



# Hallucinations

## A Recovery-Oriented Cognitive Therapy Approach

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# What are hallucinations?

- Perceptions
- Without external stimulus
- Take different forms:
  - Auditory, Visual, Tactile, Olfactory, Gustatory
  - Auditory is the most common.
- Not unique to schizophrenia

# Prevalence of voices

- 1% population has Schizophrenia
- 8-10% of population hear voices regularly without having a disorder
- 60-80% normal population have heard a voice
- Under certain circumstances, most people would hear voices.

# Equation For Hearing Voices



Voice Hearing

Stress

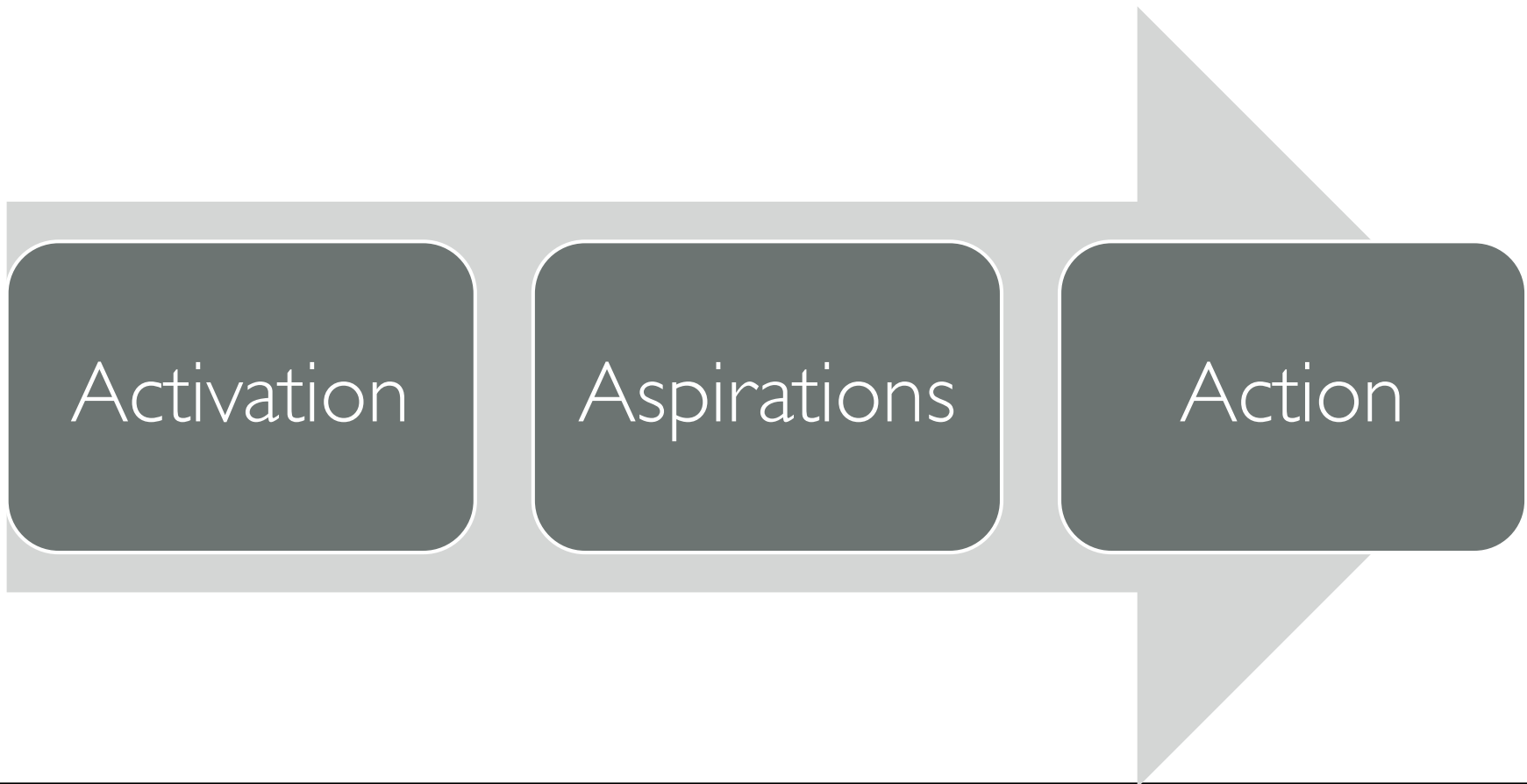
Isolation

Attention

Time



# CT-R: Protocol

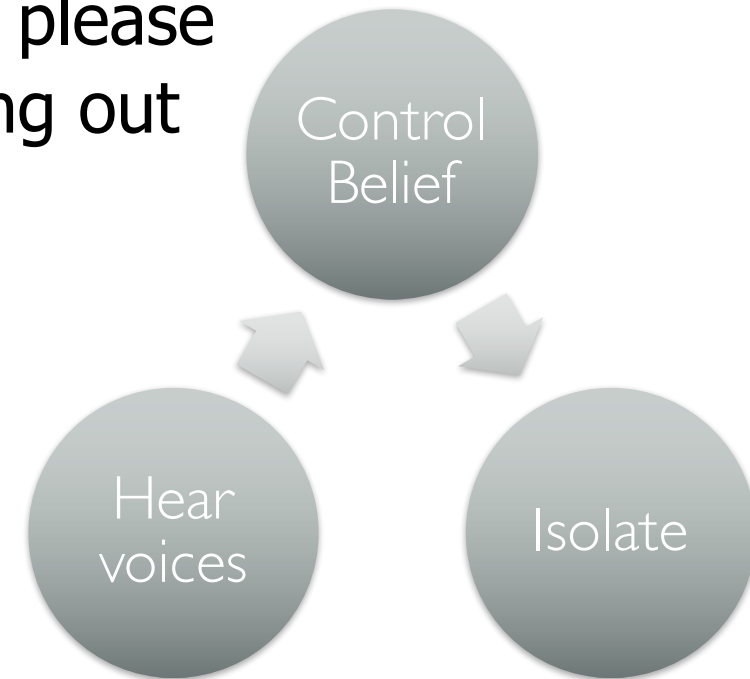


# Beliefs about voices

Belief	Behavior
Control	Isolate
Credible	Listen for Message
Powerful	Comply or Neutralize
External	Stay Vigilant

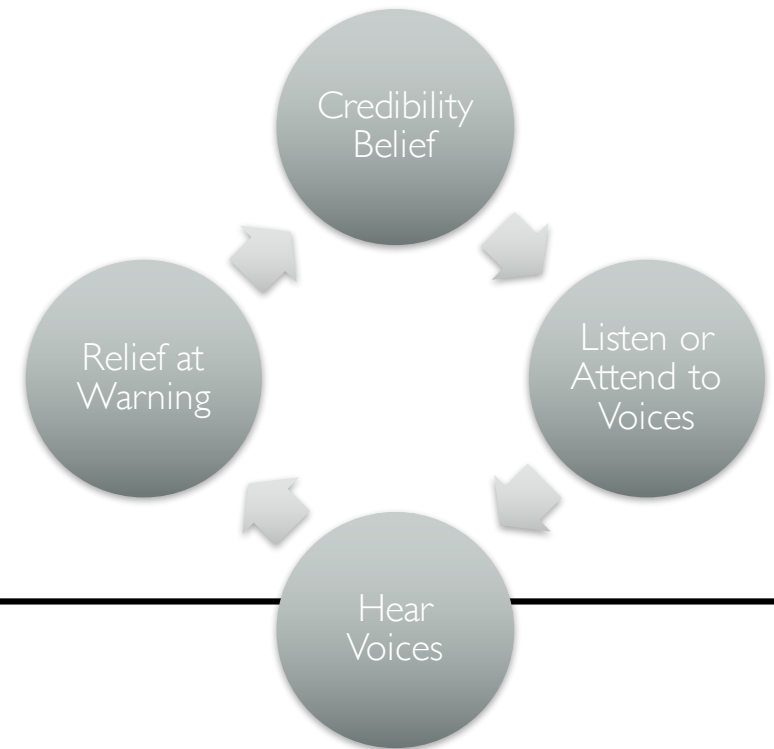
# Problematic Beliefs about “Voices”

- I have no control over the voice(s).
  - Voices come and go as they please
  - Reaction: Isolate, Avoid going out



# Problematic Beliefs about “Voices”

- Voices are credible, telling the truth
  - The voices are telling the truth
  - Listen for the voices and expect to hear them
  - Increased voices





# Cognitive behaviour therapy to prevent harmful compliance with command hallucinations (COMMAND): a randomised controlled trial



Max Birchwood, Maria Michail, Alan Meaden, Nicholas Tarrier, Shon Lewis, Til Wykes, Linda Davies, Graham Dunn, Emmanuelle Peters

## Summary

**Background** Acting on command hallucinations in psychosis can have serious consequences for the individual and for other people and is a major cause of clinical and public concern. No evidence-based treatments are available to reduce this risk behaviour. We therefore tested our new cognitive therapy to challenge the perceived power of voices to inflict harm on the voice hearer if commands are not followed, thereby reducing the hearer's motivation to comply.

**Methods** In COMMAND, a single-blind, randomised controlled trial, eligible participants from three centres in the UK who had command hallucinations for at least 6 months leading to major episodes of harm to themselves or other people were assigned in a 1: 1 ratio to cognitive therapy for command hallucinations + treatment as usual versus just treatment as usual for 9 months. Only the raters were masked to treatment assignment. The primary outcome was harmful compliance. Analysis was by intention to treat. The trial is registered, number ISRCTN62304114.

**Findings** 98 (50%) of 197 participants were assigned to cognitive therapy for command hallucinations + treatment as usual and 99 (50%) to treatment as usual. At 18 months, 39 (46%) of 85 participants in the treatment as usual group fully complied with the voices compared with 22 (28%) of 79 in the cognitive therapy for command hallucinations + treatment as usual group (odds ratio 0·45, 95% CI 0·23–0·88,  $p=0\cdot021$ ). At 9 months the treatment effect was not significant (0·74, 0·40–1·39,  $p=0\cdot353$ ). However, the treatment by follow-up interaction was not significant and the treatment effect common to both follow-up points was 0·57 (0·33–0·98,  $p=0\cdot042$ ).

**Interpretation** This is the first trial to show a clinically meaningful reduction in risk behaviour associated with commanding voices. We will next determine if change in power was the mediator of change. Further more complex trials are needed to identify the most influential components of the treatment in reducing risk behaviour and compliance.

*Lancet Psychiatry* 2014;  
1: 23–33

See [Comment](#) page 3

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# Problematic Beliefs about “Voices”

- Voices are External
  - The voices are real and out in the world
  - Always need to stay prepared for the voices
  - Least associate with dysfunction



# Correcting the Beliefs

- Learning through experiences
  - Help individuals correct these beliefs
  - Use experiences for “learning.”
  - Change behavioral response in the end.
- Beliefs maintain strength of voices.

# CT-R: Protocol

**Low  
Motivation  
Connection**

Activation

Aspirations

Action

# Hallucinations & Activation

- Reduce/interfere with hallucinations
- Establish the things make voices more or less
- Talking makes them less



# Activating: Adaptive Mode

- Strategically increase individual's participation and motivation.
- Interfere with voice hearing
- Use the media available
- Get them involved!!!
- Goal: Notice!!!!



# Hallucinations & Aspirations

- Counter some of what the voices are saying
- Establish a reason for working on voices

# Hallucinations & Action

- Ongoing voice stopping/lessening
- Ongoing contradiction of voice content
- Ongoing testing of the beliefs about voices



# Activity Scheduling

- Activity scheduling: Systematically evaluate, increase, and monitor.
- Purpose:
  1. Increased motivation/energy and mood
  2. Decreased psychosis
  3. Connect some activities and less voice hearing.

# Activity Scheduling

	Structured Day	Unstructured Day
6–7 a.m.		
7–8 a.m.		
8–9 a.m.		
9–10 a.m.		
10–11 a.m.		
11–12 p.m.		
12–1 p.m.		
1–2 p.m.		
2–3 p.m.		
3–4 p.m.		
4–5 p.m.		



8–9 p.m.		
9–10 p.m.		
10–11 p.m.		
11–12 a.m.		
12–6 a.m.		
How did you feel? How worthwhile was your day? (0 = <i>not at all</i> <i>worthwhile</i> , 10 = <i>very worthwhile</i> )		

On which day were the auditory or visual experiences stronger? \_\_\_\_\_

On which day were the auditory or visual experiences more frequent? \_\_\_\_\_



# Rationale for Refocusing

- Any techniques that can help shift focus away from experiences will reduce distress.
- Stress, fear, frustration, anger, and other distressing emotions can block activity
- Activity is a key to combatting these experiences and achieving Aspirations

# Methods of Activating

- Engagement can take many forms:
  - Action
  - Communication priming
  - Simple gifts
  - Aspirations



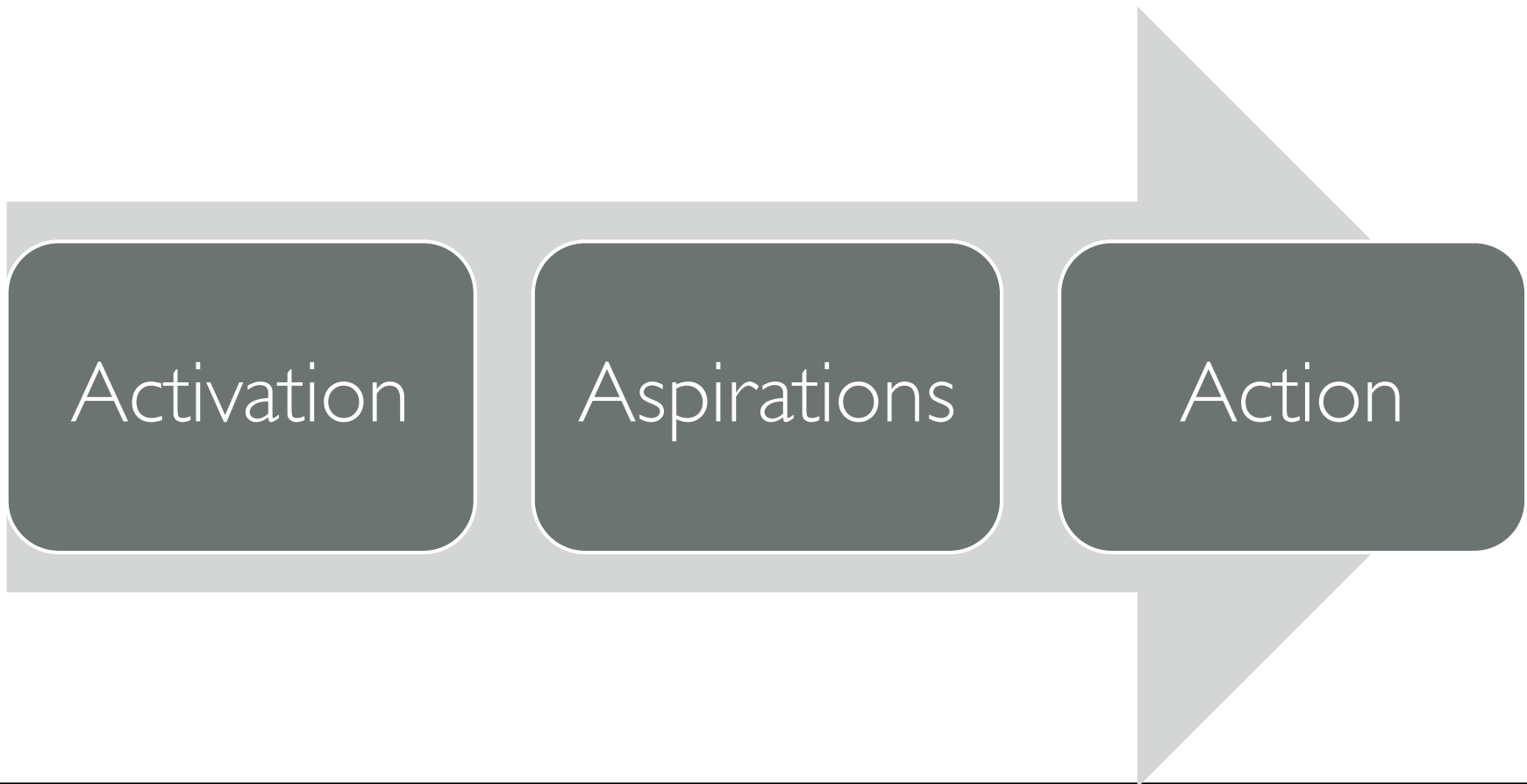
# Refocusing Skills for Hallucinations

- Headphones or iPod (music or spoken word)
- “Look, Point, and Name”
- Singing or speaking under one's breath
- Focused eating.
- Mindfulness
- Counting backward

# Psychoeducation

- Consider as a specific intervention
  - Correct or mitigate a belief
  - Reduce factors associated with voice hearing
- Over-Connection of two areas of the brain
- False-positives
- Normalizing voice hearing
- CAREFUL NOT TO MAKE DEFFENSIVE

# CT-R: Protocol





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