



Implementation of Individual Conversion Therapy to Reduce Auditory Hallucinations with Paranoid Schizophrenia : A Case Study

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ABSTRACT

Introduction: Auditory hallucinations are a perceptual condition that causes sounds that do not actually exist to appear to be heard. One method for treating people with auditory hallucinations is one-way conversation therapy. Individual Conversation Therapy is a better alternative therapy for people who experience hallucinations because it provides more meaningful evaluation findings.

Objective: Provide care and provide a thorough explanation regarding Individual Conversation Therapy therapy for reducing sensory perception disorders including auditory hallucinations.

Method: This research uses a nursing care strategy, with a descriptive case study design, on Mr. R, 23 years old who experiences auditory hallucinations based on inclusion and exclusion criteria. The data collection process was carried out through interviews using Individual Conversation Therapy techniques, observation and documentation.

Result: Based on the case study findings, the patient stated that he was able to improve his hallucinations during Individual Conversation Therapy treatment, indicating that the intervention was effective.

Conclusion: The conclusion of nursing care for sufferers of sensory perception disorders (hearing) in patients with hallucinations, the implementation of Individual Conversation Therapy is recommended because the effect of this therapy can reduce hallucinatory sounds.

Keywords: Auditory, Hallucinations, Individual Conversation Therapy

Introduction

Mental disorders encompass a range of psychological and behavioral patterns that lead to significant distress in individuals (Nainggolan, 2022). These disorders are characterized by alterations in mental functioning that can result in considerable suffering and impede an individual's capacity to fulfill their social roles. Among these various mental disorders, paranoid schizophrenia stands out due to its profound impact on an individual's life and well-being (Makhruzah et al., 2021).

According to the World Health Organization (2021), approximately 47.5 million people worldwide suffer from dementia, along with 60 million from bipolar disorder, 35 million from depression, and 24 million from schizophrenia. Data from the 2018 Basic Health Research (Riskesmas) indicates that 7% of families in Indonesia, equivalent to 70 out of every 1000 households, contain a member diagnosed with schizophrenia or psychosis (Widya Pradana et al., 2023). Paranoid schizophrenia, the most prevalent subtype of schizophrenia globally, is particularly concerning due to its association with an increased risk of suicide (Wulandari & Sulisetyawati, 2021).

The progression of paranoid schizophrenia often results in cycles of relapse, typically initiated by negative experiences that may later manifest as hallucinations. Schizophrenia is generally characterized by both negative and positive symptoms. Negative symptoms include social discomfort, emotional blunting, diminished motivation, decreased attention, passivity, apathy, and difficulties in initiating conversations. Conversely, a prominent positive symptom is hallucinations, which are notably common in cases of paranoid schizophrenia (Nurul, 2021).

To mitigate the adverse effects associated with this disorder, a comprehensive approach is necessary, encompassing both pharmacological and non-pharmacological management strategies. Pharmacological interventions primarily involve the administration of psychiatric medications, while non-pharmacological therapies focus on therapeutic modalities (Asal et al., 2022). Specifically, modality therapy serves as a crucial intervention that can gradually enhance the personality development of individuals experiencing auditory hallucinations.

Within the nursing context, one effective intervention for patients experiencing hallucinations is Individual Conversation Therapy. This therapeutic approach aims to engage patients in dialogue, thereby distracting them from their hallucinations and facilitating a focus on constructive conversation (Eni, 2023). The primary objective of Individual Conversation Therapy is to reduce, eliminate, or effectively manage recurrent hallucinations by maintaining the patient's engagement in conversational activities, promoting comfort, and encouraging positive interactions with others (Musliana et al., 2023).

Objective

The objective of this study is to implement direct and comprehensive nursing care for patients experiencing auditory hallucinations by applying Individual Conversation Therapy, with the aim of reducing hallucinatory symptoms in patients diagnosed with paranoid schizophrenia at BLUD RSU Banjar City.

Method

This study employs a nursing care approach utilizing a descriptive methodology, which encompasses the systematic collection of information through various phases: assessment,

diagnosis, planning, implementation, evaluation, and meticulous documentation. The case study focuses on a single patient as the subject, due to the researcher’s inability to predict the specific cases that would present in the Tanjung BLUD RSU Banjar City ward.

The participant selected for this case study was a patient with a medical diagnosis of paranoid schizophrenia at BLUD RSU Banjar City, specifically observed from May 27 to May 29, 2024. Data collection was conducted through direct interviews with the patient experiencing auditory hallucinations. The interview materials included anamnestic information (history taking from the patient), primary complaints, and comprehensive health histories, including past, present, and familial health contexts. Observations of the patient with hallucinatory symptoms were performed by ensuring that the predetermined criteria and conditions were met. The observational process extended beyond mere visual observation; it entailed careful attention to detail and thorough note-taking to accurately capture the patient’s experiences and behaviors.

Result

Table 1. Mental Status Summary

Mental Status	Observations/Findings
Appearance	Upon examination, the patient’s appearance was noted to be neat. He reported showering twice a day and was dressed in accordance with his identity.
Speech	During the assessment, the patient was able to respond to questions appropriately, speaking rapidly and at a loud volume.
Motor activity	The patient appeared restless in his current condition. He was observed talking to himself and pacing back and forth.
Affective State	The patient displayed signs of anxiety, particularly when whispering voices urged him to pay his debts, indicating a heightened state of worry
Affect	The patient’s affect was generally calm; he exhibited a smile when engaging in conversation about positive or happy topics.
Interaction During Interviews	During the interview process, the patient was able to respond to questions appropriately and demonstrated cooperation throughout.
Sensory perception	The patient reported experiencing auditory hallucinations, specifically whispering voices that invited him to chat. The content of these hallucinations often revolved around exhortations to pay debts, with a frequency of occurrence ranging from 2 to 5 times daily. The voices emerged suddenly both during the day and at night, or when he was alone.
Thought process	Throughout the interview, the patient articulated his thoughts clearly without verbal distortions. He was able to answer all questions effectively and spontaneously.
Level of awareness	The patient exhibited awareness of his surroundings, acknowledging that he was in the hospital. He was responsive to questions and could recognize the individuals who were speaking with him.

Memory	The patient demonstrated the ability to recall and describe activities prior to his illness. He was also capable of remembering the names of his wife and children and was able to recognize the nurse approximately 15 minutes after the introduction.
The level of concentration in numeracy	The patient exhibited the ability to maintain concentration during conversation; however, his focus occasionally waned mid-discourse. He demonstrated normal counting abilities.
Appraisal capabilities	The patient demonstrated competency in distinguishing between desirable and undesirable actions, as evidenced by his understanding of the importance of washing his hands before meals.
Self-awareness	The patient acknowledged that he was being treated in the Tanjung room at RSUD Kota Banjar and recognized that he was currently unwell.

Assessment data for Mr. R, a 23-year-old male Muslim with a high school education, reveal a complex picture of his mental health. He resides in Randegan RT 04/RW 12, Mekarharja Village, Purwahaerja District, Banjar City, West Java, and has been diagnosed with paranoid schizophrenia. During the assessment conducted on May 27, 2024, the patient reported experiencing auditory hallucinations, specifically whispering voices urging him to pay debts. He described feeling as though someone was engaging him in conversation. Observations noted that Mr. R exhibited restlessness, as evidenced by his pacing, talking to himself, and frequently pointing his ears in certain directions. His gaze appeared easily distracted, and he displayed signs of confusion.

Vital signs were generally stable, with a blood pressure of 120/80 mmHg, a temperature of 36.5°C, a respiration rate of 21 breaths per minute, and a pulse rate of 84 beats per minute, indicating that he was in a comatose state with a Glasgow Coma Scale (GCS) score of 15. Mr. R's medical history includes a previous admission to the Tanjung Room at Banjar City Regional Hospital three weeks prior, where he was treated for auditory hallucinations. He discontinued his medication during that time due to feelings of boredom. His history also includes trauma related to disappointment with neighbors, who accused him of owing debts. Importantly, there is no reported hereditary history of mental disorders or other illnesses in his family. Throughout the assessment, Mr. R presented a neat appearance, was well-groomed, and was appropriately dressed. Although he interacted cooperatively during the interview, his speech was rapid and loud. While he exhibited moments of calmness, anxiety became apparent when the topic of his hallucinations arose. Memory recall was intact, as he could remember activities prior to his illness as well as the names of family members. Concentration varied, as he was capable of engaging in conversation despite occasional distractions. Overall, the assessment paints a detailed picture of Mr. R's current state, illustrating the challenges he faces due to his diagnosis of paranoid schizophrenia.

Based on the problem flowchart on figure 1, the primary issue identified is a sensory perception disorder manifested as auditory hallucinations. Specifically, Mr. R experiences whispers that compel him to pay debts, which significantly impacts his mental state and coping mechanisms. This problem is critical as it can lead to heightened distress and anxiety, increasing the risk of violent behaviors.

The sensory perception disorder stems from his diagnosis of paranoid schizophrenia, a condition characterized by impaired reality perception, leading to experiences such as

hallucinations. The constant auditory stimuli, which occur 2 to 5 times a day and emerge suddenly, further exacerbate his anxiety and paranoia, creating a vicious cycle of distress.

Recognizing the potential for aggressive behavior is pivotal in nursing care planning. The hallucinations may provoke feelings of frustration, confusion, or fear, possibly resulting in impulsive or violent reactions as a maladaptive response to the distress caused by the hallucinations. The integration of this understanding into treatment strategies is essential to ensure both the safety of Mr. R and those around him, as well as to guide effective therapeutic interventions.

Intervention strategies should focus on fostering coping mechanisms to help Mr. R manage his hallucinations, reduce potential violence risk, and enhance his overall well-being. Therapeutic approaches such as Individual Conversation Therapy can be beneficial, enabling him to engage in constructive dialogue, distract from the hallucinations, and foster a sense of security. Continued monitoring and evaluation of his mental state, combined with pharmacological support, can further aid in managing his symptoms and minimizing the risk of aggressive behavior.

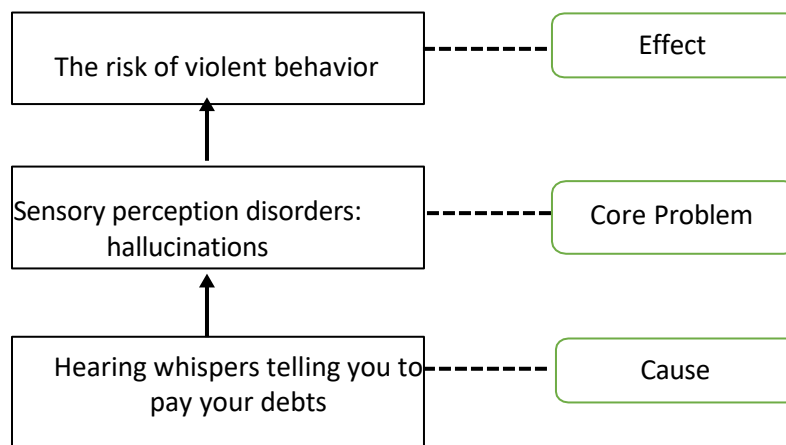


Figure 1. Problem Flowchart

Discussion

During the assessment of Mr. R on May 27, 2024, his condition appeared relatively calm despite reporting auditory hallucinations, specifically whispering voices instructing him to pay debts and engaging him in conversation. Observations indicated that he was talking to himself, pacing, and pointing his ears in specific directions while displaying a distracted and confused gaze. Notably, when prompted for conversation, he was able to respond appropriately to questions.

The signs and symptoms observed during the assessment align with the theoretical framework proposed by Sulaiman and Rahma (2024), which suggests that auditory stimulation can lead to sensations of fear or excitement and may provoke dangerous behavior. Objective findings, including talking or laughing to himself, exhibiting unprovoked anger, and covering or turning his ears, further confirm this assessment.

A comparison of the theoretical knowledge with the real-life assessment data indicates a discrepancy. While the theory suggests an assessment should take place upon admission to

the hospital (May 25, 2024), Mr. R was assessed two days later, on May 27, during his treatment.

From the collected subjective and objective data, two primary diagnoses emerged: the risk of violent behavior and sensory perception disorders stemming from auditory hallucinations. The presence of auditory hallucinations constitutes a significant risk that necessitates immediate intervention; if unaddressed, it can lead to harm to the patient, others, or the surrounding environment.

To address these auditory hallucinations effectively, a comprehensive treatment plan over three days was developed. The first step involved building a mutual trust relationship (BHSP) by introducing the caregiver, identifying the patient, and employing frequent, brief contacts to establish rapport. The second intervention focused on teaching Mr. R techniques for controlling his hallucinations, specifically encouraging him to confront these auditory stimuli (SP 1). The third intervention involved applying Individual Conversation Therapy (SP 2), wherein the patient was encouraged to engage in conversation with others as a means of coping with the whispering sounds.

The implementation of these interventions demonstrated effectiveness, as there was a notable improvement in Mr. R's ability to manage his hallucinations. Patients who participated in Individual Conversation Therapy exhibited enhanced control over their auditory hallucinations, evidenced by a reduction in observable signs and symptoms associated with these experiences. Ernawwati (2020) supports this notion, asserting that such interventions are beneficial in helping patients manage auditory hallucinations related to mental disorders, fundamentally positioning spiritual therapy as an essential aspect of Individual Conversation Therapy.

Initial responses indicated that Mr. R continued to hear voices instructing him to pay debts. However, during the therapy sessions, he reported improved control over his auditory experiences. The structured implementation of Individual Conversation Therapy occurred in several stages: preparation, orientation, work stage, termination, and evaluation.

Research by Muda (2022) echoes the findings from this intervention, revealing that nursing care practices can facilitate emotion control in patients displaying violent behavior. By the end of the three-day plan, Mr. R demonstrated tangible improvements: on the first day, he was able to verbally confront his hallucinations; on the second day, he successfully engaged in conversation with others, and by the third day, the frequency of his auditory hallucinations had significantly diminished.

The outcomes of this nursing care plan align with the literature indicating that Individual Conversation Therapy effectively aids in managing auditory hallucinations. Such evidence underscores the importance of tailored therapeutic approaches in supporting patients with mental health disorders like Mr. R's.

Conclusion

the findings from this nursing care implementation not only highlight the adaptability and efficacy of Individual Conversation Therapy in controlling auditory hallucinations but also emphasize the importance of tailored therapeutic interventions in supporting individuals like Mr. R. Ongoing evaluation and adjustments to the treatment plan may further enhance results, fostering greater stability and well-being for the patient in the long term.

Conflict of interest

There is no conflict of interest.

Authors' contribution

Each author contributed equally in all the parts of the research. All authors have critically reviewed and approved the final draft and are responsible for the content and similarity index of the manuscript.

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