Dissemination of 10-Session Behavioral Management of Auditory Hallucinations Course in Mental Health Outpatient Settings

Collaboration between Veterans Affairs, University of San Francisco School of Nursing & Health Professions, & University of California, San Francisco
The Project Team

Marti Buffum, PhD, PMHCNS-BC, Veterans Affairs Medical Center, San Francisco

Robin Buccheri, PhD, MHNP, University of San Francisco

Louise Trygstad, PhD, CNS, University of San Francisco

Glenna Dowling, PhD, University of California, San Francisco
Acknowledgments

- Thank you to voice hearers who have shared their experiences so we can help others

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- Appreciation for VA resources
Objectives

1) Describe the 3 parts of our new Practice Model: Self-Management of Unpleasant Auditory Hallucinations

2) Describe 10-Session Course and provide summary of evidence

3) Present new findings from VA Dissemination of 10-Session Course in Mental Health Outpatient Settings Study
Figure 1. Self-Management of Unpleasant Auditory Hallucinations (AH): A Tested Practice Model

Assessment of Voice Hearer’s Experience

Auditory Hallucination Interview Guide (AHIG)
- Onset history
  - Past/current AH experience
- Characteristics of AH Questionnaire (CAHQ)
  - Frequency
  - Loudness
  - Self-control
  - Clarity
  - Tone
  - Distractibility
  - Distress
- Unpleasant Voices Scale (UVS) 0-10
  - Intensity
  - Presence of harm commands
  - Intent to act on harm commands

Nursing Interventions

Teaching AH Symptom Self-Management
- Teaching Manual
- Group 10-Session Behavioral Management of AH Course
- Individual Teaching

Creating an Environment That Promotes Learning
- Building Trust
- Maintaining Safety
- Providing Structure
- Using Supportive Teaching Methods

Strategies Taught to Manage Unpleasant AH
- Developing symptom awareness
  - Talking to someone
  - Listening to music
  - Watching TV
  - Saying “stop,” ignoring, not complying
  - Using earplugs
  - Managing anxiety
  - Keeping busy, helping others
  - Taking medications
  - Avoiding drugs & alcohol

Voice Hearer’s Expected Positive Outcomes

Individuals Select and use Strategies That Work Best for Them
- Self-Management of AH
  - AH Symptom Improvement CAHQ/UVS 0-10
  - Diminished negative characteristics of AH (CAHQ)
  - Less intensity of AH (UVS 0-10)
  - Fewer commands to harm self/others (UVS 0-10)
  - No intent to act on harm commands (UVS 0-10)

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Part I Model: Assessment of Voice Hearer’s Experience

- Validated instruments to learn about voice hearer’s experience with AH and to obtain baseline data

- Baseline data can be compared with post intervention data

- Helps develop common language about AH
Instruments

Auditory Hallucinations Interview Guide (AHIG)

- 59-item questionnaire about patient’s past and current experience hearing voices
- Can be used for research data or to guide clinical practice
- This often produces a nurse-patient bond from telling their story
Instruments

Characteristics of Auditory Hallucinations Questionnaire (CAHQC)

- 7 characteristics of auditory hallucinations rated on a 6 point scale (0-5)
- Characteristics: Frequency, loudness, self-control, clarity, tone, distractibility, and distress
Instruments

Unpleasant Voices Scale (UVS)

- Subjective rating (0-10) of unpleasant voices over the past 24 hours and 7 days
- Presence of pleasant voices
- Presence of commands to harm self or others; if yes, intent to harm
Instruments

Safety Protocol

- Supportive, structured protocol when patient has commands to harm and intent to harm
Part II Model: Nursing Interventions—Teaching Symptom Self-Management of AH

- Teaching AH Symptom Self-Management as 10-Session course or individually
- Creating an Environment that Promotes Learning
- Teaching Strategies to Manage Unpleasant AH
A Description of our EBP Program

10-Session Behavioral Management of Persistent Auditory Hallucinations Course
Beliefs underlying our approach

- We would like to teach you strategies & have you teach us what works for you.

- Each person is an individual—what works for one will be different from what works for another.

- We can learn from one another.
Beliefs underlying our approach

- We can all learn to be experts on managing our own symptoms.

- Managing our symptoms (asthma and migraines) has empowered us and improved our health.
Treatment Manual

Guidelines for Teaching:

10-Session Behavioral Management of Persistent Auditory Hallucinations Course
10-Session Course

- Highly structured and supportive
- Typically held for one hour once a week
- Each class: “Strategy of the Week”
- Can be adapted to specific settings
Strategies for Setting the Climate for the Group

1. Hearing voices is acceptable
2. Participants encouraged to share experience of hearing voices
3. Acknowledge expected variation
4. Practice strategies in the group
5. Encourage practice of strategies at home
6. Thank participants for sharing
7. Encourage sharing responses to strategies
Strategy #1
Symptom Self-Awareness

1. What time of day did the voices bother you the most today? _____________________

2. What time of day did the voices bother you the least today? _____________________

3. Where were you today when the voices bothered you the most? _____________________

4. Where were you today when the voices bothered you the least? _____________________
Strategy #2

Talking with someone
Strategy #3

LISTENING TO MUSIC WITH OR WITHOUT HEADPHONES
Strategy #4

Watching TV or something that moves
Strategy #5

Saying "Stop and go away"
Strategy #6

Using an earplug
Strategy #7
Strategy #8

DOING SOMETHING YOU LIKE TO DO
Strategy #9

Taking prescribed medication
Evidence: Teaching Self-Management of AH Improves Patient Outcomes


- Characteristics of Auditory Hallucinations
- Anxiety and Depression
- Voices Commanding Harm to Self and Others
Part III Model: Assessment of Voice Hearer’s Positive Outcomes

- Select and use strategies that work best for them

- Practice self-management of unpleasant AH

- AH symptom improvement measured with CAHQ and UVS
Dissemination in VA Outpatient Mental Health Sessions

- Design: 2\textsuperscript{nd} Multi-site Dissem. Project.
- We presented at 3 national VA conferences
- Those interested in teaching 10-session course left contact information
- Received IRB approval
Theoretical Framework

- VA Quality Enhancement Research Initiative (QUERI) for dissemination of EBP
  Example: Collaborative Care of Depression (free primer online)

- Rogers’ (2003) diffusion of innovations theory
Sample (from 11 sites)

- Course Leaders (clinicians): 20 taught the course
- Course Participants (patients): 33 attended the course
Sample

Course Leaders: 24 mental health clinicians trained
- 5 psychiatric nurses (2 APNs & 3 RNs)
- 11 social workers
- 7 psychologist
- 1 vocational rehabilitation specialist
Course Leader Training

- Course Leaders were sent Treatment Manual, a training DVD and a relaxation CD
- 1 ½ hr. teleconference call to go over treatment manual
- 4 monthly problem solving teleconferences
- Plus email contact & phone calls
Results: course leaders
(N=20)

- 20 Course Leaders from 11 sites ran the 10-Session Course and provided feedback
- 100% reported better able to communicate with patients about AH
- 96% reported understanding of voices hearing experience improved.
- 90% thought course was worthwhile
- 73% planned to teach again
Results: course participants (N=33)

- 94% would recommend course to others
- 85% reported better able to communicate with staff about AH
- 83% reported feeling safer after telling staff about harm voices (self, others)
- 70% felt less alone with voices
- 66% reported better able to manage AH
Conclusions

- Low cost intervention, can be incorporated into many settings by existing staff
- Adaptable to individual settings
- Participants and staff find course helpful
- Participants and staff report increased comfort about AH discussions
Our plan from here: Continue Dissemination

- To assist mental health clinicians to teach course in their settings
- By providing materials and support: treatment manual, tools including safety protocol, training DVD, and e-mail access to us
- We request completion of feedback form to continue course improvement
Conclusions

Dissemination of research findings essential to achieve goal that 90% of clinical decisions will be evidence-based

(Melnyk, Fineout-Overholt, Gallagher-Ford & Kaplan, 2012)
Teaching the Course

If you would like to teach this course, please e-mail me for details and the Treatment Manual and Instruments.

Dr. Robin Buccheri buccherir@usfca.edu
Thank you!

University of San Francisco