

Do voice hearers naturally use focusing or metacognitive coping techniques

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“Little is known about the various coping styles and models naturally adopted by voice hearers” (Farhall, Greenwood, & Jackson, 2007)

Aim & Learning Objectives

AIM

- To present the original data on the coping strategies used by service users to manage the voice hearing experience and consider its implications for understanding the ways in which voice hearers coping with this experience

Learning Objectives

- Share examples of the original thematic coding of the data collected from the voices group brainstorming exercise
- Compare the categories identified from our analysis' with those suggested by Wright et al
- Discuss the implications of our findings upon our current research and every day clinical practice

Background discussion from the literature on Voice Hearing

- Chadwick and Birchwood (1994) used a cognitive behavioural therapy (CBT) conceptual framework to propose that people's beliefs about voices would shape how they felt, behaved and coped.
- Perez-Alvarez et al (2008) argued that changing the relationship in relation to the perceived omnipotence of the voice was crucial and could be changed with a series of CBT coping exercises including mindfulness and acceptance.
- Singh, et al(2003) have argued that problem solving coping strategy use and voice severity were the determinants of distress, and not attitude to the voices

Key approaches from the literature

- Studies of naturalistic coping strategies (Romme et al, 1992, Knudson and Coyle, 1999)
- To investigated the effectiveness of coping strategy enhancement and problem solving (TARRIER et al. , 1993)
- Studies of Distraction and focusing (Haddock et al, 1996 & 1998) recommended caution & advocated a CBT intervention that focused on exposure to voice content, responding to that content, and modifying underlying beliefs about the voices.

Key approaches from the literature

- Morrison et al (2000) metacognitive beliefs also have a role in maintaining voices and be a specific target of CBT interventions
- Studies in to Metacognitive coping styles. Such metacognitive coping styles including mindfulness and acceptance have become core components of Acceptance and Commitment Therapy (ACT) which has proven to be a viable treatment for persistent auditory hallucinations in schizophrenia.

- The data was originally collected as part of a six session voice hearing CBT treatment group (Wykes & Parr, 1999) run within an acute inpatient hospital in the South West of England.
- Seven year period from 2001 to 2008,
- 25 groups took place
- N= 106 (56 male, 50 female)
- 273 statements of how individuals manage or cope with the voice hearing experience were suggested by the participants
- Data in public domain, shared both within group and subsequent groups as part of treatment programme

Methodology

- A qualitative analytic approach, utilising thematic coding
- A content analysis of 273 statements collected from exercise on coping strategies as part of voice hearing treatment group for psychiatric patients (community & inpatient) who hear distressing voices

Coding of Data

- Coding involved the noting patterns in the data
- The patterns are given codes (coding units) and further distinctions were achieved by organising codes into overarching categories (themes).
- The themes were refined into a voices coding manual for analysis
- Following this process of refinement, the four higher order themes/styles were identified

Examples of statements

- “Focus on parts of instrument “
- “Going for a walk - somewhere different “
- “Humming “
- “Listening to music “
- “Making a list”
- “Participating in the experience”
- “Playing scrabble “
- “Putting make-up on “
- “Tell them to go away and come back another time “
- “Thinking of a nice place”
- “Humming “
- “Let me finish what I am doing now, postpone them”
- “Not turning into them”
- “Pray out loud “
- “Think about something nice “
- “Checking out the environment”
- “Talking back -You're entitled to your opinion”
- “Talking to someone else “
- “Tell them to go away”
- “Watching TV “
- “Exercise”

Initial coding Themes (examples)

- “being active” (N = 20)
- “humming and singing” (N = 22)
- “telling them to go away” (N = 16)
- “thinking about something nice”(N = 15)

Four Coping Styles

Identified Coding Process

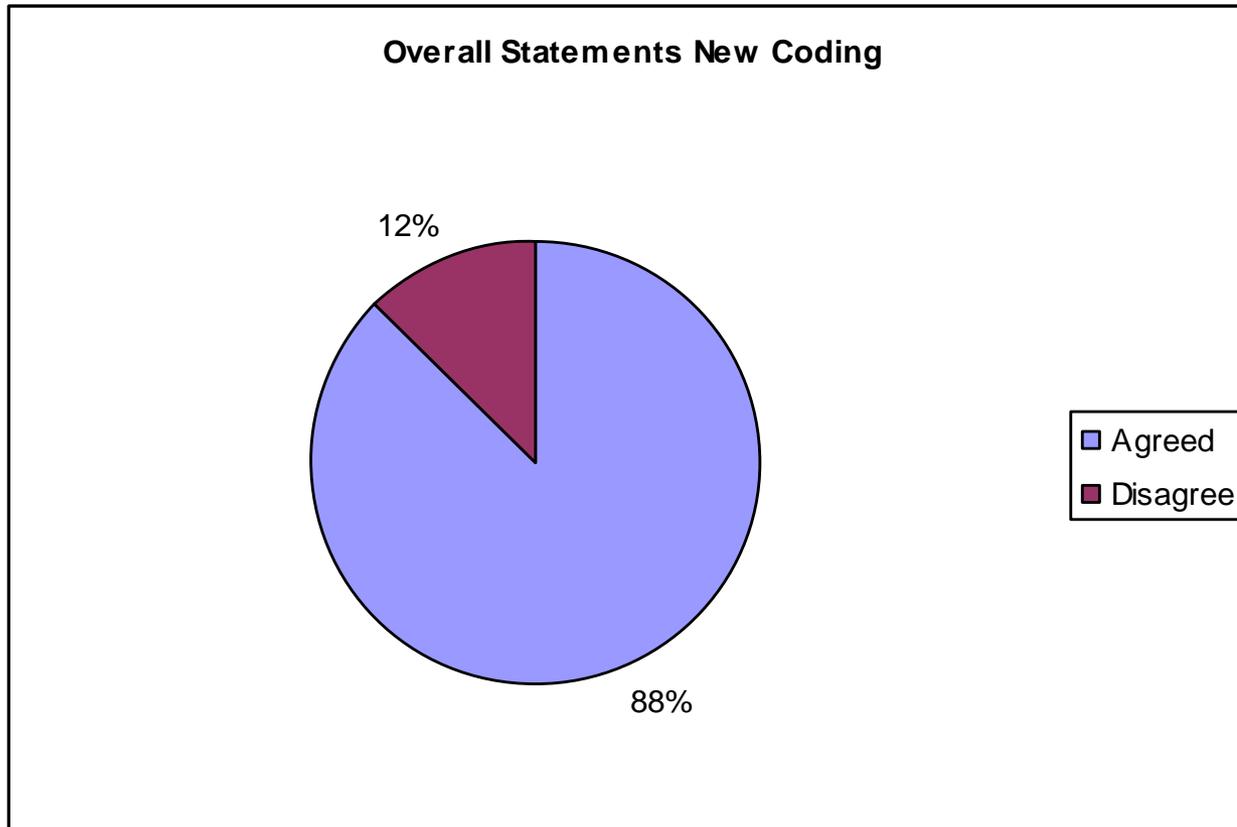
- **Reacting Directly (RD)** - The individual describes responding directly to the commands of voice. The statement provided as a 'coping strategy' involves simply responding or doing what the voice commands.
- Responding **Non-Engagement (NE)** - This is a quick response that does not involve thinking about the experience. The individual statements describe an activity in which the person responds to the hallucinatory experience (voice) and takes an action that attempts to avoid engaging in the experience. It is similar to an emotional 'fight or flight' experience, it is an immediate response where the individual decides to 'take flight' from the experience and take action to avoid thinking about or engaging the experience

Four Coping Styles

Identified Coding Process

- Responding **Engagement (E)** - The individual ‘turns toward’ or ‘engage’ the experience rather than avoiding it. The individual statement describes a process in which the individual makes a choice to engage or focus upon the experience and describes an action or method of managing the experience.
- Responding **Rational Engagement (RE)** - The individual chooses to ‘engage’ the experience and describes using a ‘rational response’ to challenge or manage the experience. “Step back – Reflect – Choose”

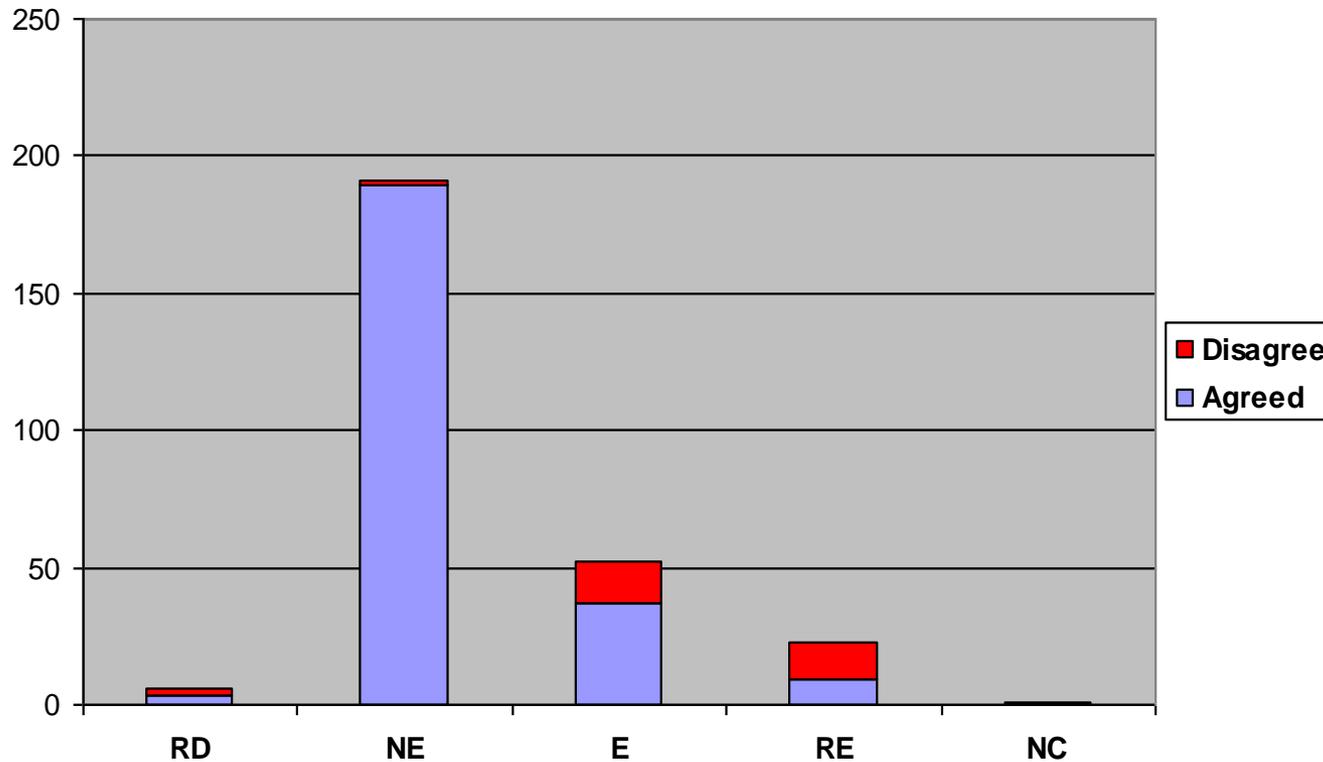
Reliability of Coding



Agreement on coding of Five Themes against 273 Statements as coded by two qualified CBT therapists

Reliability >0.80
= High (Bauer, 2002)

Comparison of New Codes



Four Themes

RD = Reacting Directly

NE = Responding Non-Engagement

E = Responding Engagement

RE = Responding Rational Engagement

NC = No Code

Results

- 70% were coded using the higher order theme of non-engagement (99% inter-coder reliability) suggesting that voices hearers tend to develop dominant coping strategies that avoid engaging in the experience.

Further Coding of Statements using previously published Coping Strategies

- Wright et al (2009) suggest that coping strategies can be grouped into three general categories:
 - Distraction
 - Focussing
 - Schematic and metacognitive
- The original 273 statements were coded using these statements
- The dominant coping strategy when viewed against these three coping strategies showed that distraction was by far the most frequently reported method of coping with voice hearing

Findings

- The two themes of coping from an analysis of codes were “non engagement” and “distraction” and these themes accounted for the majority of the coded data suggesting individuals who hear voices utilise a greater percentage of avoidant coping strategies.

Findings

- Distraction approaches were most favoured by voice hearers
- Engagement strategies such as focusing on the characteristics of the voice, and talking back to the voice on the mobile telephone, accounted for the majority of the 20% of voice hearers using focusing coping strategies.
- The metacognitive category is not naturally initiated when voice hearing develops. Current approaches such as acceptance, detached mindfulness and schematic metabeliefs should be viewed as metacognitive.

Discussion points

- The interventions related to non-engagement and distraction approaches within this study, and may initially have operated to reduce arousal and therefore the intensity of the voice hearing experience and therefore may account for short-term benefits that are often reported in relation to these strategies.
- The metacognitive category is not naturally initiated when voice hearing develops.

Discussion points (2)

- The results indicate that there were mainly two categories of coping ie distracting and focussing and was not in keeping with Wright et al (2009) hypothesis
- The authors of this study endorse the Morrison (2001) model of the maintenance of voices through negative appraisal and safety behaviour deployment.

In conclusion

- CBT practice has tended to use coping strategies at a stage of the therapeutic process leading up to improved reality testing. Little is known about the exact coping style used.
- This study points to non-engaging styles as safety behaviours which perpetuate the experience.
- It is unclear as to whether focusing or metacognitive coping strategies are more effective in reducing distress linked to voice hearing. We recommend that they should be piloted in both their pure and adapted form, in order to power large-scale randomised controlled trials.

Implications for clinical practice

- Voice hearing groups and support networks should actively discuss the variety of different coping styles available and encourage experimentation and practice approaches which engage the voice hearing experience.
- Educational programmes for mental health professionals working with voice hearers should include a coping strategy element which stresses focussing and metacognitive styles.

Limitations to study

- There are limits to the generalisability of these results in terms of ethnicity, stage of psychosis and level of distress.
- Coping response statements were not linked to evaluations of efficacy.
- This trial did not identify different hallucinatory forms such as command hallucinations and running commentaries which might respond differently

Any Questions??



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