Open Dialogue in CBFS and The Collaborative Pathway
Preliminary Results

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Open Dialogue at Advocates: Two Programs

- Open Dialogue in CBFS
  - Serving individuals receiving CBFS services
  - DMH connected
  - Not at the start of their psychiatric experience

- The Collaborative Pathway
  - Based on emergency services/outpatient platform
  - Intended to serve individuals more at the start of their psychiatric experience
  - Hoping to bend the clinical curve away from chronicity
Open Dialogue in CBFS

- People who did not want treatment in CBFS
- People with frequent hospitalizations and "not doing well" clinically
- People unsatisfied with their clinical team
- People new to DMH, with hope to avoid life long services
- Others who requested services
- The person could have any diagnosis

Open Dialogue in CBFS so far

- 12 People/families served:
  - All with histories of substantial engagement with the mental health system
- 9 individuals experienced positive outcomes as a result of Open Dialogue.
  - Greater sense of being heard; great alliance
  - Greatly improved involvement of networks of support
  - Treatment plans much more acceptable to the person at the center of concern
- 3 individuals experienced poor outcomes.
Reactions to Open Dialogue in CBFS

- **People we serve:**
  - In CBFS, sometimes individuals were disinclined to work with family
  - If one meeting is held, generally people really like it, and want to continue
  - Most report feeling more heard, more respected, more included in critical decisions
  - Families have really liked it; some negative feedback suggesting we do not face the reality of mental illness or call it by its name

- **Workers:**
  - Anxiety about working alongside other clinicians, but once experienced, absolutely love it and find it effective
  - Some of the “best clinical work we’ve ever done”
  - Have experienced a subtle, important shift in our attitude toward our relationship with families

<table>
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<tr>
<th>Positive Outcomes</th>
<th>Poor Outcomes</th>
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<td>Person at center of concern felt heard, respected, and better understood.</td>
<td>Some families came in with very high hopes that Open Dialogue would eliminate or replace the need for all psychiatric medications.</td>
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<td>Families often felt radically more engaged in being part of a helping team.</td>
<td>In some instances in which families hoped to stop all medications, it seemed too dangerous, and to involve too much suffering to do so.</td>
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<td>Sometimes family communication was improved.</td>
<td>In some instances, the people at the center of concern had traveled a long way for treatment, leaving their network behind.</td>
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<td>Sometimes medications were able to be adjusted in ways more acceptable to the person’s wishes.</td>
<td>In one instance the person seemed to believe that engaging in Open Dialogue meant that she should stop all medications.</td>
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<td>In one instance hospitalizations and hospital days decreased dramatically.</td>
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<td>In one instance the person became more trusting of the team and actually utilized hospitalizations more, to his benefit.</td>
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CBFS: Anecdotal and individual successes:

- One person was able to reduce the number of psychiatric medications from 4 to 1
- One person had reduction in hospitalizations; 9 prior to 4 post. As well as reduction in bed days; 366 prior to 26 post
- One person engaged more with his treatment team and actually allowed himself to utilize the hospital more
- One person’s relationship with her staff shifted such that she and the team could “hold” her suicidal feelings with less action and less distress
- One person was able to engage with their family in a new and radically more satisfying way

Collaborative Pathway

- Young people hopefully early on in psychiatric experience (ages 14 – 35)
- With support of families
- Without severe risk factors or severe substance use
- Psychosis from any diagnosis
Collaborative Pathway Preliminary Findings

- 14 families served so far, after six months
  - 10/14 working or in school
  - 8/14 on no antipsychotic
  - 2/14 on reduced antipsychotic
  - 1/14 on mutually determined antipsychotic, with increased use of meds

- No significant adverse events other than psychiatric hospitalizations (30% of families)
  - No suicide attempts
  - No acts of violence

- Three families began but did not engage

- For 70% of the families, whether or not to take medications was a central issue at the start of engagement

Some lessons learned: Collaborative Pathway

- Generally CP very well accepted by families and persons experiencing psychiatric crisis.

- Going very slowly with regard to diagnosis leaves more room for natural resolution.

- Going very slowly with regard to diagnosis also attenuates the violence and discouragement of psychiatric language.

- Going slowly and starting at very low doses minimizes medication use and builds collaboration.

- With the right back-up systems, and the right risk management, CP can be done safely.

- It is EXPENSIVE as it involves team-work and more than one therapist at a time.
Overall Lessons Learned

- Change and growth are truly possible, even in very chronic situations.
- Sometimes only a couple of meetings are enough; other situations require many meetings.
- Persons at the center of concern and their families have reason to be hopeful about the benefits that Open Dialogue can offer.
- But we and they need to also have modest expectations and be well informed that Open Dialogue is not the answer for everyone, nor a replacement for medication for all people.
- For many of us, this has felt like a wonderful and refreshing affirmation of the values that brought us into this field in the first place.
- However, it is costly and impossible without substantial non-third-party support.
  - Two or three clinicians in a team
  - Meetings in residences
  - Training and supervision costs

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