

Workshop outline

Form: (1) Oral presentations on HIT, its modules, case presentations, and (cost)effectiveness; (2) Assessment of hallucinations with Auditory Vocal Hallucinations Rating Scale (AVHRS) and Positive & Useful Hallucinations Inventory (PUVI), (3) video-displays of HIT interventions; (4) group discussion on selected case vignettes, (5) skills training (6) effectiveness comparison with CBT.

Content: In this course (1) diagnostic assessment of auditory vocal hallucinations will be demonstrated, and (2) psychosocial treatment with hallucination integrative therapy (HIT) for acoustic verbal hallucinations will be presented. Special attention will be given to: (i) engaging non-motivated patients into treatment with selective motivational strategies, (ii) treatment rationale with treatment examples, and (iii) effectiveness of treatment. How to (iv) organize integration of models and interventions as well as (v) timing of interventions are discussed and demonstrated and trained.

Additionally treating children with voices hearing and the intellectually impaired and voices hearing with HIT can be demonstrated.

Background: Prevalence of hallucinations is quite high in dissociative disorder (80%), schizophrenia (70%), psychotic depression, PTSD, and borderline personality disorder (all about 30%).

Effectiveness of anti-psychotic medication is limited due to non-compliance (30-70%) and ineffectiveness when taken (20%). Hence, persistence of hallucinations is rather high.

HIT has been specifically developed for auditory vocal hallucination (AVH). The therapy is multi-modular consisting of: motivational strategies, two-realities approach, medication, coping training, CBT, psychoeducation and rehabilitation. The framework is made of directive problem-oriented family treatment, and out-reach service^{7/24}.

Its effectiveness has been scientifically tested, and was found significantly more effective than TAU on burden; PANSS-scores on hallucination (NNT=2); depression, anxiety, disorganised thinking, and general psychopathology (NNTs=3-5); quality of life; and social disabilities (NNT=7). Results remained at follow-up. Other significant aspects are: Low drop-out rate (9%), high satisfaction (>80% satisfied), lower costs than TAU, positive changes in relatives' attitudes towards the patient. HIT has been positively evaluated in the current Dutch National Schizophrenia Treatment Guideline. Hallucination assessment, HIT programme, and skills training in modules are pivotal in the workshop.

Targets: The workshop aims that participants:

- Have an impression of HIT methodology, its implementation, and its results,
- Have ideas about possibilities and pitfalls of integrating interventions with different backgrounds,
- Have been introduced in special motivational strategies developed for this patient population.

Course length: 6 hours

References:

- 1 Jenner, J.A., e.a. Effectiveness of cognitive therapy with coping training for persistent auditory hallucinations: a retrospective study of attenders of an outpatient department. *Acta Psychiatrica Scandinavica*, 1998, 98: 384-389.
- 2 Jenner, J.A., Nienhuis FJ, Wiersma D, Willige van de G. Hallucination focused integrative treatment: a randomized controlled trial. *Schizophrenia Bulletin* 2004, 30(1):133-145
- 3 Wiersma,D., e.a. Hallucinations focused integrative treatment improves quality of life in schizophrenia patients. *Acta Psychiatrica Scandinavica* 2004:109; 194-201