



# Introduction to Open Dialogue: History, Key Principles, & Local Implementation



This product accompanies the *Introduction to Open Dialogue* webinar and is [available for on-demand viewing here](#).

## What is Open Dialogue?


Open Dialogue, developed in Finland, is a therapeutic approach to psychosis that operates as a system of care to facilitate continuity and recovery for individuals experiencing psychosis. It focuses on engaging the individual at the center of concern through social and clinical supports through regular network meetings. Open Dialogue incorporates the individual and their family/network directly into treatment planning through the initial pre-admission meeting to assess needs and status and continues through a series of network meetings to further assess status and need for treatment.<sup>1, 2</sup>


- In 1980s Finland, a national project was looking into the increasing rates of schizophrenia and wanted to improve treatment and diagnosis.<sup>2</sup>
- In efforts to de-institutionalize treatment and reduce chronicity of mental health, Jaako Seikkula and others developed the Open Dialogue approach by integrating ideas from psychodynamic and systemic family therapy approaches among others.<sup>1, 2</sup>

## Outcomes

A 5-year follow up of Open Dialogue was conducted in Finland by Seikkula: <sup>3</sup>

- 82% of participants did not experience residual psychotic symptoms
- 86% of participants had returned to their studies or a full-time job
- 14% of participants were on disability allowance
- 17% of participants had relapsed the first 2 years and 19% of participants during the next 3 years

 19-year outcomes demonstrated many sustained benefits including lower duration of hospital treatment and increased disability allowances. <sup>4</sup>

 Due to lack of long-term studies on effectiveness of Open Dialogue in other countries, it is unclear the degree to which results are generalizable.

## Primary Definitions and Skills

### Network Meetings <sup>1</sup>

- Community-based setting for dialogic practice which includes **at least** two clinicians alongside the individual and their family/network supports.
- Network meetings operate as a way to involve all members of the individual's support system in the treatment decision making process and needs assessment.

### Primary Opening Questions <sup>1,2</sup>

#### What is the history of the idea to have the meeting?

- Helps to reach an understanding about how committed those who are present are to the idea of being involved in the process.

#### How would you like to use our time together?

- Asked of each network member with the goal of empowering the network.

### Main Dialogic Skills <sup>1,2</sup>

#### Responding

- Be attentive to the use of language in the family and integrate into questions
- Pay close attention to non-verbal communication and/or silences

#### Reflecting

- Occurs amongst the clinicians about upcoming meetings
- Families are invited to respond

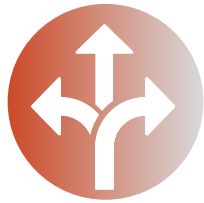
# Seven Principles of Open Dialogue<sup>1</sup>



**Immediate Help:** people can reach out to a trusted individual to get help enacted within 24 hours



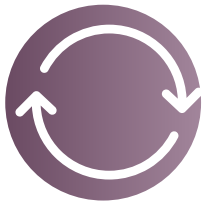
**Principle Responsibility:** initial team member contacted will arrange the meeting



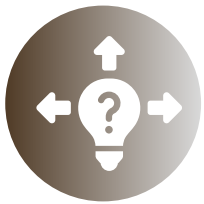
**Flexibility & Mobility:** time and place of first and subsequent meetings are held in the least pathologizing setting as possible; adapted to the needs of individuals and flexible over time; medication is carefully considered but not assumed to be a part of treatment plan



**Social Network Perspective:** discussion regarding who in an individual's social network should attend the network meetings



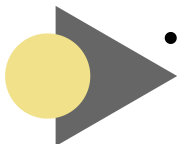
**Psychological Continuity:** the team remains the same across inpatient and outpatient settings; able to take responsibility for long-term clinical care



**Tolerance of Uncertainty:** clinician's attitude to avoid premature conclusions and treatment decisions; creates a safe space for expression



**Dialogue & Polyphony:** A new understanding is formed in the language of the network, through clinicians being curious about specific words used and digging deeper; creates a space for the “not-yet spoken” to be said



- **Polyphony** – Addresses the traditional hierarchy by aspiring to hold all voices equal.
  - *Outer polyphony (horizontal):* therapist engages each network member in the conversation.
  - *Inner polyphony (vertical)* therapist encourages outside voices to articulate differing viewpoints.

# Twelve Key Elements of Fidelity to Dialogic Practice<sup>1</sup>

- Two or more therapists in the network meetings to facilitate effective treatment
- Participation of family or network members in the treatment process
- Using open-ended questions to establish collaborative process
- Using individual's own words through responsive listening; responding to utterances to promote dialogue
- Eliciting multiple viewpoints through outer or inner polyphony
- Using relational focus to increase clarity and engage multiple members
- Emphasizing the present moment by responding to immediate reactions that occur in dialogue; allowing for emotions to arise
- Responding to problem discourse or behavior in a matter-of-fact style by being attentive to meanings
- Engaging in reflective process with professionals during the meetings
- Being transparent with all conversations pertaining to treatment - including medication and hospitalization
- Emphasizing the individual's own words and stories not symptoms
- Tolerating uncertainty during the treatment process - do not pre-determine the outcome



## Program Case Study: Grady Hospital (Atlanta, GA) <sup>2</sup>



**Grady Memorial Hospital** is a public hospital serving the metropolitan area of Atlanta, Georgia. Grady houses extensive behavioral health systems providing inpatient, outpatient, and community treatment teams. The hospital system primarily provides treatment for Black Americans who are largely underserved.

- This Open Dialogue program aimed to **address gaps** in:
  - services for persons experiencing early psychosis
  - engagement with families
- **Team:** 5 psychiatrists, 5 LPCs, 2 psychologists, 2 research staff, 5 trainees
- Participants were between the ages of 18-35 and **experienced psychosis within the month** prior to enrollment
- Included an organizational change model called **Addressing Problems Through Organizational Change** or **APTOC**
- Implementation of the program included thorough staff training, assessment of the extent of recovery-oriented care throughout the system, and how family and other support individuals were included in the individual's treatment
- Extensive multi-day training was conducted by an Open Dialogue Expert trainer and required of all members
- Treatment was primarily delivered through network meetings and often in conjunction with traditional services
  - allowed for other members of the individual's care team to be involved in network meetings

### Results: <sup>2</sup>

- Implementation of Open Dialogue **supported a shift** from biomedical conceptualization to a more personally relevant explanatory model
- **Clinicians felt satisfied** providing un-obstructive advice in a less strict environment; **participants felt** they were **receiving holistic care** from their providers
- Qualitative interviews of participants suggested that **network meetings** do not need to happen weekly, **maybe once a month** or every few months
- Researchers and clinicians found that **necessary support and buy-in from leadership are crucial** for the success of an Open Dialogue program
- **Effective and quick mobile assistance** could occur during instances of crisis when the team was engaged with both Open Dialogue and the participant



## References

1. Olson, M, Seikkula, J. & Ziedonis, D. (2014). The key elements of dialogic practice in Open Dialogue. The University of Massachusetts Medical School. Worcester, MA.
2. Cotes, Robert O., et al. "[Feasibility of an open dialogue-inspired approach for young adults with psychosis in a public hospital system.](#)" Community Mental Health Journal, vol. 59, no. 7, 20 Mar. 2023, pp. 1428–1435, <https://doi.org/10.1007/s10597-023-01120-2>.
3. Seikkula, Jaakko, et al. "[Five-year experience of first-episode nonaffective psychosis in open-dialogue approach: Treatment principles, follow-up outcomes, and two case studies.](#)" Psychotherapy Research, vol. 16, no. 2, Mar. 2006, pp. 214–228, <https://doi.org/10.1080/10503300500268490>.
4. Bergström, Tomi, et al. "[The family-oriented open dialogue approach in the treatment of first-episode psychosis: Nineteen-Year outcomes.](#)" Psychiatry Research, vol. 270, Dec. 2018, pp. 168–175, <https://doi.org/10.1016/j.psychres.2018.09.039>.