“For the word (and, consequently, for a human being) there is nothing more terrible than a lack of response”

Bakhtin (1975)

Developing Open Dialogue

Val Jackson, March 2016

Psychotic behavior is a communication

- A strategy to manage difficult experiences?
- Hallucinations, unusual ideas & confused states of mind carry metaphors for real events
- Experiences that do not yet have words

Hypothesis

Longstanding psychotic behaviour is perhaps more an outcome of poor treatment, in two respects:

- treatment starts all too late
- non adequate understanding of the problem leads to a wrong response

Grandma’s story

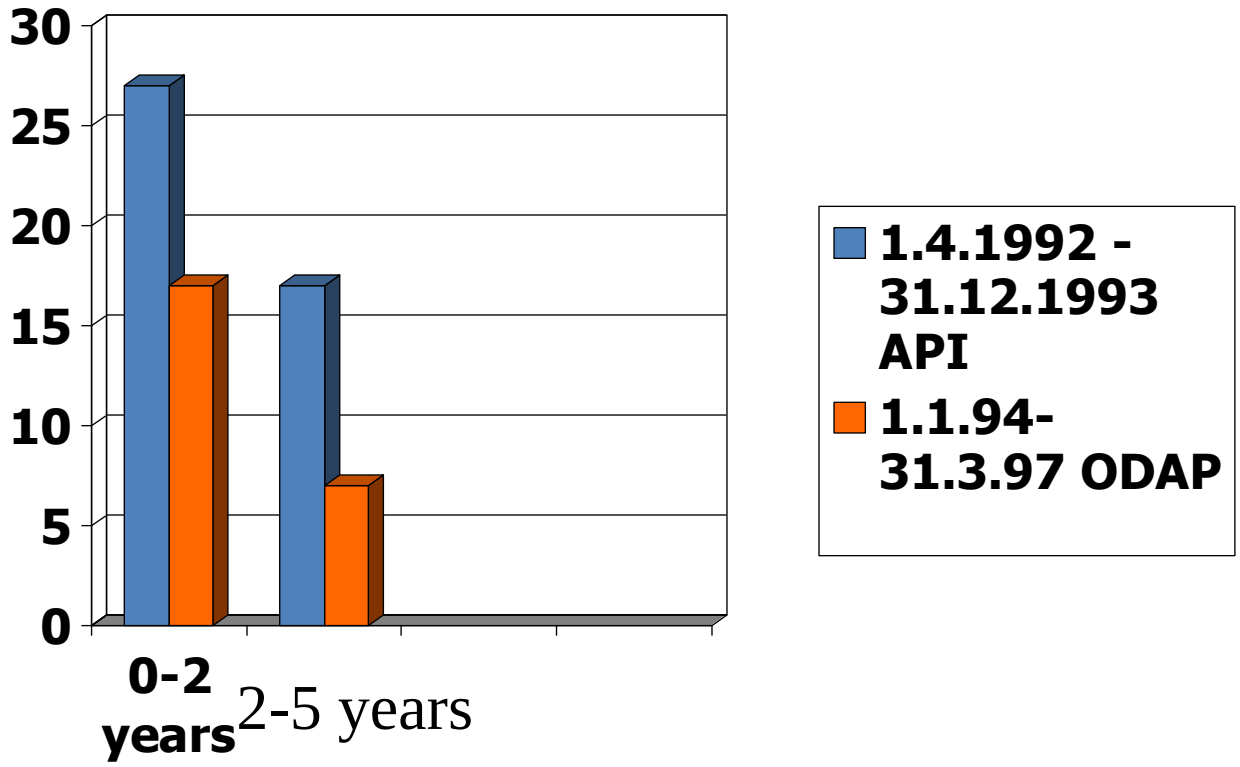
Aim is to create space for listening to stories, finding words for experiences, using relationships within the social network and with those trying to help – building on the skills and experience you already have

Outcomes (Aaltonen et al., 2011 and Seikkula et al, 2011):

- DUP declined to three weeks
- about 1/3 used antipsychotic drugs
- 84 % returned to employment, study or job seeking
- Few new schizophrenia patients: Annual incidence declined from 33 (1985) to 2-3 /100 000 (2005)

OPEN DIALOGUE IN ACUTE PSYCHOSIS

Figure 1. Means of hospital days at 2 and 5 years follow-ups



OPEN DIALOGUE vs EIP

- EIP: AESOP-10 study (Morgan et al 2014)
  - 65% no symptoms
  - 46% symptom free for 2 years
  - 56% of those recovered using medication
  - 22% employed
  - 20 x suicide rate compared to general pop.

- Open Dialogue (Seikkula 2006)
  - 81% symptom free
  - 35% using meds
  - 81% employed/studying/job seeking

Main principles for organising open dialogues in social networks

- IMMEDIATE HELP
- SOCIAL NETWORK PERSPECTIVE
- FLEXIBILITY AND MOBILITY
- RESPONSIBILITY
- PSYCHOLOGICAL CONTINUITY
- TOLERANCE OF UNCERTAINTY
- DIALOGISM

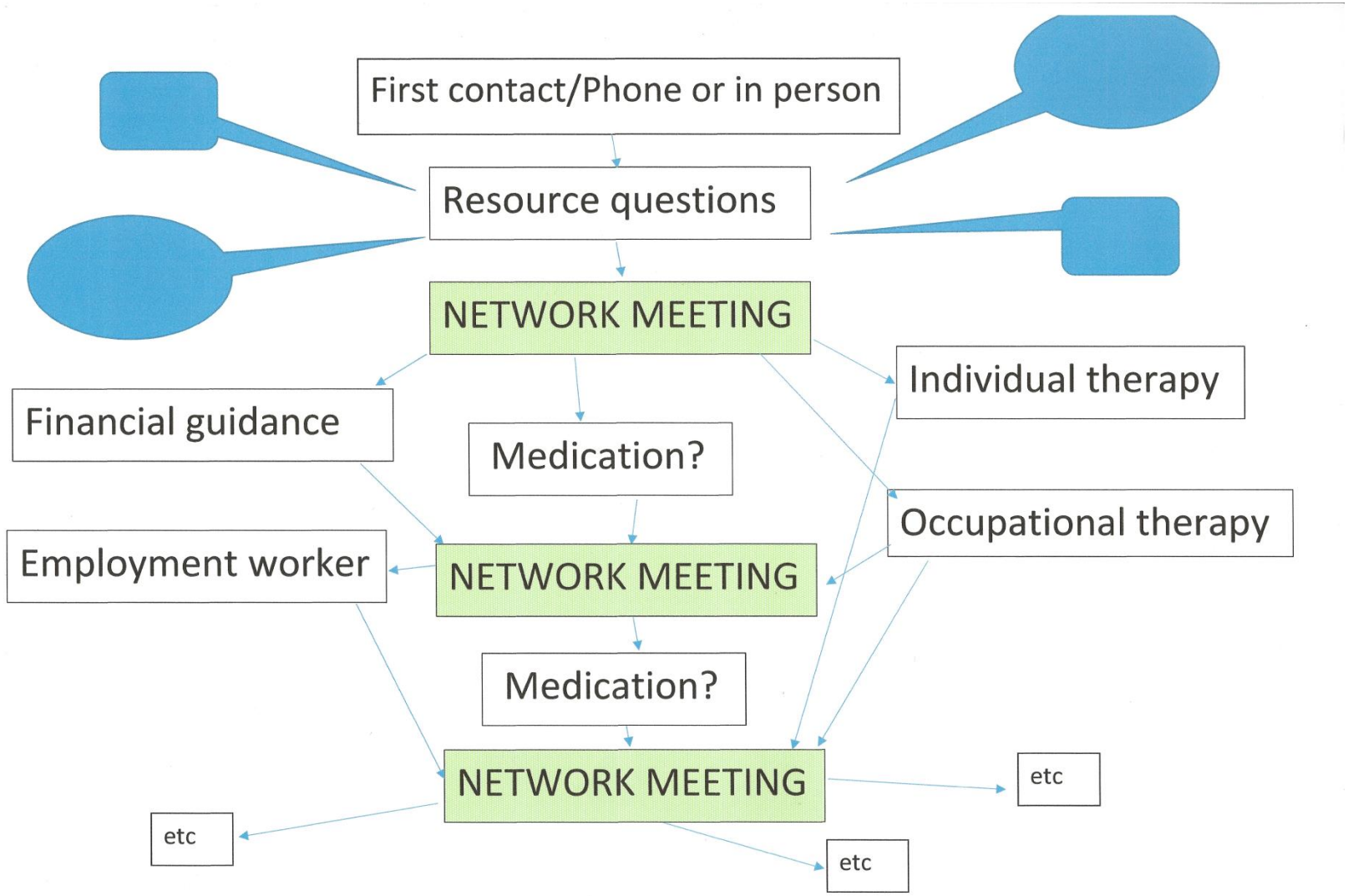
PSYCHOLOGICAL CONTINUITY

- An integrated team, including both outpatient and inpatient staff, is formed
- Meetings are as often and as long as needed
- The same team both in the hospital and in the outpatient setting
- In a future crisis, core team members would be the same
- No decisions outside of the network meetings
- Emerging meaning is not lost
- Individuals feel listened to and connected

TOLERANCE OF UNCERTAINTY

"For the words to be found, the feelings have to be endured"

- Safety
- Generating a space for all to be heard
- Avoid premature decisions
- Network members model tolerance of painful emotion
- Contradictory perspectives exist side-by-side


First contact/Phone or in person
Resource questions
NETWORK MEETING
Financial guidance
Medication?
Individual therapy
Occupational therapy
Employment worker
NETWORK MEETING
Medication?
NETWORK MEETING
etc
etc
etc

Introduction to Marc and Alice

- Confidentiality

Small groups

Your thoughts for far

How does what you've heard fit with the values you hold

What is Dialogue?

- “To live means to participate in dialogue: to ask questions, to heed, to respond, to agree and so forth. In this dialogue a person participates wholly and throughout his whole life: with his eyes, lips, hands, soul, with his whole body and deeds” (Bakhtin, 1984)

DIALOGISM and POLYPHONY

"The crisis becomes an opportunity to generate new stories, in which the experiences emerging in the form of symptoms are clothed in words"

- Polyphony - Everyone has a voice, including the psychotic experiences
- Horizontal and vertical polyphony
- New words and joint language for the experiences.
- Meaning is reformulated in every dialogue
- Impact of premature decisions/ medication on dialogue at the point of crisis

Open Dialogue reflections

- No separate team
- Spontaneous
- May be several throughout the meeting
- Brief

Why?

- A unique opportunity to offer multiple perspectives in front of the family, a demonstration of polyphony inherent in social constructionism.
- Alleviates the client's sense of being under scrutiny
- Allows the client to listen from another perspective
- Allows the practitioner to consider their inner dialogues

Reflecting Teams - Do

- Explain that you may turn to your colleagues to talk about your thoughts, encourage them to listen
- Draw on embodied feelings and resonances
- Look at your colleagues and not at the family.
- Refer to family members by name, not by role.
- Refer to the family's conversation- when Peter said that……I wondered what Sarah was thinking
- Use the family's language and style of speech
- Comment on what you have heard in the session
- Be tentative, curious

Do’s cont.

- Be respectful
- Be optimistic, highlight people’s hopes, values, resilience
- Be brief
- Share your knowledge and experience as an option, but own it as yours
- Share your concerns but own it as yours
- Let the interviewee have the last word

Don’t

- Interpret
- Criticise
- Judge
- Advise
- Get too intellectual
- Talk too long
- Share your knowledge and experience as the only way, imposing values
- Process your own issues

In 4/5's

- 1 person interviews another for 5/10 mins about something that has happened recently.
- Interviewer asks questions such as 'what would you like to talk about, can you tell me more about that.
- All reflect on the process at the end using the guidelines
- Interviewee comments on the reflections

Where is it?

- Western Lapland
- Massachusetts www.dialogicpractice.net
- New York www.nyc.gov/html/doh/html/mental/parachute.shtml
- Germany
- Denmark www.dialog-nu.dk
- Norway
- Cork
- Poland
- Italy
- Greece

UK

- Leeds trial (ENR)

- NHS Open Dialogue Dr Russell Razzaque
- http://peersopendialogue.com/

- Nick Putman www.opendialogueapproach.co.uk

- www.developingopendialogue.com

IN GROUPS/ First Steps

- What changes might be possible in your service
- Think of one thing you might do
- What is the first thing you could do?

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