



Hallucination Management Model for Schizophrenic Patients

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Abstract

BACKGROUND: Hallucinations are a phenomenon that is mostly found in schizophrenic patients.

AIM: The study aim to identify the effect of the hallucination management model on the severity and distress of schizophrenic patients.

METHOD: The study used quasi-experimental method with 98 respondents. Sampling was done by consecutive sampling. Data were collected between June and July 2016. All of the subjects completed a questionnaire Psychotic Syndrome Rating Scale. The questionnaire had been tested validity and reliability with range of r count between 0.442 and 0.720 and Cronbach's Alpha = 0.891.

RESULTS: The result of the study showed that hallucination management model reduced severity of symptoms and distress ($p = 0.001$, $p < 0.05$). Hallucinations and distress of patients in the intervention group decreased significantly ($p = 0.00$, $p < 0.05$).

CONCLUSIONS: Hallucination management model is very important to patients. It is necessary to hallucination management model implemented for schizophrenia.

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Introduction

Hallucinations are a phenomenon that is mostly found in schizophrenic patients. The various forms of hallucinations, auditory hallucinations are the most dominant type of hallucination found in schizophrenic patients [1]. Auditory hallucinations are a common psychotic symptom [2]. Hallucinations in schizophrenic patients are 20% of patients experience hallucinations simultaneously, namely, auditory and visual hallucinations, 70% of patients experience auditory hallucinations, 20% of patients experience visual hallucinations, and 10% of patients experience other hallucinations such as smell, touch, and taste [3]. This illustrates that hallucinations are a major problem in schizophrenic patients and must get good treatment from health workers.

Hallucinations should be the focus of attention of health workers because if hallucinations are not handled properly, they can pose a risk to the safety of patients, other people, and the environment. This happens because hallucinations often contain orders to injure the patient himself or others around him [4]. The results also show that hallucinations cause distress or disturbance in the patient's daily life and activities [5]. Distress occurs due to the frequency of hallucinations that appear every day; the voices heard are so loud that they disturb the patient, the contents of

the hallucinations are also very scary, disturbing, and greatly affect the patient's beliefs [6].

Patients with hallucinations also often experience fear, anxiety, and even depression due to the hallucinations, they experience 40% of schizophrenic patients experience depression due to auditory hallucinations [4] state that 9 to 13% of schizophrenic patients experience suicide because the hallucinations contain commands to harm themselves [3]. The prevalence of schizophrenic patients committing suicide attempts is 20–50% due to the hallucinations they experience.

Various efforts must be made to prevent the occurrence of adverse risks to patients, families, and the environment by providing useful therapeutic management to patients to reduce hallucinations. The therapy to reduce hallucinations in schizophrenic patients are to combine the provision of medical therapy and psychotherapy [6]. Medical therapy and psychotherapy are carried out simultaneously to obtain more optimal results in reducing distress and hallucinations.

Medical therapy given to overcome hallucinations is through the administration of antipsychotic drugs. Antipsychotics generally consist of two types, namely, typical antipsychotic drugs and atypical antipsychotics. Only 10% of schizophrenic patients are effectively given antipsychotic drugs; the rest of the patients need more comprehensive therapy through psychotherapy [7].

Psychotherapy has been developed to reduce and overcome patient hallucinations, such as social skills training, cognitive remediation, cognitive adaptation training, cognitive behavior therapy, group therapy, and family therapy [8]. The psychosocial therapies provided are family therapy, cognitive behavior therapy and self-help groups [6]. This psychotherapy has been shown to be significant in the treatment of hallucinatory patients. Therefore, researchers are interested in providing several therapies in a hallucination management model for schizophrenic patients in reducing the severity of symptoms and patient distress due to hallucinations. Therefore, this study was conducted to identify effect of hallucination management model for distress and severity schizophrenia patients. This study focuses on answering the question, "what is effect of hallucination management model for distress and severity schizophrenia patients?"

Methods

Study design

The research was conducted a quasi-experiment research design.

Population, samples, and sampling

The sample included patients at Prof. Ildrem Mental Health Hospital in Sumatera Utara. The number of samples obtained was 98. The consecutive sampling was applied with the criteria that participants who have been hallucination.

Instruments

Data were collected June until July 2016. This study used Psychotic Syndrome Rating Scale. The questionnaire had been tested validity and reliability with an r value $> 0,442$ and Cronbach's Alpha = 0.891.

Data analysis

This study was data analysis by t-test.

Ethical consideration

This study has received ethical permission from the Ethics Commission of the Faculty of Nursing, University of Sumatera Utara No. 849/V/SP/2016.

Results

The results of the study on 98 inpatients at Prof. Ildrem Mental Hospital Medan include data on demographic characteristics, signs, and symptoms and distress experienced by patients due to hallucinations. The results showed that almost half of the patients were productive aged 18–39 years (59.6%), male (58.6%), almost half of the patients were unmarried (59.6%), the last education was senior high school (65, 6%), half of the patients whose occupation was unclear (50,5%) received atypical treatment 54.5%, with majority length of stay 47.5% 1–3 months, duration of illness 32.3% < 1 year, and all were paranoid schizophrenia. The characteristics of the 98 patients are shown in Table 1.

Table 1: Patient characteristics (n = 98)

No.	Characteristic	F	%
1.	Age		
	18–39	59	59.6
	40–60	38	40.4
	>60	1	1.0
2.	Sex		
	Male	58	58.6
	Female	40	41.4
3.	Marital status		
	Married	33	34.3
	Unmarried	59	59.6
	Widow	6	6.1
4.	Last education		
	Primary school	4	4.1
	Junior high school	19	19.2
	Senior high school	64	65.6
	Graduate degree	11	12.1
5.	Occupation		
	Government Employees	3	3.0
	Private employees	7	7.1
	Self-employees	38	38.4
	Unclear	50	50.5
6.	Medication		
	Typical	45	45.5
	Atypical	53	54.5
7.	Length of stay (month)		
	<1	19	19.2
	1–3	47	47.5
	4–6	7	7.0
	>6	25	25.3
8.	Duration of illness (years)		
	<1	32	32.3
	1–3	25	25.3
	4–6	24	24.2
	>6	18	18.2
9.	Diagnosis		
	Schizophrenia paranoid	98	100

The results showed that there were significant differences in symptom severity and distress after administration of the hallucination management model ($p = 0.00$, $p < 0.05$) (Tables 2-4). Hallucinations and distress of patients in the intervention group decreased significantly ($p = 0.00$, $p < 0.05$). Hallucinations management model is a series of therapies given to patients, including generalist hallucinations therapy, cognitive behavior therapy, self-help group (SHG), and family psychoeducation.

The results of this study are in line with that the provision of generalist therapy and cognitive behavior therapy affects the hallucinations experienced by patients [9]. The patient also improved his cognitive, affective, and psychomotor abilities in controlling

his hallucinations ($p = 0.00$, $p < 0.05$). That family psychoeducation therapy is very important for healing hallucinatory patients. Because the patient will be treated at home by the family after returning from the hospital, family psychoeducation can improve the ability of families to care for and overcome problems experienced by sick family members [9]. The formation of special groups or associations or self-help groups such as the SHG is important in the process of exchanging information in treating patients with hallucinations. SHG aims to enable patients and families to motivate and encourage each other. Patients and families know about the common problems they face, so they do not feel isolated [9]. In addition, in the self-help group, each group member can share experiences about how to treat hallucinating patients.

Table 2: Analysis of severity and distress hallucinations in the intervention group

No	Characteristic	Mean	SD	SE	p-value
1.	Severity				0.00
	Before	16.67	2.897	0.414	
	After	12.37	1.334	0.191	
2.	Distress				0.00
	Before	20,31	3.836	0.548	
	After	13.59	2.483	0.355	

Distress experienced by patients is also influenced by the contents of the hallucinations that they experience. The majority of patients experience hallucinations containing orders to injure. Participants who listened to hallucinations containing orders to hurt others often experienced distress due to the hallucinatory contents they heard. In this study, the majority of patients experienced auditory hallucinations containing commands, whispers that made the patient afraid, anxious, angry, anxious, and stressed [10]. Distress experienced by patients is related to the coping strategies used by patients when experiencing hallucinations. The patient's ability to carry out activities to control hallucinations is one of the coping strategies that can be taught through generalist therapy and CBT. In addition, through SHG, patients can share experiences on how to overcome the hallucinations they experience.

Table 3: Analysis of severity and distress hallucinations in the control group

No	Characteristic	Mean	SD	SE	p-value
1.	Severity				0.00
	Before	16.82	2.884	0.412	
	After	18.59	2.879	0.411	
2.	Distress				0.00
	Before	20,35	5.532	0.790	
	After	23.96	3.385	0.484	

Distress experienced by patients can be caused by the content and frequency of hallucinations experienced. The majority of auditory hallucinations patients experience very severe distress due to the content of the hallucinations [11]. This is because the content of hallucinations that come continuously from a few minutes to hours. In addition, the contents of hallucinations also contain negative things and orders to do something so that patients feel very disturbed and unable to control hallucinations and take actions

that can injure themselves, others and the environment due to these hallucinations. Another factor that affects the results of the study is that the length of patient's treatment also affects the distress and also the severity of the hallucinatory symptoms experienced by the patient. This study showed that the majority of patients were treated for <3 months, so that the patient's ability to control hallucinations was not optimal. The results of this study are different from other research which shows that patients who have been hospitalized for >1 month have the ability to control their hallucinations [9].

Table 4: Analysis of severity and distress in intervention and control group

No	Characteristic	Mean	SD	SE	p-value
1.	Severity				0.00
	Intervensi	12.37	1.334	0.191	
	Control	18.59	2.879	0.411	
2.	Distress				0.00
	Intervensi	13.59	2.483	0.355	
	Control	23.96	3.385	0.484	

Conclusions

Hallucination management model is very important to patients. Recommendations: It is necessary to hallucination management model implemented for schizophrenia. Based on the research above, it is recommended for nurses to be able to It is necessary to implemented hallucination management model for schizophrenia.

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