Group Treatment for Hearing Voices
What is this training about?

• Group treatment for people who hear distressing voices

• Uses cognitive behavioural principles

• The aim of the group is to reduce overall distress, NOT reduce the frequency of voices.
What is CBT?

- Based on here and now (rather than childhood issues)
- Collaborative (service user and therapist work together to decide what issues to target)
- Includes homework (recognition that a lot of work goes on outside therapy, e.g. self help)
- Brings about desired changes (changes have to be wanted by the service user – not an attempt to change things other people see as a problem)
What is CBT?

Events \rightarrow Thoughts \rightarrow Feelings, Behaviours
Myths about CBT for psychosis

(i) It’s a cure – it will eliminate hearing voices

(ii) It’s only suitable for patients with good insight and high IQ

(iii) It’s about challenging delusions
Myth 1: CBT for psychosis is a cure

Not a cure – so why bother?

• Coping with distress
• Management of psychotic symptoms
• Management of emotional problems
• Developing coping strategies and staying well.
Myth 2: Only suitable for some

• If only suitable for those with high IQ / high insight, that implies it’s not suitable for acute inpatients

• In fact, inpatients want this type of intervention (they attend groups), and elements of the acuity can be addressed by the treatment

• Little evidence exists about who is most suitable, but IQ is not thought to be very important. Most important thing is that people are distressed by experiences (motivated to change)
Myth 3: Challenging Delusions

- Reframe rather than challenge
- Distress & preoccupation over conviction
- Examine the evidence for and against belief
- Working within delusion (suspending disbelief vs. collusion)
Not the same thing!

**Collusion** = confirming a service user’s delusions by agreeing with them.

**Suspending disbelief** = although you think what the person says is unlikely, you allow yourself to discuss it as though it MAY be true.

Use your natural curiosity to explore the reasons why they believe something, which involves exploring the evidence for why it might be true, as well as the reasons why it might not be true. This may include agreeing to help check out the facts underlying a belief.
Normalisation

• This is a theme of all the sessions
• Findings suggest that mental health problems are widespread in the general population. Around 1 in 3 people will experience mental ill health at some point in their lives.
• There are a surprisingly high number of people who hear voices in the general population, many of whom never come into contact with psychiatric services. 37-39% of University students have heard voices (Morrison, ’03); 82% of older adults hear voices when they are bereaved (Grindey, ’93).
• Many people will experience “unusual” experiences, especially at times of illness, stress or bereavement.
Gallup & Newport (1991)

- 1/4 believe in ghosts
- 1/4 believe they’ve had a telepathic experience
- 1/6 believe they’ve been in touch with someone who has died
- 1/10 have seen or been in the presence of a ghost
- >50% believe in the Devil, 1/10 have talked to the Devil
- 1/7 have seen a flying saucer
If you had to make someone miserable just using your voice, what things would you say?

When and how would you say them?
**Hearing Voices**

**What**
- Threaten to harm them or their families
- Insult them. Pick something they are sensitive about (call them fat, stupid, useless etc.)
- Claim to be very powerful – command them to do things
- Tell them that their friends and family are actually plotting against them, trying to harm them, or are really someone else

**When & How**
- Pick a time when they are vulnerable (feeling down or tired)
- Distract them from what they are trying to do, e.g. pass comment on the person they are speaking to
- Shout at them, say it in loud, threatening way
- OR whisper in their ear constantly and persistently
Hearing Voices

What coping strategies would you use?

What might the voices do in response?
Coping Strategies

- Humming or whistling
- Take medication
- Talking to others
- Talk inwardly to yourself
- Watch T.V.
- Go out
- Listen to the radio/music
- Read the Bible or pray
- Reason with the voices
- Tell them to go away
- Ask the voices to come back later
- Passive strategies e.g. ignoring them
Why might groups be helpful?

- Allows us to reach as many services users as possible
- Lets people see that they are not alone in having these difficulties
- Service users learn coping strategies from other voice hearers. This has more credibility than being told by a professional
Client eligibility

• This is a group for people who hear voices, so of course it is only suitable who have that experience
• Especially for people who have long term, distressing auditory hallucinations
• They have to be willing and able to talk about that experience: people who are very thought disordered or unable to follow the group rules would be excluded
Preparation for the group

- Suitable clients should be identified on admission, and attending the group should be part of their treatment as set out in their care plan.
- Make sure group is advertised on notice boards, and included on Ward Activities Listings / Timetable
- Make sure ward manager and shift coordinators know day and time of group
• Open minded, neutral approach
For example, about the usefulness of medication, what causes hearing voices, etc.

• Normalising rationale
A theme throughout the group is the idea that a lot of people have unusual experiences, it’s how you cope with them that’s important

• Encourage dialogue
The point isn’t to change people’s mind, it’s to give them the chance to talk about it
Session 1 - Ground rules

- Confidentiality
- Respect others’ opinions (speak one at a time)
- Switch off mobile phones
- Stay for the whole 45 minutes if possible
- Try to attend all 3 sessions

Facilitator puts these on flipchart and asks group if there is anything they’d like to add.
Session 1 - Introductions

- Introduce selves – may want to do an ice breaker (e.g. what people like to eat)
- Introduce the group’s purpose: to talk about hearing voices. The goal is to reduce distress, but unlikely to get rid of voices.
3. Show first 10 minutes of video

4. Ask what is the same or different about the voices experienced by the people in the video and people in the group.
   - When did you first hear voices?
   - How often do you hear them and when?
   - How long do they last? etc.

Discuss the similarities and differences between group members and people on the video.
Introduce the normalising rational

- Note that in the video it was mentioned that a lot of people hear voices who don’t have any psychiatric diagnosis
- Facilitators can relate and “odd” experiences
- Some people who hear voices are able to cope and lead normal lives
- Famous people who hear voices but use it positively
Ask the group to comment on the different views people in the video expressed. What do they think causes hearing voices?

In the video, views expressed included:
- Medical model (schizophrenia)
- Psychological model (life events, esp. trauma)

Acknowledge that different views are valid (e.g. spiritual, metaphysical or other ideas)
Session 1: What makes voices better or worse?

- When and where are the voices worse?
- What stops the voices or makes them less upsetting?
  
  Encourage a discussion about what helps people feel more in control.

(i) Medication
- Is it helpful? If so, how? What are the risks and benefits?
- Does it get rid of the voices? Does it make them more bearable?

(ii) Other treatments for voices
- Does it help to talk about voices?
- Does it help to know that others have the same experiences?
Brain storming different methods of coping
Facilitators acknowledge that everyone will have developed their own ways of coping, and this is a chance to learn from others.
Facilitator puts these up on the flipchart.
The homework task is to pick a new strategy, one someone else said can be helpful, and write it down on a piece of card. Take this away and try it out, report back at the next session.
Typically people suggest the following:

- Distraction – listening to music, watching TV, talking to somebody.
- Increased or decreased stimulation.
- Ignoring / disobeying the commands of the voices.
- Telling the voices to go away.
- Postponing the voices until later in the day.
- Focussing on the physical characteristics of the voices: volume, tone, male / female etc.
- Concentrating on a task – reading, playing computer games.
- Thinking about something nice/positive about yourself while you try to ignore voices.
- Humming or singing to yourself.

If they don’t come up with all of these, the facilitator should suggest them as they are all things that have some evidence base.
Session 3 – Self esteem game

• Feedback on the use of new strategies
  Did you try them? Were they helpful? If you didn’t try them, what got in the way? Consider trying a new one.

• Play the self esteem game
  Everyone writes their name at the top of a piece of paper. Pass it around, Everyone has to write something nice about the person whose name is at the top. At the end, you get back a piece of paper with nice things about you written on it.
  The point is that people see themselves in a particular way (usually negative), and others may not see them in this way.
Hearing Voices

- Negative explanations about the voice e.g. believing it has power/control over you
- Media, stigma, stereotyping
- Negative events - e.g. trauma, stressful relationships, being by yourself
- Not enough sleep – this can make anyone start to hear voices
- Puff (cannabis) or too much alcohol affects the way you see others e.g. paranoid

Distraction - watching TV, reading a book
- Feeling that you have control – voices not holding you to ransom
- Coping Strategies e.g. Humming, listening to music, going for a walk
- Feeling good about yourself – remember the self esteem game
- Coping Strategies e.g. physical activity, talking to others, walks, internet

Makes voice worse
Makes voice better

Feeling good about yourself – remember the self esteem game
Coping Strategies e.g. physical activity, talking to others, walks, internet
Feeling that you have control – voices not holding you to ransom
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Question and Answer