

MAASTRICHT INTERVIEW

**WITH A CHILD OR
YOUNG PERSON WHO HEARS
VOICES
(MIC)**

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Name of voice hearer:

Name of interviewer:

Address:

.....

Telephone number:

Age:

Gender

Living situation

Kind of school

Class/group?

or

Do you work or study?

Date interview: year

NATURE OF THE EXPERIENCES

1. I would like you to tell me about your experience.

Do you hear voices?

.....
.....
.....

1.2 Do you hear sounds? Can the sounds/voices you hear also be heard by other people?
Can you explain why?

.....
.....
.....

1.3 Do you have other perceptions? Do you see visions or colours?
If yes, could you describe them?

.....
.....
.....

1.4 Where do the voice(s)/sounds come from (where are they located)? Your head, your ears
(left/right/both), or somewhere else within your body?

.....
.....
.....

1.5 Concerning the voices you hear, are these voices coming from your own person or are they from
someone else? (We are trying to establish how you perceive the voices when you experience
them.) Are the voices coming from within yourself (ego-syntonic/me) or are the voices coming
from someone else or something outside of yourself (ego-dystonic/not-me). Can you explain
why?

.....
.....
.....

To be concluded by the interviewer: does the voices-hearing possess the same or similar characteristics as an auditory hallucination (as it is understood within psychiatry)	
1. The respondent can hear voices that others cannot hear	yes/no
2. The respondent hears voices through the ears	yes/no
3. The respondent hears voices in his/her head	yes/no
4. The respondent is able to maintain a dialogue or other method of communication	yes/no
5. The voices are experienced as me (1) or not-me (2)	1 / 2
6. The voices are only sleep related	yes/no

2. CHARACTERISTICS OF THE VOICES

2.1 Do you hear one or more voices? How many? Are the voices always the same voices? Has it always been like this? Or have the number of voices ever changed?

.....

2.2 I want to talk about the five most important voices. We will start with the first voice and then I will ask the same questions about the other voices. Does your most important voice have a name? An age? What gender does the voice have? In what kind of tone do the voice(s) talk to you? Are they kind or aggressive? How frequently do you hear this voice?

N o	name	age	gender	contents/tone	frequency
1					
2					
3					
4					
5					

2.3 Does the manner or tone of the voices remind you of someone one you know or used to know? If yes, who?

.....

2.4 During the past year, has there been a time, when the voices were not present or were less frequent? Had anything changed in you life? Yes/no

.....

2.5 If yes, when they returned had anything changed in your life? Yes/no
 What?

.....

3 HISTORY OF VOICE HEARING

3.1 I would like you to remember the moment you started to hear voices for the first time. Could you tell me how old you were? How you lived? Had anything happened to you? Let us follow the list. I will first ask you if the events/circumstances happened in your life. Than I will ask you if it was the start of the voice hearing or whether the voices changed.

Event/ circumstance	Yes/no	voices yes/no	voices changed
Death			
Someone died (for example grandfather/friend)			
You had seen a serious accident			
At home			
Your parents separated or divorced			
There were many quarrels at home			
School			
You repeated your class			
You changed schools			
Illness			
You have been admitted to a psychiatric hospital/general hospital/been operated on/had a general anesthetic			
An emotionally important person became seriously ill (father/mother/grandparent/friend)			
Love			
You had a relationship that failed			
You are or were in love and it was or is not reciprocated			
Change			
You moved			
A very good friend moved away. Why?			
Sexuality			
You began menstruating			
You became pregnant			
You had an abortion			
You were sexually abused? You saw others sexually abused?			
You feel attracted to someone of the same sex?			
We left out something that you felt was traumatic. What			

- [] Have you ever tried to talk with others about the trauma/circumstances?
- [] do you still want to talk about it?
- [] do you feel you want revenge ?
- [] Do you feel powerless because of it ?
- [] Do you feel guilty?

What do the voices say about the event/trauma ?

Suppose that you started to hear voices after some kind of trauma, for example when you failed an important test, do the voices react when you have to do an other test?

yes/no

Please tell me more about it.

.....
.....
.....

4 TRIGGERS

4.1 Do the voice occur at a specific time (for example in the evening), in specific places (for example in your bedroom or in the class), during specific activities (for example playing outside, making homework)?

Yes/no

.....
.....

4.2.1 Have you ever noticed whether the voices are present when you feel certain emotions? Let us check this list. And can you describe how the voices react? (For instance are they comforting, helpful or frightening and unhelpful)

emotion	reaction of the voices
<input type="checkbox"/> when you are angry
<input type="checkbox"/> when you are afraid
<input type="checkbox"/> when you are sad
<input type="checkbox"/> when you are tired
<input type="checkbox"/> when you doubt what to do.....
<input type="checkbox"/> when you feel guilty
<input type="checkbox"/> when you feel lonely
<input type="checkbox"/> when you are happy/in love

How do you normally cope with the emotions that trigger the voices. Are you able to

- feel them
- express them,
- control them
- talk about them

If not, could you explain why not?

5 CONTENT OF THE VOICES

5.2 The voices, are they friendly? Yes/no
Are they nasty? Yes/no

.....
.....

Do the voices command you ? Yes/no
Do you do what they command and if yes, why ? Yes/no

.....
.....

Do the voice blackmail you? Yes/no
Can you give an example?

.....
.....

Some children tell us that the voices took over choosing things.

Does this happen to you?

Yes/no

Are you able to make your own choices? Do you have a system for it?

Yes/no

6 INFLUENCE OF THE VOICES

I would like to ask what kind of impact the voices have on your way of life.

6.1 Do the voices make you sad? Yes/no

Angry? Yes/no

Do they frighten you? Yes/no

Can they make you happy? Yes/no

Do the voices confuse you? Yes/no

Do the voices influence your mood at home Yes/no

Do the voices influence your mood at school Yes/no

Do the voices influence your mood in social contacts Yes/no

6.2 Can the voices control you so that

You are unable to do your homework Yes/no

You start to quarrel with others Yes/no

You do something you will be punished for Yes/no

You run away Yes/no

You do something that you actually don't want to do Yes/no

Do the voices make you feel not alone Yes/no

Do they help you (give a solution to a problem or help with a choice) Yes/no

Give you advice Yes/no

Does the influence of the voices have consequences for your behaviour at home?	Yes/no
Your behaviour at school?	Yes/no
Your behaviour with social contacts	Yes/no

6.3 What do you feel about the voices? What do you experience the voices as?

	now	in the past
predominately positive voices	yes/no	yes/no
predominately negative voices	yes/no	yes/no
neutral	yes/no	yes/no
negative as well as positive	yes/no	yes/no

7 INTERPRETATION OF THE VOICES

7.1 For example if you hear the voice of your deceased grandfather you you might think the origin of the voices is related to an other world. Or if you hear the voice of the Mary, mother of Jesus you might think that the voice is related to religion. Or you voice might be related to telepathy. What do you think is the origin of your voices? Do all your voices have the same origin?

Relation (devil, God, Mary, Jesus, angels)	Yes/no
Ghosts or phantoms	Yes/no
A (exceptional) gift (predicting the future or thoughts of reading other peoples mind)	Yes/no
A disease	Yes/no
An other world ? (fantasy, different hemisphere)?	Yes/no
Different explanation.....	

8 RELATION WITH THE VOICES

Are you able to talk to the voice ?	Yes/no
Do the voices listen to you as well?	Yes/no
Do they respect you?	Yes/no
Do they agree with you?	Yes/no
Are you able to call the voices?	Yes/no
Do they come?	Yes/no
Are you able to shut yourself off from the voices?	Yes/no

Who is the boss?

you:	Yes/no
the voices	Yes/no
both	Yes/no

9 COPING

I would like to know what you do, how you cope with the voices. How active or passive you are.

Cognitive strategy

nr.	strategy	Yes/no	Does it work
1 active	Send the voices away		
2 active	Make a deal with the voices		
3 active	Only listen to the nice things		
4 passive	Ignore the voices		
5 passive	Think about something else		
6 passive	Concentrate on the voices		
7 passive	Scold the voices		

Behavioural strategy

nr	strategy	Yes/no	Does it work
8 active	Do something (go shopping, take a shower)		
9 active	Shut yourself off from the voices		
10 active	Distraction (TV, reading)		
11 active	Write about the voices (dairy))		
12 passive	Telephone/visit someone		
13 passive	Run away from the voices		
14 passive	Perform rituals		

Physiological strategy

nr	strategy	Yes/no	Does it work
15 active	Make a drawing of the voices		
16 passive	Take medication		
17 passive	Use alcohol or drugs		
18 passive	Eat food or sweets		

9.19 Do you feel you are in control?

Yes/no

- 9.20 Has this changed over time? Yes/no
 9.21 Do you still use your first coping strategy? Yes/no

10. MEDICAL HISTORY

10.1 Did you ever receive therapy? Did you ever receive therapy because of the voices? What kind of therapist?

year	clinic/ambulant	kind of therapist	lengths	indication for treatment

10.2 What did the therapist do in relation to the voices?

10.3 Which therapist did you talk to about the voices?

Do you want me to send a report of this interview to your therapist/G.P. ?

Name and address of the person I should send it to:

.....

11. SOCIAL NETWORK

Contact with others is an important part of life. Firstly, I would like to ask you to tell me about the person with whom you have a personal relationship and other persons that are important to you. The order is not important and you are not required to give complete names. Initials or something like *Grandmother* or *my son* is sufficient.

RESPONSE FILE SOCIAL NETWORK

N O	NAME	knows about the voices yes/no	talks about the voices yes/no
0 1			
0 2			
0 3			
0 4			
0 5			
0 6			
0 7			
0 8			

Do hearing voices occur within the family?

Yes/no

To be completed by the interviewer. In the judgement of the interviewer do the voices have a relationship to life history ? (also to be discussed with the child/adolescent to see if there is consensus)

Relation with the life history

	Interviewer	Respondent
▶ a traumatic event/circumstances	▶	▶
▶ too high expectations by social environment (school/at home/self)	▶	▶
▶ Physical condition (birth trauma)	▶	▶
▶ a paranormal explanation (acceptance from parents?)	▶	▶
▶ exceptional position within family or at school	▶	▶
▶ not being able to express emotion	▶	▶

Most important information per item

1. Nature of the experience.

Is it an auditory hallucination?

Do the voice hearer has other perceptions like auras, hears music etc?

2 Characteristics

What is the age and gender

Do they resemble anyone?

Are the voices threatening?

How often are they heard?

Have the voices changed from positive to negative and at what age

3 History of voice hearing

Is there any trauma/powerless making situation. In what situation live the child at the onset of the voice hearing.

4 Triggers

Are there triggers like time/place or activity

Are there emotional triggers? Is the child able to talk about emotions, express them and control them,?

5 Content of the voices

Are the voices negative/positive?

6 Influence of the voices on:

Emotions

Behaviour at home/school/social contacts

Consequences of the influence at the behaviour at home/at school/ in social contacts

How are the voices experienced

7 Origin

Is the explanation for the origin making powerless?

8 Relation with the voices

Does the voice hearer has influence?

9 Coping

How active/passive is the voice hearer in coping with the voice?

10 Social Network

How many people know about the voices

11 Does the interviewer consider there to be a relationship between the voices and the life history?

Does the voice hearer agree?

Does voice hearing occur within the family?

12 Scores on the Brief Psychiatric Rating Scale (BPRS) and Dissociative Experience Scale (DES).

High scores on anxiety, depression, frequency of the voices and dissociation are predictors for the ongoing experience of hearing voices.