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

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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

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

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

Facilitators:
- 93% improved understanding of voice hearing experience
- 100% better able to communicate with patients about their voices
- 83% worthwhile experience
- 83% plan to teach again

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

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.”

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 nursing practice; evidence supports implementation.

- Patients with persistent auditory hallucinations associated with schizophrenia have improved their symptoms after taking this class.

Evaluation to Date:

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