

Voices Vic

A Peer-Led Recovery Program for People Who Hear Voices

'We Believe Everyone Can Recover'



Information Pack for Clinicians and Managers

"The Hearing Voices Approach" 2-day Training Endorsed in 2017 and 2018 by both the Australian College of Mental Health Nurses and the Australian Association of Social Workers

About Hearing Voices Groups

Overview of the Hearing Voices Approach

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Hearing voices, or auditory hallucinations, are generally diagnosed as a symptom of psychosis or dissociation presented in a range of psychiatric conditions, including schizophrenia, depression, and disorders including bipolar affective, schizoaffective, borderline personality, post-traumatic stress and other dissociative states of consciousness (Chaudhury, 2010).

A person who is 'a voice hearer' is defined by the Hearing Voices Network as someone who undergoes hearing, seeing, smelling, tasting and/or feeling something that others around them do not. The voice hearing experiences are generally perceived as very real to the hearer and can be distressing and even traumatising to the individual, especially when they are negative (Daya, Karagounis, Pearce, & Thomas, 2014). Hearing voices can be a destructive and intrusive experience where the individual can feel isolated and panicked, especially when the first voices are initially encountered (Davidson, Styron, & Utter, 2017). However, when the person begins to understand their triggers and can associate meaning to the voices, empowerment and healing can take place where social relationships and stable employment can once again be an option (Corstens, Escher, & Romme, 2009).

The Hearing Voices Movement believe Hearing Voices is a common human experience- this is supported by a 2013 comprehensive review on auditory verbal hallucinations from the University of Wollongong in New South Wales which presents research that hearing voices and other 'extreme experiences' are more common an occasion than thought, with 5-28% of the population experiencing auditory hallucinations, of which 25% meet diagnostic criteria for a mental disorder, whilst 75% are normally functioning (Barkus & Leede-Smith 2013). Furthermore, 2015 interview based-research with voice-hearers from The Australian College of Applied Psychology in Sydney highlights hearers are secretive about their first voice hearing experience due to shame, fear and an 'illness identity' (Beavan & Santos, 2015). The Hearing Voices Network challenges traditional beliefs that 'talking about one's voices can amplify distress', but can instead empower the individual within their challenges. Research on discussion interventions of voice hearing experiences have indicated that results are actually beneficial rather than harmful (National Institute of Clinical Excellence, 2009) and there were no increases in personal distress associated with these experiences (Birchwood, Meaden & Trower, et al, 2004), as well as increased suicidality not observed (Lewis, Haddock & Tarrier, et al, 2006).

The 2014 Schizophrenia Bulletin states from research in the general population that the level of distress the hearing voices experience to a voice hearer is dependent on the 'relationship' the hearer has

to the intrusive voices. This means, if the voices are positive or negative to the voice hearer, that it is the voice hearer's perception of their control or powerlessness over the 'voices' that can cause distress, or not (Alderson-Day, et al, 2014). To make sense of the voices, it is typical for voice hearers to develop identities of these heard voices as 'real others' (Alderson-Day, et al, 2014). The hearing voices approach supports this notion for greater understanding and healing. Voice hearers can frequently become drawn into responding to voices as if they were real others (Brewin, Mcleod & Thomas, 2009).

In 2013, a survey on the link between life history and the experience of hearing voices displayed that 89% of voice-hearers have had at least one adverse childhood experience, and that 94% of respondents were able to 'clearly formulate the underlying emotional conflicts embodied by the voices' (Corstens & Longden, 2013). Thus, these vulnerability factors weigh of paramount importance to the voice hearer so they can understand the underlying causes and gain recovery through having insight into their life experiences.

Hearing voices groups do not aim to 'get rid' of the voices, rather provide an open space for the voice-hearer to feel comfortable, accepted, and open to talk about their personal experience. Voice Hearers also learn valuable skills and coping techniques from their fellow peers in the group. Peer support can help relieve the individual from their often initial isolation from family and friends, reconnect a sense of community when voices first occur and instil a new feeling of hope for the person. Voice hearer's also, after firstly connecting with hearing voices groups and reducing their own isolation and stigmatisation, often go on to reconnect with their family and former social circles (Beavan, et al, 2016).

The core of The Hearing Voices Approach is based on the original research from Professor Marius Romme and Sandra Escher who interviewed 254 voice hearers in the Netherlands and identified a set of key factors which differentiate people who can cope well with hearing voices from people who are distressed (Escher & Romme, 1989). These included; high self-esteem, a greater sense of self-acceptance, an ability to set boundaries 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 and being more likely to discuss their voices with others- these are still the key aims of personal empowerment Hearing Voices Groups focus on. Furthermore, 2015 research on participants of Hearing Voices Groups within the Hearing Voices Network of New South Wales state many voice hearers' using the approach find that their lives are actually enriched by the experience of voice hearing, and are not distressed by the voice hearing experiences (Beavan & Santos, 2015).

In 2016, Australian Hearing Voices Network Peer Support Outcome Research from New South Wales showcased the following results (Beavan, Jager & Santos, 2016)

Hearing Voices Groups Attendance Outcomes	Improvement
Feeling understood	75%
Less isolation	68%
Self-esteem	68%
Coping strategies	43%
Fewer hospital admissions	61%
Hopefulness about the future	68%
Less emergency assistance	57%
Openness to talk about their voices	75%

In addition, 2004 Voice Hearer Peer Support outcomes and recovery from Hearing Voices Groups research of over 18 months in the Sussex Coast in England also displayed remarkable results for attendees (Collins, et al, 2004). Many of the results from areas covered were significant in their findings. After attending hearing voices groups, research outcomes for group members included-

- Hospital Bed Use decreased- attendees spent far less days in hospital from an average of 39 days per year, down to just 8 days per year average after joining the groups
- People used far more coping strategies, from 2.9 to 5.7 strategies each
- People's sense of empowerment dramatically increased
- Self Esteem was much higher, as well as feeling a greater sense of control of their lives
- People heard voices less often
- The voices were perceived as less powerful to the person you experienced hearing them
- People felt much better about being able to cope with their voices
- More people were employed, volunteering or gaining education after attending groups, from one person out of thirteen, to six people
- 24% of people also experienced a significant reduction in hospital admissions.

Voices Vic Stance on Medication

Voices Vic and The Hearing Voices Approach are not anti-medication in assisting an individual's well-being and recovery. Although, the Traditional Model Approach to these particular deviations from the norm of subjective 'functional consciousness' are usually turned to psychotropic interventions and/or cognitive

behavioural therapies, a 2017 longitudinal report and analysis from the National Mental Health Consumer and Carer Forum on neuroleptics (anti-psychotics) is disheartening. This is because common side-effects are extreme weight gain, depression, sexual dysfunction, movement disorders, as well as dissociative symptoms not being cured, but the individual is more-so tranquilised (Dorozenko & Robin, 2017). Voice hearing groups do not aim to replace or

alter traditional models toward a Voice-hearer's personal experience of reality, and are intended to be used in conjunction with existing supports as a means of community and social support for the individual. Unfortunately, research on patients with a diagnoses of schizophrenia from the United States displays 74% of patients had discontinued their use on an 18-month double-blind trial of first and second generation anti-psychotics due to inefficacy, intolerability and/or other reasons (Davis et al., 2005). There is also concern about the rate of anti-psychotic prescription in Australia compared to International standards, as prescriptions have increased by 359% between 1992 – 2016. Brisbane psychiatrist Neil McLaren says overuse of anti-psychotics will be a bigger for this country due to long-term side-effects, and a life expectancy drop of 19 years for those who use them compared to non-medicated peers (Gregory, 2017).

The Need for Hearing Voices Groups

The Hearing Voices movement grew to understand the message behind the manifestation and provide coping skills so that voice-hearers can live a meaningful life. The founder Professor Marius Romme and a group of voice hearers in The Netherlands established the world's first Hearing Voices (HV) group after completing research in 1987. Since then, over the last 30 years HV groups have spread to 30 countries around the world and networks have developed in regions, countries and internationally, to link these groups together, and sometimes there are even more than one HV network within a country. The current research displays that Hearing Voices groups are

becoming a growing and positive support for voice hearers.

Identifying with a peer community makes it easier for a voice hearer to share their experience with others in a safe and non-judgemental space with like-minded peers, as voice-hearer's identifying with these labels can cause a deleterious effect on self-esteem due to self-stigmatisation which creates embarrassment, isolation, and lowered self-efficacy (Ahmedani, 2011). Furthermore, evidence on 2017 peer support has highlighted the lessened effects of labelling and stigma around identifying as 'schizophrenic' or 'bipolar', helping the voice-hearer shift from a problematic, self-stigmatising identity into self-acceptance, allowing the opportunity to practice their recovery identity (Davidson, Styron, & Utter, 2017). Voices for individuals that do not fit the diagnostic criteria for mental disorders can come up under contextually extreme stress and bereavement, loss of sleep and sensory deprivation (Cortsens, Longden, McCarthy-Jones, Thomas, & Waddingham, 2014)- this is supported by the significant literature on trauma and its link to perceived hallucinations and psychosis (Cortsens, et al, 2014).

2017 research on Voice Hearers indicate how voice hearers can link their voices with traumatic experience and talking about these experiences can help in order to gain understanding, and acceptance (Davidson, et al 2017). This is one of the aims of the Hearing Voices Groups.

Hearing Voices Group Description

A key concept of Hearing Voices groups is our perspective that hearing voices is not in itself a problem, but rather the problem is the distress that people experience when the voices occur. When Voice-Hearers are distancing themselves from 'dominating and intrusive' voices, this is where significant distress arises (Daya, et al, 2014) Accordingly, Hearing Voices groups do not aim to eliminate the voices people hear, but to support and empower people to understand, accept and improve their relationship with their voices to their reality.

Some of the most common activities in a Hearing Voices Group include:

- Discussing explanatory frameworks for hearing voices (where people think the voices come from)
- Exploring the meaning of voices in the broader context of the person's life history
- Sharing acceptance and change strategies, for example:
 - Setting boundaries with voices*
 - Challenging the power balance with voices and not obeying them*
 - Not taking the voices literally – finding supportive, metaphorical interpretations*
 - Demystifying the voices by talking about their content and character*
 - Distraction, coping and grounding strategies*
- Hearing and reflecting on recovery stories and experiences
- Exploring hopes and dreams
- Getting actively involved in mutual peer support.

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.

Group Facilitation and Leadership

Where possible, Voices Vic Hearing Voices Group facilitators will encourage voice hearers to co-facilitate groups with the aim of empowering the individual. Voices Vic offers training and additional support and mentoring for facilitators. Given the potential for group members to struggle at times, it is often helpful to have 2-3 facilitators who can share the tasks, take people outside the group for individual support if needed, and to debrief with each other after group. People do not have to be peers to act as group facilitators or co-facilitators either, as findings have displayed positive impact from mental health professional's interpersonal input when acting as group facilitators or co-facilitators as well (Dillon, Longden, & Read, 2017).

Scope of Groups

Where possible, we encourage services to allow open community access to attend groups (i.e., not restrict group participation to current service clients), and to provide groups on an on-going (rather than short-term) basis.

Open access can provide great benefit as participants are exposed to a larger community of voice hearers who do not access mental services – providing normalisation and hope, while ongoing groups allow for variations in the needs of individuals. However, these are recommendations only and are certainly at each groups' discretion.

Who is Voices Vic?

Voices Vic is a peer lead program that commenced operation in July 2009 conducting out of Uniting Prahran, a not for profit Community Managed Mental Health provider, located in the south eastern suburbs of Melbourne, setting up, maintaining and growing the Hearing Voices Network for all of Victoria.

Voices Vic developed after four years work by Uniting Prahran which included consulting with international experts on the hearing voices approach, trialling Hearing Voices Groups, and consulting with 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.

Voices Vic team members have received comprehensive training with international experts in the hearing voices approach. Voices Vic is staffed by a multi-disciplinary team with lived experience of voice-hearing and recovery. Team members receive regular supervision and within Voices Vic we utilise both the Intentional Peer Support approach and the Strengths' Approach for reciprocal learning and support. We utilise 'parallel practice' to ensure we do what we say and always maintain an environment of transparency in our active recovery work.

Getting Started

Voices Vic's core role is 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. A Voices Vic team member visits groups bi-yearly giving mentoring and support to staff and groups for various mental health services. Frequently we also conduct public talks at

mental health services, which can be attended by consumers, community and clinical workers, and carers/family members. These can be useful forums for generating interest, promoting discussion, and building hope. Furthermore, in 2017 and 2018 'The Hearing Voices Approach' was also endorsed by both the Australian College of Mental Health Nurses and the Australian Association of Social Workers for continuing professional development.

Recommended Training by Voices Vic Includes

- 2-day training for Hearing Voices Group facilitators, including
 - The Hearing Voices Approach, 1 and 2 day training
 - Hearing Voices Group Facilitation, 1-day training
 - Group Facilitation for peer workers, 2-day training

As hopelessness is a strong indicator of suicidal ideation, peer support research has been found to reduce this key measure along with increasing self-acceptance and self-efficacy (Bowers, et al, 2014). Regardless, should a group participant raise issues regarding suicidality or increased distress, group facilitators should also be trained in the Hearing Voices Approach and Suicide ASSIST to aid participants to find appropriate supports and/or crisis services outside of the group.

Additional services offered by Voices Vic which support group work include:

- The Maastricht Interview 2-day training
- Voice Profiling, 1-day training
- Using your story in peer-work
- Public talks to mental health services about the hearing voices approach
- Training by Internationally renowned guest trainers

- We can provide in-house training at your workplace

- One-Off Consultations with people whom are not yet participants of Uniting Prahlan but are interested in learning more about the service.

- **The Maastricht Interview**

The Maastricht Interview is a structured questionnaire that supports the exploration of the voice hearing experience in great depth and provides structure to develop an understanding of the underlining issues and making links with life events.

The interview is an adaptation of the original research questionnaire developed by Prof. Marius Romme & Sandra Escher. During their research they discovered that people participating received great benefits from doing the questionnaire so they adapted it to make it a practical tool to be used in clinical and other mental health settings. The Maastricht Interview can be used at any time but it works well as a starting point to help develop an effective treatment and/or recovery plan. Voices Vic provides a 2 day training for clinicians and other mental health professionals on how to use, process and implement the Maastricht Interview.

- Secondary Consultations with carers, clinicians or other service workers who would like to better support their participants who hear voices;
- **One-on-one Peer Support Sessions** from brief interventions to long-term support. This is the only one of its kind in Victoria that offers voices hearers the opportunity to work together with a peer

worker who has lived experience of hearing voices, mental distress and recovery.

- **Brief Interventions** of 1 or 2 consultations with voice-hearers and/or their support workers to discuss a particular issue;
- **Short-term Interventions** of between 4 and 8 sessions to support a voice-hearer through a difficult time;
- **Long-term Interventions** of 12, 24 or 48 sessions to support a voice-hearer explore their experiences and learn to cope with distressing voices;

- **Additional sessions** for all interventions can be arranged in blocks of 4 when required.
- Website with resources including strategies for coping, fact-sheets, other useful links
- Service visits – meetings, public talks and group visits
- Social Media, including Facebook, 'Voices Unplugged' Youtube, Instagram and Twitter
- E-newsletters
- Telephone and email support

The Initial Investment of Starting a Hearing Voices Group

Most of the services that begin Hearing Voices Groups already conduct support groups of some type. This means that the largest sum 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/s (assume 2 hours per week on average).
- and/or potential public liability insurance

Note: some services have chosen to train other workers (i.e., 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.

Further Information

Voices Vic continues to increase its scope.

- Voices Vic won a TheMHS Achievement Award (Consumer Provided category) from the Mental Health Learning Network in 2012
- Voices Vic was Highly Commended in the Victorian Public Healthcare Awards

(Responding to mental health & drug and alcohol service needs category) in 2010

- We conduct a comprehensive training calendar, and speak at many conferences and events around Australia.
- We provide information about hearing voices, issue e-newsletters to a large database, maintain a comprehensive website and Facebook presence at www.facebook.com/voicesvic

We are always open to new opportunities for building awareness and use of the hearing voices approach.

For more information, please visit our website at:

www.prahranmission.org.au/voices-vic

Or contact the team on:

Telephone: 03 9692 9500

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