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Application of Acceptance and Commitment Therapy for Patients with Auditory Hallucinations: Case Study

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Abstract

Mental disorders have become one of the global health problems today. Hallucinations are a nursing problem that is commonly found in mental disorders, especially schizophrenia. The Increasing number of hallucinations cases indicates the need for additional nursing interventions to assist nurses in providing care to patients experiencing auditory hallucinations. The purpose of this study is to investigate the effects of nursing care and the application of acceptance and commitment therapy (ACT) on patients with auditory hallucinations, at the West Kalimantan Provincial Mental Hospital. The sample used as the object of this study was limited to one patient without any other patients as a comparison with the same treatment. This study uses a qualitative design with a case study approach. The main nursing diagnosis that was established was sensory perception disorders: auditory hallucinations. The study findings indicate a significant reduction in the duration and severity of auditory hallucinations, and the response to auditory hallucinations experienced, such as behavior following orders from auditory hallucinations, is reduced. The PSYRATS assessment revealed that the patient's ability score to control auditory hallucinations had increased, the duration of auditory hallucinations had decreased to several minutes, and the level of discomfort caused by auditory hallucinations had decreased. Acceptance and commitment therapy is recommended for application in nursing care for patients with auditory hallucinations.

Keywords: Acceptance and commitment therapy, Auditory Hallucination, Nursing Care.

INTRODUCTION

One of the most important things in human life is health. In the regulation of the Law of the Republic of Indonesia Number 17 of 2023, health is defined as a healthy condition as a whole, both intellectually and socially, and not just being free from physical illness to be able to live a productive and useful life. A mental condition that is said to be good is if a person is able to grow physically, grow intellectually, socially, and spiritually so that individuals are able to recognize their abilities, can be free from pressure, live a productive life, and can contribute to the community (Government of Indonesia, 2023).

Accordingly, there are a lot of people today who seem physically healthy but are known to struggle with mental disorders. World Health Organization (WHO) said mental disorders has become a global problem today. It is known that around one in eight people, or approximately 970 million people, experienced mild mental health disorders in 2019, with depression and anxiety disorders being common problems. The situation during the peak of the SarsCov-19 pandemic in 2020 has significantly increased the number of individuals experiencing anxiety and depression (WHO, 2022). According to data from the Indonesian Ministry of Health's 2023 Indonesian Health Survey, up to 4% of households have a member who exhibits symptoms of schizophrenia or psychosis, with West Kalimantan Province having a 2.7% rate (Indonesian Ministry of Health, 2023).

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Schizophrenia is a serious chronic mental disorder that affects the way a person thinks, feels, and behaves. The diagnosis is made by a psychiatrist through a series of examinations, including questions and answers, physical examinations, psychiatric examinations, and supporting examinations. Symptoms of schizophrenia typically include sensory perception disorders, such as auditory hallucinations, persistently held and expressed false beliefs (delusions), and behavioral changes that are characterized by a tendency to withdraw or even become easily agitated and angry, which increases the risk of acting violently (Agustriyani, Ghariza, Wahyuni, Anisha, & Ariska, 2024).

In relation to schizophrenia patients, nurses usually also create a nursing diagnosis to support the treatment process for schizophrenia patients. The nursing diagnosis focuses on the client's response to nursing and medical actions and is oriented towards the patient's basic needs Data obtained from patient reports at the West Kalimantan Provincial Mental Hospital in the span of the last two years show that the problem of sensory perception disorders: hallucinations, especially hearing, is the most common nursing diagnosis found in mental disorder patients, with a percentage of 78.37% of total patient visits in 2022, and increased in 2023 to reach a percentage of 81.16% (Health Department of West Kalimantan Provincial, 2024).

Hallucination is a condition that can make sufferers experience a decrease in the ability to recognize reality even to the point of not being able to interact which has an impact on reducing the ability to be able to perform roles in life as they should (Utami & Rahayu, 2018). Auditory hallucination is a condition where a person believes that he or she is listening to a voice that is not real, the voice can sound as if it is demonizing, it can also sound like laughing, or giving threats, ordering to do something (Nurarif & Kusuma, 2015). Hallucinations that are not handled properly can make new problems that pose a risk to personal safety such as self-harm to the risk of suicide, and can even pose a risk of injuring others and the surrounding environment (Wijayati, Nurfantri, & Devi, 2019).

Nurses in psychiatric hospitals in Indonesia generally treat patients with auditory hallucinations by using generalist therapeutic guidelines, namely by training patients to be able to control hallucinations by giving patients exercises to recognize hallucinations and to rebuke hallucinations, taking medication regularly, practicing talking to others, and practicing positive activities on a scheduled basis. Many patients undergoing treatment in fact only undergo the exercises when with nurses, in other words, patients are still not really able to utilize the exercises given to them consciously when they are alone. Some patients believe that they will only get better by taking medication, and they are going to stop taking their medication when they feel the symptoms disappear. The increasing incidence of patients with mental disorders who experience sensory perception problems: auditory hallucinations is a challenge and also a motivation for the nursing profession to develop evidenced-based nursing interventions in carrying out the nursing care process, especially in patients with auditory hallucinations.

Acceptance and Commitment Therapy (ACT) is known to contribute to the process of developing effective nursing interventions to help sufferers manage auditory hallucinations. ACT was first developed by a psychologist known as Steven Heyes. In Hayes' opinion, the ability to acceptance and commitment has an influence on the psychological improvement of patients to change for the better. By teaching individuals to accept every experience and event in their lives, ACT is considered a suitable therapy to address mental health problems (Yildiz, 2019).

When physical strain results from auditory hallucinations, ACT can help patients create coping mechanisms that will enable them to accept the psychological situation more easily. Patients are instructed not to keep concentrating on confronting the auditory hallucinations they experience during ACT implementation. They are also trained to recognize their own values and concentrate on the responses that emerge in accordance with their life goals. (Sulistiowati, 2016). ACT is considered as one of the approaches that is more suitable with the cultural values of Indonesian society (Oriza, 2022). Based on this background, this study aims to determine how to implement nursing care for patients with auditory hallucinations by applying Acceptance and Commitment Therapy, as well as to determine changes in auditory hallucination symptoms experienced by patients.

METHODS

Design of Research

This research employs a qualitative methodology utilizing a case study approach. Nursing care for patients with the main problem of sensory perception disorders: auditory hallucinations with the additional application of accaptance and commitment therapy as evidence-based nursing. This attempts to obtain the analysis's findings as well as a closer look into the case being research.

Settings and Samples

The research was conducted within eleven days, starting on March 4 to March 15, 2024. One of the treatment rooms of the West Kalimantan Provincial Mental Hospital served as the site of this study. Determination of the sample in this study using

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purposive sampling technique, where the research subjects were selected based on the inclusion criteria set by the researcher. The inclusion criteria are patients who have the main nursing problem of sensory perception disorder: auditory hallucinations who are undergoing treatment and are not under the influence of severe hallucinations that can risk threatening themselves and the environment.

The researcher first gathered a number of patients with auditory hallucinations who satisfied the inclusion requirements in order to determine the sample. Then, based on the shortest course of treatment, one patient was chosen to serve as a study sample. The sample used as the object of this study was limited to one patient without any other patients as a comparison with the same treatment.

Three tools that assist researchers in gathering information and recording findings were employed in this study. These tools include nursing care forms, implementation strategy forms for Acceptance and Commitment Therapy, and forms certified by the Psychotic Symptom Rating Scale (PSYRATS).

Trustworthiness

Information from multiple sources was gathered to create the results of the research. Such as conducting direct interviews with patients, the results of observations and clinical examinations, reviewing the status of patient medical records, and conducting discussions with professional nurses. This is done to ensure that patients provide consistent information and researchers obtain accountable results.

Ethical Clearance

The researcher had previously maintained ethical clearance and completed the steps need to secure research permits before beginning the present research. This was done to make sure that nobody tampered with the study and that subjects wouldn't experience any negative effects. In the process of preparing the stages of implementing ACT, the researcher has also received guidance and direction from a professional psychologist who works at the hospital where this research was conducted. This aims to improve the researcher's ability to understand the stages and carry out the ACT implementation process. Participants will be protected by this research's commitment to autonomy, benefit, non-harm, confidentiality, and fairness.

CASE DESCRIPTION

Based on the results of the assessment obtained patient data named Mrs. F aged 41 years, female with a marital status that has been divorced since 2017. The patient is known to have two children from her previous marriage. The patient has a bachelor's educational background with a work status as a inactive government employees (ASN). The patient was brought by the family to the Mental Hospital on the grounds of strange behavior, likes to get angry and mess up the house, is often seen talking to himself and claims to hear whispering voices.

The patient was diagnosed with schizophrenia. The patient had a history of being admitted to a mental hospital in 2022 with the same problem. The patient said that while at home he did not want to take medicine because he felt he had recovered. The predisposing factor found in the patient is that the patient experienced a divorce in 2017, because the ex-husband had an affair. Since then the patient has lived with her parents. The family said the patient became depressed and started behaving strangely. The situation got worse when people in the neighborhood where the patient worked began to ostracize the patient and considered her mentally ill.

RESULTS

In this study, the description of the results and also the discussion focuses on the nursing care that has been given to patients with the main problem of auditory hallucinations.

1. **Nursing Assessment**

During the assessment, the patient said that she often hears whispering voices telling her to walk around. The whispering voice often appears during the day and at night before bedtime. The patient said the whispering voice made her feel disturbed. According to the patient, the whispering voice lasts for a long time if not obeyed. Objective data found from observations, the patient frequently appears to be restless and busy going from place to place, facial expressions look angry when prohibited from going here and there. When spoken to, eye contact with the interlocutor seemed lacking and facial expressions were unresponsive. The mouth looks mumbling and sometimes looks laughing when alone. The patient has received pharmacological therapy Resperidone 2 x 2 mg, Trihexypenidyl 2 x 2 mg, Clozapin 1 x 50 mg, Carbamazepine 1 x 200 mg.

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2. Nursing Diagnosis

Based on the data obtained from the assessment carried out on Mrs. F, the main nursing problem that became the focus of resolution in nursing care was sensory perception disorder: auditory hallucinations characterized by the patient saying she still heard whispering voices that made her feel disturbed, and often appeared during the day and at night at bedtime. The patient seemed to be pacing here and there with the excuse of obeying hallucinatory orders to take a walk, and the mouth seemed to mumble and laugh when he was alone.

3. Nursing Interventions

The researcher created a nursing intervention for Mrs. F to help alleviate the symptoms of auditory hallucinations based on the information gathered from the assessment results and the nursing diagnosis discovered. Monitoring behavior that suggests auditory hallucinations and the content of auditory hallucinations experienced are two of the interventions that are being implemented. According to the standard nursing care at the Mental Hospital where this study was carried out, the patient is currently receiving general therapy for the treatment of auditory hallucinations. This general therapy includes training in rebuking hallucinations, taking medical drugs according to schedule, training in diverting auditory hallucinations by talking to other people, and carrying out scheduled activities.

From the results of the observations made, it turned out that the patient only did the exercises when with the nurse. The patient seemed unable to carry out the exercises with his own awareness to reduce the symptoms of auditory hallucinations experienced. The patient said he only believed that the medical drugs that currently help him overcome auditory hallucinations, so the patient did not practice the techniques for controlling hallucinations that had been taught. The researcher then provided additional interventions in the form of acceptance and commitment therapy (ACT), with the aim of increasing patient awareness in an effort to reduce the symptoms of auditory hallucinations experienced.

4. Nursing Implementation

On the first day and second day, an approach to the patient was carried out using a trusting relationship building approach (BHSP). This is done because patients with mental disorders are not very open to new people, so that researchers need to make more efforts to be able to make patients able to accept the presence of researchers. Interventions were carried out several times repeatedly for two days until the patient was considered to have begun to cooperate when invited to communicate. After the patient was considered cooperative enough, on the third day Mrs. F was trained to be able to recognize and control hallucinations with hallucination rebuke techniques (SP 1), then continued with the practice of taking medicine regularly (SP 2).

On the fourth day, Mrs. F was given exercises to start conversing with other people which aimed to divert the hallucinations that were being experienced (SP 3), then continued with exercises to be able to do scheduled activities (SP 4).
On the fifth day of treatment, Mrs. F was given the first session of ACT therapy, namely acceptance. In this session, the patient is asked to tell the contents of thoughts and behaviors that arise in response to the whispers experienced. The researcher also gave a metaphor to the patient to be able to help the patient accept her hallucinatory experience without trying excessively to avoid. The metaphor given was to clean white paper from ink stains.

The sixth treatment day, the second session of ACT therapy was cognitive defusion. In this session, the researcher identified the thoughts and feelings that were most dominant and felt unpleasant by the patient. Mrs. F was then given a motivation to realize that she actually has the ability to be able to control her own thoughts, so as not to get carried away and focus too much on the hallucinations experienced. This motivation was given in the form of a metaphor of a child learning to walk.

The third session of ACT, the present moment, was given on the seventh treatment day. In this third session, patients are taught to be able to focus on real experiences. Patients are taught deep breath relaxation techniques and guided to be able to feel every breath that enters their body. Researchers also teach patients to be able to focus on positive thoughts by asking patients to express the taste of the three food samples that researchers provide. On the same day, the patient was also given the fourth session of ACT therapy, namely self as context. In this session the patient was asked to be able to tell the response to the hallucinations experienced based on his experience so far.

The eighth treatment day continued with the implementation of the fifth ACT session, namely valuing. In this session the patient is invited to discuss and directed to visualize someone who is considered important in his life. Patients are guided to be able to express aspects of life that are important to them and know what they should be able to do to achieve their hopes.

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Implementation on the ninth day continued with the sixth session of ACT therapy, namely committed action. Patients in this session are involved to be able to arrange scheduled daily activities as a way to be able to help increase the patient's commitment to be able to maintain the ability that has been owned in controlling hallucinations. The activities that have been arranged must then be carried out by the patient according to the schedule while still being supervised and guided by the nurse until the patient can carry them out independently without the need for orders from the nurse.On the following days, namely the tenth and eleventh days, the patient is given repeated motivation to continue implementing the daily activity schedule that has been compiled and agreed upon, which contains routines and various exercises with the aim of maintaining the patient's independent ability in an effort to control hallucinations.

5. Nursing Evaluation

According to the evaluation results following nursing care, the patient reported that he could still hear voices telling him to move around in whispers. The patient accepted that at least once a day the whispering voices continued to occur. The patient reported that auditory hallucinations had become less frequent, though they still seemed to occur only at night when they went to bed. Although the hallucinations used to last for several hours, they are now only lasting a few minutes. The patient reported feeling restless because he no longer found the hallucinatory voices to be particularly upsetting. The patient's ability to regulate himself improved, and he stopped heeding the hallucinations' commands to wander aimlessly. The stimulus-based response was significantly better, and eye contact during speech increased. Additionally, by independently completing an activity schedule that included planned exercises, the patient demonstrated positive behavior.

DISCUSSION

In the case of Mrs. F, it is known that the predisposing factors that cause patients to experience mental disorders are psychological factors, where the patient is known to have a history of experiencing stressors due to divorce problems with her ex-husband in 2017. According to the patient, the divorce that occurred made her feel like an imperfect woman. In line with research conducted by Ricky, Keliat, & Daulima (2014) stated that one of the predisposing factors that cause a person to experience mental disorders comes from psychological factors caused by a problem or conflict in family relationships.

The patient is known to have previously undergone treatment at a mental hospital in 2022. After being declared improved and allowed to return home and do outpatient care, the patient is known to be non-compliant with taking medication and not regularly checking because he feels he has recovered. This condition of non-compliance with taking medication eventually caused the patient to experience recurrent mental disorder problems and had to undergo treatment again at the Mental Hospital. This is a precipitating factor, which is also in line with the research of Naafi, Perwitasari, & Darmawan (2016) which states that patients with mental disorders who enter psychiatric hospitals and then can undergo outpatient care can experience conditions of non-compliance that have an impact on the deterioration of health conditions (relapse), so that patients are back in and out of the hospital, and further burden the economy of society and family.

The nursing diagnosis that is the main problem in Mrs. F is sensory perception disorder: auditory hallucinations. Characterized by the main symptoms of the patient expressing hearing whispering voices that tell her to walk here and there, often appearing to be talking and laughing when she is alone. The conclusion of this nursing diagnosis is taken based on the Indonesian nursing diagnosis standard guidelines which state that the major signs found in patients with auditory hallucinations are expressing hearing whispers that are not real, sensory distortions, inappropriate responses, and behaving as if hearing something (Persatuan Perawat Nasional Indonesia, 2017).

The first important nursing implementation to do is to establish trusting communication. This activity is carried out to be able to increase the patient's willingness to accept the presence of a nurse who has just been recognized and strengthen the communication relationship between the nurse and the patient. Communication implementation procedures play an important role in mental nursing services, because good communication can affect the emotional status of patients and patients can connect with others in meeting their basic needs. Patients also need reinforcement to protect themselves through engaging communication. Patients become more cooperative and open when communicated with during the treatment process. This is in line with research (Wibowo, Amira, & Kurniawan (2023) who stated that patients would feel comfortable and develop a bond of friendship with nurses if BHSP was carried out using a therapeutic communication approach with a friendly and gentle impression.

After the patient was considered cooperative enough to be able to communicate, the researcher then applied generalist therapy which is a common nursing care standard and is still carried out in the hospital where the patient was treated. The generalist therapy consists of SP 1, namely by practicing recognizing hallucinations and controlling hallucinations by rebuking. SP 2 teaches patients to take medicine regularly. SP 3 is practicing controlling hallucinations by talking. SP 4 practicing scheduled activities. The patient said that the frequency of hallucinations has decreased. This is in line with research conducted by Aidam & Wardani (2019) which states that the signs and symptoms of hallucinations in patients with schizophrenia are reduced after being given generalist nursing interventions.

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However, the results of the verbal evaluation found that the patient said the hallucinations did not disappear. Whispering voices still appear and still make him feel disturbed. In fact, the patient only does the techniques that have been taught only when with the nurse. The patient did not apply the therapy with his own awareness, the patient also said that he often followed hallucination commands to go for a walk in order to make the hallucinations less. The patient apparently thought that only taking medication had an effect on hallucinations being reduced compared to other techniques.

The patient then agreed to be given additional ACT therapy interventions consisting of six sessions continuously for seven days. The stages of ACT are implemented based on six principles, namely acceptance, cognitive diffusion, present moment, self as context, valuing, and committed action. Therefore, the main goal of ACT is to assist patients in accepting their experiences with awareness and fostering behaviors that are consistent with their personal values in order to improve their quality of life (Luoma, Hayes, & Walser, 2017).

In implementing ACT, the researcher has adjusted several metaphors in each session. The metaphors that the author uses adjust the level of communication ability of the patient. This was done with the aim of making it easier for patients to accept and follow each session that was passed. Similar things have also been revealed in research conducted by Burhan & Karadere (2021) which states some patients responded that they had potential difficulties in understanding the meaning of some exercises related to the use of metaphors.

Therapy (ACT) given to hallucination patients focuses on improving the patient's ability to recognize and accept hallucinations and changes in the patient's actual behavior in response to hallucinations. In line with Whittingham & Coyne (2019) statement, Acceptance and Commitment Therapy (ACT) focuses on changing actual behavior in the context of one's life, based on values. Simply put, it means making patients promise themselves to do something, and to follow through.

After ACT therapy, it was found that the frequency of hallucinations decreased, which was shown by a decrease in PSYRATH-AH score from 26 to 15, and the patient no longer followed orders from hallucinations. Patients can respond to hallucinations with positive things and patients are also known to be able to maintain their ability to control hallucinations through independent actions that have been trained. This is in line with research conducted by Ashry, Dayem, & Ramadan (2021) ACT is known to help patients respond to sound experiences such as acceptance and independent action so that hallucination symptoms are reduced.

In addition, the results of the application of ACT also show an increase in patient responses to hallucinations that appear with positive things and patients are able to maintain the ability to control hallucinations through independent actions that have been trained. In line with previous research which states that nurses can apply ACT as an additional intervention to increase patient commitment to act in accordance with positive values that have been chosen to be better life goals. They will be able to choose values and maintain commitment to a meaningful life (Usubini et al., 2022).

CONCLUSION

ACT is an effective adjunctive intervention given together with generalist therapy in reducing hallucination symptoms and can help nurses to improve the patient's response to hallucinations with more positive things and enable patients to maintain their ability to control hallucinations.

ADVICE

The application of ACT is recommended to be used by nurses as an additional intervention in providing nursing care to patients with auditory hallucinations, to help reduce hallucination symptoms and improve the patient's ability to control hallucinations independently.

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