What To Do When Your Client Says They're Hearing Voices

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Learning Objectives

- Provide an introduction to serious mental illness (SMI) and their symptoms
- De-stigmatize psychotic disorders and empower clinicians to effectively treat clients with psychosis disorders
- Review the prevalence of co-occurring psychotic and substance use disorders and the rationale for integrating treatment
- Provide practical examples of how to use integrated treatment to improve treatment outcomes for clients with co-occurring disorders
- Increase knowledge on how to increase engagement and advocacy for and with people with co-occurring psychotic and substance use disorders

What do these words evoke?

Delusional

Decompensating

Disturbed

Psychotic

Schizophrenic

Manic

Bipolar

Unmotivated

Paranoid

Crazy

Non-compliant

Chronic

Mad

What have you already heard?

- People with SMI do not listen to reason
- People with SMI cannot benefit from therapy
- People with SMI are dangerous
- People with SMI have a poor prognosis

Challenges of working with people with SMI

Psychosis= Break in Reality

Common psychosis symptoms

Positive Symptoms:

- Hallucinations (auditory, visual, olfactory, tactile)
- Delusions (consider cultural factors)
- Paranoia
- Disorganized thought and speech

Negative Symptoms:

- Blunted affect
- Anhedonia
- Avolition

*A **psychotic episode** is characterized by the presence of 2 or more positive Sxs that persist for the majority of a 1+ month period. (Unless successfully treated) Negative Sxs may persist for 6+ months or remain relatively stable/ constant.

Risk factors for psychosis symptoms

- Trauma
- Poverty
- Genetics
- Autoimmune disorder
- Drug use
- ???

Providing Psychoeducation

Medications:

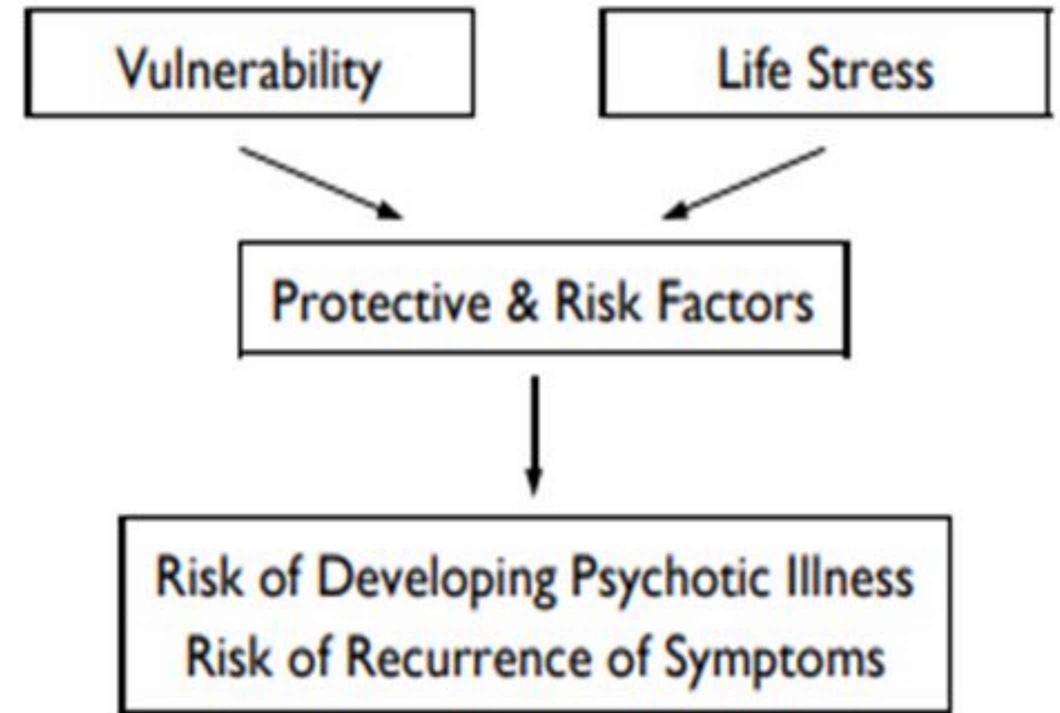
- Managing side effects
- Long acting injections

Expectations for therapy:

- Full remission of symptoms is unlikely

Learning to recognize symptoms:

- Thought tracking journal
- ABC model



Reality Testing & Challenging Beliefs

Where is the evidence (or proof) that my thoughts/ beliefs are true?

Is this a fact, assumption or opinion?

Is there any evidence that disproves my thoughts/ beliefs?

How do I know that my thoughts/ beliefs are true?

Are there facts that I'm ignoring or I've overlooked?

What other explanations could there possibly be?

How realistic are my thoughts, beliefs and expectations?

Even if it were true, is it really that bad?

Are there other ways of viewing the situation?

How might someone else view the situation? (Is there someone else I can ask?) ***can be used for AVH**

If I were not *{symptomatic}*, how might I view the situation differently?

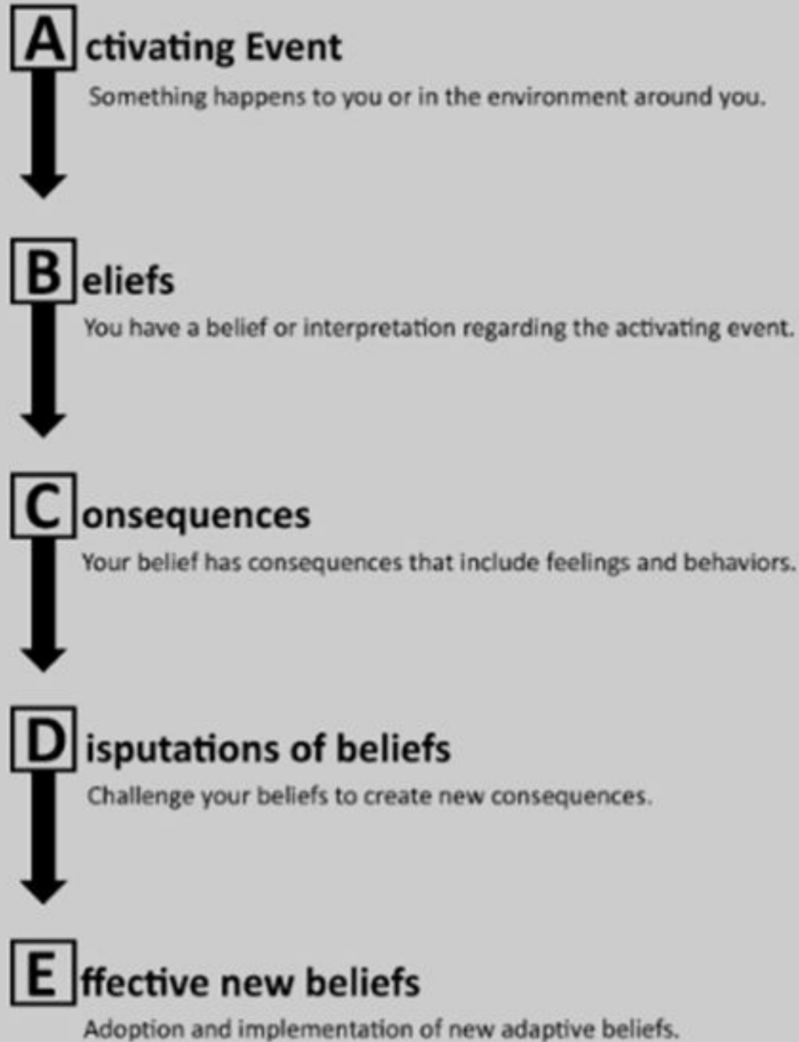
What are the odds of that happening? ***AVH**

Where is it written that I must...?

How helpful is it for me to keep thinking this way?

Where does thinking like this get me?

*Sometimes using a cellphone camera can be helpful for hallucinations



A- My phone randomly restarted on me.

B- The government just did some shady stuff with my phone. They're watching me.

C- I get really scared and anxious. I throw my phone out the window.

D- Are there any other explanations for why your phone may have restarted? Do you have any other beliefs that may apply? What are the facts (not assumptions)? What's the worst thing that the government could have learned about you from your phone? What would they do with that info? How can we test this assumption?

E-

My phone needed to update.

I've got nothing to hide from the government. They've got dangerous people to catch.

Maybe my phone is broken. I should take it into the apple store and get it checked.

Thought Record Sheet – 7 column

Situation / Trigger	**Feelings** Emotions – (Rate 0 – 100%) Body sensations	**Unhelpful Thoughts / Images**	**Facts that support the unhelpful thought**	**Facts that provide evidence against the unhelpful thought**	**Alternative, more realistic and balanced perspective**	**Outcome** Re-rate emotion
What happened? Where? When? Who with? How?	*What emotion did I feel at that time? What else? How intense was it?* *What did I notice in my body? Where did I feel it?*	*What went through my mind? What disturbed me? What did those houghts/images/memories mean to me, or say about me or the situation? What am I responding to? What 'button' is this pressing for me? What would be the worst thing about that, or that could happen?*	*What are the facts? What **facts** do I have that the unhelpful thought/s are totally true?*	*What **facts** do I have that the unhelpful thought/s are NOT totally true? Is it possible that this is opinion, rather than fact? What have others said about this?*	*STOPP! Take a breath….* *What would someone else say about this situation? What's the bigger picture? Is there another way of seeing it? What advice would I give someone else? Is my reaction in proportion to the actual event? Is this really as important as it seems?*	*What am I feeling now? (0-100%)* *What could I do differently? What would be more effective?* *Do what works! Act wisely. What will be most helpful for me or the situation? What will the consequences be?*

When to seek supervision

- Hallucinations are causing significant distress and/or put client or others at risk
- Manic episode
- Delusions that put client or others at risk
- Inability to care for oneself
- Any thoughts of suicide or self harm

*Not all crises require involuntary hospitalization

Moving Away From the Diagnosis

- Diagnosis does not accurately describe client experiences
- Stigma related to psychotic disorders
- Psychosis spectrum disorder

The Voices In My Head

Eleanor Longdon, PHd.

Hearing Voices Simulation

Psychosis and Substance use

The facts

- Nearly 3.2 million adults have co-occurring SMI and SUD
- Drug and alcohol use is more common amongst people with SMI than the general population
- Between 70-85% of people with SMI smoke cigarettes
- Increasing symptoms in one domain creates worsening symptoms for the other.
- Untreated mental health illness can trigger relapses.
- Previous models of segregated care have been shown to be ineffective.

Why the connection

- People with SMI often use substances to alleviate mental health symptoms
- People use substances as a way to be social/feel connected
- Using substances increases the risk of developing a mental health disorder
- Using substances exposes people to trauma

The need for integrated care

- Nearly half of all people with SMI have reported illicit drug use
- Take responsibility off of the client to navigate resources
- Integrated treatment models are consistently superior than traditional ones

How to integrate care

- Use assessments that are integrated to assess for both SMI and SUD
- Use a multidisciplinary team (preferably all in house)that includes PCP, psychiatrists, recovery specialist, counselors, employment specialist etc.
- Collaborate with multidisciplinary team to assess stage of treatment and to coordinate treatment plan
- Use a variety of different treatment modalities e.g., harm reduction, psycho-pharmacology, 12-step groups, spirituality/faith based resources etc.
- Offer unlimited time in services

Integrated Dual Disorder Treatment (IDDT)

Clinical Tools to increase engagement and outcomes

- Be curious
- Educate clients on their symptoms and diagnosis
- Validate feelings
- Use person centered language e.g.,“person who hears voices” vs “schizophrenic” or “living with” vs “struggling with”
- Offer choices
- Tap into “personal medicines”
- Celebrate the small steps
- Instill hope

“We are the socially sanctioned protectors of hope.”

-Michael Mahoney

Break Out Groups

- Identify what stage of treatment each person is in for both their mental health and substance use.

- Based on their stage of treatment, what intervention(s) do you suggest?

Utilizing Peer recovery & Social Supports

- Peers as experts
  - Have peers occupy various roles in treatment agencies (recovery coach, counselor, policy maker, etc.)
  - Listen to peer feedback on treatment
- Use natural supports
  - When appropriate bring natural supports into the conversation
  - Educate supports on symptoms
  - Promote an optimistic view of recovery

Patricia Deegan, Phd

Nev Jones, Phd

Eleanor Longden, Phd

Peer Recovery Story

Helpful Resources

- **The hearing voices network** https://www.hearing-voices.org/
- **CBT for Psychosis Symptoms:** https://www.nasmhpd.org/sites/default/files/Psychosis%20Manual.pdf
- **Thresholds Mindstrong:** Early intervention and first episode psychosis treatment

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**Special thanks to Sean Green, LCSW for clinical consultation*

Thank you!