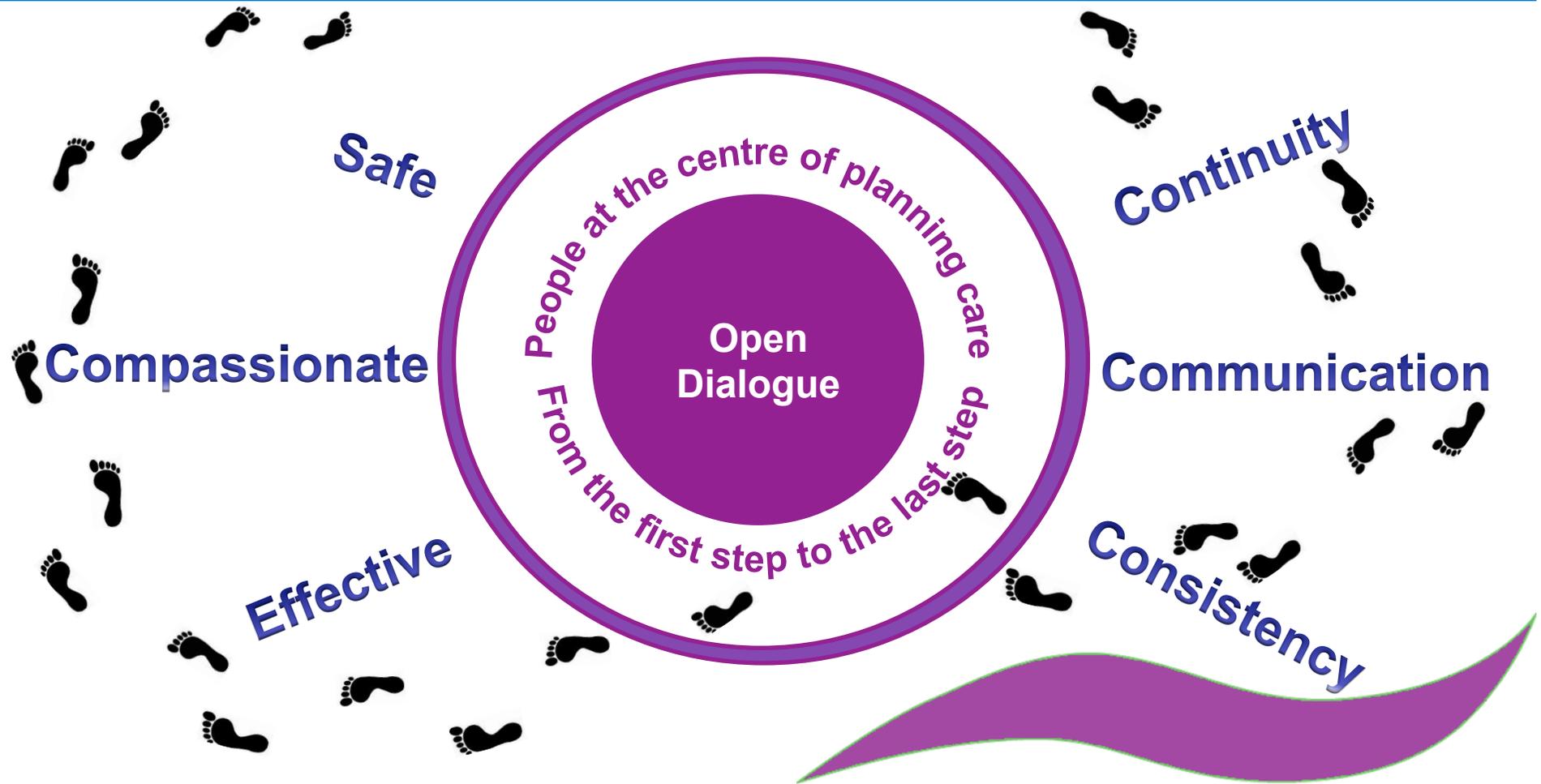




Open Dialogue From Theory to Practice

Yasmin Ishaq

3. Listening to what service users and their families want



2014 National CQC MH SU Survey*

<i>Poor network involvement...</i>	
“A family member or someone close to me was involved as much as I would like”	55%
<i>+ Poor therapeutic relationships...</i>	
“I definitely agreed with someone in NHS MH services on what care I’ll receive”	43%
“Mental health services understand what is important in my life”	42%
“Mental health services help me with what is important”	41%
“mental health services help me feel hopeful about what is important”	38%

*16,400 SU respondents from 51 MH Trusts

Origins of Open Dialogue

- Initiated in Finnish Western Lapland since early 1980's
- Need-Adapted approach – Yrjö Alanen
- Integrating systemic family therapy and psychodynamic psychotherapy

Open Dialogue...

A Relational & Network Based Approach

- All MDT staff receive rigorous training in family therapy and related social network engagement skills
- This is therefore knitted into the very fabric of care – not an additional intervention offered on the side
- Every crisis is an opportunity to rebuild fragmented social networks (friends & family, even neighbours), by instilling a sense of group agency

Cont...

- The patient's family, friends and social network are seen as "competent or potentially competent partners in the recovery process [from day one]" (Seikkula & Arnkil 2006)
- There is an emphasis on building deep & authentic therapeutic relationships from the start

Social Network Perspective (asset based)

- To develop their **own vision** for a good life
- To recognise their **own strengths** and real wealth
- To get information about what is available that they can use **on their own**
- To make use and build on their **own networks**
- to strengthen their **own voices**
- To take their **own practical actions** for change
- To create new opportunities **of their own** within the community

Open Dialogue...

A Different Approach

- **Dialogism**; promoting dialogue is primary and, indeed, the focus of treatment. “the dialogical conversation is seen as a forum where families and patients have the opportunity to increase their sense of agency in their own lives.”
- This represents a fundamental culture change in the way we talk *to and about* patients. All staff are trained in a range of psychological skills, with elements of social network, systemic and family therapy at its core

Open Dialogue... *Making a Mindful Connection*

- **Being In The Present Moment:** *“Therapists... main focus is on how to respond to clients’ utterances from one moment to the next”* (not using a “pre-planned map”)
- *“Team members are acutely aware of their own emotions resonating with experiences of emotion in the room.”*
- **Mindfulness** is a major aspect of training (*studies show how it improves therapeutic relationships*)

Global Take Up

Rapidly increasing interest internationally and at home...

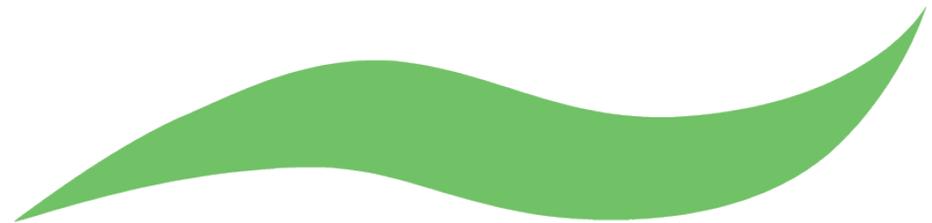
- First Wave:

Finland, Norway, Lithuania, Estonia and Sweden

- Recent Years:

Germany, Poland, New York, Massachusetts, Vermont

...training evolving and improving, becoming more accessible and focused.



Outcome data

Open Dialogue

- 14 bed days over 2 yrs
- 33% using neuroleptics
- 24% had some relapse
- 81% returned to work

Comparison with TAU

- 117 bed days over 2 yrs
- 100% using neuroleptic
- 71% has some relapse
- 43% returned to work

Incidences of Schizophrenia in Western Lapland reduced from 33 per 100,000 in 1985 to 2-3 per 100,000 in 2005

The Family/Network is Key

- *“Having friends (& a social network) is associated with more favourable clinical outcomes and a higher quality of life in mental disorders” (Giacco et al., 2012)*
- *“A systematic review of Randomised Controlled Trial (RCT) evidence suggests that family therapy could reduce the probability of hospitalisation by around 20%, and the probability of relapse by around 45%” (Pharoah et al., 2010)*
- *“The estimated mean economic savings to the NHS from family therapy are quite large: £4,202 per individual with schizophrenia over a three-year period”*

As is The Therapeutic Relationship...

- The Therapeutic alliance and its relationship to outcome in short-term inpatient psychiatric care (*Hansson L, Berglund M 1992*). *“The main finding was that a better therapeutic alliance... was related to a greater improvement in symptoms during treatment.”*
- *“Evidence suggests that these interpersonal processes also have a direct therapeutic effect. Thus, depending on the conceptual model of therapeutic processes they may be seen as therapy in itself.”* (Priebe & McCabe 2008).
- **In patient surveys, the therapeutic relationship has repeatedly and in different settings been reported as the most important component of care** (e.g. Johansson & Eklund, 2003).

MAIN PRINCIPLES FOR ORGANIZING OPEN DIALOGUES IN SOCIAL NETWORKS

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

THE KEY ELEMENTS OF DIALOGIC PRACTICE IN OPEN DIALOGUE: FIDELITY CRITERIA

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Clinical fidelity criteria

1. Two (or More) Therapists
2. Participation of Family and/or Network Members
3. Use of Open-Ended Questions
4. Responding To Clients' Utterances
5. Emphasizing the Present Moment
6. Eliciting Multiple Viewpoints: Polyphony
7. Creating a Relational Focus in the Dialogue
8. Responding to Problem Discourse or Behaviour as Meaningful
9. Emphasizing the Clients' Own Words and Stories - Not Symptoms
10. Conversation Among Professionals in the Meeting: The reflecting process, making treatment decisions, and asking for feedback
11. Being Transparent
12. Tolerating Uncertainty

Organisational fidelity criteria

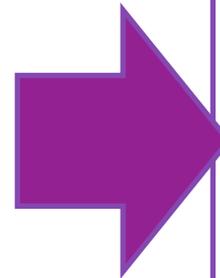
1. **Person, Family and Support Centered Care Approach**
2. **Culture demonstrates respect, authenticity and collaboration**
3. **Teams meet routinely with person and network**
4. **Staff trained in dialogic practice and network engagement**
5. **Welcoming environment focusing on client experience**
6. **Connect services in clinical and community settings**
7. **Practice 12 Key Elements**
8. **Provide immediate support and access to services**
9. **Shared decision making process**
10. **Use OD as a mindful way of being**

The Kent Team

18 trainees



OTs
CPNs
Carers
Psychiatrists
Support workers
Social Workers
Peer Support Workers
Psychological practitioners



Practitioners have worked in groups of 3-4, with the care coordinator and one psychological practitioner in each group

Families have been identified from the Early Intervention in Psychosis Service

What is different?

- In statutory services treatment adherence is seen as core to successful outcomes
- Networks are decision making forums and the relationship is the core intervention for change
- Agenda set by individual and family/network
- Frequency and length

Being with rather than being about

- No pre planned agenda
- Follow flow of network dialogue
- Inquisitive and curious
- Relationships are the **Immune System** of society



Supervision

- Monthly supervision
- Peer supervision
- Use of reflective practice
- Interface with other parts of the organisation

Cohort 2

- Currently recruiting for cohort 2 across CMHT and CRHT/Inpatient to create a team that can be responsive at the point of crisis and maintain continuity throughout pathway of care.
- Course participation and service design through 2015 and 2016.
- Participation in pilot/research trial 2016 -2017

RCT

In a multicentre cluster RCT and related work streams we will seek to answer the following:

- Is OD more effective than usual NHS crisis care in reducing service user **relapse**?
- Is OD more effective than usual NHS mental health crisis care in improving service user **social network extent and quality**, and does this mediate service user relapse?
- Is OD a more **cost-effective** service than usual NHS crisis care?
- What are service users, carers and clinicians **experiences of OD delivery**?
- What **organisational changes** are required within NHS services for to support the effective implementation of OD?

“Peer Support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on a psychiatric model and diagnostic criteria. It is about understanding another’s situation empathetically through the shared experience of emotional and psychological pain.” (Mead, 2003)

The Kent Perspective

Challenges for Practice

Dialogic practice needs to be brought about by many actors

Managers

Service users and carers

Professionals and agencies

Support

...there is a need to develop a dialogue friendly environment that addresses the worries of others

The NHS Five Year Forward View: New Care Models



Peer-supported Open Dialogue *Quarterly Bulletin...*

www.podbulletin.com

