Pre-Conference Workshop: Evidence-Based Nursing Practice: Behavioral Treatment of Persistent Auditory Hallucinations

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Learning Objectives:

2. Hear overview of research that lead to the development of the 10-Session Course for the Behavioral Management of Auditory Hallucinations
3. Experience auditory hallucinations and apply self-management strategies
4. Leave with resources and support to teach the 10-Session course

Workshop Outline:

1. Introduction, review of handouts and objectives  10 min
2. Evolution of best practice, conceptual model, beliefs and evidence  20 min
3. Presentation of course including evidence-based behavioral strategies  10 min
4. Experiential exercise and de-briefing  40 min
5. Teaching the course in your setting  5 min
6. Five components of implementation  10 min
7. Process for working with us  5 min
8. Questions  20 min

Contents of Packet:

Self-Management of Auditory Hallucinations Model
Auditory Hallucinations Interview Guide (AHIG)
Unpleasant Voices Scale (0-10/UVS)
Safety Protocol
Strategies for Managing Distressing Voices
Interest in Teaching the Course form
Reference List
Auditory Hallucinations Interview Guide (AHIG)

From talking with you about your experience, I hope to better understand your experience with voices and I hope that you will become aware of something about your experience that is useful to you and/or that sharing your experience is useful to you. If I ask a question you do not want to answer just say so—it is OK not to answer or to finish at a later time.

It is suggested that this be done as an individual interview with a person with persistent auditory hallucinations.

1. Do you hear voices or sounds other people around you do not seem to hear?

2. For many people, the experience of hearing voices is distressing—is that true for you?

3. What is the most distressing aspect or hardest part of hearing voices?

4. Some people find some pleasure or comfort in the voices (e.g., they laugh at your jokes, make you feel special or keep you company). Is there a positive part of hearing voices for you?

5. Do you ever hear sounds other than voices?

6. Do you ever hear music?

7. How loud are your voices right now: softer or louder than mine?

8. How clear are your voices right now: clearer or more mumbled than my voice?

9. Typically are the voices hostile or friendly or different at different times?

10. Typically, what is the location of the voices? Are they far away, just outside (beside) your head or inside your head?

11. Do you think other people can hear the voices? Did you ever think that?

13. Do the voices talk to you or to each other about you?

14. Do they usually call you by your name, call you “you” or “he/she”? Or refer to themselves as “I”?

15. Are they Male? Female? Do you know who they are? Are they from your past?

16. Do you hear more voices when you are in a crowd, alone or both?

17. What do the voices usually say? Can you give me an example?

18. Do your voices command or suggest:
   - that you harm/hurt yourself? Yes No
   - that you harm someone else? Yes No
   - that you do something? What? Yes No
   - comment on what you are doing? Yes No
   - make critical comments about you? Yes No
   - laugh at you? Yes No
   - talk about religion or God? Yes No
   - talk about sex? Yes No

19. What helps you in each of these situations listed in the previous item if you do not want to hear the voices (review list for experiences in item #18 that they responded yes to)

20. When in the day are the voices worst?

21. Is there a time of day when you do not hear voices?

22. Do your voices awaken you in the morning or during the night?

23. Sometimes where people are and what they are doing is associated with more or fewer voices—Is that true for you?
24. What influence does medication have on the voices?

25. Does an extra dose (PRN) of medication help? Which medication?

26. What effect does alcohol have on the voices?

27. What effect do drugs have on the voices? Identify different effects of different drugs.

28. How old were you when you first started hearing voices?

29. What was happening in your life when you first heard voices? Tell me about the experience.

30. Have the voices ever gone away or gotten significantly better? If so, what do you think caused the improvement?

31. Have your voices ever gotten worse? If so, what do you think caused your voices to get worse?

32. What else can you tell me about your experience with voices that I have not asked?

Louise Trygstad, DNSc, RN, CNS and Robin Buccheri, DNSc, RN, MHNP, FAAN, 1998
Unpleasant Voices Scale (UVS/0-10)

1. Please rate your unpleasant “voices” during the last 24 hours by circling one of the following numbers:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>no voices heard</td>
<td>hardly unpleasant</td>
<td>the most unpleasant your voices could be</td>
<td></td>
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2. Please rate your unpleasant “voices” over the past week by circling one of the following numbers:

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<thead>
<tr>
<th>0</th>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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</table>

3. Do you ever hear pleasant voices? Please circle one: Yes No
4. Are your voices commanding you to harm yourself? Yes No
5. Do you intend to harm yourself? Yes* No
6. Are your voices commanding you to harm someone else? Yes No
7. Do you intend to harm someone else? Yes* No

*If your answered yes, please stay after and speak to one of group leaders. Thank you.

© Robin Burchett, Louise Trygstad & Glenn Dowling, 1997
Safety Protocol

Behavioral Management of Persistent Auditory Hallucinations

Clinical Response to Intent to Harm Self or Others

Frequency:

About half of the persons we have had in classes say they hear voices to harm self or others.

Intent to harm self:

When a participant responds ‘yes’ to question #5 on the Unpleasant Voices Scale (…’intent to harm self’), determine if there is a need for the participant to be assessed for hospitalization. This will be especially important if the participant is also indicating that the voices are ‘loud’, ‘distressing’, and they ‘don’t feel like they have much control over them’ (questions on the Characteristics of Auditory Hallucinations Questionnaire—CAHQ).

- After class, talk privately with the participant and utilize this script to determine the need for further assessment:
  - “You marked here that the voice/s are commanding you to harm yourself. It can be very scary to hear voices telling you to harm yourself.”
  - “What is/are the voice/s commanding you to do to yourself?”
  - “Do you plan to carry this out?”
  - “Do you have the (means) to carry this out?” (Credible?)
  - “Has/have the voice/s ever commanded you to do this before?”
  - “Have you ever harmed yourself as the voice/s said to do?”
  - “How long ago?”

If the participant indicates that they have tried to kill themselves before (because of the voices), has the means and intent, and is distressed and doesn’t feel they have much control over the voices; refer the participant on for an evaluation for hospitalization.

- “We/I would like to get some extra help with this today, and would like you to wait with us/me until our psychiatrist/crisis team (insert whatever is appropriate for your setting) is able to see you.

<table>
<thead>
<tr>
<th>Risk Assessment Check List*</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the means to kill/harm self (credible threat)</td>
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<td></td>
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<tr>
<td>Tried to kill/harm self previously.</td>
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<td></td>
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<tr>
<td>Outcome (who notified):</td>
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</table>

*If yes to intent to harm self

For a participant with a history of suicidal command hallucinations for a long time, continue to monitor for change if: 1) has never acted on them, 2) doesn’t have anyone or anything in particular in mind, 3) doesn’t have the means, 4) has no intent, 5) is not distressed, and 6) feels in control.
Intent to harm others:

When a participant responds ‘yes’ to question #7 on the Unpleasant Voices Scale (…’intent to harm someone else’), determine if there is a need for the participant to be evaluated for hospitalization. This will be especially important if the participant is also indicating that the voices are ‘loud’, ‘distressing’, and they ‘don’t feel like they have much control over them’ (questions on the Characteristics of Auditory Hallucinations Questionnaire—CAHQ).

- After class, talk privately with the participant and utilize this script to determine the need for further assessment:
  - “You marked here that the voice/s is/are commanding you to harm someone else. It can be very scary to hear voices telling you to harm someone else.”
  - “What is/are the voice/s commanding you to do?”
  - “Is there someone specific the voice/s is/are commanding you to hurt?”
  - “Do you plan to carry this out?”
  - “Do you have the (means) to carry this out?” (Credible?)
  - “Has/have the voice/s ever commanded you to do this before?”
  - “Have you ever harmed others as the voice/s said to do?”
  - “How long ago?”

If the participant indicates that they have harmed or killed others before (because of the voices), has the means and intent, and is distressed and doesn’t feel they have much control over the voices: refer the participant for an evaluation for hospitalization.

  - We would like to get some extra help with this today, and would like you to wait with me until our psychiatrist/crisis team (insert whatever is appropriate for your setting) is able to see you."

*If yes to intent to harm others

<table>
<thead>
<tr>
<th>Risk Assessment Check List*</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the means to harm others (credible threat)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previously tried to or has harmed others.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome (who notified):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If yes to intent to harm others

For a participant with a history of harm command hallucinations for a long time, continue to monitor for change if: 1) has never acted on them, 2) doesn’t have anyone or anything in particular in mind, 3) doesn’t have the means, 4) has no intent, 5) is not distressed, and 6) feels in control.

We have rarely needed to use this protocol, but when needed, it is essential. Please contact site IRB and researchers if patient is hospitalized after utilizing the protocol and further assessment.

Strategies for Managing Distressing Voices

1. Self-awareness (paying attention to what makes the voices better and worse)
2. Talking with someone (not necessarily about the voices—talk about anything)
3. Listening to music/radio with or without earphones
4. Watching TV or watching something else
5. Saying “stop”, ignoring the “voices”, or not doing what they tell you to do
6. Using an earplug—for some the right ear works better; for others the left ear is better
7. Using relaxation exercises (for example, deep breathing or tensing and relaxing muscles)
8. Keeping busy, doing something I like to do—like going for a walk, helping others
9. Taking my prescribed medications
10. Avoiding drugs and/or alcohol

Directions: Please check the strategies that work best for you and add others that are helpful to you.

<table>
<thead>
<tr>
<th>Things to do to keep busy</th>
<th>Things to do to help others</th>
</tr>
</thead>
<tbody>
<tr>
<td>cleaning the house/doing chores</td>
<td>complimenting someone</td>
</tr>
<tr>
<td>going for a ride (car or bus)</td>
<td>cooking, cleaning up, or shopping</td>
</tr>
<tr>
<td>listening to music</td>
<td>going somewhere with someone</td>
</tr>
<tr>
<td>playing an instrument</td>
<td>going to coffee or lunch with someone</td>
</tr>
<tr>
<td>praying</td>
<td>taking someone for a walk</td>
</tr>
<tr>
<td>riding a bike</td>
<td>visiting someone</td>
</tr>
<tr>
<td>singing</td>
<td>watching TV with someone</td>
</tr>
<tr>
<td>taking a nap</td>
<td>smiling at the cashier when you buy something</td>
</tr>
<tr>
<td>taking a shower</td>
<td>asking someone you know if you can assist with a task</td>
</tr>
<tr>
<td>taking a walk</td>
<td>picking up litter</td>
</tr>
<tr>
<td>talking on the telephone</td>
<td>writing a friend you haven’t seen lately</td>
</tr>
<tr>
<td>talking to someone</td>
<td>phoning someone</td>
</tr>
<tr>
<td>typing or working on computer</td>
<td>greeting someone pleasantly</td>
</tr>
<tr>
<td>watching television</td>
<td>playing a board game</td>
</tr>
<tr>
<td>playing tennis, bowling, swimming, or hiking</td>
<td>having a picnic</td>
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</table>
Interest in Teaching Behavioral Management Course

(please give to presenters before you leave this session today)

1. Are you interested in teaching this course to patients in your setting (please check one)?
   _____yes  _____no

If yes, please complete the following contact information and leave it with the presenters:

Name______________________________________________________________

Name agency where you work_________________________________________

Address of agency where you work____________________________________

Best e-mail address for you___________________________________________

Best phone number for you___________________________________________

Type of unit where you would likely teach the course (please check all that apply):

_____acute inpatient psychiatric unit
_____outpatient mental health program
_____other recovery-oriented program
_____other (please describe)___________________________________________
Reference List

Behavioral Management of Auditory Hallucinations


