

The Perth Voices Clinic

is a psychological treatment, teaching and research clinic for people who hear voices or have other unusual perceptual experiences.

It also provides a facility for advanced training of future clinical psychologists and other mental health professionals

Evaluating the 'B' and 'C' in Cognitive Behavioural Therapy for distressing voices.

What do we already know about this topic?

Cognitive Behavioural Therapy (CBT) is a psychological treatment that is effective for a variety of mental health difficulties and behavioural problems and is now being used to help people with distressing voices. CBT focusses on teaching people how to change unhelpful behaviours (the "B" in CBT) and cognitions or thoughts (the "C" in CBT) to improve wellbeing and achieve treatment goals. Coping Strategy Enhancement therapy is a "B" type approach to treatment - it helps voice hearers to reduce the triggers for their voices and make better use of their coping strategies (i.e., the actions they take to manage their voices). Brief Coping Strategy Enhancement involves four standardized therapy sessions, conducted over 4 weeks.

What did we do? Previous research shows that Brief Coping Strategy Enhancement (CSE) has modest benefits in reducing voice-related distress. In their 2019 study, Georgie Paulik (Perth Voices Clinic), Mark Hayward (University of Sussex, UK), Anna-Marie Jones (NHS Foundation Trust, UK) and Johanna Badcock (Perth Voices Clinic) assessed whether treatment gains could be enhanced if Brief Coping Strategy Enhancement was coupled with an additional 4 session intervention that targets how people interpret the voices they hear (a "C" type approach). The additional intervention made use of existing research evidence which shows that negative beliefs about the self and voices contribute to the severity of voice-related distress, and that challenging these beliefs is an effective form of therapy. This combined CBT treatment was administered to 62 voice hearers at the Perth Voices Clinic over the course of 8 sessions (4 sessions of CSE - the "B" in CBT - and 4 appraisals modules – the "C" in CBT).

Did it work? We examined a variety of clinical measures administered before, during and after therapy completion. Our results showed that the CSE (or "Behavioural") module alone resulted in modest reductions in voice-related distress. Importantly, further improvements were gained by including the appraisal (or "Cognitive") module to the treatment. The exact reasons for the added benefit of the second module requires further evaluation. The 'take home' story is that CBT should be considered as an effective treatment method for reducing voice hearing related distress in clinical practice settings.

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