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Disseminating the Course for the Behavioral Management of Auditory Hallucinations across VA Mental Health Settings

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Aims

- To expand dissemination of the 10-session evidence-based course for symptom management of persistent auditory hallucinations in VA psychosocial recovery centers
- To evaluate facilitators successes and challenges implementing the course
- To evaluate patients' experiences with the course effectiveness and symptom self-management

Background

- Psychosocial Rehabilitation and Recovery model supports implementation of patient-centered symptom management education.
- Past VA piloting efforts have demonstrated positive staff and patient benefits from telecommunications methods of dissemination.
- 10-session Behavioral Management of Auditory Hallucinations Course has been recognized as a best nuring practice; evidence supports implementation.
- Patients with persistent auditory hallucinations associated with schizophrenia have improved their symptoms after taking this class.

Methods

Design

Evaluation of a Dissemination Project

Procedures

Recruitment:

Invitations at conferences for VA Psychosocial Rehabilitation and Recovery Centers (PRRC)

Sample:

PRRC/Outpatient: self-selected sites

Inclusion criteria:

- Licensed professional staff in PRRC
- Experience facilitating groups

Activities:

- 5- 1.5 hour teleconference training sessions
- Distribution and training:
  - Treatment Manual
  - Instruments
    - Characteristics of Auditory Hallucinations (CAHQ)
    - Unpleasant Voices Scale (1-10)
    - Safety Protocol
  - Evaluations
  - Training DVD
  - Relaxation CD

Data collection:

- Course facilitator evaluation
- Patient participant evaluation
- Notes from sessions and emails

10-Session Course: Classes and Strategies

1. Orientation, self-awareness
2. Talking with someone
3. Listening to music/radio
4. Watching tv or something else
5. Saying "stop"/ignoring
6. Earplugs
7. Relaxation exercises
8. Keeping busy/purposeful activity
9. Using prescribed medication
10. Summary/evaluation

Preliminary Findings

Notes:

- Calls are helpful, give confidence for educating staff and patients, support in not feeling isolated.
- Like that the Veterans appreciate the course. Vets help each other.
- "….think the members in our group enjoyed the freedom to talk about their voices without fear of being immediately hospitalized."
- "Facilitators need more ideas for how to get skills to be practiced outside of group."
- "We had no problems getting patients to do homework—and didn't use incentives other than positive verbal feedback."

Preliminary Findings

- Jan through May 2011:

24 PRRC/outpatient sites sent multidisciplinary staff to training sessions

- 100% attended training session
- 100% attended 1st support call
- 83% attended 2nd support call
- 48% attended 3rd support call
- 33% attended 4th support call
- 33% attended all calls

- 8 sites have completed the course
  - group size: 2-7 patients
  - 2 are conducting the course again
  - 1 has offered each class twice

Evaluation to Date:

11Facilitators:

93%: improved understanding of voice hearing experience

100%: better able to communicate with patients about their voices

100%: worthwhile experience

83%: plan to teach again

26 Patients:

70% better able to manage voices

83 %better able to communicate with staff about voices

82% feel less alone

93% feel safer telling staff about harm voices

60% deny harm voices

85% would recommend the course