AVATAR therapy for auditory verbal hallucinations in people with psychosis: a single-blind, randomised controlled trial

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Summary

Background A quarter of people with psychotic conditions experience persistent auditory verbal hallucinations, despite treatment. AVATAR therapy (invented by Julian Leff in 2008) is a new approach in which people who hear voices have a dialogue with a digital representation (avatar) of their presumed persecutor, voiced by the therapist so that the avatar responds by becoming less hostile and concedes power over the course of therapy. We aimed to investigate the effect of AVATAR therapy on auditory verbal hallucinations, compared with a supportive counselling control condition.

Methods We did this single-blind, randomised controlled trial at a single clinical location (South London and Maudsley NHS Trust). Participants were aged 18 to 65 years, had a clinical diagnosis of a schizophrenia spectrum (ICD10 F20–29) or affective disorder (F30–39 with psychotic symptoms), and had enduring auditory verbal hallucinations during the previous 12 months, despite continued treatment. Participants were randomly assigned (1:1) to receive AVATAR therapy or supportive counselling with randomised permuted blocks (block size randomly varying between two and six). Assessments were done at baseline, 12 weeks, and 24 weeks, by research assessors who were masked to therapy allocation. The primary outcome was reduction in auditory verbal hallucinations at 12 weeks, measured by total score on the Psychotic Symptoms Rating Scales Auditory Hallucinations (PSYRATS–AH). Analysis was by intention-to-treat with linear mixed models. The trial was prospectively registered with the ISRCTN registry, number 65314790.

Findings Between Nov 1, 2013, and Jan 28, 2016, 394 people were referred to the study, of whom 369 were assessed for eligibility. Of these people, 150 were eligible and were randomly assigned to receive either AVATAR therapy (n=75) or supportive counselling (n=75). 124 (83%) met the primary outcome. The reduction in PSYRATS–AH total score at 12 weeks was significantly greater for AVATAR therapy than for supportive counselling (mean difference –3·82 [SE 1·47], 95% CI –6·70 to –0·94; p<0·0093). There was no evidence of any adverse events attributable to either therapy.

Interpretation To our knowledge, this is the first powered, randomised controlled trial of AVATAR therapy. This brief, targeted therapy was more effective after 12 weeks of treatment than was supportive counselling in reducing the severity of persistent auditory verbal hallucinations, with a large effect size. Future multi-centre studies are needed to establish the effectiveness of AVATAR therapy and, if proven effective, we think it should become an option in the psychological treatment of auditory verbal hallucinations.

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Introduction

Auditory verbal hallucinations, which are typically of a derogatory and threatening nature, are reported by approximately 60–70% of people with schizophrenia. Although pharmacological therapy is effective at reducing hallucinations in many people, approximately 25% of people with psychotic conditions continue to experience them. Cognitive behavioural therapy for psychosis is also helpful for many people, although average effect sizes are in the small to moderate range, and training and resource requirements mean that, in practice, therapy is delivered to only a fraction of those who might benefit. Consequently, there is considerable interest in the development of novel therapies that draw on the principles of cognitive behavioural therapy for psychosis but which are shorter, specifically targeted at auditory verbal hallucinations, and are capable of being delivered by a wider workforce.

Several novel therapies build on the perspective that auditory verbal hallucinations are experienced as coming from entities that have personal identities, speak with purpose, and with whom the hearer establishes a personal relationship. The operation of power within this relationship is viewed as crucial. The voice is typically experienced as dominant (even omnipotent), with the voice-hearer assuming a submissive role characterised by feelings of inferiority and powerlessness that can reflect social relationships more generally. In light of this finding, explicitly relational and interpersonal approaches have been developed that locate voices (and voice relationships) within the person’s biographical context and target key interpersonal dimensions such as power and proximity.

AVATAR therapy belongs to this new wave of relational approaches but, uniquely, the voice-hearer’s experiences...
are brought into therapy in a new way, allowing a face-to-face interaction with a digital representation (avatar) whose speech closely matches the pitch and tone of the persecutory voice. The therapist (switching between speaking as therapist and as avatar) facilitates a dialogue in which the voice-hearer gradually gains increased power and control within the relationship, with the initially omnipotent voice loosening its grip over the hearer by becoming more conciliatory over time.

A pilot study\(^6\) that compared AVATAR therapy with a treatment as usual in 26 patients who had a longstanding single or dominant persecutory voice found significant reductions in the frequency, distress, omnipotence, and malevolence of the voice. We report the results of a larger, randomised controlled trial\(^7\) that compared AVATAR therapy with an augmented supportive counselling intervention. There were three objectives: to test the clinical efficacy of AVATAR therapy compared with supportive counselling, to explore explanatory mechanisms of action and moderators for AVATAR therapy, and to determine preliminary estimates of cost-effectiveness of AVATAR therapy.

This paper addresses the primary objective—to test clinical efficacy—with the following hypotheses: AVATAR therapy will be more effective in reducing the frequency and severity of auditory verbal hallucinations, by comparison with supportive counselling, at 12 weeks; AVATAR therapy will be more effective in reducing the reported omnipotence and malevolence of auditory verbal hallucinations, by comparison with supportive counselling, at 12 weeks; and the improvements attributable to AVATAR therapy will be maintained at 24 weeks follow-up. The other two objectives will be addressed in subsequent publications.

### Methods

**Study design and participants**

The study was a single-blind, randomised controlled trial done in the South London and Maudsley NHS Trust. Potential participants were referred to the study by their treating clinician in routine clinical service. All referrals were screened for eligibility against the following inclusion criteria: having had distressing auditory verbal hallucinations for at least 12 months in the context of a diagnosis of a schizophrenia spectrum disorder (ICD-10 F20–29) or affective disorder with psychotic symptoms (ICD-10 F30–39 subcategories with psychotic symptoms), currently a patient of NHS psychiatric services, older than 18 years, and able to speak and read English. All participants had been taking antipsychotic medication before the trial but their auditory verbal hallucinations had been unresponsive or only partially responsive to previous treatment. Participants were excluded if they were unable to give informed written consent; were currently receiving psychological therapy for psychosis, including attending so-called hearing voices groups; were refusing medication; had a diagnosis of organic brain disease, learning disability, or primary substance dependency; and heard voices in a language not spoken by the therapists. All participants gave written informed consent.

The study was approved by the London-Hampstead Research Ethics Committee (reference 13/Lo/0482).
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