Adopting the Open Dialogue Approach to Improve Outcomes

Mary Olson, Ph.D.
Assistant Professor, University of Massachusetts Medical School
Director, Institute for Dialogic Practice

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What Is "Open Dialogue"?

• Open Dialogue is a language-based, network-based approach to severe psychiatric crises and conditions developed by Jaakko Seikkula, PhD, Birgitta Alakare, MD, & Jukka Aaltonen, MD in Tornio, Western Lapland, Finland.

• International interest in its outcomes for first-time psychosis.

• Unique geography has allowed a cross-fertilization of ideas and practices from the U.S., the Nordic countries, Italy, and Russia:
  • Inspired by a democratic & humanistic reform in Finnish psychiatry called “Need-Adapted Treatment” developed by Yrjö Alanen, MD.
  • Treatment Meeting: Key Organizational & Therapeutic Context.

• Family and network therapies:
  • Milan systemic therapy.
  • Reflecting-process work of Tom Andersen.

• Philosopher Mikhail Bakhtin’s concept of “dialogue.”

Smith College Managed Care Study

• Research at SCSSW examining the effects of managed care on the treatment of children and families in community mental health.

• Main trend identified 15 years ago still operates:
  – Ascendancy of biological determinism—the idea that symptoms are biochemical events to be treated with drugs.
  – Marginalization of family therapy and all relational therapies.

• Fulbright Senior Scholar to Finland (2001-2002). University of Jyväskylä. Department of Clinical Psychology; Studied Open Dialogue at Keropudas Hospital, Tornio, Finland & Acute Team, Tromso.

  – Community-based, family-centered approach available to everyone.
  – An integrative, bio-psycho-social-(spiritual?-philosophical?) innovation that I wanted to bring to the US.
Key Assumptions and Convergences

Key Assumptions

• 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.

• Addresses the experience of psychosis as a temporary, radical, and terrifying challenge to shared language and communication: a “no-man’s land” where a person has no voice and no genuine agency.

Key Convergences:

• Consistent with best treatment practices for severe psychiatric crises, including early intervention.

• Consistent with expanding body of research characterizing the “social brain.”

• Consistent with recovery-oriented principles and practices (President’s New Freedom Commission Report): e.g., greater client empowerment, hopefulness, and professional transparency.

• Coherent framework for integration and coordination of multiple systems.

PRINCIPLES FOR OPEN DIALOGUE IN THE TREATMENT MEETING

• Two main features of Open Dialogue as a psychiatric practice:
  • A way of organizing a community-based treatment system.
  • A form of psychotherapy.

• Seven core principles of open dialogue:
  • IMMEDIATE HELP
  • SOCIAL NETWORK PERSPECTIVE
  • FLEXIBILITY AND MOBILITY
  • RESPONSIBILITY
  • PSYCHOLOGICAL CONTINUITY
  • TOLERANCE OF UNCERTAINTY
  • DIALOGUE (& POLYPHONY)
A Simple Exercise: Being Heard

• Recall a conversation in which you felt heard about a matter of importance to you. What happened? How did you feel when you were really listened to?

• “Being heard as such is already a dialogic relation.”

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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).

<table>
<thead>
<tr>
<th>Antipsychotic Use</th>
<th>Never Exposed: 67%</th>
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<tr>
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<td>Used During Study Period: 33%</td>
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<tr>
<td></td>
<td>Ongoing at Five Years: 20%</td>
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| 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% |

UMMS: Preparing the Open Dialogue Approach for Implementation in the U.S.

• Research Infrastructure Development Project
  • Organizational Change – Manual, Fidelity, and Training
    • (Work in Progress)
  • Psychosocial Therapy – Manual, Fidelity, and Training
    • (1.1 Version Completed)
  • Guides to implement this approach in a new culture and new settings, including any community mental health setting.
  • Funding Support: The Foundation for Excellence in Mental Health Care (FEMHC); http://femhc.org/Grants.aspx

• Project Team: Douglas Ziedonis (PI), Mary Olson (Co-I), Jaakko Seikkula, Jon Delman, Dan Fisher, & Makenzie Tonnelli.

The 12 Elements of Dialogical Practice in Open Dialogue: Fidelity Criteria (Olson, Seikkula, Ziedonis, in press)

• Two or more therapists.
• Participation of family and/or network members.
• Open-ended inquiry.
• Responsiveness.
• Emphasis on the present moment.
• Sustains and integrates multiple viewpoints.
• Sees behavior as meaningful.
• Relational focus.
• Emphasis on stories, not symptoms.
• Reflecting conversation among professionals.
• Transparency.
• Tolerance of uncertainty.
Training
Institute for Dialogic Practice, Haydenville, MA
(www.dialogicpractice.net)

- Emphasis on importance of training both in Finland and US.

Two-year Training Program in Dialogic Practice & Open Dialogue
- Faculty: Mary Olson, PhD, Jaakko Seikkula, PhD, Markku Sutela, MA, & Peter Rober, PhD.

- The first public-service team to complete the two-year training and create programmatic change:
  - Advocates, Inc., Framingham, MA
  
  maryo@dialogicpractice.net

Thank you!

Bibliography