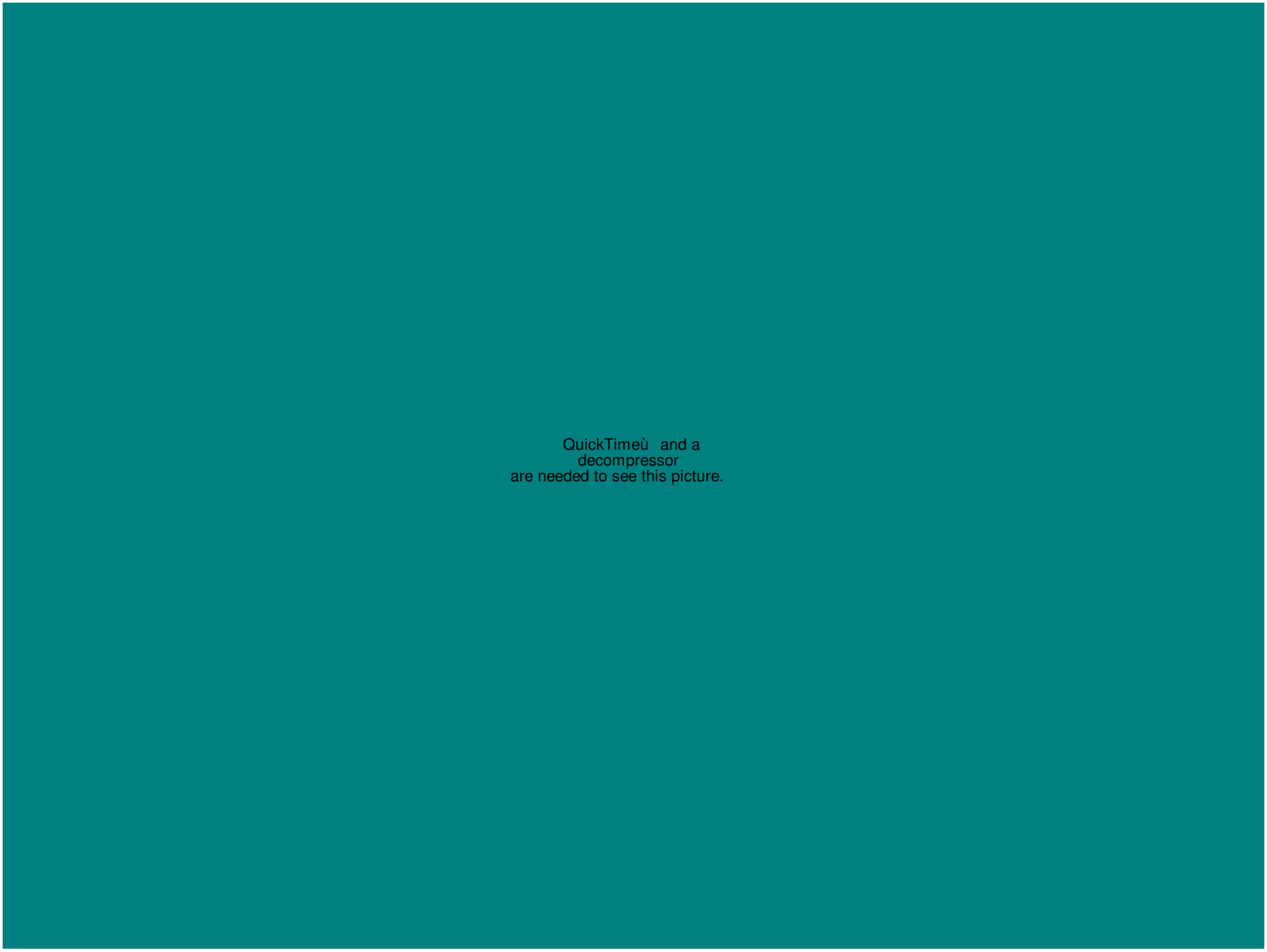
OPEN DIALOGUE

By Mary E. Olson, Ph.D.

WESTERN MASSACHUSETTS CONNECTICUT RIVER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Open Dialogue at Keropudas Hospital in Tornio, Finland

- Developed and first evaluated by the hospital team led by Jaakko Seikkula, Ph.D., Birgitta Alakare, M.D, and Jukka Aaltonen, M.D.

- Inspired by the work of Yrjö Alanen, M.D. in Turku: `Need-Adapted_ Approach.
  - Treatment Meeting and Rapid Early Intervention

Finnish Open Dialogue

- Congruent with existing empirical knowledge of psychosis derived from basic research.
- Integrates different approaches, though mainly rooted in systems thinking.
- Consistent with recovery principles and practices and related US system-of-care initiatives of contemporary mental health policy initiatives.

KEY ASSUMPTIONS OF OPEN DIALOGUE

- Neither the patient nor the family are seen as either the cause of the psychosis or object of treatment but competent, or potentially competent partners in the recovery process.

- Psychosis is a temporary, radical, and terrifying alienation from shared communicative practices: a `no-man˘s land_ where a person has no voice and no genuine agency.

EMERGENCE OF OPEN DIALOGUE

- Failure of traditional family therapy models at Keropudas.

- Beginning in 1984, the `Treatment Meeting_ evolved into main therapeutic forum
  - meshes a form of psychotherapy with a way of organizing and delivering integrated treatment in the community.
  - Focuses on reducing the patient˘s isolation by generating dialogue--and thus, a shared language--and by preserving their social network.

Clinical-theoretical influences include psychoanalytic and systemic :

- Andersen˘s reflecting process(Andersen, 1987; 1991)
- Goolishian & Anderson˘s collaborative language systems approach (Anderson & Goolishian, 1988)
- Bakhtin˘s idea of dialogism (Bakhtin, 1984)

Open Dialogue:
2 Levels of Analysis

A. INSTITUTIONAL PRACTICES (MICROPOLITICS)

   Treatment Meeting

   Training: Rigorous 3-Year Training Program

B. LANGUAGE PRACTICES IN THE FACE-TO-FACE ENCOUNTER

   Tolerance of Uncertainty

   Dialogue (Dialogism/Dialogicality)

   Multiplicity of Voices (Polyphony)

7 MAIN PRINCIPLES FOR OPEN DIALOGUE IN THE TREATMENT MEETING

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

IMMEDIATE HELP

- The team arranges the first meeting within 24 hours of the initial contact, made either by the patient, a relative, or a referral.

SOCIAL NETWORK PERSPECTIVE

- The patient, the family, and other key members of the social network are always invited to the first meeting to mobilize support for´ and preserve this network around--the patient during the crisis.
- All professionals are included.
- Everyone meets together in the same room.
- The crisis induces a therapeutic team that responds to the acute phase and becomes the permanent team for the treatment.

FLEXIBILITY AND MOBILITY

- The time and place of the meeting is flexible.
- The treatment is adapted to the changing needs of the patient.
- Different therapeutic approaches are recommended in addition to OD depending on the needs of the case: e.g., individual psychotherapy, traditional family therapy, art therapy, occupational therapy, and other kinds of rehabilitation services. Medication is used on a case specific and selective basis.

RESPONSIBILITY

- The professional first contacted by the family or referring person assumes responsibility for organizing the first meeting.

- The team takes changes of the treatment process.

PSYCHOLOGICAL CONTINUITY

- The team takes responsibility for long-term continuity of clinical care both in the inpatient and outpatient settings.
- The same team operates both in the hospital and in the outpatient setting.
- In the next crisis, the core of the same team is reconstituted.
- People are not referred to another place.

TOLERANCE OF UNCERTAINTY

- Creating safety is accomplished by meeting intensively with the patient and network until the crisis is resolved. In a psychotic crisis, this may mean meeting every day for 10-12 days.
- Daily meetings and careful listening and responsiveness to the concerns of each person help to foster a safe atmosphere.
- The result is that uncertainty can be endured and premature conclusions and treatment decisions avoided.

DIALOGISM (POLYPHONY)

- Establishing a communicative relationship with the person at the center of concern.
- Rapport with the person leads to their greater empowerment
- A common understanding of the situation within the network.
- All treatment issues are discussed openly while everyone is present, including hospitalization and use of medication.

DIALOGUE

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

`Being heard as such is already a dialogic relation _

-- Bakhtin, Speech Genres. P. 127

MECHANISM OF ACTION

- INDUCES A TEAM EARLY ON-
  - An integrated treatment with inclusion of natural supports

- SELECTIVE USE OF MEDICATION
  - Congruent with studies suggesting that case-specific use may improve care

RESEARCH

- Outcome Studies since 1988
- Finnish National Integrated Treatment of Acute Psychosis Multi-Center Project
- Need for Rigorous Replication

Five-Year Outcomes for First-Episode Psychotic Crises in Western Lapland Treated with Open Dialogue Diagnosed with Schizophrenia (N=30) and Other Psychotic Disorders (N=45)

Antipsychotic Use	Never Exposed:	67%
	Used During Study Period:	33%
	Ongoing at Five Years:	20%
Psychotic Symptoms	No Relapses During Study Period:	67%
	Asymptomatic at Five Years:	79%
Functional Outcomes	Working or in school:	73%
	Looking for a job:	7%
	Disability:	20%

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