MAASTRICHT INTERVIEW WITH A CHILD OR ADOLESCENT WHO HEARS VOICES (MIC)

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........

Case number: ................................................................................................................

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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 yes/no 
   or other method of communication 
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?

<table>
<thead>
<tr>
<th>No</th>
<th>name</th>
<th>age</th>
<th>gender</th>
<th>contents/tone</th>
<th>frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
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<td>4</td>
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<td>5</td>
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</tbody>
</table>

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

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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

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

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

What?

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

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

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.

If not, could you explain why not?

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)?

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)

<table>
<thead>
<tr>
<th>emotion</th>
<th>reaction of the voices</th>
</tr>
</thead>
<tbody>
<tr>
<td>when you are angry</td>
<td>...............................................................</td>
</tr>
<tr>
<td>when you are afraid</td>
<td>...............................................................</td>
</tr>
<tr>
<td>when you are sad</td>
<td>...............................................................</td>
</tr>
<tr>
<td>when you are tired</td>
<td>...............................................................</td>
</tr>
<tr>
<td>when you doubt what to do</td>
<td>...............................................................</td>
</tr>
<tr>
<td>when you feel guilty</td>
<td>...............................................................</td>
</tr>
<tr>
<td>when you feel lonely</td>
<td>...............................................................</td>
</tr>
<tr>
<td>when you are happy/in love</td>
<td>...............................................................</td>
</tr>
</tbody>
</table>

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

If not, could you explain why not?
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 over  
Yes/no

you run away  
Yes/no

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

do the voice 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?

<table>
<thead>
<tr>
<th>Perception</th>
<th>Now</th>
<th>In the Past</th>
</tr>
</thead>
<tbody>
<tr>
<td>Predominately positive voices</td>
<td>Yes/no</td>
<td>Yes/no</td>
</tr>
<tr>
<td>Predominately negative voices</td>
<td>Yes/no</td>
<td>Yes/no</td>
</tr>
<tr>
<td>Neutral</td>
<td>Yes/no</td>
<td>Yes/no</td>
</tr>
<tr>
<td>Negative as well as positive</td>
<td>Yes/no</td>
<td>Yes/no</td>
</tr>
</tbody>
</table>

7 INTERPRETATION OF THE VOICES

7.1 For example if you hear the voice of your deceased grandfather you might think the origin of the voices is related to another world. Or if you hear the voice of the Mary, mother of Jesus you might think that the voice is related to religion. Or your 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 people's minds): Yes/no
- A disease: Yes/no
- An other world? (fantasy, different hemisphere)? Yes/no
- Different explanation: Yes/no

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

<table>
<thead>
<tr>
<th>nr.</th>
<th>strategy</th>
<th>Yes/no</th>
<th>Does it work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Send the voices away</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Make a deal with the voices</td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>Listen to the nice things only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Ignore the voices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Think about something else</td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>Concentrate on the voices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Scold the voices</td>
<td></td>
<td></td>
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</tbody>
</table>
### Behavioural strategy

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

### Physiological strategy

<table>
<thead>
<tr>
<th>nr</th>
<th>strategy</th>
<th>Yes/no</th>
<th>Does it work</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Make a drawing of the voices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Take medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Use alcohol or drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Eat food or sweets</td>
<td></td>
<td></td>
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</tbody>
</table>

9.19 Do you feel you are in control?  
9.20 Has this changed over time?  
9.21 Do you still use your first coping strategy?

### 10. MEDICAL HISTORY

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

<table>
<thead>
<tr>
<th>year</th>
<th>clinic/ambulant</th>
<th>kind of therapist</th>
<th>lengths</th>
<th>indication for treatment</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

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

<table>
<thead>
<tr>
<th>NO</th>
<th>NAME</th>
<th>knows about the voices yes/no</th>
<th>talks about the voices yes/no</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>02</td>
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<tr>
<td>08</td>
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</tbody>
</table>

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

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

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 of hear voices?

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.