Perth Voices Clinic

CONSUMER UPDATE

The Perth Voices Clinic

> *is a psychological treatment, teaching and research clinic for people who hear voices or have other unusual perceptual experiences.*

Multimodal versus unimodal auditory hallucinations in clinical practice: Clinical characteristics and treatment outcomes.

Why is this research important?

"I hear voices when I am sitting at my table at school. These voices tell me that I am a failure and I am a burden to my family. Sometimes I can see who says these things. It scares me, and I became more depressed and anxious."

The above story may be familiar to those who encounter hallucinations. Whilst some people experience hallucinations in only one sensory modality (most commonly, hearing voices) termed "unimodal hallucinations", recent evidence suggests that they often occur in more than one sensory system, termed "multimodal hallucinations" (e.g., smelling things, feeling the sensation of touch, or seeing things that are not there). Importantly, compared to unimodal experiences, multimodal hallucinations seem to be associated with higher levels of distress, anxiety and depression, traumatic events, and illness severity. This suggests it is likely to be important to assess the presence of multimodal hallucinations in routine clinical practice – though this is not common. Similarly, current psychological treatments for hallucinations typically focus on auditory hallucinations alone and do not consider the influence of hallucinations in other modalities. Consequently, it is unclear if therapies are equally effective for people with unimodal (auditory) or multimodal hallucinations, or whether people with hallucinations in more than one modality require different interventions, to better meet their needs. We conducted the first clinic-based, evaluation study to address these issues.

What did we do?

We examined 1) whether the clinical characteristics (e.g., voice distress, beliefs about voices, traumatic events, anxiety) of clients with multimodal hallucinations are more severe than those with only auditory (i.e., unimodal) hallucinations, and 2) if treatment outcomes differ for clients with multimodal vs unimodal hallucinations. Individuals attending Perth Voice Clinic who consented to use of their data for service evaluation and improvement were included in the study. A self-report questionnaire was used to collect information about hallucinations (auditory, visual, smell, taste, bodily sensation/touch) experienced in the past month. Treatment outcomes were compared between groups, following brief Coping Strategy Enhancement (brief CSE).

What did we find out?

Multimodal hallucinations were far more common (72%) than unimodal hallucinations (28%) in clients at Perth Voices Clinic. Most often, clients reported experiencing both auditory and visual hallucinations, though touch hallucinations were also common. There were few differences in the clinical characteristics of clients with unimodal vs multimodal hallucinations. Importantly, treatment outcomes did not differ between groups. That is, both multimodal and unimodal hallucinations groups improved from pre to post-treatment (in terms of voice-related distress and frequency). These findings suggest that brief CSE is equally effective for clients with auditory hallucinations alone or combined with hallucinations in other senses.

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