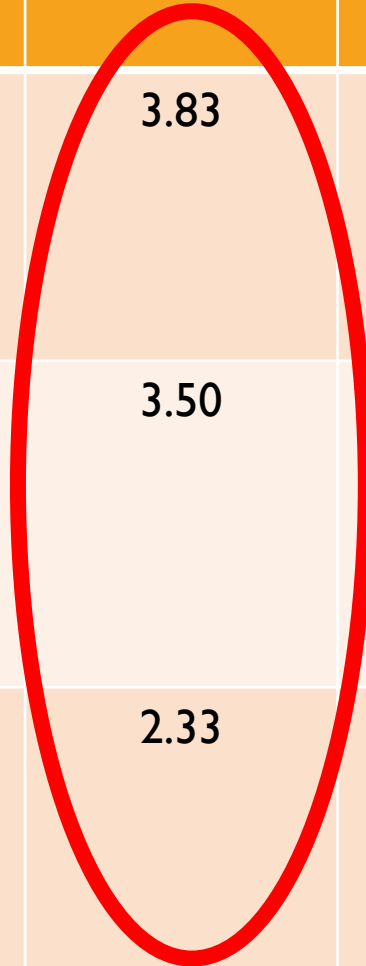
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Personal goals (categories)

Goal Type	Frequency (%)
Coping with specific problems and symptoms	58(19.9)
Interpersonal	27(9.3)
Well-being and functioning	52(17.9)
Existential issues	36(12.4)
Personal growth	50(17.2)
Residual categories	68(23.4)

Benefits evident...when delivered by different therapists!

	Number of patients	Baseline (voice-related distress; 0-16)	Post-GiVE (voice-related distress; 0-16)	Reduction (voice-related distress; 0-16)	Effect size (Cohen's d)
Highly trained therapists (Clinical Psychologists) (Hazell et al., 2018)	14	13.14	9.31	3.83	1.2
Briefly trained therapists (Assistant Psychologists) (Hayward et al., 2021)	26	11.60	8.10	3.50	1.1
Briefly trained therapists (SVC) (Barrett, 2022)	49	13.00	10.67	2.33	0.7




Participant feedback from our first trial

(Hazell et al., 2020)

- I feel good about myself - 'So I'm feeling I have more worth now. So that wouldn't have happened without this [therapy].'
- Managing my voices - 'Erm, the voices, well the intensity of the voices has kind of has fluctuated, I guess. Erm, but eh I think I've overall found it easier to not erm totally listen to them because, erm I had some evidence that they're not entirely true. That the things they are saying are not entirely true.'
- Helping myself - 'It would have been, I wouldn't have managed the book without somebody to help me through it, I wouldn't have stuck to it. I know I wouldn't of done, especially with all the boxes with a's, b's, and c's [ABC model of CBT], I would have given up.'

Patient feedback from within SVC



“I was heard and understood, it was a safe space that helped me a little bit to think”

"The therapy gave me the opportunity to understand that the voice is not me"

"I am now more assertive with them [the voices] and I feel more empowered"

“Really helped me understand myself and my responses [to the voices] and other people as well”

The GiVE sessions have been “an incredible help...changed my life”

DEFINITIVE RCT



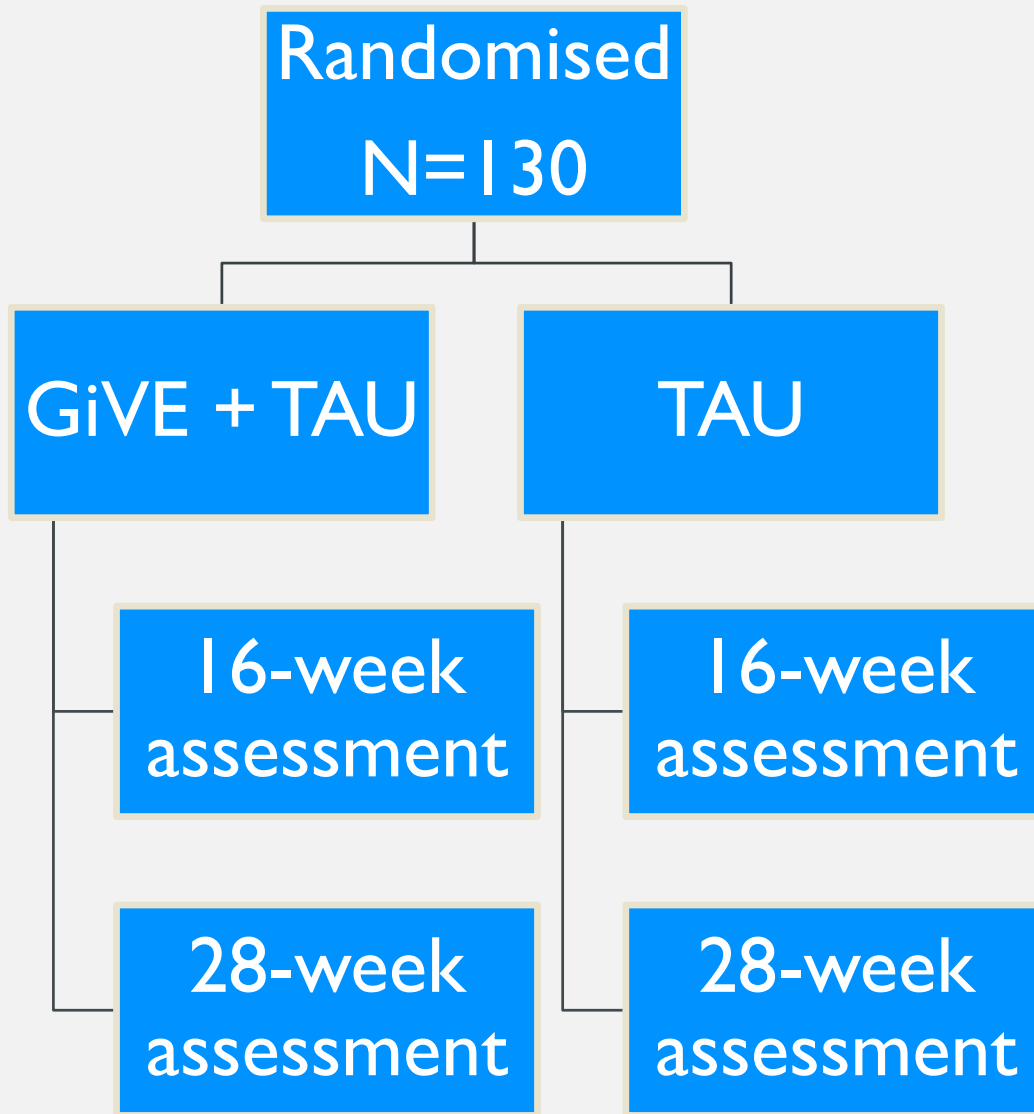
GiVE

- N=65
- Delivered by Assistant Psychologists



Treatment-As-Usual

- N=65





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Session 9
(Chapter 8)

Session 10
(Chapter 8)

INCLUSION CRITERIA

In contact with Secondary Care Mental Health Services

A clinician-reported diagnosis of psychosis (ICD10 F20–29 and F30–39)

Aged 18 years or over

Currently hearing voices

Currently distressed by hearing voices

**RECRUITMENT
OF PATIENTS
WITHIN SPFT**

**(FROM OCT 2022 -
SEPT 2023)**

GIVE3@SPFT.NHS.UK

**Hastings
ATS**

**Brighton &
Hove ATS**

**NWS &
Mid-
Sussex ATS**

HOW VERSATILE IS THE GIVE INTERVENTION?

WILL IT BE HELPFUL FOR
YOUNG PEOPLE?



CAN IT BE DELIVERED
DIGITALLY ?





**THANK
YOU**

for

LISTENING

ANY QUESTIONS?

KeepCalmAndPosters.com