

About Hearing Voices Groups

Information Pack for Managers and Clinicians

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Listening.
Hearing.
Connecting.

Voices Vic

Overview of the Hearing Voices Approach

About Hearing Voices

Hearing voices (or *auditory hallucinations*) is generally diagnosed as a symptom of psychosis which presents in a range of psychiatric disorders, including schizophrenia, mood disorders such as depression and bipolar, and dissociative disorders.

The experience of hearing voices is a particularly salient experience which can dominate a person's awareness. Hallucinated voices are experienced with the same sense of reality as true perceptions and cannot be directly controlled by the hearer (American Psychiatric Association, 1994; Slade & Bentall, 1988). They nearly always involve content which directly addresses or talks about the voice hearer (Nayani & David, 1996), grabbing the hearer's attention. Furthermore, for people diagnosed with psychosis, this content is most often negative, frequently involving criticism, threats to harm the person and/or commands to do harmful things (Nayani & David, 1996). In seeking to understand this experience, it is typical for people to develop ideas about the identity of these heard voices as real others who may mean them harm, and who may have the power to harm them (Chadwick & Birchwood, 1994). Voice hearers frequently become drawn into responding to voices as if they were real others (Thomas, McLeod & Brewin, 2009), and potentially tragic responses to voices with self-harm or harm to others is not uncommon (Braham, Trower & Birchwood, 2004).

The need for Hearing Voices Groups

A major research study of psychosis in urban Australian areas suggests that existing medical treatments for people who hear voices may only be effective for approximately 35.5% of people (Jablensky et al, 2000), and even then, most people's voices will return on ceasing medication. Additionally, antipsychotic medications commonly cause seriously debilitating physical, cognitive and emotional side effects such as diabetes, obesity, involuntary movement disorders and blunted emotions. While the mental health sector continues to develop more effective treatments, this is not yet a reality for the majority of people who hear voices.

The Hearing Voices Perspective

In contrast with common assumptions, many people who hear voices do not need or seek treatment from the mental health sector (Johns et al., 2002; Romme & Escher, 1989, 1996; Wiles et al., 2006). Increasingly, prevalence studies show that approximately 4% of the general population report hearing voices during a 12 month period (Wiles et al., 2006, Johns et al., 2002), yet only 0.47% of the general population are treated for psychosis during the

same period (Jablensky et al., 2000). In other words, most people cope with the experience of hearing voices without intervention by mental health services.

This finding - that many people experience voices without being significantly distressed by this experience and whilst living healthy, normal and productive lives – has been a central element of Hearing Voices work and research (Romme & Escher, 1989).

Why some people cope well with Hearing Voices

Interviews with 254 voice hearers in Holland identified a set of key factors which differentiate people who can cope well with hearing voices from people who are distressed (Romme & Escher, 1989). These included:

- higher self-esteem;
- an ability to set limits with the voices;
- listening selectively to voices;
- communicating more often with voices;
- having an explanatory framework for the voices;
- having more social and supportive connections;
- being more likely to discuss their voices with others.

Hearing Voices Groups History

Professor Marius Romme and a group of voice hearers in Holland established the world's first Hearing Voices (HV) group after completing research in 1989. Since then, HV groups have spread to countries around the world and networks have developed in regions, countries and internationally (Intervoice), to link these groups together. Hearing Voices groups are becoming a growing and positive support for voice hearers.

The UK and Denmark are each particularly notable for their widespread implementation and take-up of HV groups. Working over the past ten years, England, Wales and Scotland now have almost 300 HV groups in operation. Local UK networks support each group with training and resources, and consumer participation in both groups and support processes is high. The UK network is predominantly consumer-led, but also includes a range of mental health professionals as facilitators and partners in some groups, including support workers, nurses and psychologists. Denmark began its first group in 2004, and after four years there are almost 40 groups across the country. The Denmark network is coordinated by mental health services, but consumer participation has been a fundamental ingredient since its inception. Groups are co-facilitated by voice hearers and workers, and a range of supports are available.

Currently in Australia the development of these groups is in its infancy. Richmond Fellowship launched Australia's first network in Western Australia. Prahran Mission launched the Victorian network this year, while Richmond Fellowship is planning a network in Tasmania in early 2010. A small, consumer led incorporated network is also operating in NSW.

Hearing Voices Group Description

The key point of difference in the thinking behind Hearing Voices groups is the perspective that hearing voices is not in itself a problem, but rather the distress that people experience. Accordingly, Hearing Voices groups do not aim to eliminate the voices people hear, but to help people to understand, accept and adapt to their reality.

The activities of a Hearing Voices Group are similar to many other support groups, but focused on the hearing voices experience. Core activities focus on:

- Normalisation
- Validation and acceptance
- Social connection
- Coping skills and confidence development
- Increased meaning and understanding.

More specifically, some of the most common activities in a Hearing Voices Group include:

- Share experiences of hearing voices – what they say, what it's like
- Discuss explanatory frameworks for hearing voices (where people think the voices come from)
- Explore the meaning of voices in the broader context of the person's life history
- Share acceptance and change strategies, for example:
 - o Dialoguing with voices
 - o Setting boundaries with voices
 - o Challenging the power balance with voices
 - o Not taking the voices literally
- Distraction and self-soothing strategies
- Hearing and reflecting on recovery stories
- Exploring hopes and dreams.

It should be noted that group content varies depending on the needs and interests of participants. Ultimately, the focus is always to reduce distress and improve quality of life.

Consumer Participation

Where possible, we encourage a worker and a voice hearer to co-facilitate groups. This is not always possible, particularly for a new group, but it is an ideal aim. Voices Vic offers additional support and mentoring for consumer facilitators.

Consumer facilitators may act as volunteers, or may receive casual wages, depending on local policy and budgets. A common arrangement is to commence consumer facilitators as volunteers for 2 – 3 months, and then transition to casual wages once the person is more fully skilled and independent.

Scope of Group

Where possible, we encourage services to allow open community access to attend groups (ie, not restrict group participation to current service clients), and to provide groups on an on-going (rather than short-term) basis. However, these are recommendations only and are certainly at each groups' discretion.

Links with Other Mental Health Supports

Hearing Voices Groups are recommended as a complementary support service offered as part of a suite of supports. These may include:

- Case management
- Psychiatry
- Psychology or counselling
- Psychiatric rehabilitation support
- Occupational Therapy

Group members are encouraged to advise their other support workers about attending group, and may use this document, our website or brochure to share information about the group with their workers. Voices Vic staff are also available to present to staff and case conference meetings where requested.

Evidence of Effectiveness

Related research

Self-help groups (also referred to as mutual support groups) have demonstrated beneficial outcomes for people with all manner of shared needs. Perhaps the most commonly known self-help group with proven beneficial outcomes is the international 12-step program, Alcoholics Anonymous. Increasingly, self-help groups are being used by people with mental health conditions. The 12-step self-help group for people with depression, GROW Australia, now has over 50 years of experience in peer support, and now receives funding from all state and federal governments.

In another related but different approach, recent studies have examined the outcomes of professionally led group work for people who hear voices, specifically using Cognitive Behavioural Therapy (CBT). A randomised control trial (RCT) of group CBT for voice hearers by Barrowclough et al. (2006) found reductions in feelings of hopelessness and low self-esteem. Another (RCT) study by Wykes et al. (2005) found significant improvement in social functioning six months after the group.

The above research studies suggest that group-based interventions for people with psychosis, whether in self-help or professional format, do offer benefits to participants. In particular these benefits appear clustered around increasing a sense of hope, self-esteem, and social functioning. Cognitive Behavioural approaches in a group setting do not yet show evidence of assisting with the actual distress of hearing voices. No other approaches to working with voices were demonstrated in the above studies.

Hearing Voices Research

Hearing Voices Group research is in its early days. Studies by Romme and Escher (1996, 2008) provide important insight into how people cope with hearing voices, but are not focused on group work. A longitudinal study in Sussex, England examined the processes and outcomes specifically for a Hearing Voices group which is professionally-led but self-help focussed (Meddings et al, 2004). The study used a range of valid, reliable and well-established measures to assess group participants prior to joining the group, then again six and 18 months after commencing the group. A range of participant factors were also measured for the three years prior to joining the group (such as hospital admissions and medication). The study found significant improvements in hospital admissions, use of coping strategies, ability to talk to others about voices, sense of empowerment, self-esteem and work status.

To date, however, there is insufficient research conducted on this approach to determine with certainty the effectiveness of groups, and consequently an important component of the work of Voices Vic is to conduct research which will help to establish the effectiveness of this approach.

Voices Vic is working in conjunction with Monash University/Alfred Psychiatry Research Centre to evaluate the groups, with the research being led by Dr Neil Thomas, an expert in psychosocial interventions for psychosis. We expect that this research will be published in

the peer-reviewed scientific literature and will be of worldwide significance in informing the use of this approach.

Considering this intervention in relation to other options, at present there are no group programs for persisting positive symptoms which exist as evidence-based alternatives to peer support groups. Research on more didactic methods such as CBT and psychoeducation (Wykes et al., 2005; Penn et al., 2009; Barrowclough et al., 2006; Bechdolf et al., 2004) show that they do not produce anticipated outcomes in symptom-related domains targeted by the group content, but do appear to have important recovery-related outcomes including improved social functioning, hope and self-esteem. These outcomes more likely reflect the influence of group support as opposed to model-specific content. The peer-support emphasis of the Voices Vic approach aims to maximise these outcomes, and is closely aligned with consumer definitions of factors which promote recovery.

Risks

Some services have expressed initial concern that promoting discussion of psychotic symptoms – ie, 'talking about voices' – could be risky for consumers. This is a new paradigm for working with psychosis, and it is understandable and appropriate to express this concern.

However, studies of interventions involving discussion of psychotic symptoms have indicated that this type of intervention has been beneficial rather than harmful (NICE, 2009). Possible adverse effects, including increased preoccupation or distress associated with symptoms (Haddock et al., 1998, Trower et al., 2004), suicidality (Tarrier et al., 2006) or negative attitudes to medication (Bechdolf et al., 2004), have *not* been observed.

Regardless, should a group participant should raise issues regarding past trauma, suicidality or increased distress, group facilitators are supported to assist participants to find appropriate supports outside of the group, rather than address these issues within a group. Voices Vic provides resources and ongoing support for referrals where needed.

Getting Started

Voices Vic exists to support mental health services to start-up and run Hearing Voices Groups. We can visit your service to discuss the approach in more detail and help to plan your group. Frequently we also conduct public talks at mental health services, which can be attended by consumers, community and clinical workers, and family members. These can be useful forums for generating interest, promoting discussion, and building hope.

Additional services offered by Voices Vic include:

- 1-day and 2-day training for Hearing Voices Group facilitators
- Books and DVDs on the Hearing Voices Approach (a small loans library)
- Website with resources and information
- Quarterly workshops for facilitators
- Service visits – meetings, public talks and group visits
- Monthly e-newsletter
- Telephone and email support
- News and information from international hearing voices networks

New services in 2010:

- Workbook for group facilitators
- Monthly video conferences for facilitators
- Support services for carers of people who hear voices (*new service)
- Training on individual work with voices

The Cost of Starting a Hearing Voices Group

Most of the services who begin Hearing Voices Groups already conduct support groups. This means that the biggest costs for a group – facilitator wages and venue - are already funded. In this scenario, the only additional costs for your service will be:

- Up-front facilitator training
- Optional wages for consumer co-facilitator (assume 2 hours per week on average).

Note that some services have chosen to train other workers (ie, aside from the group facilitator/s) in the hearing voices approach. This allows workers to continue hearing voices work in their one-on-one interactions, reinforcing group work and providing additional support and understanding. Voices Vic offers training for individual work with voice hearers as well as group work.

Voices Vic provides all support services other than training free of charge. We are a not-for-profit organisation and aim only to recover costs.

Who is Voices Vic?

Voices Vic commenced operation in July 2009 as a new program of Prahran Mission, a not for profit, DHS funded Psychiatric Disability Rehabilitation Support Service (PDRSS) servicing the inner south eastern suburbs of Melbourne.

Voices Vic developed after four years work by Prahran Mission which included consulting with international experts on the hearing voices approach, trialing Hearing Voices Groups, and consulting with PDRS and community health services across Victoria. We found that participants in our Hearing Voices Groups were strongly committed to attending groups and made significant shifts towards recovery. As we shared our progress, other PDRS and community health services expressed keen interest in starting their own groups, but also asked us for assistance with training and support.

Accordingly, Prahran Mission obtained funding from philanthropic trusts in order to establish Voices Vic as a network which exists to provide training and support across Victoria to assist with creating and growing Hearing Voices Groups. Voices Vic provides a central point for facilitators and group members to share ideas and support each other in this new approach.

Voices Vic is staffed by a multi-skilled team which includes:

- A community worker with more than 15 years experience in mental health and four years experience in facilitating Hearing Voices Groups
- A worker with lived experience of hearing voices and one year's experience in facilitating Hearing Voices Groups (in both community and forensic settings)

- A project manager with four years experience in mental health support and group work, lived experience of mental health issues, and nine years experience in project management.

Voices Vic team members have received comprehensive training sessions with international experts in the hearing voices approach, including:

- Ron Coleman and Karen Taylor, Directors of Working to Recovery
- Dr Rufus May, Clinical Psychologist and voice hearer, UK
- Dr Dirk Corstens, Community Psychiatrist, The Netherlands
- Jacqui Dillon, Chair of the UK Hearing Voices Network
- Trevor Eyles, Voice hearing consultant, Dept Social Psychiatry, Denmark

Further Information

For more information, please visit our website at: www.prahranmission.org.au or contact the Voices Vic Project Manager, Indigo Daya, on:

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