AMETHYST
THERAPIES FOR VOICE HEARING

voicestherapy.com

New innovations in psychological therapies for auditory hallucinations

Professor Neil Thomas, Dr Leila Jameel

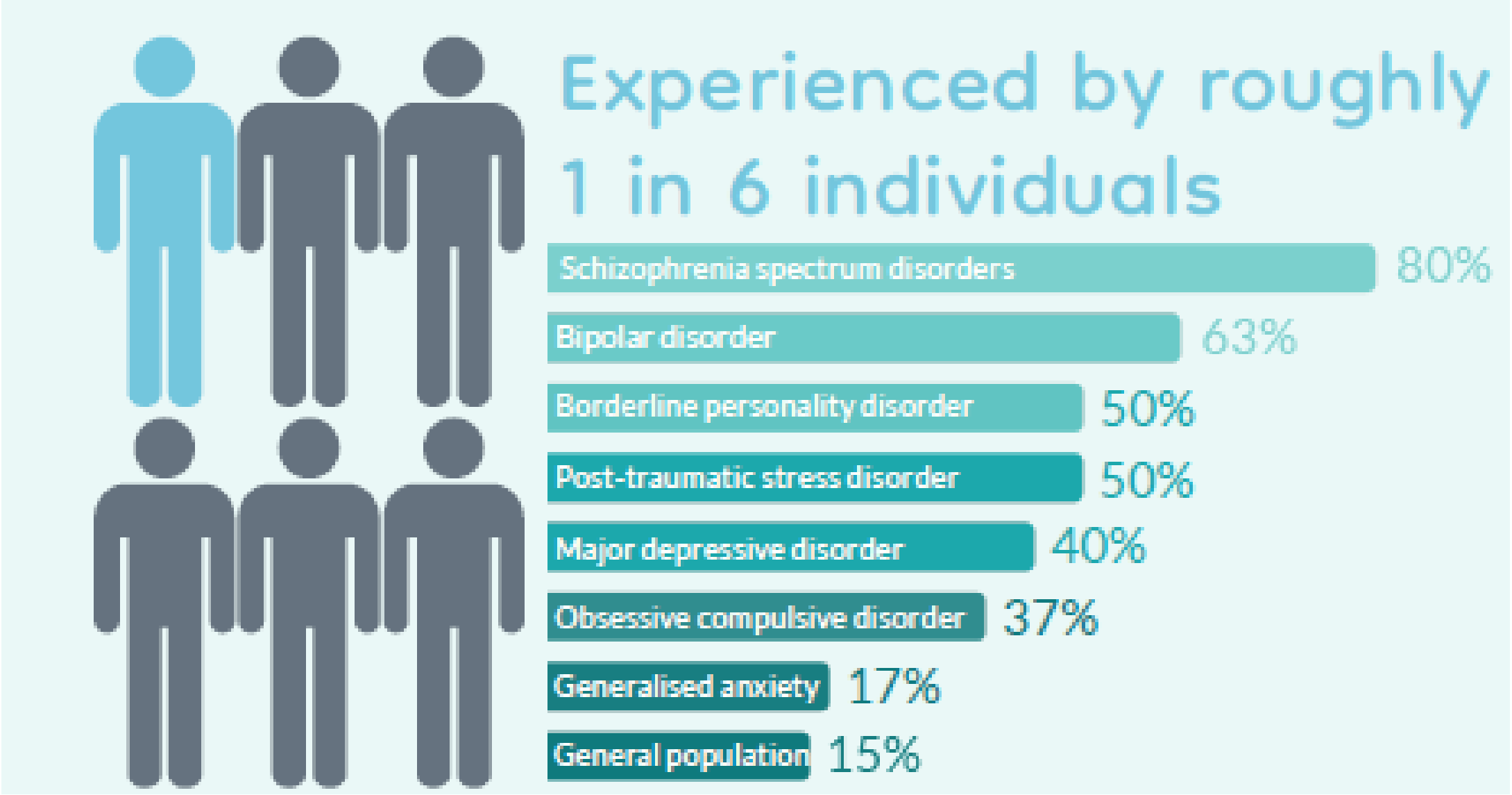
Centre for Mental Health, Swinburne University of Technology

Voices Clinic

AMETHYST Trial

SWINBURNE UNIVERSITY OF TECHNOLOGY · USC · THE UNIVERSITY OF MELBOURNE · MONASH University · Perth Voices Clinic · MANCHESTER 1824 The University of Manchester · UNIVERSITY OF COPENHAGEN

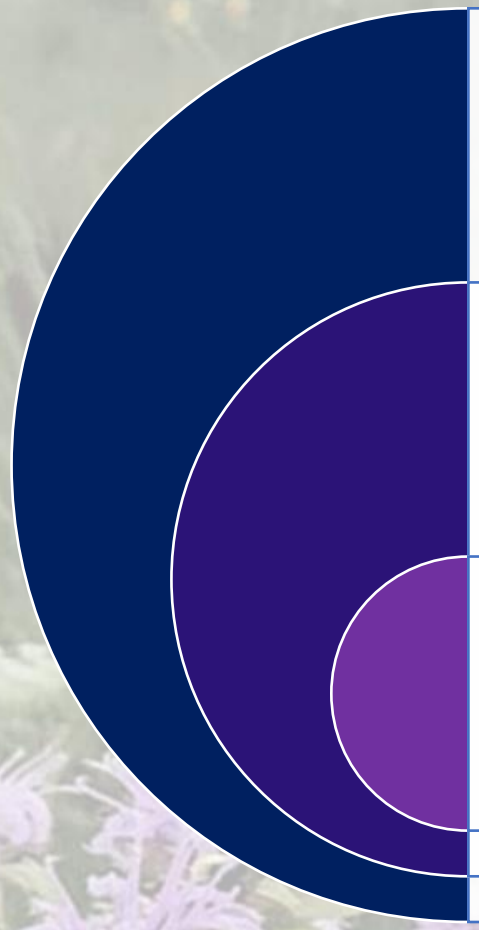
Hearing voices as a treatment target



Toh et al (2024) *Voice hearing and other altered perceptual expériences*. Wellcome Trust

SWINBURNE UNIVERSITY OF TECHNOLOGY

Hearing voices as an impactful experience



Person-like	• Experience of someone talking to or about you • Perceived intent and power
Salient content	• Negative/emotive content • Trauma, self-concept may feature
Intrusiveness	• Realness • Uncontrollable, inescapable

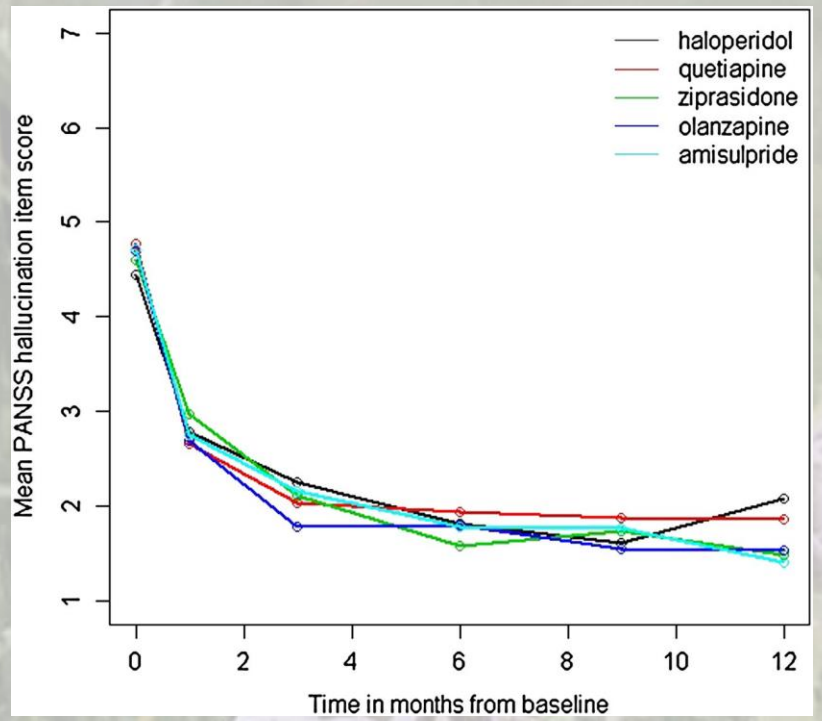
Adapted from Thomas et al (2013). In Morris et al (Ed) *ACT and mindfulness for psychosis*. Wiley

Is medication enough?

Antipsychotic medication

- Effective on average
- But 2/3 of patients do not experience full symptom remission
- Half fail to show minimal response
- No antipsychotic agents with particular utility/indication for hallucinations
- Side effects, patient reluctance to take, patients express desire for choice

Samara et al, 2019; Leucht et al, 2018



Sommer et al, *Schizophr Bull* 2012

Coping and hearing voices

- People have identifiable coping strategies
- Significant room for optimising coping strategies that people use
  - Strategies people say are most effective are not those that are done most often
  - Effective strategies may not be used as routinely as they could
- Coping may be deliberate or automatic/habitual
  - Habitual responses often where unhelpful responses arise
  - Common being drawn into argumentative or submissive responses to voices

Current best practice psychological therapy for hearing voices

Evolution of CBT for psychosis

Early interventions

- Walkman, Earplugs, Relaxation

Coping focused interventions

- Broadening coping repertoire and implementing coping more systematically
- Contemporary value as a low intensity intervention

CBT for psychosis

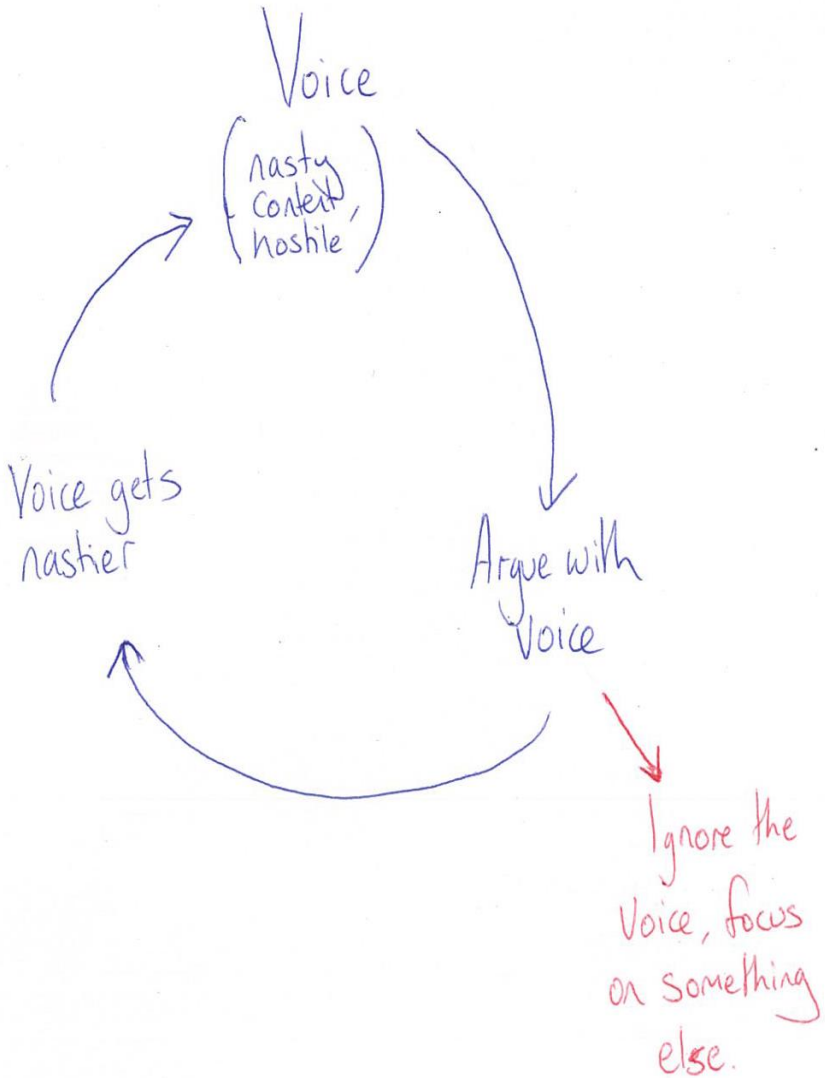
- Individualised, formulation-based approach for applying CBT methods to psychosis (including hallucinations)

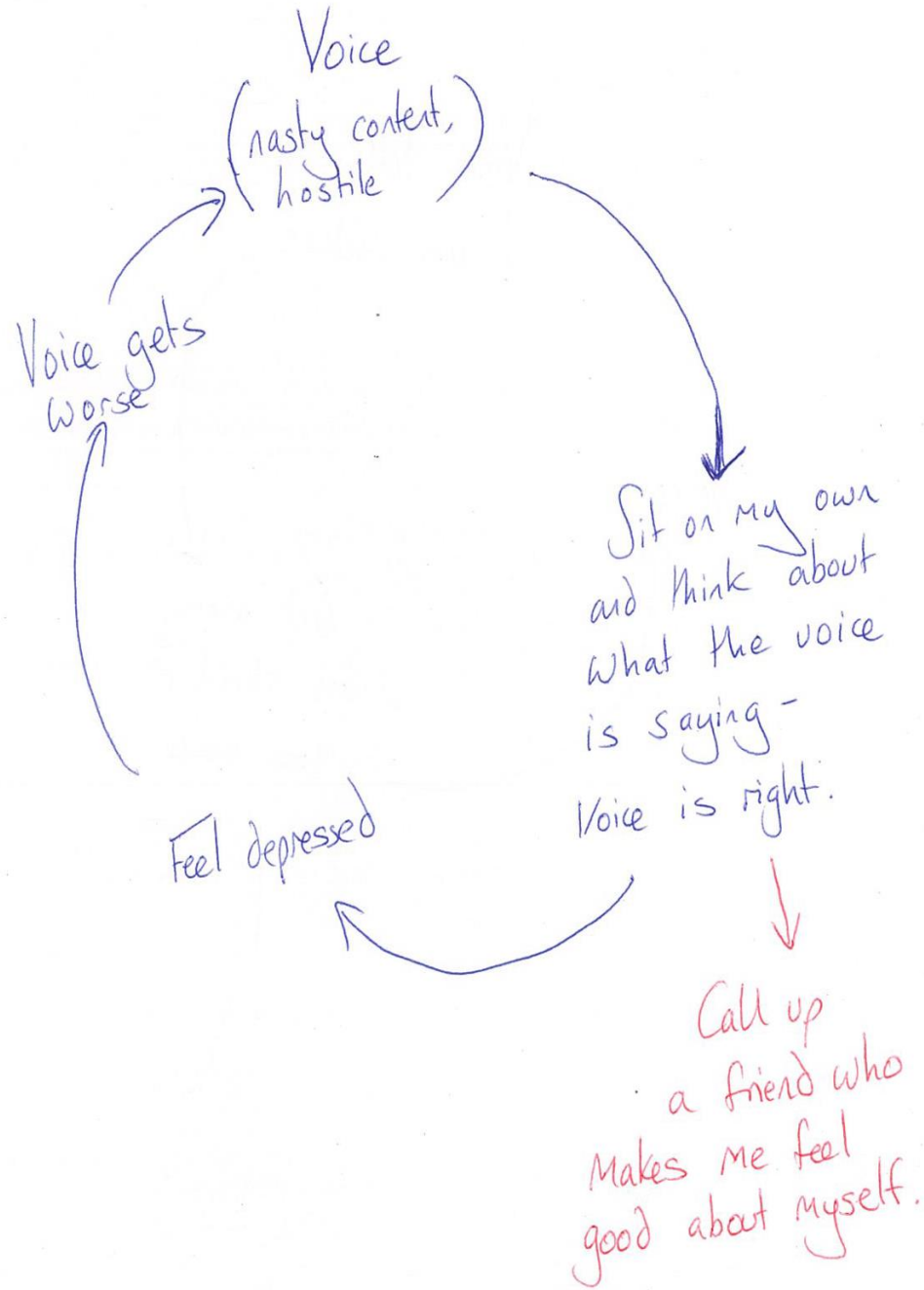
WHAT WAS HAPPENING JUST BEFORE THE VOICES STARTED?

In the supermarket (lots of noise, lots of people) → Feeling really anxious → Watching other people to see if they have noticed how anxious I am. → Voices start telling me that people are watching me.

Feeling really anxious → Things that help me to relax.

Watching other people to see if they have noticed how anxious I am. → Focus my attention on something else.


Voice
(nasty content, hostile)
Argue with Voice
Ignore the Voice, focus on something else.
Voice gets nastier


Voice
(nasty content, hostile)
Sit on my own and think about what the voice is saying -
Voice is right.
Call up a friend who makes me feel good about myself.
Feel depressed
Voice gets worse

CBTp efficacy

vs TAU (k = 22)

SMD = **0.35** [0.18, 0.52]

vs active control (k = 8)

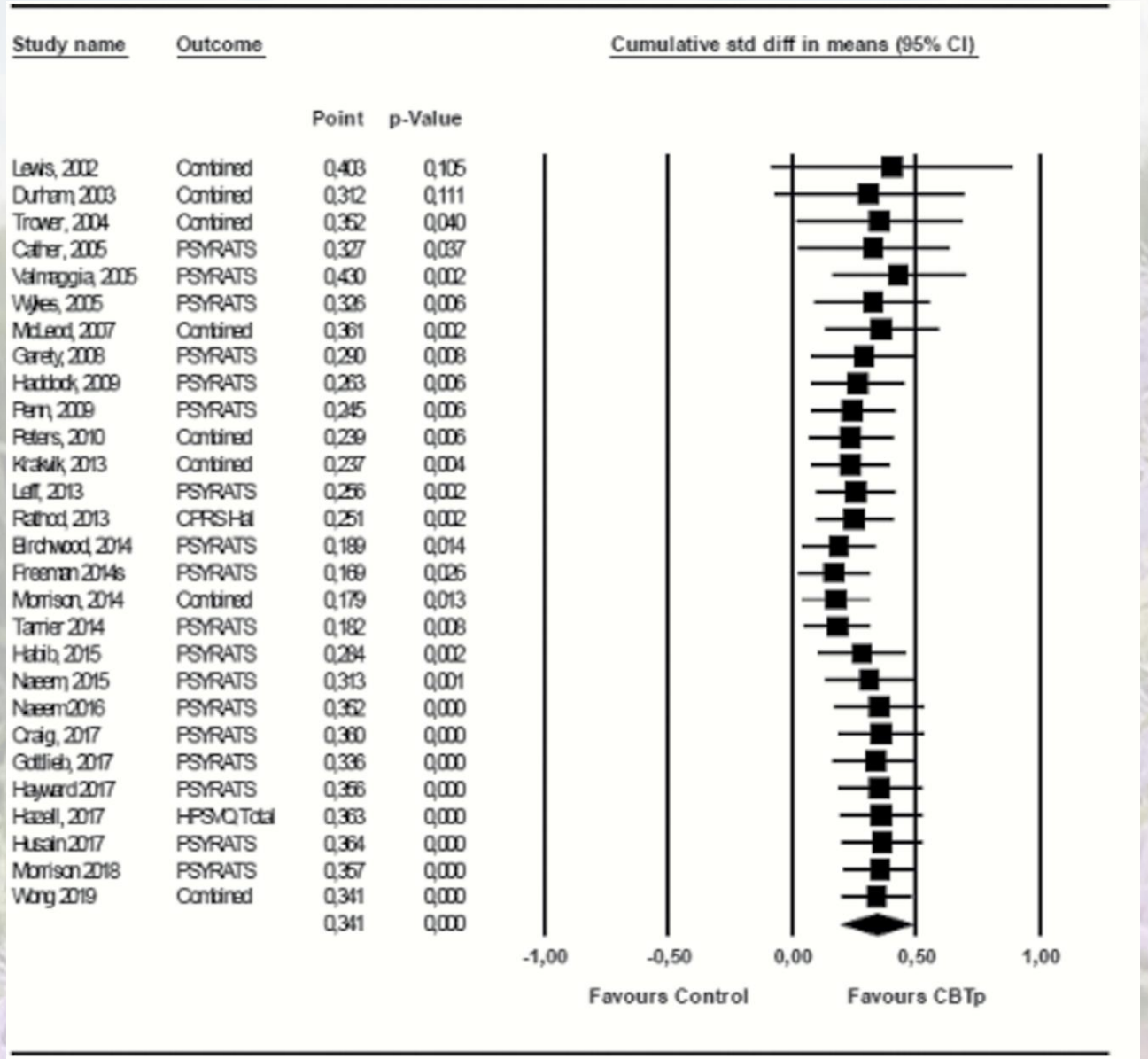
SMD = **0.34** [0.15, 0.53]

Lowest risk of bias (k = 19):

SMD = **0.40** [0.22, 0.58]

Hallucinations primary outcome

SMD = **0.40** [0.24, 0.56]



Turner et al (2020). *Schizophr Bull*.

CBT for voices in recent practice guidelines

CBT is supported by Level I evidence in targeting overall symptoms of psychosis and “for the specific outcomes of negative symptoms, delusions and hallucinations, and psychotic symptoms that have not responded to antipsychotic medication”

CBT for voices in recent practice guidelines

INTEGRATE: international guidelines for the algorithmic treatment of schizophrenia

Robert A McCutcheon, Toby Pillinger*, Ioana Varvari, Sean Halstead, Olatunde O Ayinde, Nicolás A Crossley, Christoph U Correll, Margaret Hahn, Oliver D Howes, John M Kane, Thomas Kabir, Åsa Konradsson-Geuken, Belinda Lennox, Christy Lai Ming Hui, Susan L Rossell, Marco Solmi, Iris E Sommer, Heidi Taipale, Hiroyuki Uchida, Ganesan Venkatasubramanian, Nicola Warren, The INTEGRATE Advisory Group, Dan Siskind*

Schizophrenia is a mental illness involving multiple symptom domains and is often associated with substantial physical health comorbidities. Guidelines exist, but these tend to be country-specific and are often missing a concise yet comprehensive algorithmic approach. From May 1, 2023, to Jan 1, 2025, International Guidelines for Algorithmic Treatment (INTEGRATE) authors from all UN regions collaborated to develop a consensus guideline focused on the pharmacological treatment of schizophrenia. Following an umbrella review of the literature, input from expert workshops, a consensus survey, and lived experience focus groups, a consensus algorithmic guideline and associated digital tool were developed. Key recommendations include a focus on metabolic health from treatment initiation, timely assessment and management of non-response, symptom domain-specific interventions, mitigation of side-effects, and the prompt use of clozapine in cases of treatment resistance.

"At all points treatment decisions should consider psychological interventions such as cognitive behavioural therapy as an additional means of managing positive symptoms" (*Lancet Psychiatry*, 2025)

Key challenges to address

1. Efficacy remains relatively modest
2. Difficulties accessing in most countries
3. Need better fit with frontline practice

New therapeutic directions

Key areas of therapy development

- Acceptance and mindfulness-based therapies
  e.g. Chadwick et al, 2017; Shawyer et al 2017
- Trauma-focused therapies
  e.g. Brand et al, 2021, Paulik et al 2023
- Relational therapies
  e.g. Hayward et al 2017; Craig et al, 2018; Longden et al 2024

Acceptance and mindfulness

Letting go of unproductive struggle with voices

Behavioural and Cognitive Psychotherapy, 2019, 47, 200–216
First published online 9 July 2018 doi:10.1017/S1352465818000425

The Acceptability, Feasibility and Potential Outcomes of an Individual Mindfulness-Based Intervention for Hearing Voices

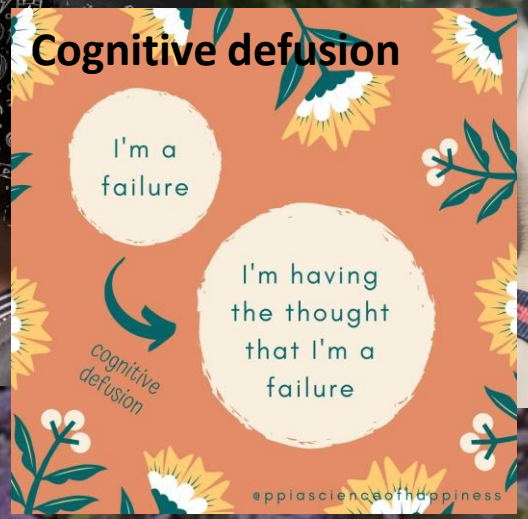
	Theme	Formal practice	Home practice
Session 1	Current coping and an introduction to mindfulness	• Body scan (15 min)	• Body scan • Daily mindful activity
Session 2	Choiceless awareness	• Breathing space (3 min) • Mindful hearing (5 min) • Mindful stretching (10 min)	• Mindful stretching • Daily mindful activity
Session 3	Mindful observation: noting and observing voices	• Mindfulness of breath (10 min) –boring speech recording –specific voice content recording	• Breathing space • Mindfulness of breath • Mindful responding to voices
Session 4	Acceptance and letting go of habitual reactions	• Mindful hearing (5 min) • Mindfulness of breath (10 min)	• Breathing space • Mindfulness of breath

BJPsych The British Journal of Psychiatry (2017)
210, 140–148. doi: 10.1192/bjp.bp.116.182865

Mindfulness skills

Orienting to what you value

Cognitive defusion



Acceptance and commitment therapy for psychosis: randomised controlled trial

Frances Shawyer, John Farhall, Neil Thomas, Steven C. Hayes, Robert Gallop, David Copolov and David J. Castle

Background

Results

7

Acceptance and Commitment Therapy for Voices

Neil Thomas, Eric Morris, Fran Shawyer and John Farhall

Schizophrenia Research 192 (2018) 57–63

Contents lists available at ScienceDirect

Schizophrenia Research

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

Mindfulness- and acceptance-based interventions for psychosis: Our current understanding and a meta-analysis

Stephanie Louise [a,b,*], Molly Fitzpatrick [a], Clara Strauss [c,d], Susan L. Rossell [a,b,e], Neil Thomas [a,b]

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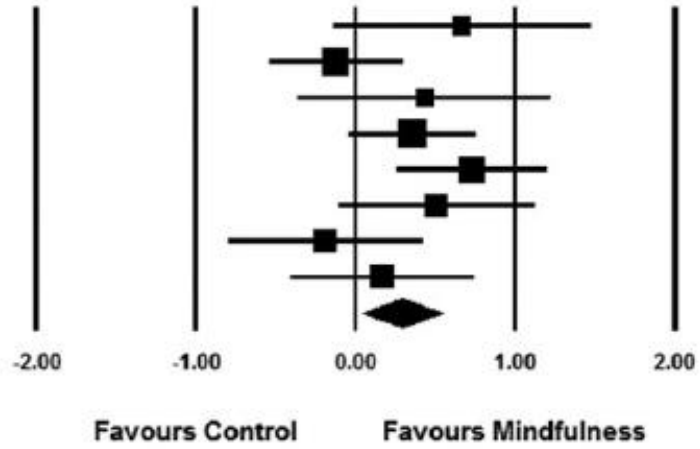
[b] Monash Alfred Psychiatry Research Centre (MAPrc), Central Clinical School, Monash University and The Alfred Hospital, Melbourne, VIC, Australia
[c] School of Psychology, University of Sussex, Brighton, UK
[d] Sussex Partnersh
[e] Psychiatry, St Vi

Effect of Mindfulness on Psychotic Symptoms

Outcome	Study name	Statistics for each study						
		Hedges's g	Standard error	Variance	Lower limit	Upper limit	Z-Value	p-Value
Psychotic Symptoms	Langer et al. (2012)	0.666	0.414	0.172	-0.145	1.478	1.609	0.108
Psychotic Symptoms	Shawyer et al. (2016)	-0.126	0.215	0.046	-0.548	0.295	-0.587	0.557
Psychotic Symptoms	White et al. (2011)	0.432	0.405	0.164	-0.361	1.225	1.067	0.286
Psychotic Symptoms	Chien & Lee (2013)	0.356	0.205	0.042	-0.045	0.757	1.741	0.082
Psychotic Symptoms	Chien & Thompson (2014)	0.728	0.241	0.058	0.256	1.201	3.023	0.003
Psychotic Symptoms	Gaudiano & Herbert (2006)	0.505	0.315	0.099	-0.113	1.123	1.602	0.109
Psychotic Symptoms	Shawyer et al. (2012)	-0.190	0.311	0.097	-0.799	0.419	-0.611	0.541
Psychotic Symptoms	Lopez-Navarro et al. (2015)	0.167	0.297	0.088	-0.414	0.749	0.564	0.573
		0.291	0.126	0.016	0.043	0.538	2.303	0.021



Trauma focused therapies

voicestherapy.com

the british psychological society
promoting excellence in psychology

Psychology and Psychotherapy: Theory, Research and Practice (2020)

www.wileyonlinelibrary.com

Trauma-focused imaginal exposure for auditory hallucinations: A case series

Rachel M. Brand[1], Sarah Bendall[2,3], Amy Hardy[4,5], Susan L. Rossell[1,6] and Neil Thomas[1]*

[1]Centre for Mental Health, Swinburne University, Hawthorn, Victoria, Australia
[2]Orygen: The National Centre of Excellence in Youth Mental Health,Parkville, Victoria, Australia
[3]The Centre for Youth Mental Health, The University of Melbourne, Melbourne, Victoria, Australia
[4]Institute of Psychiatry, Psychology & Neuroscience, King's College London, UK
[5]South London & Maudsley NHS Foundation Trust, UK

Clinical Psychology & Psychotherapy

RESEARCH ARTICLE OPEN ACCESS

Effectiveness of Imagery Rescripting for Trauma-Affected Voice Hearers: An Open Trial

Laura Strachan[1] | Peter McEvoy[1] | Arnoud Arntz[2] | Craig Steel[3,4] | Georgie Paulik[1,5,6]

[1]School of Psychology, Curtin University, Curtin, Western Australia, Australia | [2]Department of Clinical Psychology, University of Amsterdam, Netherlands & Academic Center for Trauma and Personality, Amsterdam, Netherlands | [3]Oxford Centre for Psychological Health, Oxford, UK | [4]Oxford Institute of Clinical Psychology Training and Research, Oxford, UK | [5]Perth Voices Clinic, Murdoch, Western Australia, Australia | [6]School of Psychology, Murdoch University, Murdoch, Western Australia, Australia

Correspondence: Georgie Paulik (georgiepaulik@perthvoicesclinic.com.au)

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Keywords: auditory verbal hallucinations | imagery rescripting | post-traumatic stress | PTSD | trauma | voices

Peters *et al. Trials* (2022) 23:429
https://doi.org/10.1186/s13063-022-06215-x

Trials

STUDY PROTOCOL Open Access

Multisite randomised controlled trial of trauma-focused cognitive behaviour therapy for psychosis to reduce post-traumatic stress symptoms in people with co-morbid post-traumatic stress disorder and psychosis, compared to treatment as usual: study protocol for the STAR (Study of Trauma And Recovery) trial

Emmanuelle Peters[1,2], Amy Hardy[1,2*], Robert Dudley[3,4], Filippo Varese[5,6], Kathryn Greenwood[7,8], Craig Steel[9,10], Richard Emsley[11], Nadine Keen[1,2], Samantha Bowe[1,2], Sarah Swan[1,2], Raphael Underwood[1,2], Eleanor Longden[6,12], Sarah Byford[13], Laura Potts[11], Margaret Heslin[13], Nick Grey[7,8], Doug Turkington[3,4], David Fowler[7,8], Elizabeth Kuipers[1,2] and Anthony Morrison[6,12]

Abstract

Background: People with psychosis have high rates of trauma, with a post-traumatic stress disorder (PTSD) prevalence rate of approximately 15%, which exacerbates psychotic symptoms such as delusions and hallucinations. Pilot studies have shown that trauma-focused (TF) psychological therapies can be safe and effective in such individuals. This trial, the largest to date, will evaluate the clinical effectiveness of a TF therapy integrated with

STAR
Study of Trauma And Recovery

Schizophrenia Research 195 (2018) 13–22

Contents lists available at ScienceDirect

Schizophrenia Research

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

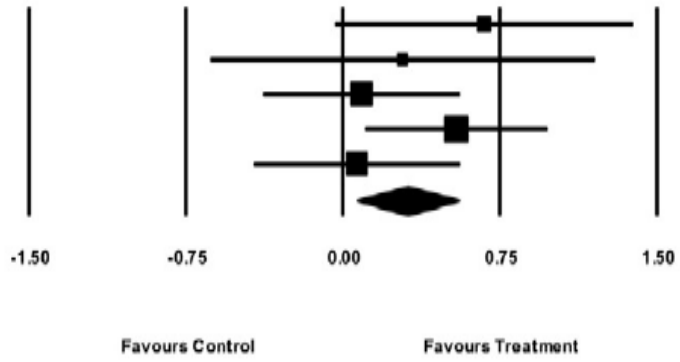
Do trauma-focussed psychological interventions have an effect on psychotic symptoms? A systematic review and meta-analysis

Rachel M. Brand [a,b,*], Carla McEnery [a], Susan Rossell [a,b], Sarah Bendall [c,d], Neil Thomas [a,b]

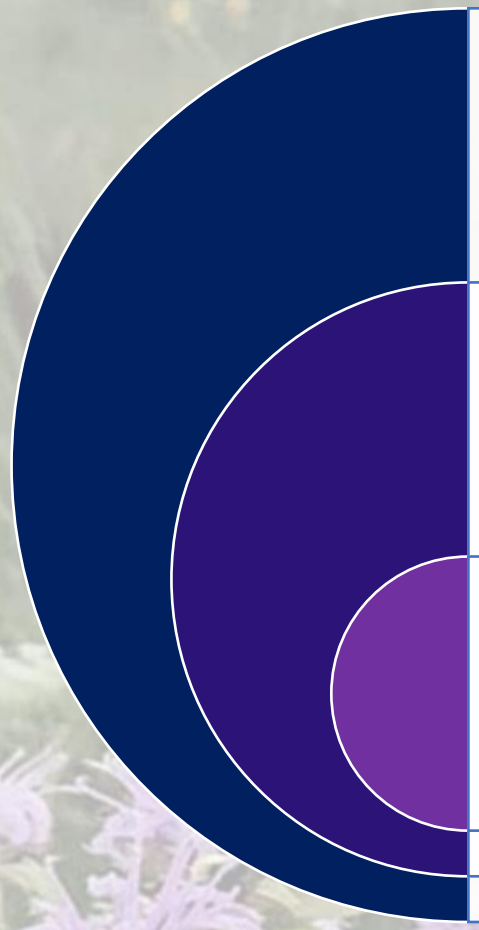
[a] Centre for Mental Health, Swinburne University, PO Box 218, Hawthorn, VIC 3122, Australia
[b] The Voices Clinic, Monash Alfred Psychiatry Research Centre, Alfred Hospital, Monash University Central Clinical School, Melbourne, VIC 3004, Australia
[c] Orygen: The National Centre of Excellence in Youth Mental Health, 35 Poplar Road, Parkville, VIC 3052, Australia
[d] The Centre for Youth Mental Health, The University of Melbourne, VIC 3010, Australia

Between group analysis for positive symptoms at post-treatment

Comparison	Study name	Outcome	Time point	Hedges's g	Standard error	Variance	Lower limit	Upper limit	Z-Value	p-Value
Treatment vs control	Kim et al. 2010	Positive	Post treatment	0.675	0.366	0.134	-0.042	1.392	1.846	0.065
Treatment vs control	Mueser et al. 2008	Positive	Post treatment	0.286	0.470	0.221	-0.635	1.208	0.609	0.543
Treatment vs control	Mueser et al. 2015	Positive	Post treatment	0.089	0.242	0.059	-0.385	0.563	0.368	0.713
Treatment vs control	van den Berg et al. 2015	Combined	Post treatment	0.543	0.224	0.050	0.104	0.982	2.422	0.015
Treatment vs control	Steel et al. 2016	Combined	Post treatment	0.067	0.254	0.064	-0.430	0.564	0.264	0.792
				0.305	0.124	0.015	0.061	0.549	2.453	0.014



Relational therapies



Person-like	• Experience of someone talking to or about you • Perceived intent and power
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Intrusiveness	• Realness • Uncontrollable, inescapable

Adapted from Thomas et al (2013). In Morris et al (Ed) *ACT and mindfulness for psychosis*. Wiley

Relational therapies

voicestherapy.com

Psychosis, 2014
Vol. 6, No. 3, 242–252, http://dx.doi.org/10.1080/17522439.2013.839735

Routledge
Taylor & Francis Group

Beyond the omnipotence of voices: further developing a relational approach to auditory hallucinations

Mark Hayward[a,b]*, Katherine Berry[c], Simon McCarthy-Jones[d], Clara Strauss[b] and Neil Thomas[e,f]

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Schizophrenia Research 183 (2017) 137–142

Contents lists available at ScienceDirect

Schizophrenia Research

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

ELSEVIER

Relating Therapy for distressing auditory hallucinations: A pilot randomized controlled trial

CrossMark

Mark Hayward [a,*], Anna-Marie Jones [b], Leanne Bogen-Johnston [b], Neil Thomas [c], Clara Strauss [a]

BMJ Open

RELATE—a randomised controlled feasibility trial of a Relating Therapy module for distressing auditory verbal hallucinations: a study protocol

Tania M Lincoln,[1] Matthias Pillny ,[1] Björn Schlier,[1] Mark Hayward [2,3]

Schizophrenia Research 250 (2022) 172–179

Contents lists available at ScienceDirect

Schizophrenia Research

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

ELSEVIER

A psychological intervention for engaging dialogically with auditory hallucinations (Talking With Voices): A single-site, randomised controlled feasibility trial

Eleanor Longden [a,b,c,*]
Sarah Peters [b], Alison
Natasha Holden [a], Ama
Anthony P. Morrison [a]

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promoting excellence in psychology

Psychology and Psychotherapy: Theory, Research and Practice (2021), 94, 558–572
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www.wileyonlinelibrary.com

A treatment protocol to guide the delivery of dialogical engagement with auditory hallucinations: Experience from the Talking With Voices pilot trial

Eleanor Longden*[1,2,3], Dirk Corstens[4], Anthony P. Morrison[1,2], Amanda Larkin[1], Elizabeth Murphy[1], Natasha Holden[1], Ann Steele[1], [1,2,3] and Samantha Bowe[1]

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y and Mental Health, School of Health Sciences, Faculty of
l Health, Manchester Academic Health Science Centre, The
ster, UK
l Resilience Research Unit, Greater Manchester Mental Health
st, UK
l Noord, Texel/den Helder, The Netherlands

TALKING WITH VOICES

Relational therapies

"Relational therapies for voice hearing are those that

consider patterns of interaction, and/or the relational dynamics between hearer and voice, as targets for therapeutic change, and

use an experiential process of dialogue with identities associated with voices as a primary therapeutic method"

Thomas et al. (in revision)

Can we harness digital technology to improve efficacy and access?

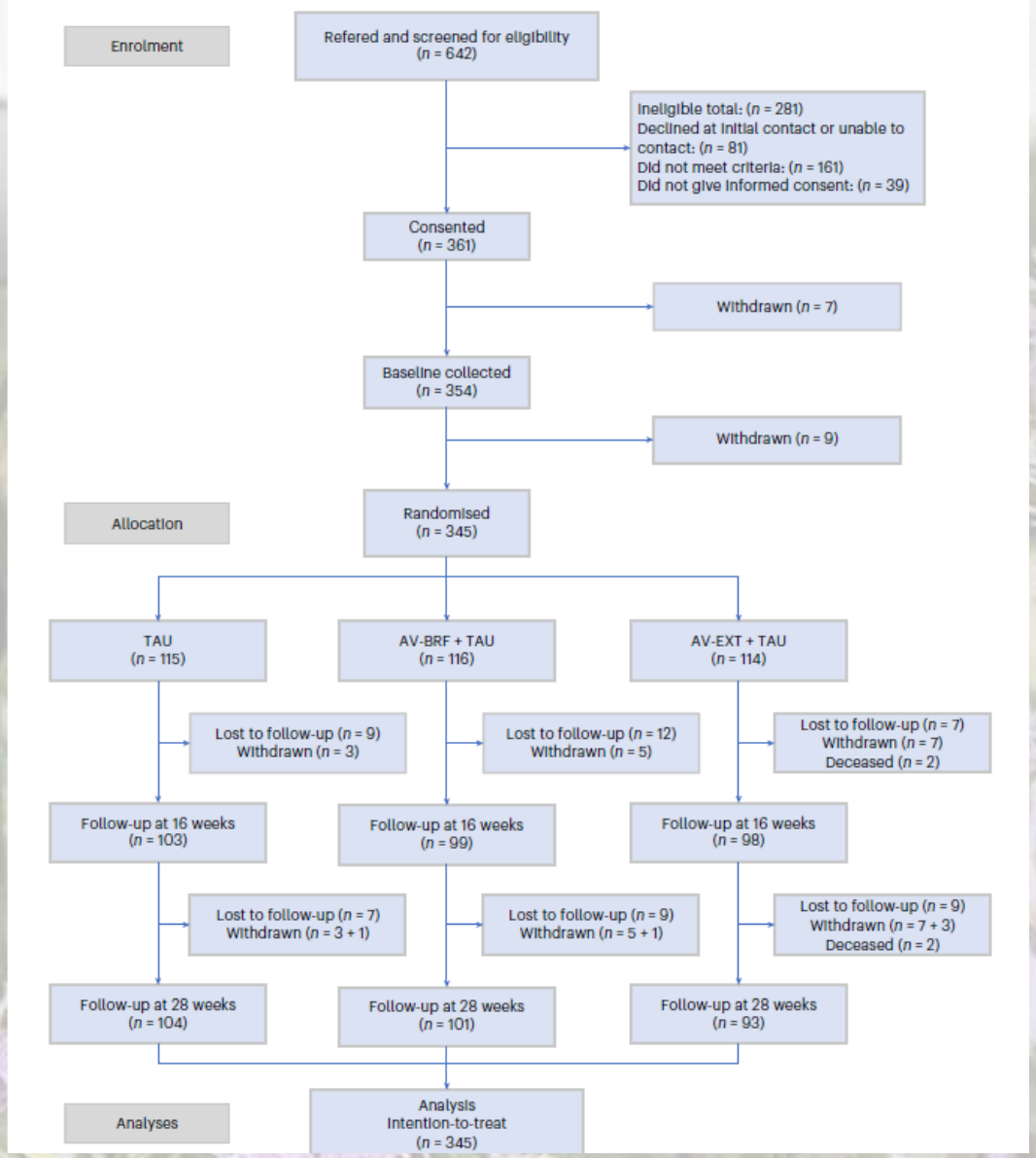
Potential roles of digital technology

Telehealth	• Opportunities to increase reach and scale up
VR	• Creating avatar to simulate voice-like experiences within session for the therapist and client to use in practicing different ways of responding

AVATAR-2 Trial

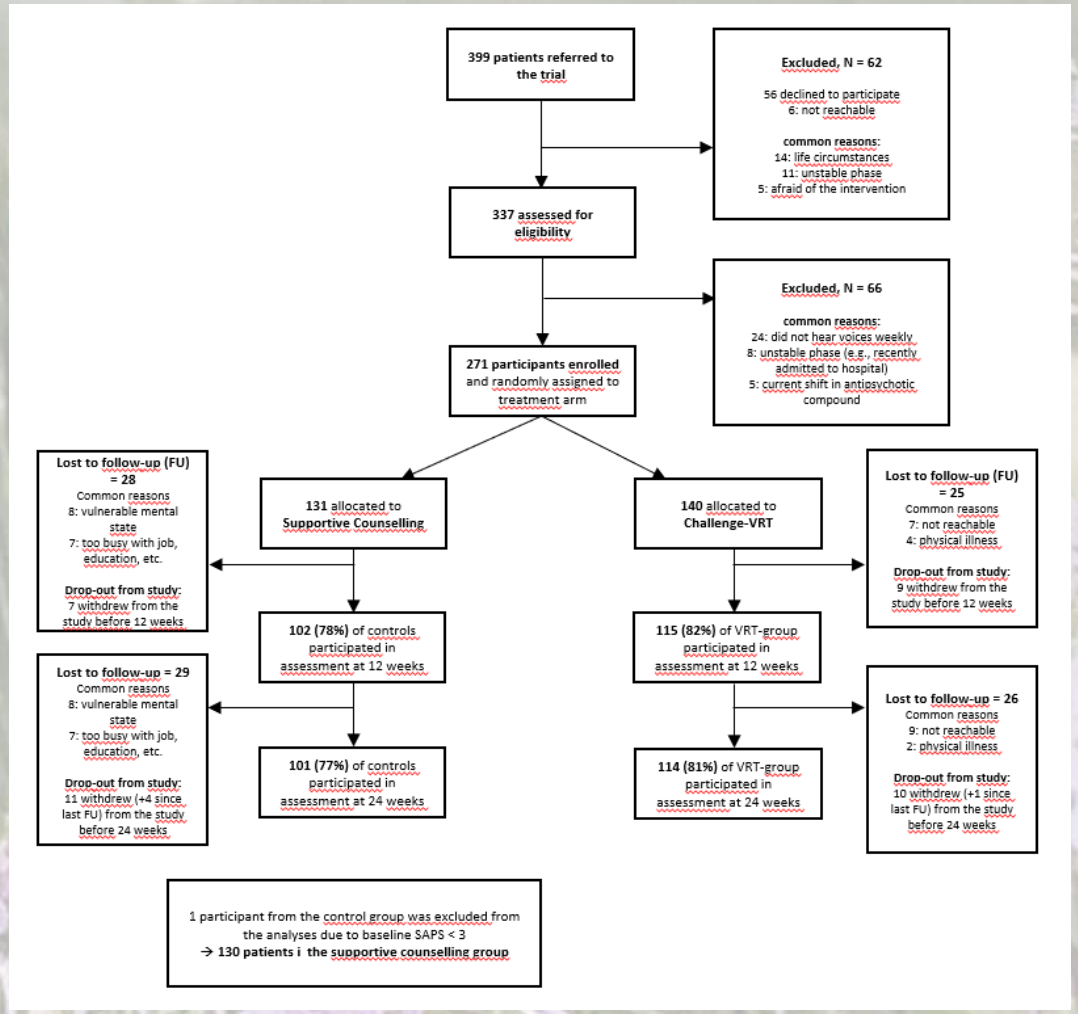
- Multisite trial in UK
- Participants: 345 with psychotic disorder + persisting hallucinations
- Intervention: avatar therapy in person, avatar presented on a computer screen,
  7 or 13 sessions
- Comparator: TAU
- Primary outcome: PSYRATS-AH distress
  Both arms superior to TAU at post-therapy
- Voice frequency also reduced at post-treatment and at follow up in longer version

Garety et al., *Nature Medicine* 2025



CHALLENGE Trial

- Multisite trial in Denmark
- Participants: 270 with schizophrenia related disorder + persisting hallucinations
- Intervention: avatar therapy in person, using immersive VR, 7 sessions
- Comparator: supportive counselling
- Primary outcome: PSYRATS-AH total
  Superiority shown at post treatment
- Voice frequency reduced at post-treatment and follow up



Smith et al. *Lancet Psychiatry*, in press

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AUSTRALIA WIDE
RECRUITING UNTIL MARCH 2026!

Design	Randomised controlled trial (2-arm, superiority) Measures at baseline, and 3 (end of therapy), 6 and 9 months
Participants	212 adults with persisting experiences of hearing negative or distressing voices, psychotic disorder diagnosis
Intervention	Avatar supported therapy, 7 sessions, via telehealth
Comparator	Standard best practice therapy (CBT for voices), 7 sessions, telehealth
Outcomes	Changes in hearing voices at end of therapy (PSYRATS) Broader mental health and quality of life measures Relative satisfaction with and tolerability of the two therapies

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THERAPIES FOR VOICE HEARING

voicestherapy.com

AUSTRALIA WIDE
RECRUITING UNTIL MARCH 2026!

Eligibility:

- ✓ Aged over 18 years
- ✓ A diagnosis of a schizophrenia spectrum disorder or a mood disorder with psychotic symptoms
- ✓ Currently experiencing hearing voices with significant negative/ distressing content
- ✓ Currently on treatment with antipsychotic medication OR has tried at least two different antipsychotics in the past
- ✓ Access to the internet and a computer/other device on which videoconferencing software can be used
- X Auditory verbal hallucinations are attributable to a primary substance use disorder or organic disorder
- X IQ < 70
- X Auditory verbal hallucinations are spoken in a language other than English

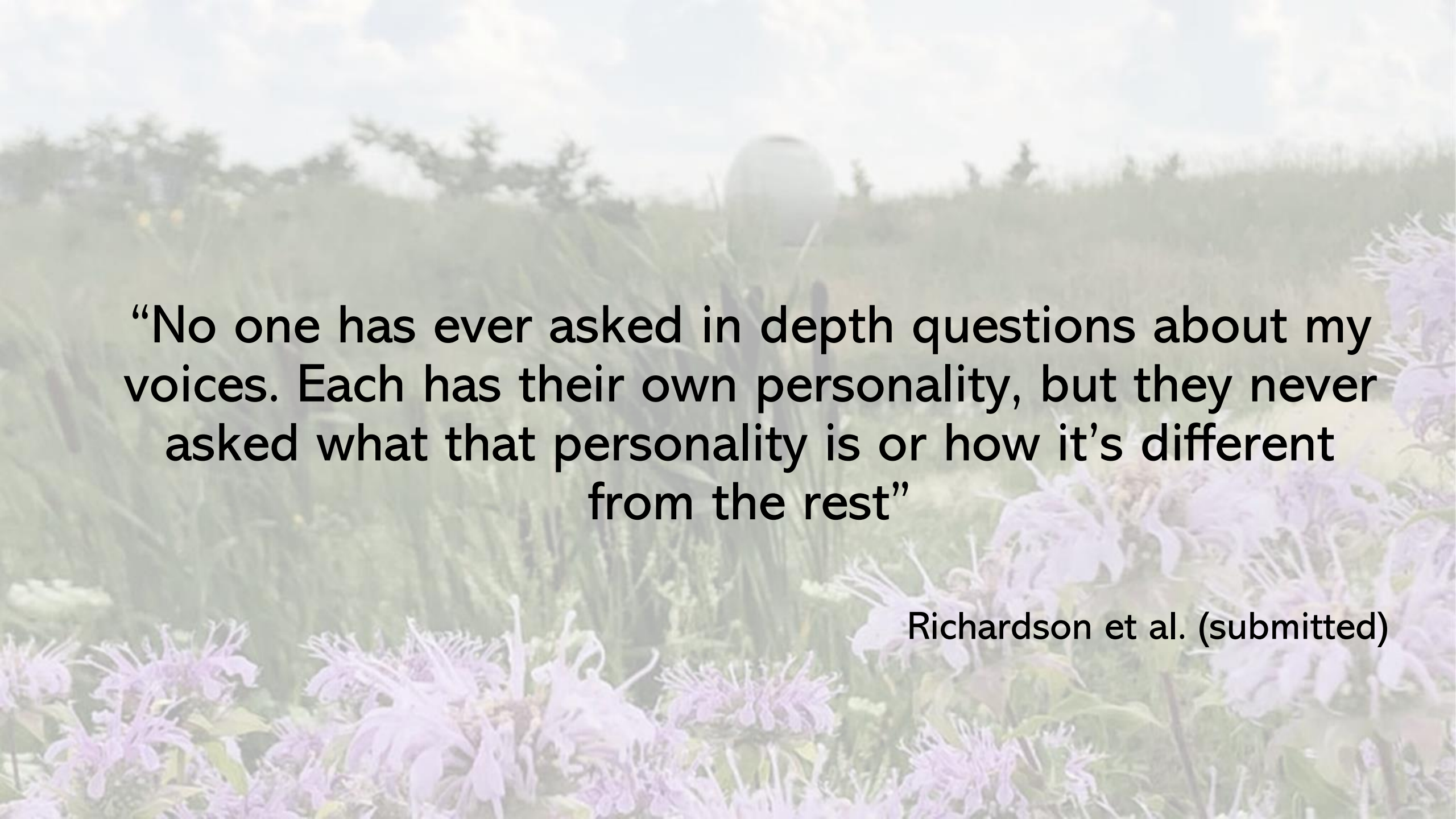
Hold for 3 months

Currently receiving or has received individual psychological therapy for hearing voices in the past 3 months
Currently receiving or has received ECT or other brain stimulation treatment

Hold for 1 month

A change of antipsychotic medication within last month

Improving frontline practice



"No one has ever asked in depth questions about my voices. Each has their own personality, but they never asked what that personality is or how it's different from the rest"

Richardson et al. (submitted)

Hearing Voices Movement values

Schizophrenia Bulletin vol. 40 suppl. no. 4 pp. S285–S294, 2014
doi:10.1093/schbul/sbu007

Emerging Perspectives From the Hearing Voices Movement: Implications for Research and Practice

Dirk Corstens*[,1], Eleanor Longden[2], Simon McCarthy-Jones[3,4], Rachel Waddingham[5], and Neil Thomas[6,7]

[1]RIAGG Maastricht, Maastricht, The Netherlands; [2]Institute of Psychological Sciences, University of Leeds, Leeds, UK; [3]ARC Centre for Excellence in Cognition and Its Disorders, Macquarie University, Sydney, Australia; [4]Department of Psychology, Durham University, Durham, UK; [5]London Hearing Voices Project, Mind in Camden, London, UK; [6]Brain and Psychological Sciences Research Centre, Swinb

*To w
tel: 00

Table 1. Key Values of the Hearing Voices Movement

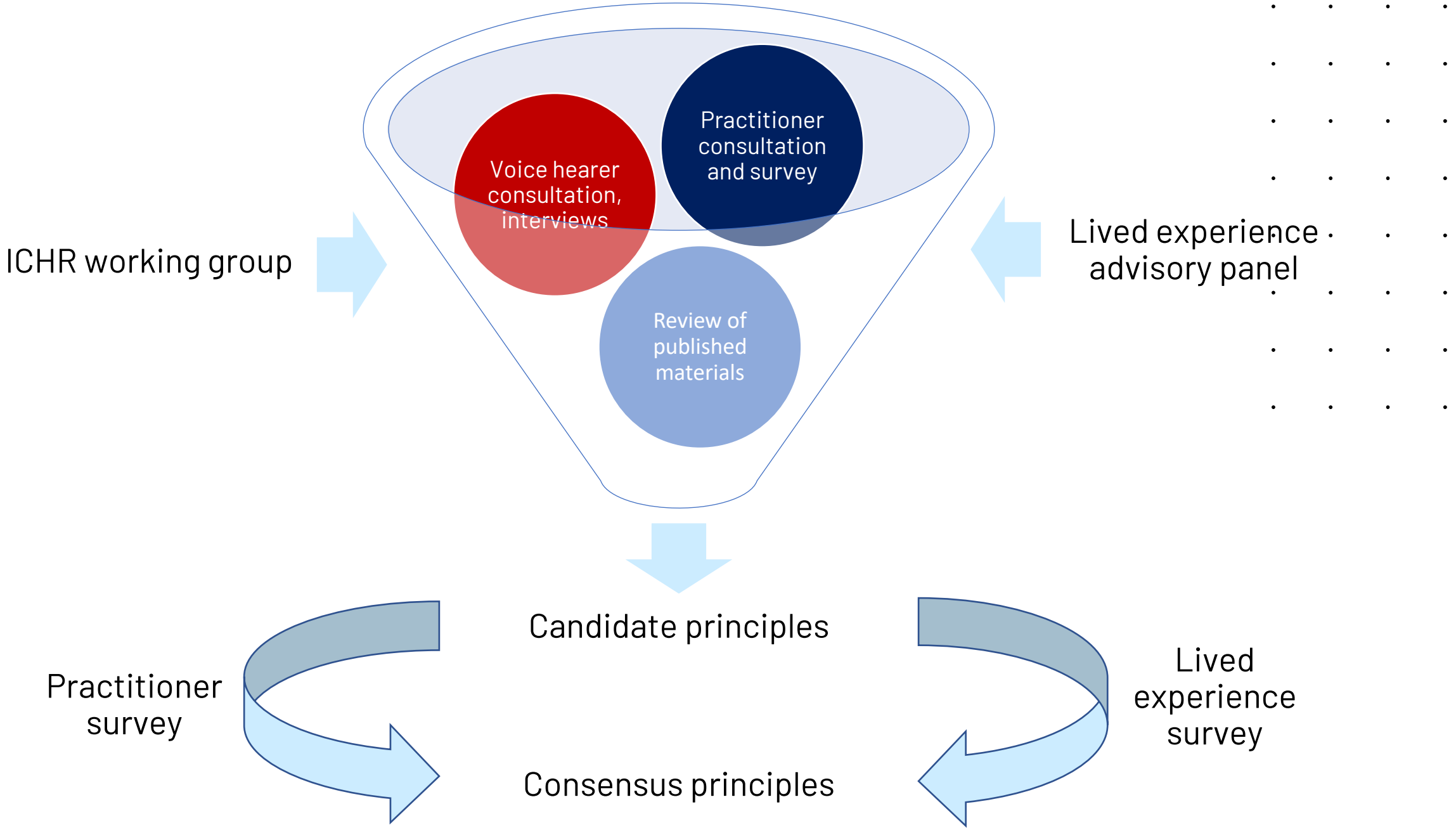
1. Hearing voices can be understood as a natural part of human experience
2. Diverse explanations are accepted for the origins of voices
3. Voice-hearers are encouraged to take ownership of their experiences and define it for themselves
4. Voice-hearing can be interpreted and understood in the context of life events and interpersonal narratives
5. A process of understanding and accepting one's voices may be more helpful for recovery than continual suppression and avoidance
6. Peer support and collaboration is empowering and beneficial for recovery

International Consortium on Hallucination Research

ICHR

Challenges in engaging people

- Difficulties sharing the experience
  - Differing views of reality
  - Experiences can often be hard to put into words
  - Embarrassing, concerning or traumatic content
- Symptoms disrupting
  - Voices distracting, may verbalise messages not to engage
  - Paranoia, disorganised speech, cognitive difficulties, negative symptoms
- The practitioner and treatment system
  - We may lack of confidence in discussing, fear doing something wrong
  - Systems can channel us into symptom identification and risk management
  - Concerns about practitioner over-reaction, past negative service experiences


ICHR working group
Voice hearer consultation, interviews
Practitioner consultation and survey
Review of published materials
Lived experience advisory panel
Candidate principles
Practitioner survey
Lived experience survey
Consensus principles

What do practitioners do when they interact about voices?

Theme	Example subthemes
Help person feel understood and safe to discuss voices	• Try to help the person feel safe talking about voices • Use counselling skills; Empathy; Help feel understood • Normalise experience of voices
Explore the person's experience of voices	• Content of voices; level; sensory characteristics • Positive experiences of hearing voices • How voices relate to broader life
Explore how the experience of voices affects the person	• How voices make the person feel • Impact on person's life
Explore meaning associated with voices	• Work within the person's own understanding of voices • Mixed experiences of normalising
Give information	• As part of illness; role of stress and trauma • Distress arising from meaning attached to voices
Help the person be less impacted by voices	• Ask how can help them • Reassure treatment options are available • Discuss coping skills; Help see voices in a different way • Assess risk and prevent harmful impact of commands

Content analysis of survey with 146 UK NHS mental health workers. Sharma et al (submitted)

What have voice hearers found helpful?

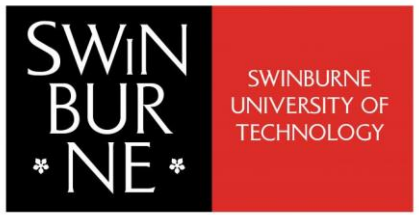
Theme	Subthemes
Connection, understanding, listening and empathy	• Need for a strong relationship • Empathy, listening, compassion vs dismissiveness • Whole life approach
Broader professional roles have an impact on therapeutic interactions	• Focus on risk can undermine trust • It is risky to disclose voice hearing • Clinical environments and approaches experienced differently by individuals • Peers have an unspoken understanding
Acknowledging how real the experience is	• Voice hearing feels very real • Validation vs invalidation of distressing voices • Believing a person's account of voice hearing
Impact of making assumptions about voice hearing	• Voices are not always negative • Mixed experiences of normalising

Thematic analysis of interviews with 12 people who hear voices. Gordon (2021) Masters thesis. Swinburne University

What do expert practitioners rate as most important?

1. Show care, compassion, and empathy towards the person
3. Attempt to be an ally with whom the person can feel safe in discussing their experiences
4. Show a willingness to understand what the experience of hearing voices is like for the person
5. Empathise with what the person finds comforting and/or distressing about hearing voices
6. Let the person know that you take their experiences seriously
10. Take care not to make assumptions about the person's experience
14. Check with the person about what words they would like to use to refer to their experience
17. Try to ensure that the person feels heard and believed
18. Check with the person that you have understood their experience correctly
19. Make a particular effort to listen to and acknowledge the person's experiences of hearing voices
23. Be mindful of your reaction when the person discloses hearing voices, as clincians' responses may influence future disclosure
25. When normalising the experience of hearing voices, take care not to trivialise how distressing it may be for the person
38. Ask about how the voices impact on the person's life and day-to-day functioning
39. Explore how the voices make the person feel
44. Take care not to question the authenticity of the person's experience
57. Invite the person to share their thoughts and beliefs about the voices
69. Ask how the person would like you to help them
82. Explore what the person currently does to cope with their voices
88. Validate how distressing the person finds their voices

High consensus items from second round of Delphi survey of 33 international experts. Kriti Sharma. Swinburne University



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