Coping with Auditory Hallucinations Worksheet

Name:		Age:					
Date of session:		Practitioner:					
Identify hallucinations							
Write down the details of your hallucinations. What sounds did you hear? Where and when did you hear these sounds?							
Rate the distress caused by these sounds on a scale of 1 (no distress at all) to 10 (extreme distress).							
1 2 3	4 5	6	7	8	9	10	
Sensory grounding							
List three things you can sense right now in each of the following categories:							
See							
Hear							
Smell							
Taste							

Differentiation
Describe how these real sensations differ from the hallucination. This can help you distinguish between what is real and what is a product of the hallucination.
Coping strategies
Engaging in an activity can distract you from the hallucinations. List 3 activities you can do to distract yourself.
1.
2. 3.
Check with someone you trust if they can hear the same sounds. This can help confirm if the sounds are real or not. Identify 2 people you can trust to check with you.
Practice does breathing, meditation, or other relaxation techniques that can reduce anxiety and
Practice deep breathing, meditation, or other relaxation techniques that can reduce anxiety and stress. Describe a relaxation technique we have discussed that you may use or one of your own.

Who can you reach out to for support when you experience auditory hallucinations? List names and contact details for supportive friends, family, or mental health professionals

Name	Relationship	Contact
Practitioner contact informat	ion	
Name:		
Contact number:		
Email:		
Healthcare practice name:		