**The effectiveness of Experience Focused Counselling (EFC) for voice hearers by nurses – a RCT pilot study**

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**Background:**
- In psychiatry, hearing voices and the treatment and support of people who hear distressing voices are defined very differently, depending on the perspective and different professional groups or users (Linscott & van Os, 2013; Romme & Escher, 2013; van Os et al., 2009; Schneider, 2007)
- In clinical practice a variety of therapy options and support is often lacking or not accessible for voice-hearers (Thomas et al., 2014)
- In contrast to the medical approach that defines and treats hearing voices as symptoms of a disease, the Experienced Focused Counselling approach (EFC), developed with voice-hearers (Romme & Escher, 2013), focuses on non-pathologising acceptance and a constructive relationship to voices
- Mental health nurses with their focus on everyday life are predestined for the dissemination and application of alternative therapeutic and counselling approaches in clinical practice (Burr et al., 2022)
- A methodologically robust pilot study is missing to prepare a large intervention study

**Aim:**
- To evaluate the study protocol as part of a pilot study regarding its suitability for a larger trial
- To gain first insights into the effectiveness of the intervention

**Methods:**
- **Design:** multi center, single-blind RCT pilot study
- **Intervention:** Experienced Focused Counselling (EFC) provided by nurses over 20 weeks consisting of:
  - The Maastricht interview, report and construct
  - Voice Dialogue
  - Developing individual coping strategies
- **Control:** Treatment as usual (TAU)
- **Study protocol evaluation:** In relation to the following aspects:
  - Recruitment
  - Burden on study participants
  - Suitability of assessment tools
  - Application of EFC counselling by nurses
  - The use of study nurses
- **Effectiveness outcome measurements:**
  - Hearing Voices (PSYRATS)
  - Recovery Process (QPR)
  - Locus of Control (MHCL-C)
  - Subjective Sense of Voices (SUSE)
  - Psychopathology (BPRS-E)
  - Dose of Antipsychotics (CPZeq)

**Recruitment:**
- Nov. 2020 und Apr. 2022, n=21 (see Figure 1)
- Drop-out’s: EFC, n=4; TAU, n=4
- SAE’s: EFC, n=2; association with intervention unusually
  - Unbinding: EFC, n=2; TAU, n=1

**Participants:**
- Most of the variables do not differ significantly between EFC & TAU at t0 except:
  - Age, years, mean (sd): EFC 45.0 (14.2), TAU 40.9 (11.0)
  - Gender*: female, n (%) EFC 4 (36.4), TAU 8 (72.7)
  - Employment status:  n (%)
    - Full- or parttime employment: EFC 14 (100.0), TAU 1 (90.9)
  - Duration per session in Minutes, mean (range)
    - EFC: 56.5 (35-120)
    - TAU: 60.2 (40-120)
  - Sessions per EFC Counselling; mean (range)
    - EFC: 15.5 (10-21)
    - TAU: 8.2 (4-12)
  - CPZeq*/mg/d, mean (range)
    - EFC: 455 (349)
    - TAU: 855 (738)

**Evaluation of the study participation – the view of the participants:**
- Little effort and burden, easily manageable, participation and EFC helpful
- Questionnaires: helpful to reflect on own situation
- Improvement: focus evaluation more on the recovery process

**Discussion:**
- The study procedure seems suitable for a larger RCT
- EFC training for and counselling by nurses is helpful for voice hearers
- A clear statement on the effectiveness of the intervention is not yet possible
- A larger RCT is necessary to justify and support the use of EFC counselling

**Literature:**