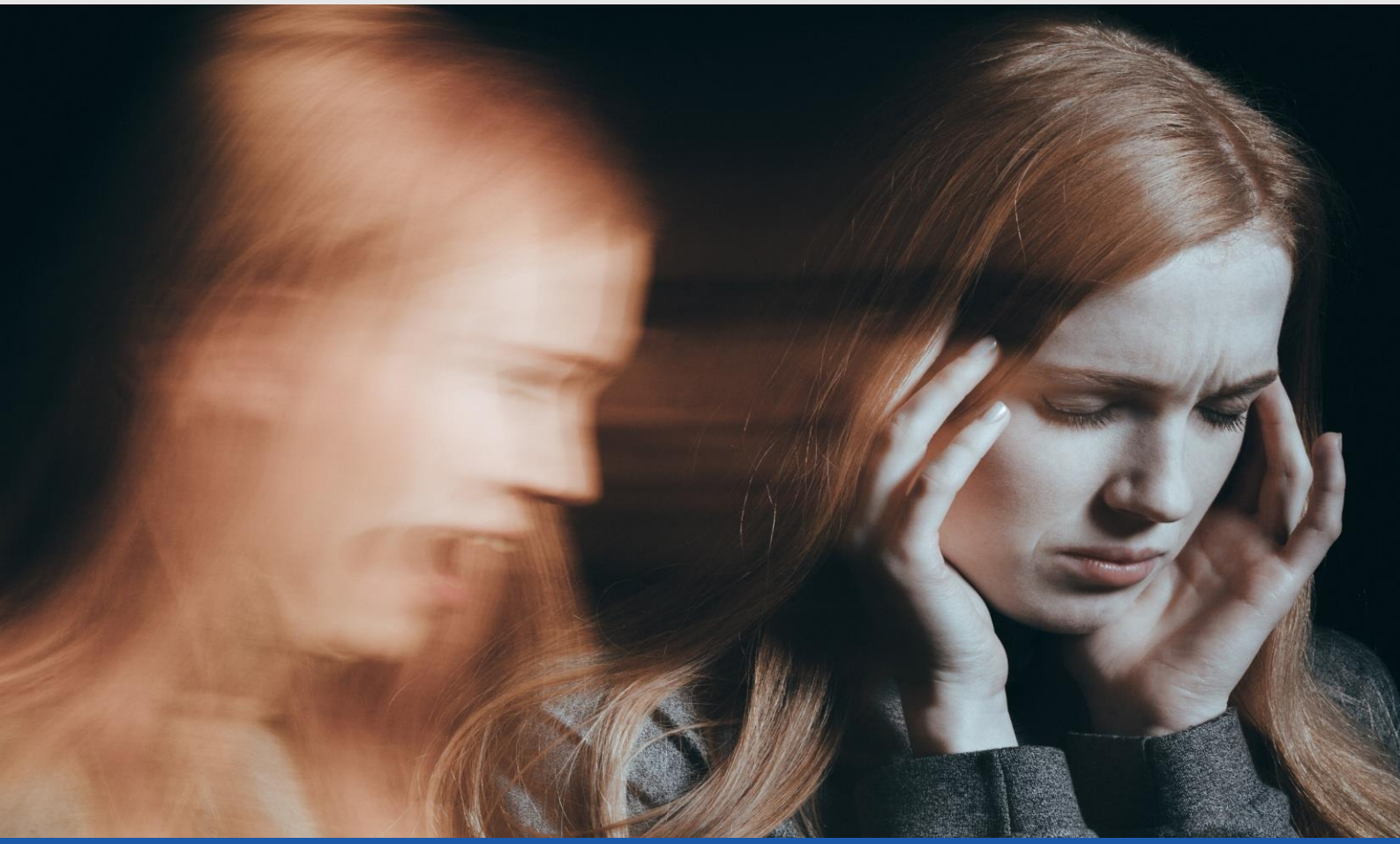
VIRTUAL EMPATHY MUSEUM

HEARING VOICES THAT ARE DISTRESSING: SIMULATION TOOLKIT



Empathy is simply listening, holding space, withholding judgement, emotionally connecting, and communicating that incredibly healing message of you're not alone ~ Brene Brown

CONTENTS

INTRODUCTION

Empathy is acknowledged as a central component of effective therapeutic relationships (Austin et al. 2007; McKenna et al. 2012; Nunes et al. 2011; Ward et al. 2012; Williams et al. 2015). Empathy comprises cognitive, behavioural and emotional components, and is 'an experiential understanding of another person's distinct emotional perspective' (Halpern 2001, p. 68).

The benefits of empathic interactions include consumer satisfaction (Ward et al. 2012), increased adherence to treatments (Halpern 2014; Ward et al. 2012), increased empowerment for self-care (Halpern 2014), positive mental health outcomes (Kaite et al. 2015), and improved clinical outcomes (Hojat et al. 2011; Hojat et al. 2013). Conversely, a lack of empathy can impede therapeutic communication and result in consumer dissatisfaction and distress (Brugel et al. 2015).

Engaging therapeutically with people who hear voices requires the ability to understand and empathise with voice-hearing experiences. Although it is estimated that 5-28% of people experience auditory hallucinations (de Leede-Smith & Barkus, 2013), for many people, shame, fear of being 'different' and stigma prevents disclosure of voice hearing. Non-disclosure can lead to isolation, loss of social support and distress, as well as limiting access to sources of normalising information (Vilhauer, 2016). Consequently, the aims of voice-hearing simulations are to enhance understanding of and empathy for people who hear voices, and to develop skills in therapeutic communication (Chaffin & Adams 2013; Kelly et al. 2016; Kepler et al. 2016).

The types of simulations described in this toolkit are authentic and meaningful primarily because they have been designed by people who hear voices. They are increasingly being incorporated into educational programs for nursing, medical and pharmacy students to challenge negative stereotypes about people who hear voices and to improve skills in empathic communication (Chaffin & Adams 2013; Kelly et al. 2016; Kepler et al. 2016; Kidd et al. 2015; Orr et al. 2013; Skoy et al. 2016).

The 'Hearing voices that are distressing' (HVD) simulation described in this toolkit was originally developed in 2008 in collaboration with two mental health nursing academics (Orr and Kellehear), and two lived experience consultants (Pearson and Holmes). The lived experience consultants were trained in the 'Hearing voices that are distressing' simulation by Dr Patricia Deegan in the USA, a person who also has experiences of voice-hearing, and they trained the two mental health nursing academics in this approach. The HVD simulation was then tailored to meet the needs of Australian nursing students.

ACKNOWLEDGMENTS

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SIMULATION GUIDELINES & SESSION PLAN

LEARNING OUTCOMES

Participation in the 'Hearing voices that are distressing' simulation will enable students to:

- Experience what it might be like to hear voices that are distressing whilst undertaking scheduled activities.
- Discuss the experience of hearing voices and how it affected their thinking, feelings, behaviour, physical sensations, and interactions with others.
- Identify how the HVD simulation experience is similar to a lived experience of voice-hearing.
- Reflect on how their HVD simulation experience could influence their therapeutic interactions with people who hear voices.
- Discuss the communication and other interpersonal skills that they could use when interacting with people who hear voices.
- Consider how they could initiate conversations about voice-hearing experiences and coping strategies with people accessing healthcare services.
- Discuss the relationship between empathy, person-centred care, therapeutic communication, and safety for people who hear voices.
- Reflect on how one's own experiences, perspectives and biases might influence the care provided to people who hear voices.

Structure of the simulation

The HVD simulation is designed for groups of up to 30 students, facilitated by two academic staff. It is comprised of three components: a pre-simulation recorded presentation by the lived experience consultants (50 minutes), the HVD simulation (45 minutes), and the guided reflection (45 minutes).

The simulation includes voice recordings on MP3 players with sounds, words and conversations in different tones and volume, and also periods of silence. The voices are predominantly distressing and include derogatory statements and expletives. Whilst listening to the 45-minute recordings of the voices, students also participate in a range of scheduled activities, inside and outside of the classroom, so as to simulate the everyday experiences of those who hear voices.

The 'Hearing voices that are distressing' training/curriculum package developed by Patricia Deegan, can be purchased at the following link:
https://power2u.org/product-category/hearing-voices-curriculum/

Link to an example of the recorded voices from the 'Hearing voices that are distressing' package:
https://power2u.org/wp-content/uploads/2017/02/HearingVoices-Track6-1.mp3

Equipment and resources

- MP3 players with recorded simulation voices (included in the training/curriculum package).
- Pre-packaged ear-pieces (students are encouraged to use their own ear-pieces)
- Handouts for each student – one-page reading – '*The Business of the Music Business*' and comprehension test questions and answer sheet (2-sided page with answers on the reverse side)
- Phone or other type of time-keeping device.

PRE-BRIEF

The following information is provided at the beginning of the HVD simulation:

Note: Advise students that if they hear voices or have ever heard voices that they should not turn the MP3 player on but simply place the earpiece in and participate in the activities without listening to the voice recording. They do not need to reveal this to anyone else, unless they wish to inform one of the academic staff facilitating the simulation.

Instruct students on how to start the MP3 player and adjust the volume so that the recorded voices are loud enough to be intrusive, similar to a real-life experience of voice-hearing. Students will hear a short introduction about the HVD simulation before the voices commence.

Encourage students to suspend their disbelief and imagine that they are really hearing voices. To facilitate this, and to create as realistic an experience as is possible, students should be instructed not to discuss their experiences of the voices with others during the simulation and not to stop the recording unless they feel distressed.

The simulation commences with a 5-minute reading and comprehension exercise that students undertake while listening to the voices on the MP3 recording. Following this, divide students into two groups of 15 students and undertake the following activities (each of 15-20-minutes duration):

Group A – Students stay in the classroom and participate in a group activity led by the two facilitators. Inform students that:

- they are not to turn the MP3 recording off during this activity
- they need to form the chairs into a circle
- they are going to have a group discussion, led by the two facilitators, about a book, film, or television program they enjoy
- they are to divide into pairs, and each student is to introduce him/herself to their partner and talk about their book/film for 3-5 minutes
- taking turns, each student will then recount what the other person said about the book/film to the whole group.

Group B - Students leave the classroom and talk to people around the university campus. Inform students that:

- they are not to turn the MP3 recording off during this activity
- they are not to discuss the content of the recordings with anyone. If asked they should respond by saying: 'I am doing a class activity'.
- they are to interact with people, for example, by making enquiries at the library or student centre, using a mobile phone to converse with someone who does not know that they are participating in the simulation, and purchasing something from a cafe.
- return to the class after 15 minutes.

After 15-20 minutes groups A and B swap activities.

At the conclusion of the 45-minute simulation, all students return to the classroom, the MP3 players are turned off and equipment is collected.

GUIDED REFLECTION

Following the HVD simulation a 45-minute guided reflection is conducted. Prepare the room by moving the chairs into a large circle to enable a group discussion. The two academic staff facilitate the guided reflection with the entire group of students. It is designed to enable each student the opportunity to discuss their experience of voice hearing, particularly the feelings it aroused, the usefulness of any coping strategies that they used, and the relevance of the experience to their future therapeutic interactions with people who hear voices.

At the commencement of the guided reflection capture students' attention by providing these **'Four Fast Facts':**

1. Engaging therapeutically with people who hear voices requires the ability to understand and empathise with voice-hearing experiences.
2. Although it is estimated that 5-28% of people experience auditory hallucinations (de Leede-Smith & Barkus, 2013), for many people, shame, fear of being 'different' and stigma prevents disclosure of voice hearing.
3. Non-disclosure of voice hearing can lead to isolation and loss of social support (Vilhauer, 2016).
4. The aims of voice-hearing simulations are to enhance understanding of and empathy for people who hear voices, and to develop skills in therapeutic communication (Kelly et al. 2016).

The guided reflection is an integral component of the learning experience and fundamental to attitudinal changes and empathy development. Specific evidence-based strategies have been incorporated into the debrief questions to elicit dialogue about empathic care of people who hear voices and to address negative attitudes and stereotypes.

The educator is to address the following questions/issues sequentially during the guided reflection:

- Describe how you were you affected by this experience? Consider how you were thinking, feeling, and behaving, and the physical sensations you experienced during each of the scheduled activities.
- How did you feel when listening to the voices? Were there any strong feelings aroused during the simulation?
- How did the simulation contribute to your understanding of the experiences of a person who hears voices? In which ways was the HVS simulation similar to the lived experience of hearing voices and in which ways was it different?
- What have you learnt about voice-hearing as a result of participating in the simulation?
- If English is not your first language, how did listening to voices in English, affect you? Do you think the effect would be different if the voices were in your first language and why?
- How might healthcare professionals' and students' prior experiences, perspectives and attitudes influence the care they provide to people who hear voices?
- How might you interact with a person who hears voices? What might you do differently in therapeutic interactions as a result of participating this simulation? Consider the specific interpersonal and communication skills you could use.
- Based on what you have learned from the HVD simulation, how could you initiate conversations with people who hear voices about their experiences.

Following the guided reflection

Thank students for participating and remind them of the immense impact they can each have on the care of people who hear voices. Ensure that students are okay as they leave the simulation - and offer support as necessary.

RESEARCH & EVALUATION

A number of qualitative studies have revealed that hearing voices simulations enhance nursing students' understanding of voice-hearing experiences and, as a result, empathy towards people who hear voices (Orr et.al 2013; Hamilton Wilson et al, 2009; Skoy et al 2016). Further, evidence indicates that these types of learning activities can help students to consider the communication and interpersonal skills required when talking with people about their voice-hearing experiences (Orr et.al 2013).

To evaluate the impact of the HVD simulation with specific cohorts of students a quantitative evaluation could be undertaken to measure changes in students' pre-post empathy scores using the *Jefferson Scale of Empathy - Health Professions Student version* (JSE-HPS)[1], or other similar empathy scales.

[1] Jefferson Medical College (JMC). 2009, *Jefferson scale of empathy: Health professions student version (HPS-version)*, Jefferson Medical College, Philadelphia.

Note: Permission to use this scale must be obtained from the Jefferson Medical College, Jefferson University, Philadelphia, USA

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