INTEGRATING PEER WORK WITH A SPECIFIC THERAPEUTIC TARGET: EXPERIENCES FROM THE VOICE EXCHANGE PROGRAM

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ABSTRACT
New roles are emerging as the peer workforce becomes increasingly established. Whilst much emphasis has focused on peer support and advocacy, there are also specialist roles peers can play in drawing upon their lived experience of particular issues. The Hearing Voices Movement has a long history of peer work with the specific issue of hearing voices, and this has been an area where particular approaches have been advocated in both peer support groups and in individual peer work. Voice Exchange is a peer work program which has been researching the use of specialist one-to-one peer work with voice hearers as a pilot randomised controlled trial. Two peer workers delivered a program combining principles of Intentional Peer Support with therapeutic methods designed to promote understanding of voices, appreciation of voices in the context of the person's life history, and development of an accepting relationship with voices. We discuss the background to and our experiences of this work to reflect on the specific role that lived experience can have in delivering individual therapeutic work for voice hearers.

BACKGROUND
Hearing voices, known in the scientific and clinical literature as auditory hallucinations (or auditory verbal hallucinations) is an experience in which people hear spoken words that other people cannot hear, but which nonetheless are experienced as very real (Beavan, 2011; McCarthy-Jones et al., 2014). What people hear is typically experienced as personally meaningful (Beavan, 2011), and negative and emotional themes such as criticism are particularly common (Nayani & David, 1996). The voices people hear are commonly experienced as coming from characterised identities (Beavan, 2011; Chadwick & Birchwood, 1994), with whom hearers frequently describe having meaningful relationships (e.g. Chin, Hayward & Drinnan, 2009; Thomas, McLeod & Brewin, 2009) and interacting with (Nayani & David, 1996). For many people, hearing voices can be distressing and/or interfere with day-to-day life, particularly when voices are frequent and negative.

Hearing voices is experienced in a number of different groups of people. Among people with mental health problems, voices may be encountered across a range of diagnoses, but hearing voices can also be experienced without causing particular problems, also being reported by a significant proportion of persons who have never had any need for mental health treatment. Indeed the experience is accepted as normal in some non-Western cultures. As such, hearing voices has come to represent a particular personal experience that some people are more prone to experiencing than others.

The Hearing Voices Movement and peer support
United by a common interest in this experience, the Hearing Voices Movement (HVM) has been one of the most prominent consumer-led movements in mental health (Woods, 2013). As such, the HVM has been a strong advocate for both greater attention to lived experience and the potential

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value of peer support (Corstens et al., 2014). Originally ignited by a collaboration between practitioners and voice hearers (Romme & Escher, 1989), the HVM advocates for the rights of people who hear voices, and promotes ways of helping people to live with this experience. In particular, the HVM argues for a repositioning of the aims of helping people with voices away from a (typically unsuccessful) sole focus on voices as a problematic symptom to be eliminated, towards facilitating hearers understanding the experience better, and developing ways of living with it effectively within the course of their day-to-day lives (Corstens et al., 2014). To achieve this, contact with peers has been strongly advocated as a means of learning from others with the experience, particularly from those who have learnt to incorporate it into their lives (Corstens et al., 2014). The main way in which this has happened is through the establishment of hearing voices groups, which provide places where voice hearers can interact with others with similar experiences, to learn from, support and inspire each other (Romme, 2009a). National and state networks of hearing voices groups have developed in a number of countries, many with consumer leadership and co-ordination (Corstens et al., 2014). Recent qualitative studies suggest the peer owned space has particular value in providing a place to explore voices that is distinct from what is available from professionally-trained practitioners without lived experience alone (Oakland & Berry, 2014; Thomas et al., 2014).

Alongside the running of hearing voices groups, in areas where peer expertise with hearing voices has been relatively well developed, there has been an evolution of parallel one-to-one peer work with voice hearers. One-to-one peer work is significantly different from peer contact in a group context, with this providing a more detailed focus on individual experiences of hearing voices, and one of the peers acting in a more explicit mentoring or therapeutic role, rather than the majority of peer interaction taking place among group members. Such peer work has variously included the use of workbooks (e.g. Coleman & Smith, 1997; Romme & Escher, 2000), tools such as the Maastricht hearing voices interview (see Romme & Escher, 2000), and elements of psychological therapies (Romme, 2009b).

However, whilst overall approaches to peer work have been described, we are not aware of any particular framework having been developed for conducting one-to-one peer work with voice hearers. In particular there has not been clear development of a model for how peer workers can utilise their own lived experience of hearing voices to best effect in helping others with this experience.

The Voice Exchange Project
In 2009, there was significant investment to establish a hearing voices network in Victoria, Australia, planned with consumer leadership in co-ordinating the network from the outset. This network was proactive in promoting the development of peer workers, resulting in significant peer expertise developing locally. This set the scene for conducting a project in developing one-to-one peer work for voices. Funded by a philanthropic grant, the Voice Exchange project involved funding two peer workers with lived experience of hearing voices (LDP, JK) to conduct a project using focused one-to-one work with voice hearers on their voices as part of their role.

Drawing on a local research collaboration (with NT), we utilised this opportunity to conduct this as a formal research project, including a pilot randomised controlled trial and qualitative analysis of participant experiences. The project involved offering participants 12 sessions of peer work. Half were randomly allocated to receive the intervention shortly following recruitment, and the other half acted as a control group and received the intervention after a waiting period of 3 months. To guide the sessions, we planned a framework for conducting the peer work, and wrote a manual to develop agreed guidelines and principles on how to work with the voice hearers. During the work, the peer workers attended regular group supervision co-facilitated by an experienced peer worker (ID) and a clinical psychologist and researcher who specialised in working with hearing voices (NT). Following ethics approval and informed consent, a total of 27 participants took part in the project.

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In addition to being able to conduct the first research we are aware of on one-to-one peer work for voices, this project provided us with an opportunity to gain significant practical experience in systematically applying a peer work approach with a number of voice hearers. We intend to present an updated version of the manual and the results from the trial in other publications, but in this paper we will focus on how we went about developing the peer work model we used, provide some examples of how it worked in practice, and discuss our experiences in applying it.

**DEVELOPING A PEER WORK MODEL**

In developing a model for use in one-to-one peer work, we wanted to develop a framework that paid particular attention to what peer workers offered from their shared lived experience of hearing voices: we wanted a framework that allowed peer workers to draw on this as an integral part of the intervention. In developing this we were influenced by two sets of thinking: the principles of HVM, and those of Intentional Peer Support (IPS; Mead, 2005), one of the leading approaches used in peer work.

**Principles of the Hearing Voices Movement**

Among the principles held as important within the HVM, there has been a particular focus on promoting voice hearers forming a better understanding of their experience of hearing voices (Corstens et al., 2014). In particular, it is proposed that many voice hearers find it helpful to make sense of their experience of hearing voices in the context of broader life experiences and interpersonal narratives which may have meaningful connections with the course, content and identities of voices (Corstens & Londgen, 2013). A further key principle has been that voice hearers who are struggling with the experience may benefit from developing a different relationship with their voices experience (Romme et al., 1993; Corstens et al., 2014). One aspect of this may involve developing better ways of coping with the experience, and feeling a greater sense of control over the experience. Another is to move towards accepting and incorporating the experience into one’s day to day life, as opposed to being immersed in trying to eliminate it and responding to it with hostility.

Within the spectrum of intervention targets which have been described for voices (Thomas et al., 2014), these components appeared to show particular affinity with peer discussion of shared lived experience, and had become core to the work of the hearing voices network in Victoria. On this basis, we developed a framework involving three elements of voice work:

1. **Telling the story**: facilitating the person sharing and exploring their life history and relationships as a context for understanding voices.
2. **Making sense of voices**: developing a deeper understanding of voice characteristics, phenomenology, content, identity and patterns of occurrence.
3. **Changing the relationship with voices**: promoting empowered and accepting relationships with voices through discussion of coping methods, the power balance between voice and hearer, and the possibility of acceptance.

These principles provided a structure for the content of the peer work approach. However further thought was needed about how to do this work in a way which brought in the peer workers’ lived experience, and was consistent with peer work.

**Principles of Intentional Peer Support**

IPS was developed as a framework to guide working with peers (Mead, 2005). IPS is often described as being neither a friendship nor a clinical therapeutic relationship, but falling somewhere between the two. For example, some distinctions that are made include:

- In clinical therapy the worker is in the expert role (by qualification), whereas in IPS, both peers share a position of expertise, as experts by experience.
- In clinical therapy, the client has the problem and the worker doesn't, whereas in IPS, both peers may share their problems in the context of their relationship.
Clinical therapy tends to consider what the person reports in terms of symptoms and diagnoses, whereas IPS is focused on the person’s experience.

Clinical therapy tends to have an unbiased, neutral, attitude towards the client; in IPS, there is a more explicitly empathic stance based on common lived experience.

Clinical therapy tends to involve the worker using procedures to contain and control safety and risk, whereas in IPS, safety is more explicitly negotiated by both parties.

Clinical therapy often has rigid boundaries defined by the worker, and a formal etiquette, whereas in IPS, boundaries are more flexible and negotiated to suit both people.

The IPS model involves three principles:
1. an aim of learning together rather than the worker helping the client;
2. a focus on the relationship rather the individual; and
3. an orientation towards hope and possibility rather than fear.

The principle of learning versus helping was particularly influential in the style of conducting peer work in Voice Exchange, with a collaborative exploration of voices merging well with our model of exploring voice and broader life experiences. Some examples of how we used the peer relationship to emphasise the focus on shared learning, as opposed to helping, include the following.

- The participant and worker frequently drew things out together using butchers' paper to provide a collaborative focus for discussion to get away from a dynamic of the peer worker being in an “interviewing” or assessing role. This included using mind-map diagrams to explore voices and timelines to explore the person’s life history.
- We used a metaphor in which the participant was positioned as the “detective”, with the worker as the “sidekick”; together they investigate the “clues” of the client’s voice-hearing experience to make sense of it.
- The participant and worker would each investigate things of interest between sessions and share findings.
- The participant and worker would jointly do exercises, such as grounding exercises, and discuss their own experiences of these exercises.
- The worker would share their own personal insights and experiences in response to material discussed along the way.

**Mutuality**

In the specific activities peer work, IPS also emphasises the role of mutuality; that is, the outcome of the work and integrity of the relationship is shared between client and worker, with the differences in power balance being addressed as much as possible (Mead, 2005). Mutuality cut across a number of elements of the relationship, including the sharing of lived experience of hearing voices by the peer worker, and the client and peer worker explicitly sharing responsibility for the content of sessions.

In addition to the collaborative learning-oriented approach described above, examples of how mutuality was incorporated into the Voice Exchange work included the following.

- **Collaborative note-taking**: notes were kept in a journal that both participant and worker wrote in. The participant then kept the journal and a copy of the notes was held by the worker.
- **Joint record-keeping**: two files were kept – the participant’s file held the original copies of all the work, while the worker kept copies in another file.
- **Negotiated safety plan**: the safety of the participant was first ascertained by having a “safety conversation” to determine safety needs. If the worker or participant believed there was a safety issue, then a collaborative safety plan was drawn up which included the views of both the participant and worker.
- **Peer worker’s use of their own story**: in a deliberate and measured way, the worker also frequently used elements of their own story wherever it was relevant to promote ongoing
discussion, share learnings or compare similar experiences. This might also be used to model recovery and helping to reduce stigma and shame around experiences.

**Using the peer work model in practice**

In conducting the peer work, the principles of the HVM provided the main focus for content of the peer work, whilst IPS principles, in particular the emphasis on learning together and mutuality were used to guide the way in which the peer workers approached activities. In considering how this translated into practice, actions consistent with mutuality were recorded in a sample of 103 individual sessions with participants. Mutuality was broken down into a number of actions, relating to addressing the power imbalance, reciprocity, and promoting mutual responsibility. The frequency with which each was utilised is presented in Table 1, showing that a number of actions consistent with mutuality were used in the course of working with voices.

**Table 1**

*Examples of mutuality implemented in a sample of 103 sessions*

<table>
<thead>
<tr>
<th>Element</th>
<th>Action recorded</th>
<th>% of sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Power imbalance</td>
<td>a. Power imbalance was named</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>b. Co-wrote notes</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>c. Reframed from symptom/diagnosis to life experience</td>
<td>42</td>
</tr>
<tr>
<td>2. Reciprocity</td>
<td>a. The worker shared how they felt</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>b. The client helped the worker/gave back</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>c. The worker and client co-engaged in session activities</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>d. The worker used elements of their own story</td>
<td>41</td>
</tr>
<tr>
<td>3. Mutual responsibility</td>
<td>a. Safety issues were negotiated</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>b. Boundaries were negotiated</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>c. The worker acknowledged their mistakes</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>d. Client was encouraged to do out-of-session work</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>e. Client was encouraged to contribute ideas</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>f. Client was asked to evaluate progress</td>
<td>30</td>
</tr>
</tbody>
</table>

**DISCUSSION AND CONCLUSION**

The Voice Exchange project enabled us to consider how peer work might be applied in a focused way to the experience of hearing voices. Having such a specific target for peer work has not tended to be considered in conjunction with models such as IPS, but it appears that there is scope for integrating models around the particular focus of shared learning and exploration of voices. This aligned well with the principles of the HVM, and with the opportunity for the peer worker to utilise elements of their own story and experiences, as a source of information, sharing, destigmatising experiences and modelling acceptance and hope.

Overall it appeared wholly feasible to implement peer work targeting voices, and to do so in a way that rather than merely replicating a psychotherapy style approach, utilised lived experience expertise. However, some challenges were apparent: for example, the peer worker agenda to conduct voices work, particularly within the constraints of a 12-session intervention, placed limits on the participants’ ability to negotiate the focus of the sessions. The intervention timeframe (used for the research project) also seemed brief for many participants. Nonetheless, there did seem to be potential advantages in developing a peer work model for voice hearers, not least the potential for peer workers to form rapport with voice hearers who may be less trusting of professionally-trained workers without lived experience, to draw on their shared lived experience, and to model successful living with voices and positive recovery. With a range of therapeutic approaches to working with voices now having been proposed, with a number of modes of action (Thomas et al., 2014), this
matching of intervention components to the particular capabilities of the peer workforce represents an important area of development.

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