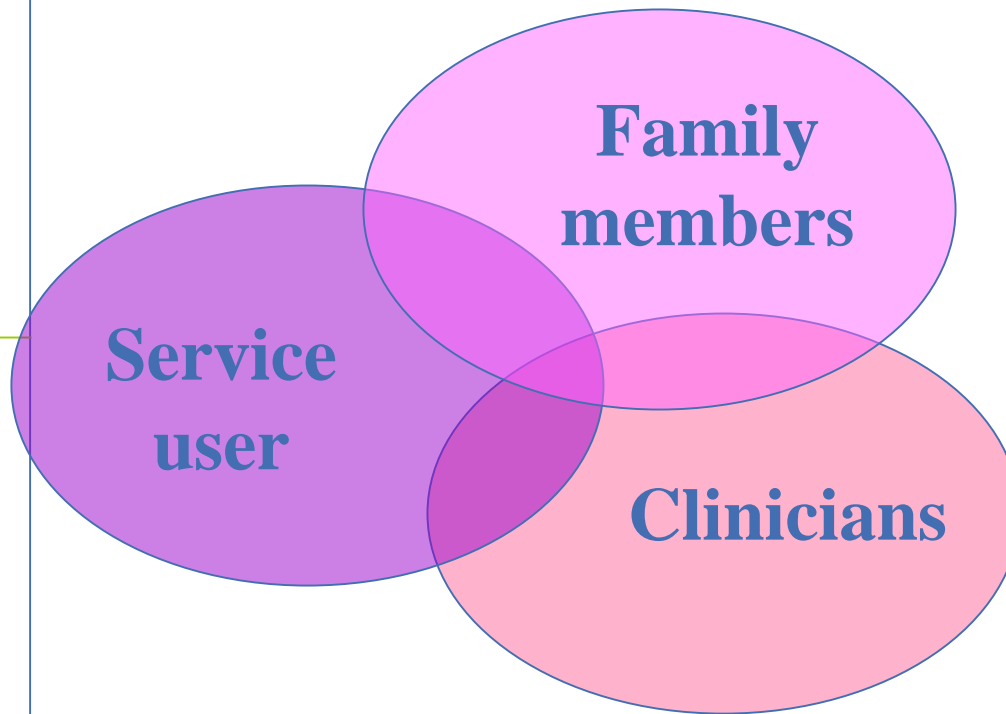


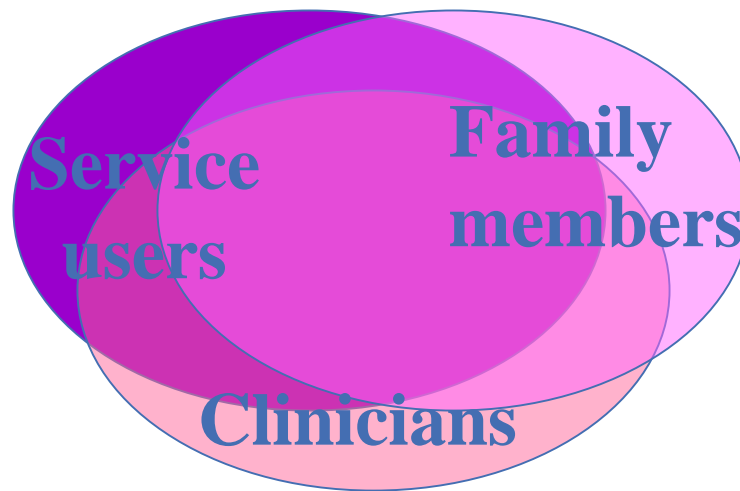
Beliefs and Hearing Voices Groups



Illness/Wellness Representations may be very different...



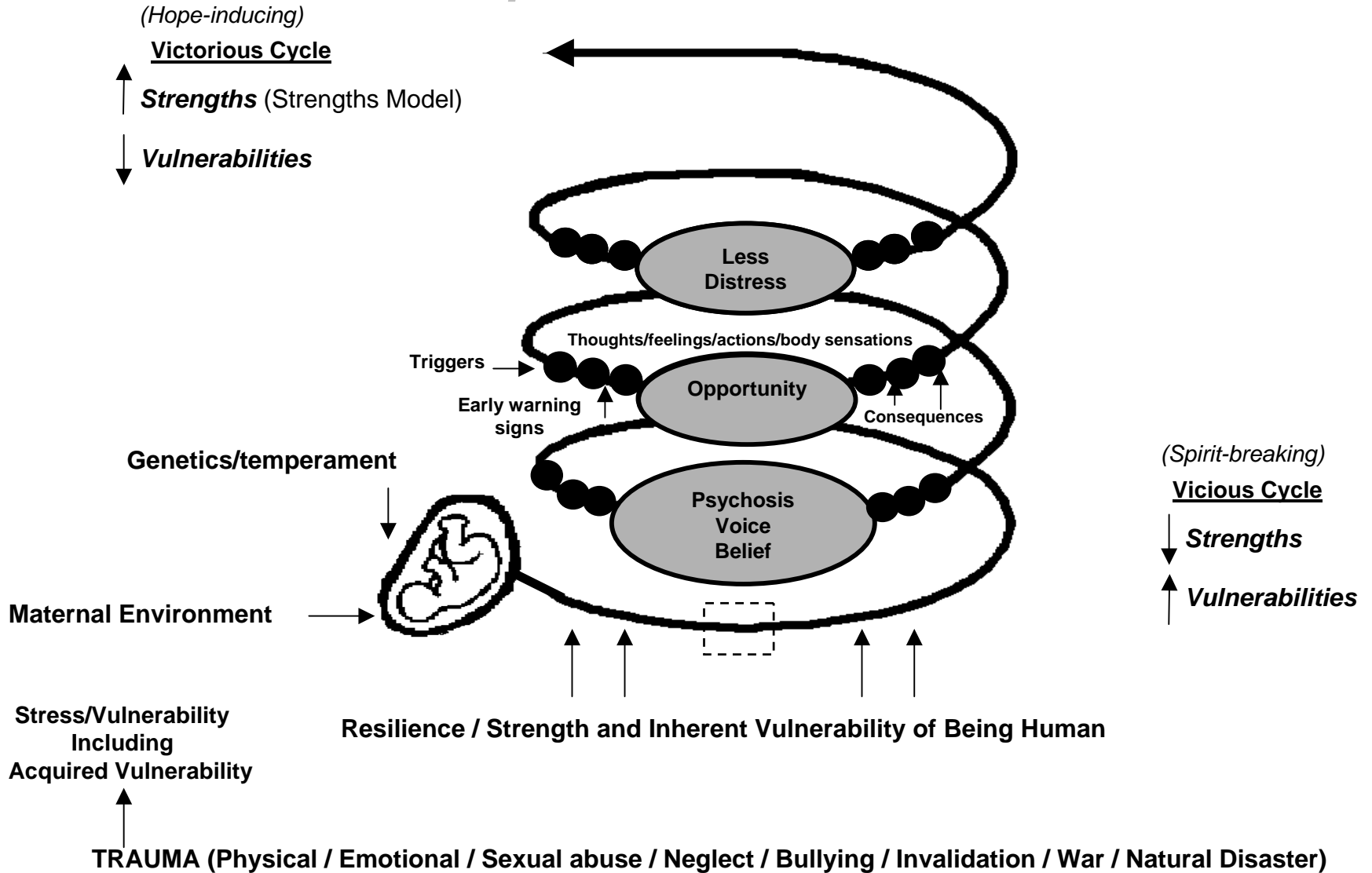
.. Negotiating Alignment of
Illness/Wellness Representations is
Important



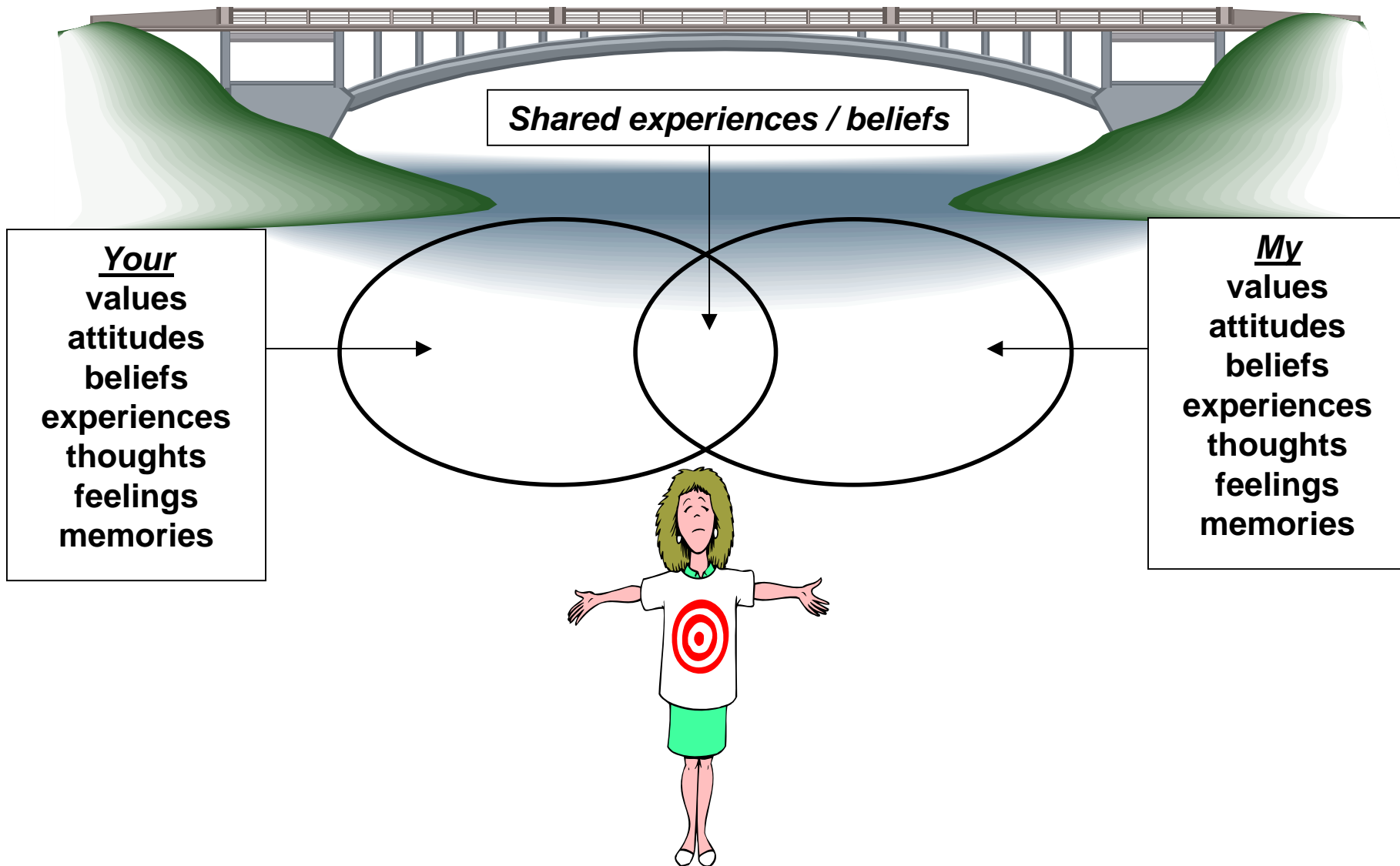
Map of the Journey of Re-recovery

Spiritual Context

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“Building a Bridge of Trust” – “Being With” Your Beliefs / My Beliefs / Shared Beliefs



Did you Know?



- 82% of older population hear voices when bereaved (Grimby 1993). 37% of university students (Morrison 2003). Sleep deprivation, hostage situations, drug use – can potentially lead to hallucinations in anyone.
- “Spirits can communicate with me”, “I can change what happens by my thoughts”, “Aliens are in communication with humans and have given us technology” – These are beliefs held by many people who function very effectively. (eg Peters et al 1999)
- People who come to our groups are experiencing distress from hearing voices, or their beliefs.

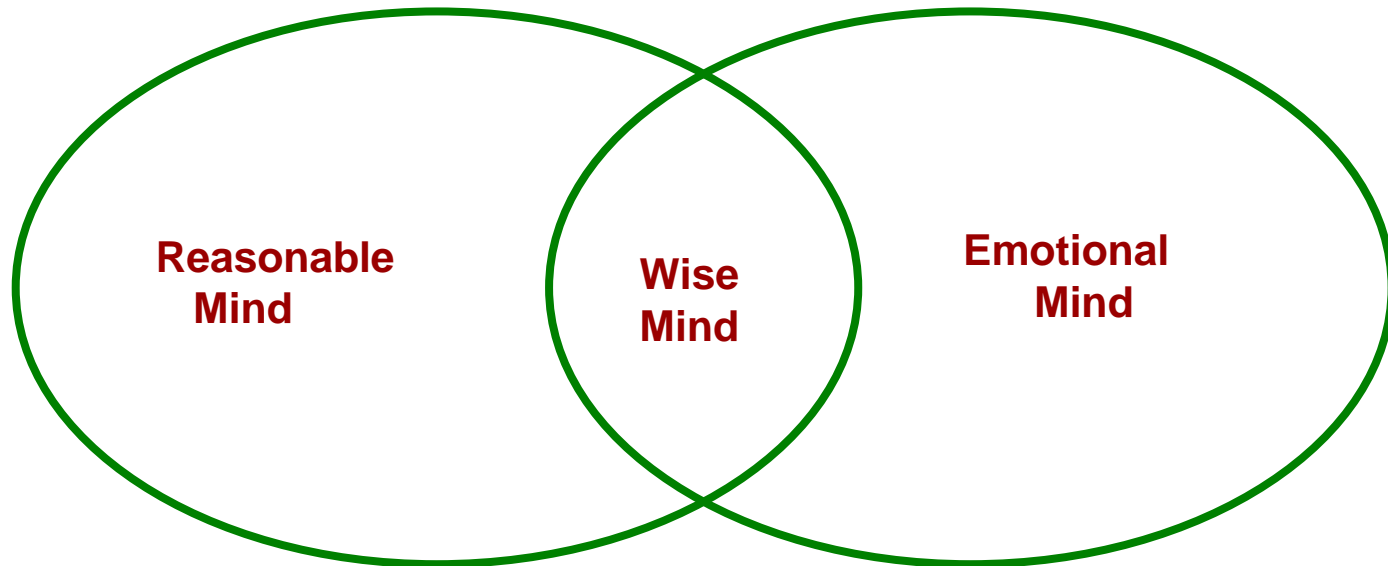
Our Approach



- **Being guided by the experience**
- **Journey of Re-recovery**
- **CBT/DBT - basic skill set**
- **Normalising/Validating**
- **Work with Voices like Beliefs**
- **“Feelometer”**

Mindfulness

States of Mind



WHAT Skills

- Observe
- Describe
- Participate

HOW Skills

- Don't Judge
- Be one Mindful
- Do what works

Step 1.

**Mindfully identify distressing thought,
belief or voice**

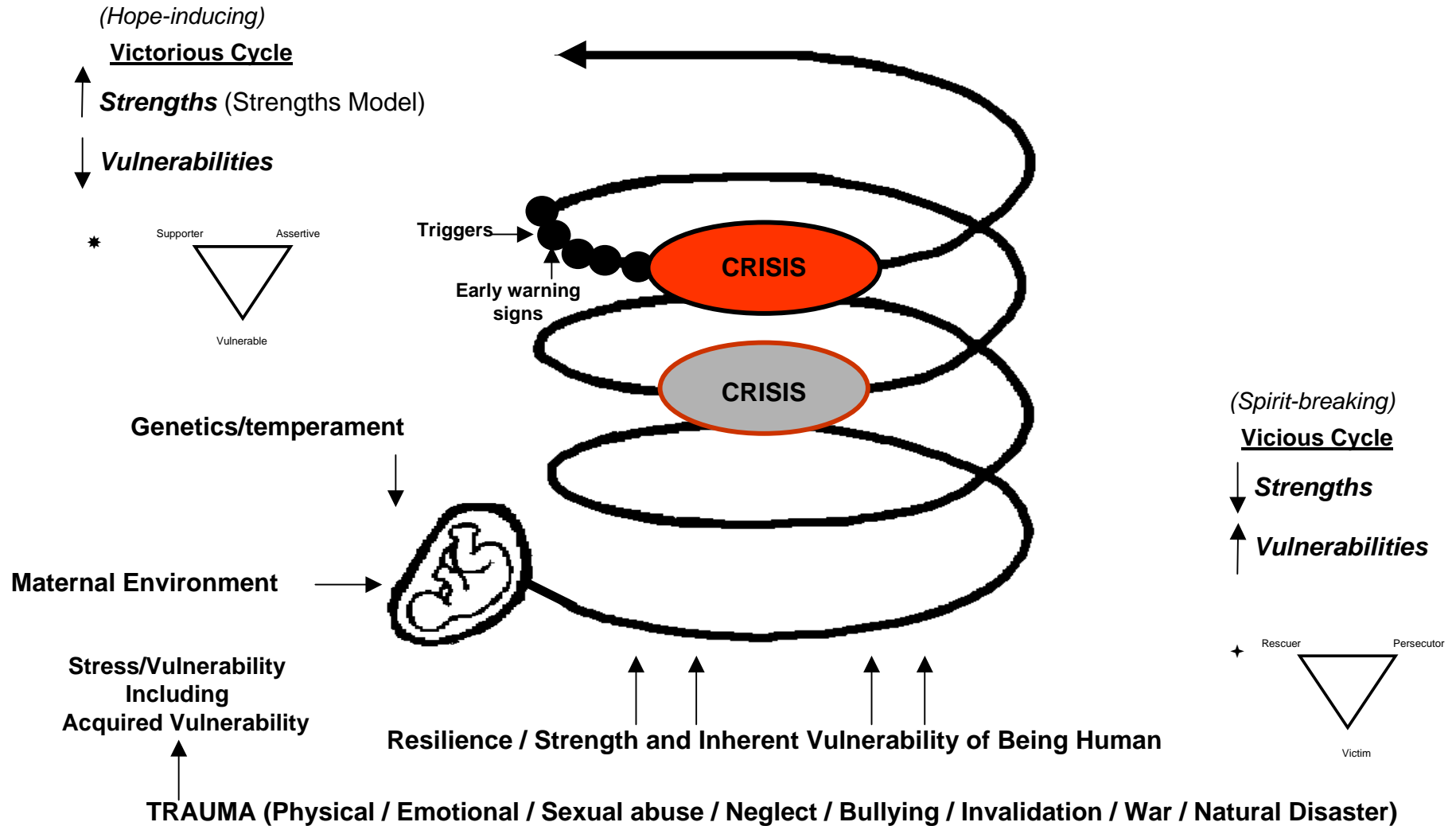
Step 2

Describe the situation before the distressing thought or voice occurred or intensified

Map of the Journey of Re-recovery

Spiritual Context

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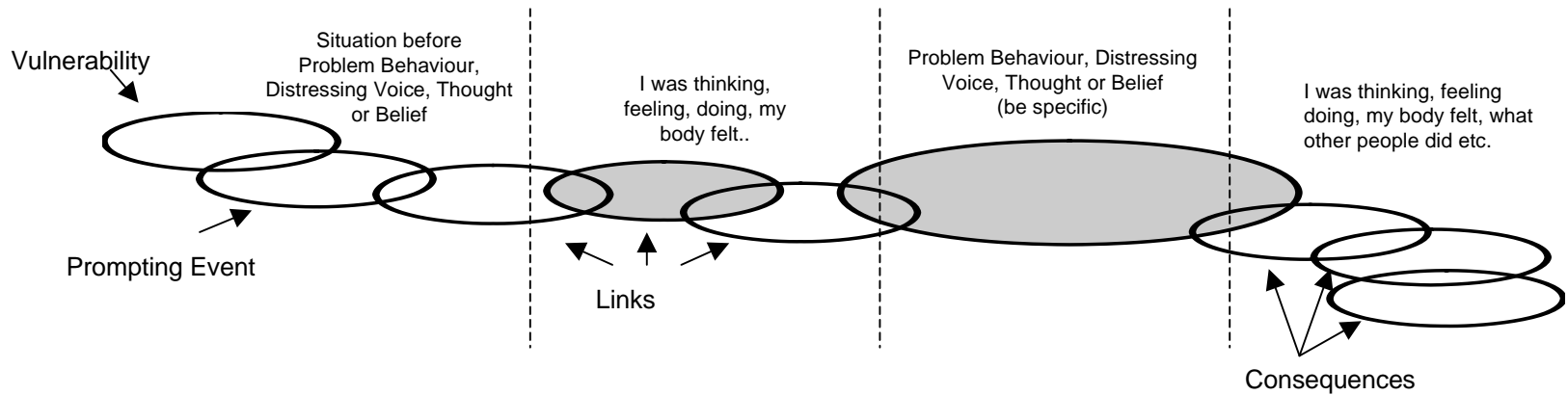
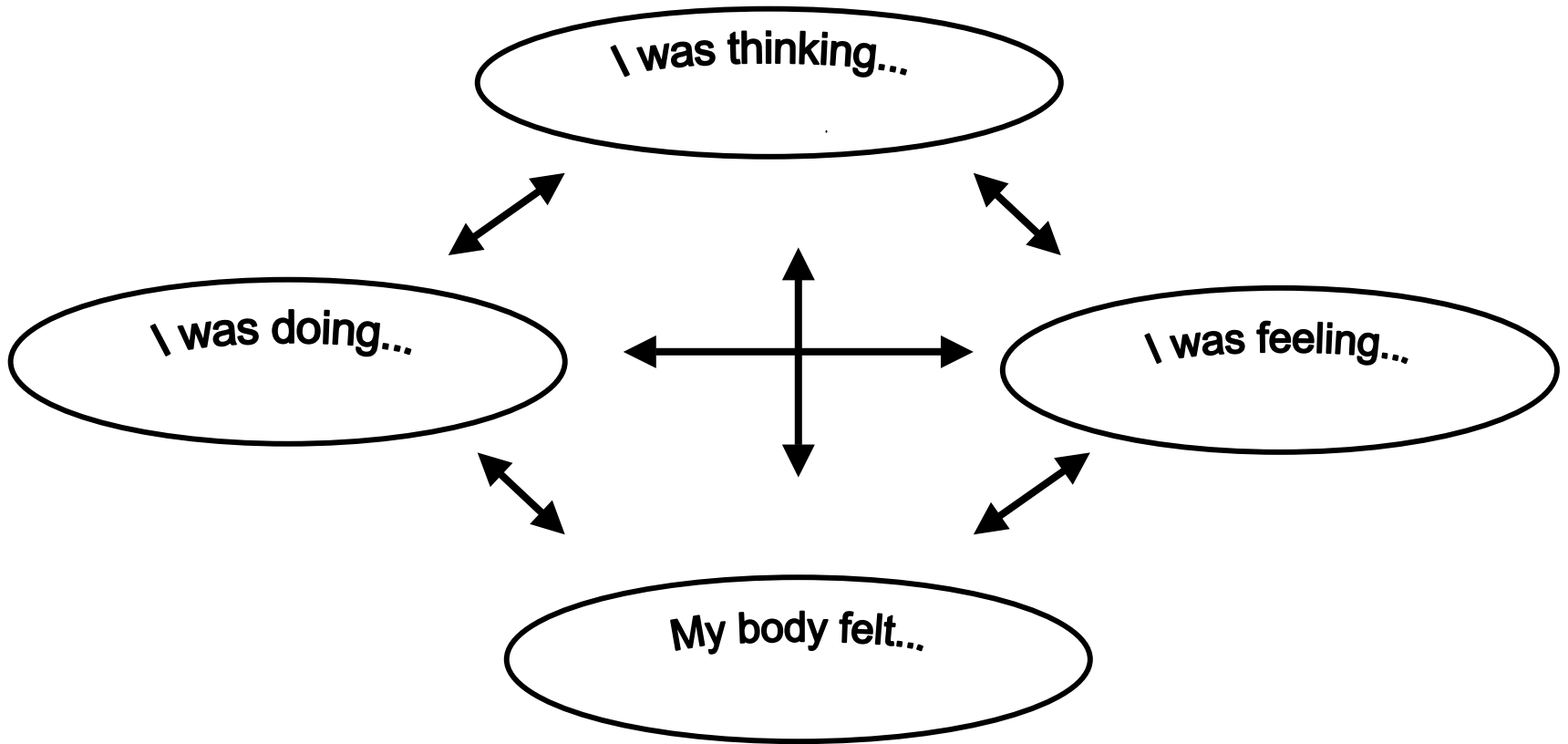
* Quinby Durability Triangle

+ Karpman Drama Triangle (1987 Stewart & Joines)

Step 3

Begin to work out thoughts, feelings, body sensations and actions (5-part model)

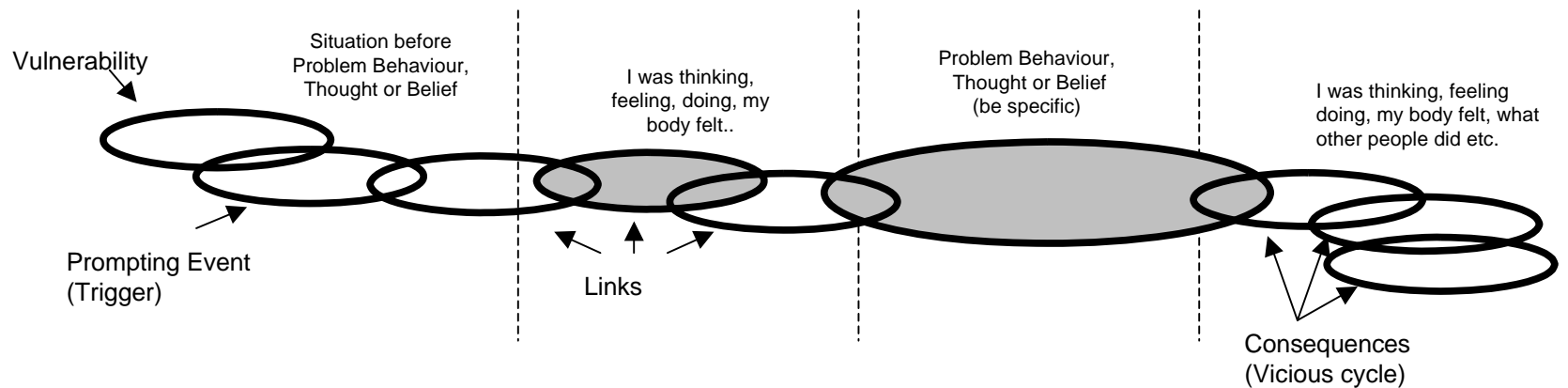
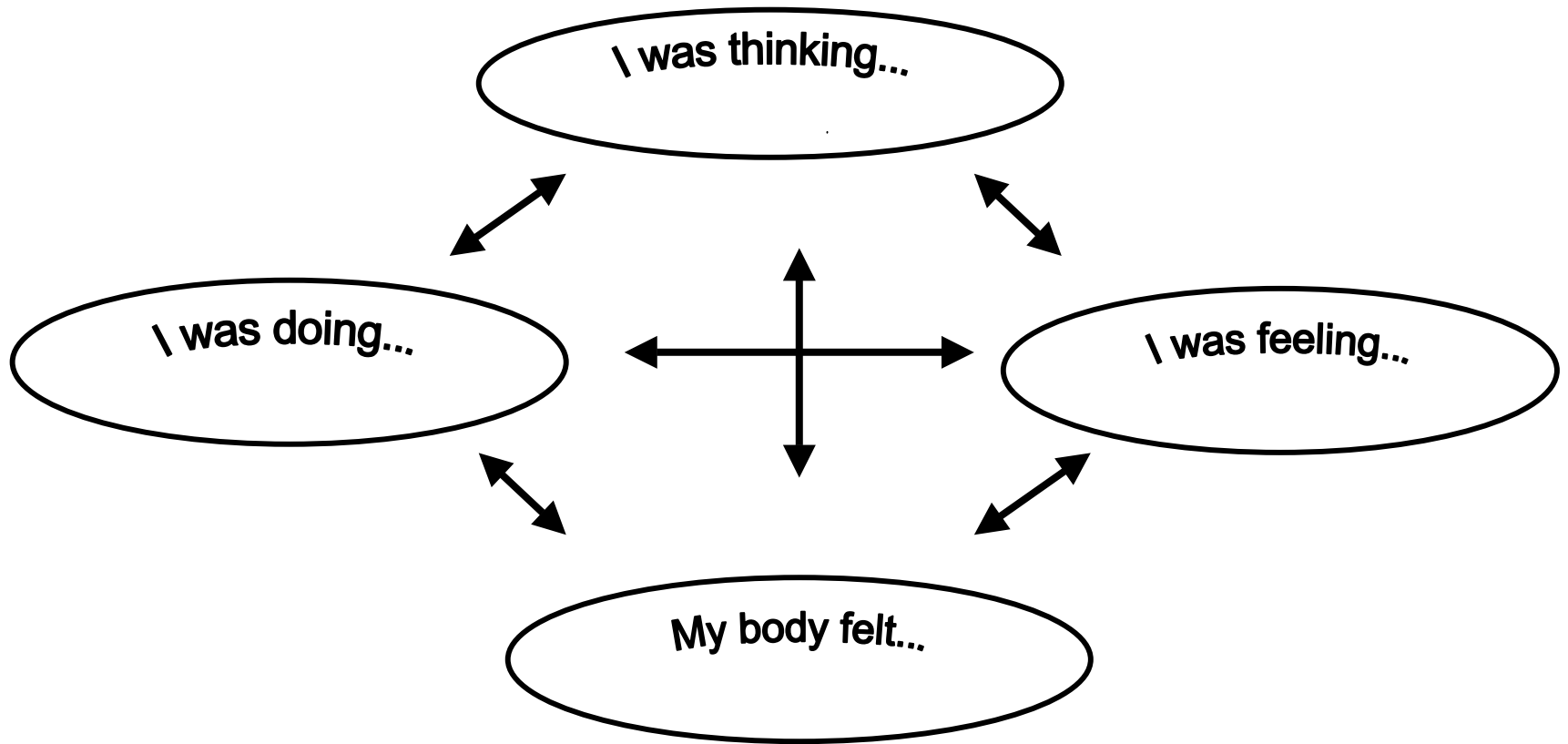
Situation before my problem behaviour, distressing voice, thought or belief intensified



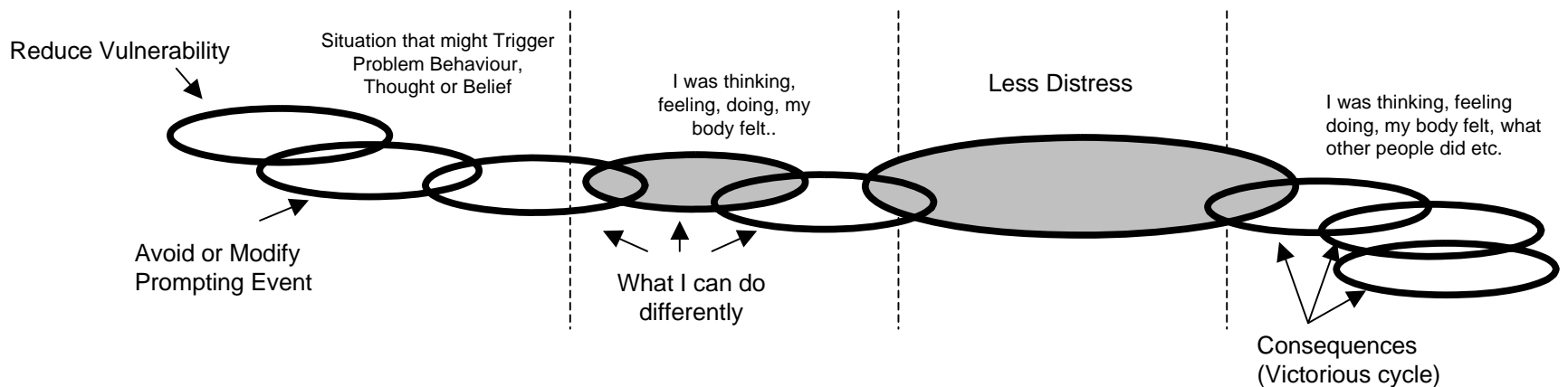
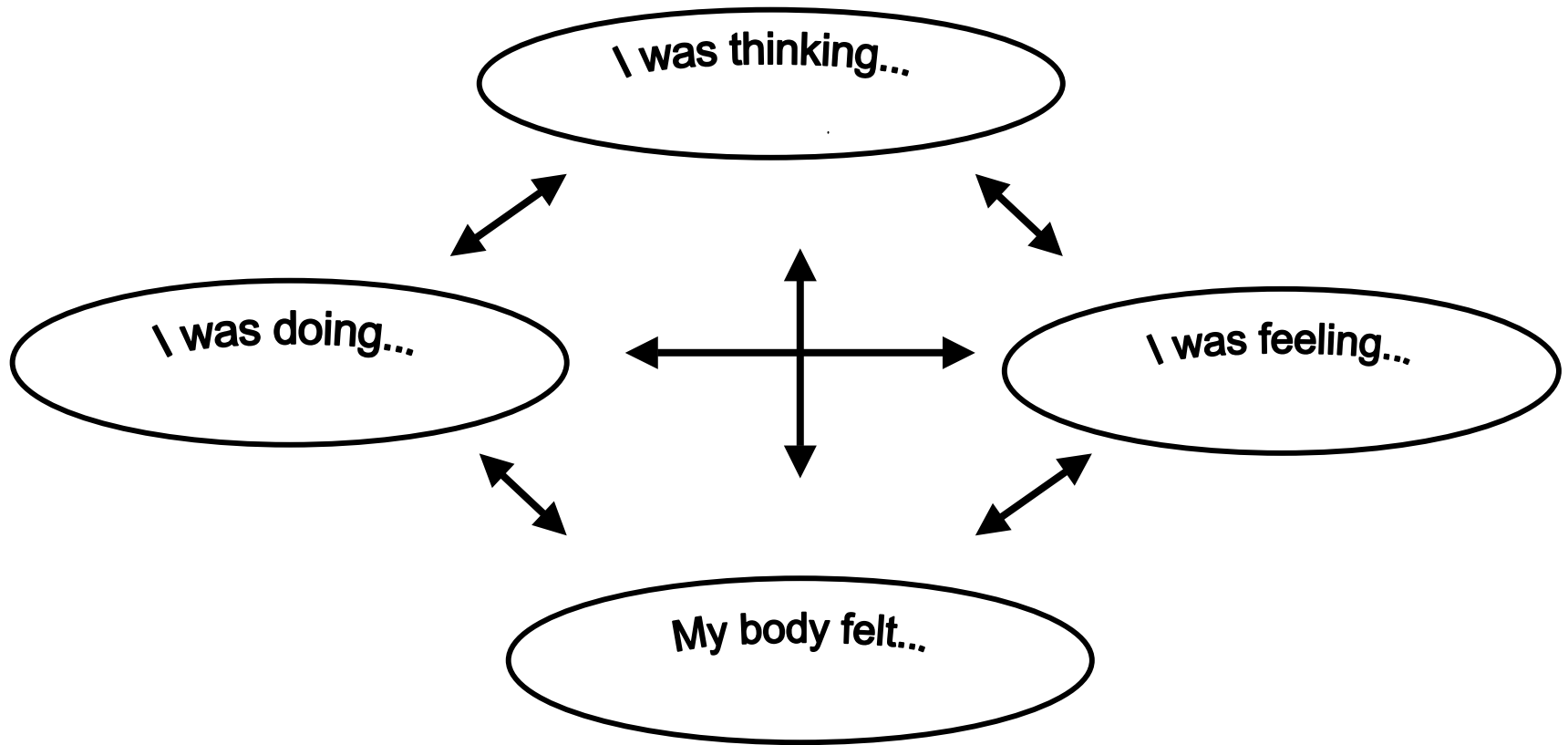
Step 4

Chain Analysis

Situation before my problem behaviour, thought or belief intensified



Situation that might have triggered my problem behaviour, thought or belief, as I re-cover the same old ground in my journey of re-recovery



Step 5

Work out Early Warning Signs

Mapping Early Warning Signs

Changes in my behaviour

- Behaving oddly for no reason
- Losing my temper easily
- Having no interest in things
- Being quiet and withdrawn
- Being unable to cope with tasks
- My speech comes out jumbled
- Others have difficulty following me
- Being open and explicit about sexual things
- Behaving in a stubborn way
- Spending lots of money

Changes in My Thinking

- Thinking I'm no good, useless, helpless etc
- Being confused or puzzled
- Thinking my thoughts are not my own
- Preoccupied with things
- Thinking I (or you) could be someone else
- Thinking my thoughts are being controlled
- New ideas constantly coming into my mind
- Thinking I'm being watched

Changes in how my body feels

- Hard to breathe; heaviness in my chest
- My heart is racing
- Butterflies in my tummy
- My mouth feels dry; more thirsty than usual
- I need to go to the bathroom a lot
- Having aches and pains
- Movements seem slow
- I can't keep still
- I feel hot or cold; sweaty

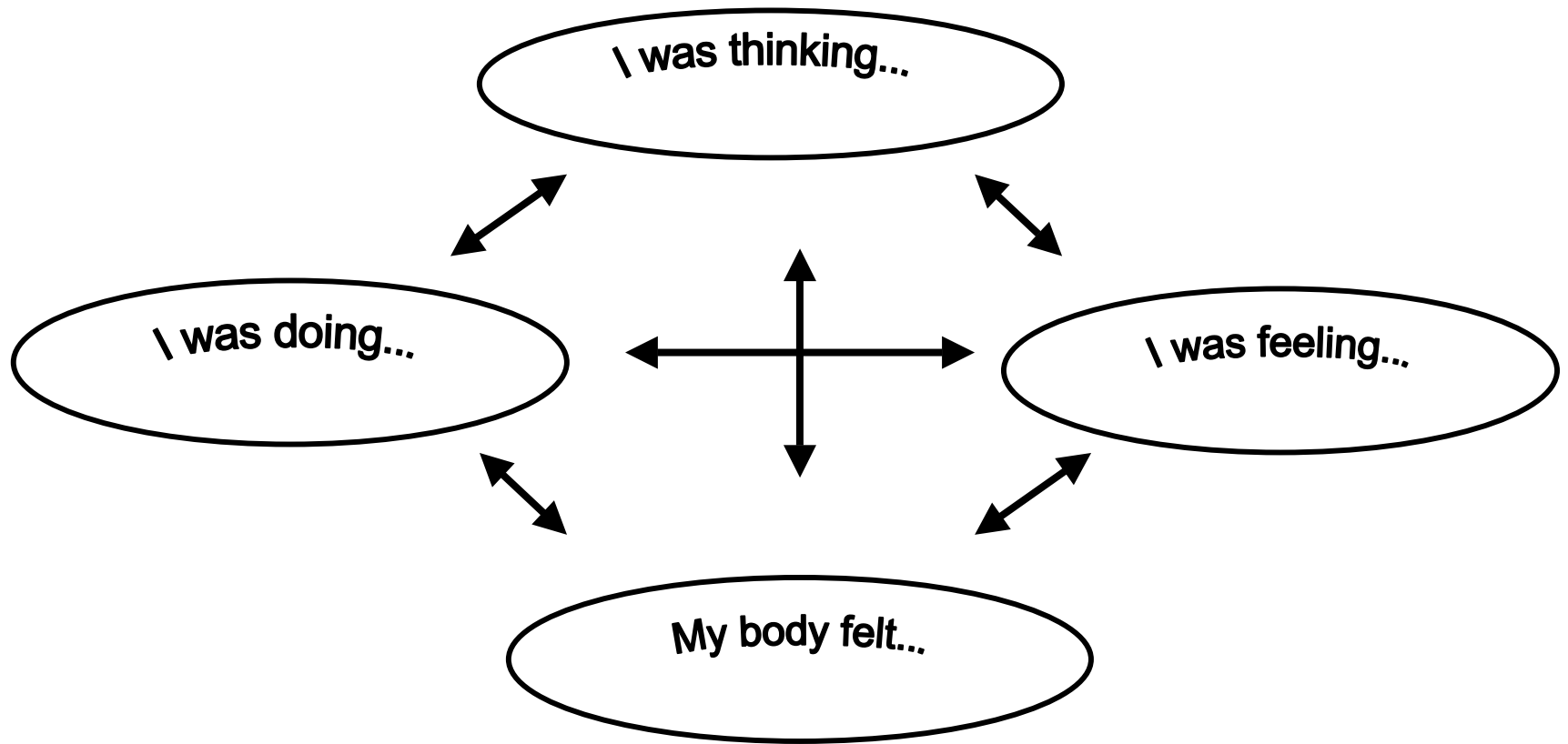
Changes in My Feelings

- Feeling depressed or low
- Feeling afraid or anxious
- Feeling distressed
- Feeling irritable or quick tempered
- Feeling ashamed; Feeling guilty
- Feeling over-assertive
- Feeling violent/angry; aggressive; pushy
- Feeling very confident or extremely happy

Step 6

**What makes me vulnerable, and
how can I reduce my vulnerability?**

Mapping My Triggers, Patterns, Changes in my thinking, feeling, body sensations and behaviour (ie my Early Warning Signs), and what makes me vulnerable



Reduce Vulnerability



Emotion Regulation

How to Reduce Vulnerability to Emotion Mind

Remember the term: “I SEEM MAD”.

Treat Physical Illness

Balanced Sleep

Get Exercise

Balanced Eating

Build MASTERY

Avoid Mood – Altering Drugs

These are vulnerability factors that we know affect emotional responses. What can you do to keep them in balance, be mindful of them, and recognise patterns?

Step 7

What are my coping strategies?

Coping Grid

Example of Completed Coping Grid

Emotion / Body Sensation: Enraged

	Day	Night
Alone	Write out my feelings Play calm music Run or bicycle Hold an ice cube until it melts Slow breathing Cook Call Randy or Pat	Play calm music Write in my journal Read my Thought Records from similar situations Make hot tea; sip it slowly Stretching exercises Listen to my therapy tape Take a hot bath
With Others	Say I need to make a phone call Slow breathing Walk away if I can Ask for understanding Take a bathroom break Speak slowly Focus on a friendly person	Get to a safe place Avoid alcohol Slow breathing Speak slowly Focus on a friendly person Leave if no one feels safe Call Marilyn if I need company

Coping Grid

Emotion / Body Sensation: _____

	Day	Night
Alone		
With Others		

Step 8

What are my strengths?

Application of the Strengths Approach

Disraeli Stated

“The greatest good you can do for another is not just to share your riches but to reveal to him his own”



Naming our strengths and what we are grateful for

Qualities/Personal Characteristics	Skills / Talents	Environmental Strengths	Interests / Aspirations
<ul style="list-style-type: none"> •Honest •Caring •Hopeful •Hard working •Kind •Patient •Sensitive •Talkative •Friendly •Willing to help •Stands up for the underdog 	<ul style="list-style-type: none"> •Good card player (Spades) •Good at math and tracking money •Works on cars •Can put up drywall •Arranges flowers •Knows all about baseball cards •Computer wiz •Knows a lot about classic rock music •Great memory 	<ul style="list-style-type: none"> •Has a safe home that he/she really likes •Big brother •Her dog Max is her best friend •Gets \$900 a month from WINZ •Was part of a local faith community 2 years ago •Has a friend who goes shopping with her 	<ul style="list-style-type: none"> •Wants to be a rock star •Loves to fish •Loves to watch old movies on TV •Likes to go to coffee shop and “hang out” •Wants to spend more time with niece •Hopes to have his own care one day soon

Step 9

**What is my level of conviction?
How strongly do I believe my distressing
thought or belief, or what the voice is
saying (0%-100%)**



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Useful Insights for Dealing with Distressing

Thoughts and Beliefs

- Believing something distressing or unpleasant to be true does not necessarily mean that it is true.
- Because something upsetting seems obviously and evidently true does not necessarily mean that it is true. (cf visual illusions).
- Just because I “feel” or believe something upsetting or unpleasant strongly doesn’t necessarily mean that it is true, however certain I may feel about it.
- Believing something unpleasant or upsetting to be true that is not actually true is common – it is not weird or peculiar.
- We all hold or have held upsetting beliefs that do not accurately reflect reality.
- It is OK / good to realise I was wrong about a particular distressing belief and to change it accordingly.
- We can imagine distressing things that are impossible in the “real” world.
- Because I can imagine something unpleasant happening does not mean that it will happen – nor does imagining it happening in any way increase the chance of it happening.

Useful Insights for Dealing with Distressing

Thoughts and Beliefs

- My brain is capable of misinterpreting things and giving me the wrong information.
- Our brains are capable of producing very strange experiences; these experiences may be completely convincing at the time but completely wrong or even impossible in the “real” world.
- Anyone can get an “odd” experience as a result of their brain not functioning accurately.
- I am not “weird” or peculiar if I have strong distressing beliefs – it’s just an extreme of what happens to lots of people.
- Having odd ideas only matters if they bother or upset me.
- I can get an automatic thought about anything at all. Everyone’s brain produces all sorts of automatic thoughts, including pleasant and unpleasant ones, sensible and silly ones. No-one can control what automatic thoughts come to their mind.
- Therefore, I should not feel guilty or ashamed of the ideas that go through my mind or the beliefs that develop from them.
- Similarly, I should not feel guilty or ashamed of what I believe strongly.

Step 10

What are my thinking errors?



Thinking about our Thinking

Why we need help to think differently about our distressing beliefs.

Modifying biases/errors in thinking

We are not entirely objective in the way that we think about things, our thinking and interpretation of events can be biased. Some common biases/errors in thinking are given below. There are differences between people in their tendencies to make these different types of errors, but also there may be differences in any one individual according to his mood and circumstances, e.g. when he is depressed he may be particularly prone to “all-or-nothing” thinking and to take notice of the negative rather than the positive things that may be happening (mental filter).

Once errors of thinking have been recognised they can be challenged, and more rational thinking/alternatives can be generated.



Thinking about our Thinking

Common biases/errors in thinking:

- 1. ALL-OR-NOTHING / BLACK-AND-WHITE THINKING** – Seeing things as black or white rather than in shades of grey.
e.g. *The outing is either a total success or a total failure.*
e.g. *One criticism of your artwork is taken to mean that you are a completely talentless artist.*
- 2. OVER-GENERALISING** – A single incident is seen as proof of something much more widespread or important. Detected by the use of words such as **never, always, everyone, no-one, all and nobody.**
e.g. *Thinking that you will always be anxious in social situations because you were anxious at a party you went to recently.*
- 3. CATASTROPHISING** – Assuming that the worst possible thing is bound to happen.
e.g. *After an argument with your boss, assuming that you'll probably lose your job, have to sell your house, and won't ever be able to work again.*



Thinking about our Thinking

4. **JUMPING TO CONCLUSIONS** (a more extreme form of over-generalising) – Coming to a quite arbitrary conclusion about something in the absence of any definite facts to justify this.
e.g. Deciding that your colleague doesn't like you because he has never suggested going to lunch with you.
 - 4a. **MIND-READING** – You believe you know what others are thinking and how they view a situation.
e.g. They think I'm stupid.
 - 4b. **FORTUNE-TELLING** – You predict the future negatively, with little or no basis.
e.g. I'll never make it as a professional person.
5. **MENTAL FILTER** – Concentrating on evidence that confirms your thoughts/beliefs and passing over any evidence that contradicts it.
e.g. The late motorist who swears that every traffic light on his route was red.
6. **EMOTIONAL REASONING** – assuming that what you feel must be true.
e.g. After a difficult job interview, assuming that because you felt you had performed badly that this was how the interviewers judged you.



Thinking about our Thinking

7. **PERSONALISATION/SELF REFERENCE** – You believe others are behaving the way they are because of something you did, or that events are somehow directly linked to you.

e.g. My partner is very quiet this evening – I must have said something to upset him/her.

“**SHOULD**” statements – This refers to automatic thoughts that cause excessive guilt or anxiety because they inappropriately contain the words ‘should’ or ‘must’. People generally have such thoughts when they try to live by personal rules and standards that may in fact be excessively rigid and over-demanding and have no application to normal, everyday life.

e.g. I must always look my best or people won't respect me.

e.g. I should always be warm and welcoming when patients want to speak with me.

Step 11

Evaluating the evidence – What are some alternative explanations?

Example of Evaluating the Evidence

Event: Doctor rings me and cancels appointment

Thought: I'm incurable, he isn't bothered with me

How likely is this to be true?

What are the possible alternatives?

Before Evaluation

[Conviction: 100%
Doubt: 0%]

Evidence for	Possible Alternative:
<ul style="list-style-type: none">• Doctor phoned and cancelled.• Doctor appeared not to care about me last time I was there – he didn't look at me much and didn't examine me.• I've been ill for a week and I feel awful.	<ul style="list-style-type: none">• I sometimes have to cancel things.• Maybe he really is busy or something more urgent has come up. He had seen me twice already for this problem.• Maybe he's pre-occupied with things in his own life, or is not feeling good himself.• Maybe he didn't need to examine me because he knows what was wrong from the history, and had examined me last time.• Maybe this is a viral illness that takes over a week to get better. He did explain that it may take 10 days.

After considering alternatives

Thought – I'm incurable; he isn't bothered with me

After Evaluation

[Conviction: 50%
Doubt: 50%]

Step 12

**Re-evaluating my level of conviction
(0%-100%)**

Step 13

**Reformulating my beliefs or reviewing
what the voice might have been trying
to say (clunky communication)**

Finding alternative explanations and less distressing thoughts

What biases or errors might you be making in your thinking? Try out this exercise. We have given you an example to help you along. Use the information in the Section “Evaluating the Evidence” and “Thinking about our Thinking” to help you with this.

What is my distressing thought/belief	What might the biases in my thinking be?	Alternative explanation/thoughts
<i>“I’m fat and ugly, and other people think I’m useless”</i>	<i>All-or-nothing / black and white thinking Over-generalising Mind-reading</i>	<i>I could be a bit thinner, but I’m not just fat and useless. There are many things I can do. I don’t know what other people are thinking, this is what I tend to think. This is not helping me. What can I do that is helpful? e.g. go shopping, have a cup of tea, hot bath etc</i>

Step 1: Identify what voice is saying:

You might as well be dead. You're no f*** good.**

Step 2a; I've had an argument with my boss, and have just resigned my job. Feeling pretty wound up and scared.

What am I going to do – without the job I can't even fill my day? I'm frightened and alone again.

Consequences - Step 2b; I feel dreadful and worse than ever; heart racing, breathing fast; I feel sick. I hide myself away in my room

Translation; **Step 3**

I'm feeling scared right now, and uncertain. Arguments with people upset me. And now I need another job too! I wish life was smoother than this!!

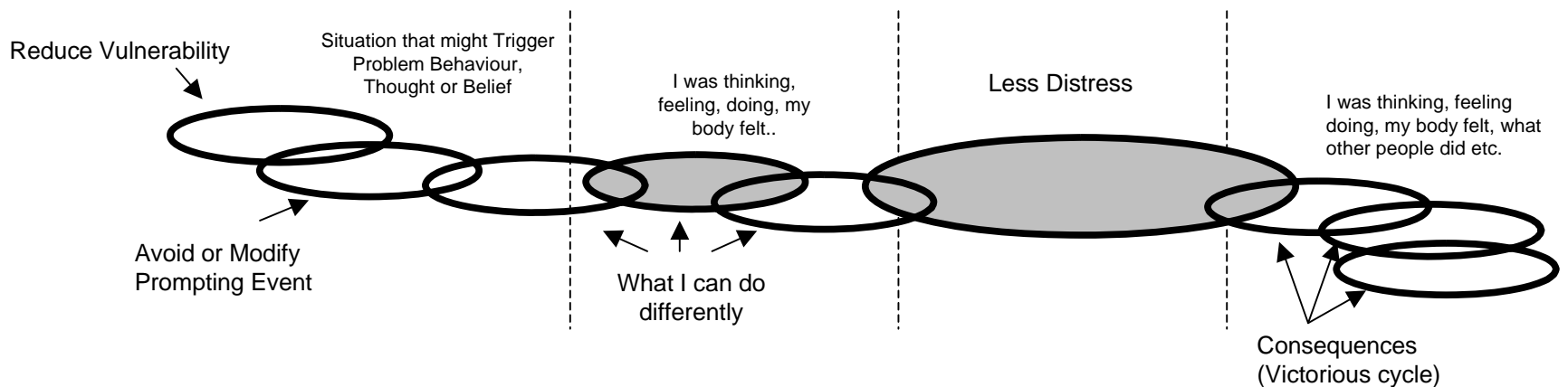
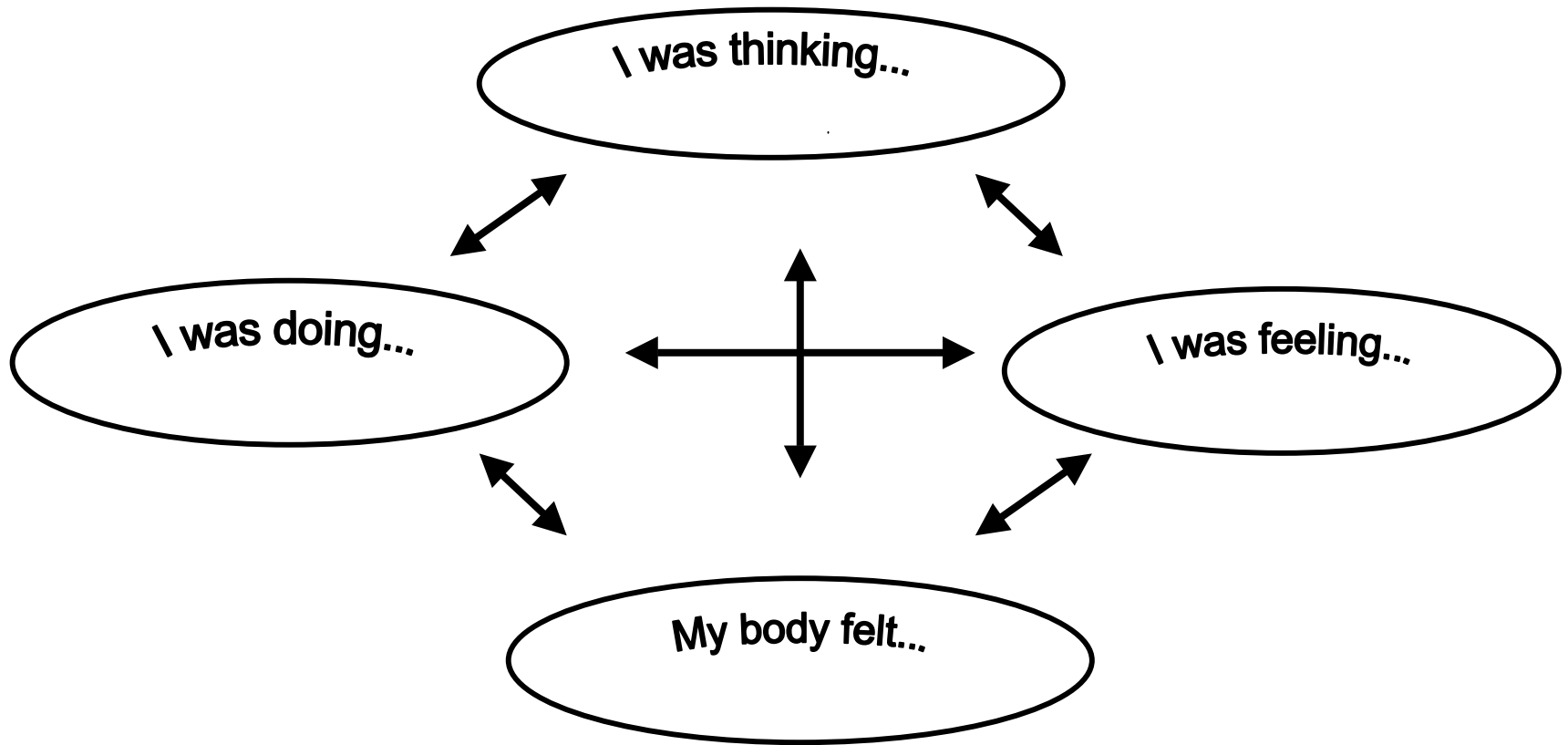
I hate feeling like this.

Evaluation; **Step 4:** Look I'm not perfect, and we all make mistakes, but I'm not f*** useless. I can read and write, and I keep house pretty well too. Also, I do pretty well, even with these stupid voices. Life seems hard sometimes, but I might as well be dead is probably an exaggeration. It's probably just a reflection of how upset I am over this job situation. Voices are so black and white sometimes. Probably things will get better, but I need to let myself feel disappointed for a bit, and then get some support and make a plan. Right now I will phone my friend and let off steam

Step 14

**Reviewing my re-recovery journey,
from vicious to victorious cycles.**

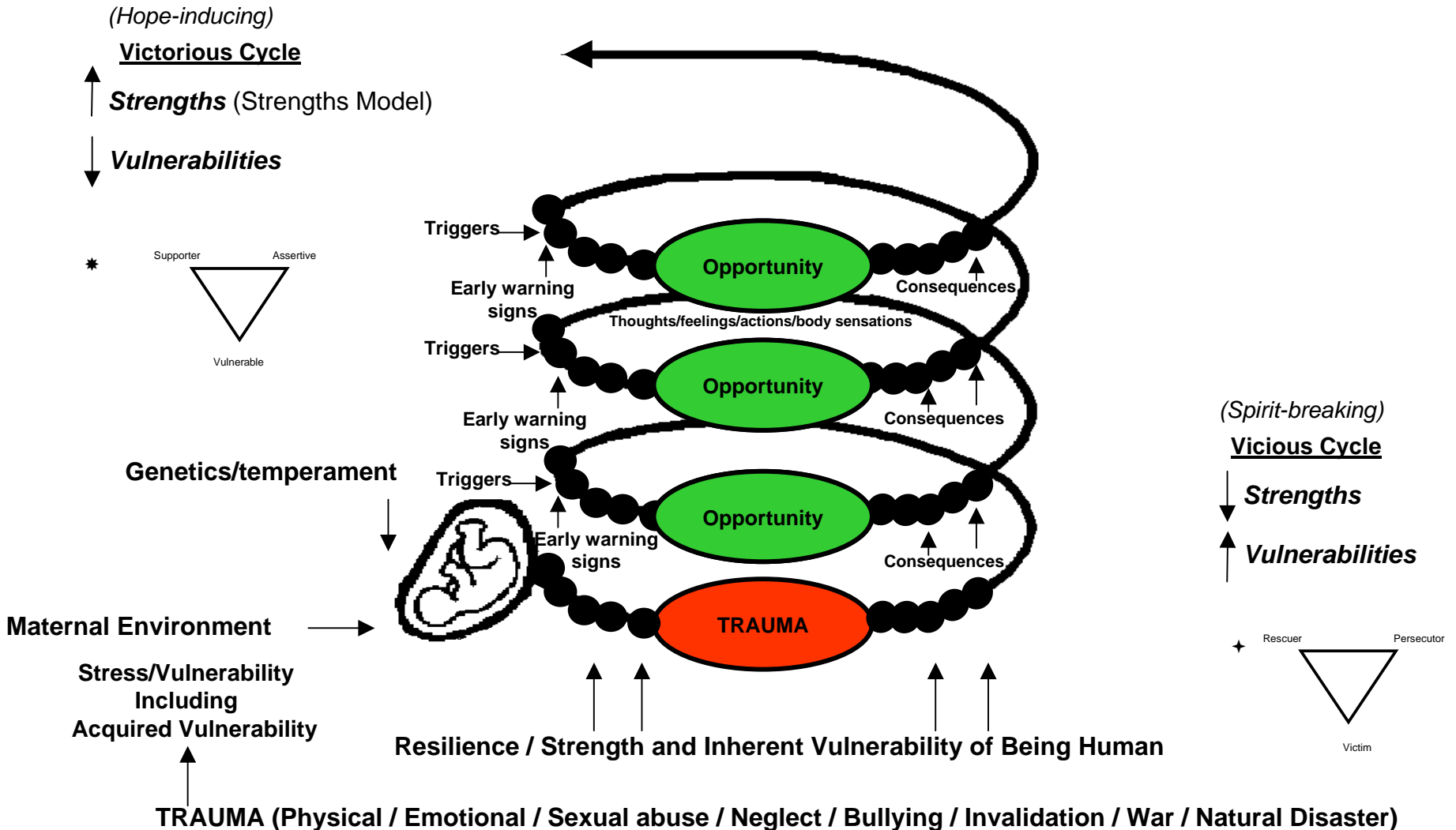
Situation that might have triggered my problem behaviour, thought or belief, as I re-cover the same old ground in my journey of re-recovery



Map of the Journey of Re-recovery

Spiritual Context

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* Quinby Durability Triangle

+ Karpman Drama Triangle (1987 Stewart & Joines)

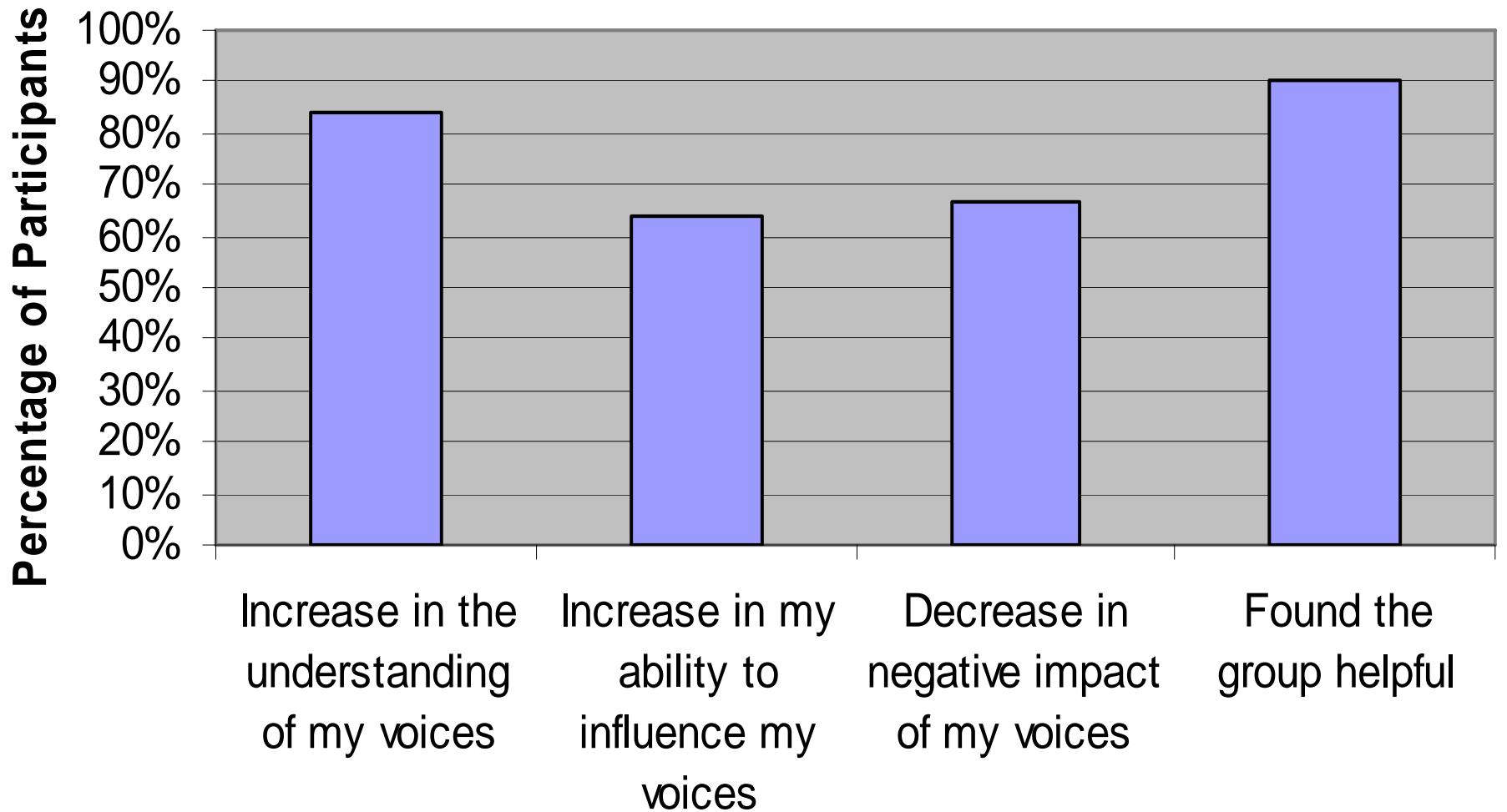
Structure of Groups

- **Groups are held weekly over eight week period for one and half hours (around 3-10 members).**
- **Participants are given a handbook with all relevant information so they can practise technique and revise.**
- **In group one participants fill out an evaluation form to establish impact and frequency of voices/distressing beliefs currently.**

- Any clinicians attending the group are expected to act as participants not observers.
- The group explore the pros and cons of voice hearing/beliefs/, what makes them worse what makes them better, how accurately can we read people's mind, translating and rebuttals to the voices/beliefs, CBT approach, teaching voices some manners.
- Group ends with re-evaluation of the frequency and impact to record any changes

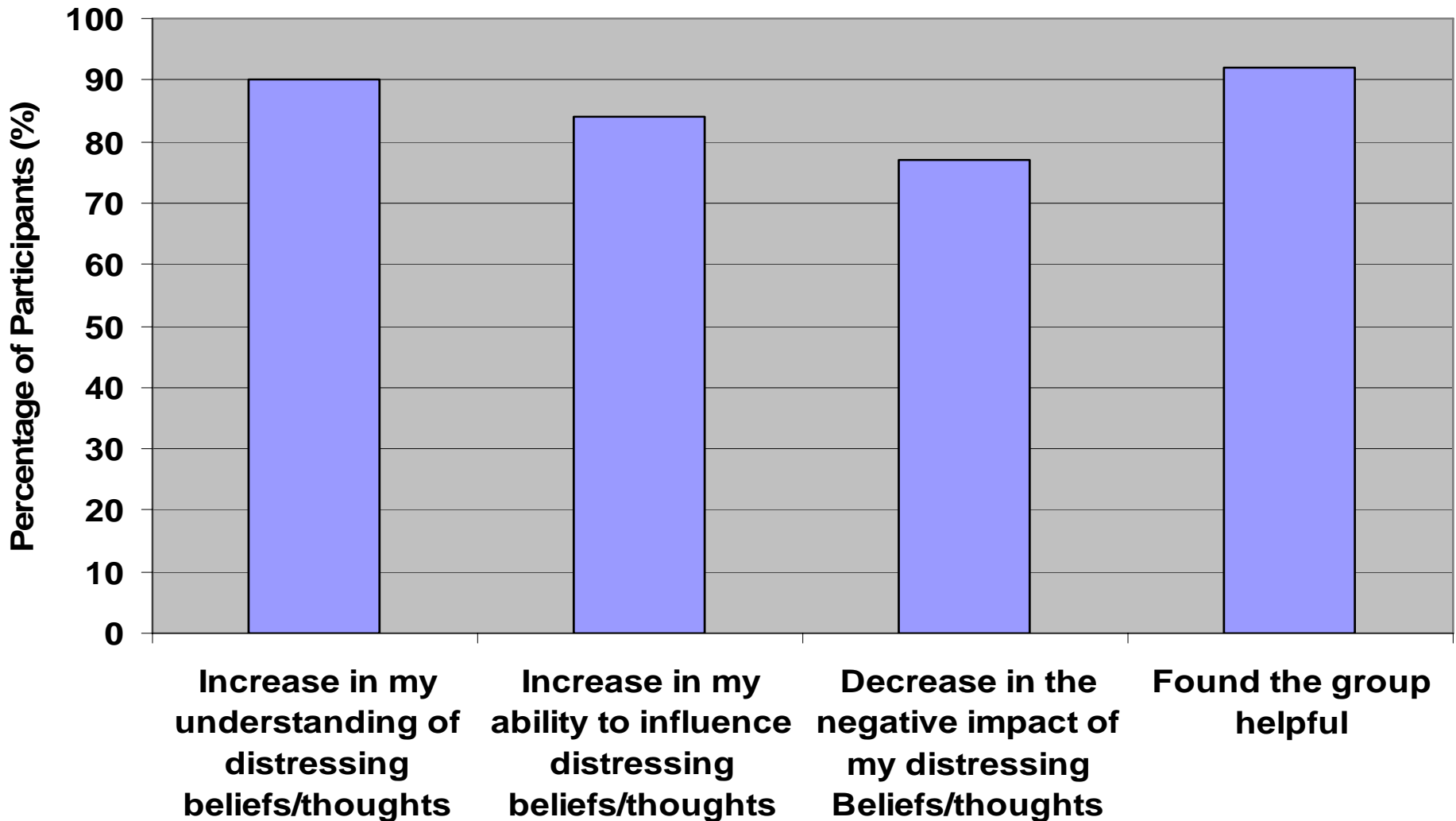
Hearing Voices Groups

Averaged results from 16, 8-10 week groups. Group size 3-10 people. (38 participants, 51 responses)



Beliefs Groups

Averaged results from 16, 8 to 10 week groups. Group size 2-7 people. (70 participants, 100 responses)



Referrals to Groups

- Only clients who are experiencing distressing voices/beliefs (as identified by the client) are accepted into the group.
- An e-mail is sent to CMHC's informing of group commencement and venue, included is a referral form
- When completed clients are invited to attend an interview to determine if the group is what they wish to participate in
- Currently the client group are those identified as experiencing enduring and distressing psychotic symptoms.

Opportunities for Clinicians

- **Comprehensive training to enable clinicians to facilitate groups is available by contacting Learning and Development.**
- **You are welcome to attend groups as participants, to learn this exciting and effective method of working with the people we serve.**
- **While people are attending the groups, it is likely that important life issues will arise. You are therefore encouraged to attend 3 sessions of mentoring/coaching/supervision with our team. This is an important opportunity to develop the skills you need to support the person in their journey of recovery.**

Where to from here?

- If you have any questions or queries regarding training, please contact
- Debra (debra.1@xtra.co.nz) or Helen (h.hamer@auckland.ac.nz) re Hearing Voices Groups, or Patte (patter@adhb.govt.nz) re Beliefs Groups, or Janette (jsymes@adhb.govt.nz)