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INTRODUCTION TO OPEN DIALOGUE & ODDESSI

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The Importance of Therapeutic Relationships

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McCabe & Priebe 2008: "The therapeutic relationship is a reliable predictor of patient outcome. There is increasing evidence that the therapeutic relationship predicts outcome across various psychiatric settings."

Sweeney et al 2018: "a body of therapeutic alliance literature suggests that therapeutic relationships between staff and service users create positive outcomes"

Why Are Therapeutic Relationships Important?

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1. Making sure people **feel heard** is different to “assessing” them
2. Making sure people **feel safe** requires real presence
3. Making sure people **feel in control** of decisions being made about them requires real effort
4. If you can make sure people *feel heard, feel safe* and *feel in control*, you can really make a difference to their outcomes. That’s when the relationships is therapeutic

How To Make A Relationship Therapeutic

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Invite friends, family and anyone they choose to form a "network" (this could be virtual)

Really listen (*simple but not easy!*)

Maintain a consistent and continuous relationship (with a hub of staff who work across the care pathway)

Open Dialogue…
A Relational & Network Based Approach

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All MDT staff receive training in relational skills and aspects of family therapy

Every crisis is thus an opportunity to rebuild fragmented social networks (friends & family, even neighbours & local community), or at least a mental reconnection to them and their impact

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 with all from the start

Outcomes

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2 Year follow up (Open Dialogue Vs Treatment As Usual):

	OpD	TAU
Mild/no symptoms	82%	50%
NO Relapse	**74% returned to work or study**	**(7% in the UK)**
Disability Benefits	23%	57%
Neuroleptic usage	35%	100%
Hospitalisation	< 19 days	++

In a subsequent 5 year follow up, 86% had returned to work or full time study

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Global Take Up

- Finland
- Norway
- Denmark
- Sweden
- Germany
- US: New York ($17.6m invested in Manhattan by 2016), Massachusetts, Vermont, Georgia
- Holland

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

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Core Principles of Open Dialogue

Open Dialogue…
A Different Approach

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Core principles…

- **The provision of immediate help** – first meeting arranged within 24 hours of contact made *in a crisis.*
- **A social network perspective** – patients, their families, carers & other members of the social network are always invited to the meetings

Open Dialogue…
A Different Approach

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- **Psychological continuity**: The same team is responsible for treatment – engaging in "network meetings" – for the entirety of the treatment process (whether that be a month or a decade)

- Frequency is determined together, based on what's possible and what's helpful

- This is the backbone of treatment, leaving clients with a sense of being held BUT there is a specific technique/culture to the meeting…

Open Dialogue…
A Different Approach

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- **Dialogism**; promoting dialogue is **primary and, indeed, the focus of treatment**.
- Staff learn new skills to help **bring out every voice** – both within the network and within the person
- Theory: mental health problems **stem from that which is unheard** – it's another way of communicating those things
- Our goal is not therefore to try to create a consensus (at least not at the outset)

Open Dialogue…
A Different Approach

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- **Bringing out every voice will start to become the team's new focus and new goal**
- All the techniques we teach are aimed at achieving that
- Bringing out all the voices within the client
- Bringing out all the voices within the network
- When we facilitate this, a new narrative/story/understanding starts to emerge for them – one that is authentically theirs (not ours)
- Clinicians start to notice a shift relatively quickly when you do (though it may take longer to embed)

Open Dialogue…
A Different Approach

- A sense of safety is thus cultivated through the meetings – a forum where all voices are heard and new understandings emerge - and, for many, the meetings become the treatment.
- **Tolerance of uncertainty**: Key to creating a safe space – **we don't tell the story, they do.**
- In the training we learn the extent to which we are usually guiding the story & weaving the narrative.
- The skills that we teach will help us refrain from doing that and, instead, allow the network to do it themselves.
- That is how they gain independence & ultimately need us less.

Open Dialogue…
Making a Mindful Connection

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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)

Open Dialogue…
A Different Approach

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Flexibility & Mobility

- Open Dialogue is like a carpet. It is the base upon which all other treatment modalities can sit.

- We use whatever works/arises in the moment but we arrive at it through a collaborative process – remember it is their voice we are encouraging & cultivating, not ours

- Other psychological therapies – CBT, DBT, Analytical etc. – can all work alongside. Medication can be prescribed – after a full discussion (most often initiated by the network) and if needed, a rapid response can be facilitated where physical safety is threatened.

Peer-supported Open Dialogue (POD)

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Their experience is itself recognised as a form of expertise for the team

They affect the culture of the team – keeping the hierarchy flattened and the combatting "them and us" mentality

They help cultivate local peer communities – of value especially where social networks are limited or lacking

Long term work can carry on via self-supporting, dialogical peer groups

Always need to keep up the work to develop "P in the POD", which is very new to NHS culture (but nationally recognised and required now)

What Open Dialogue is all about…

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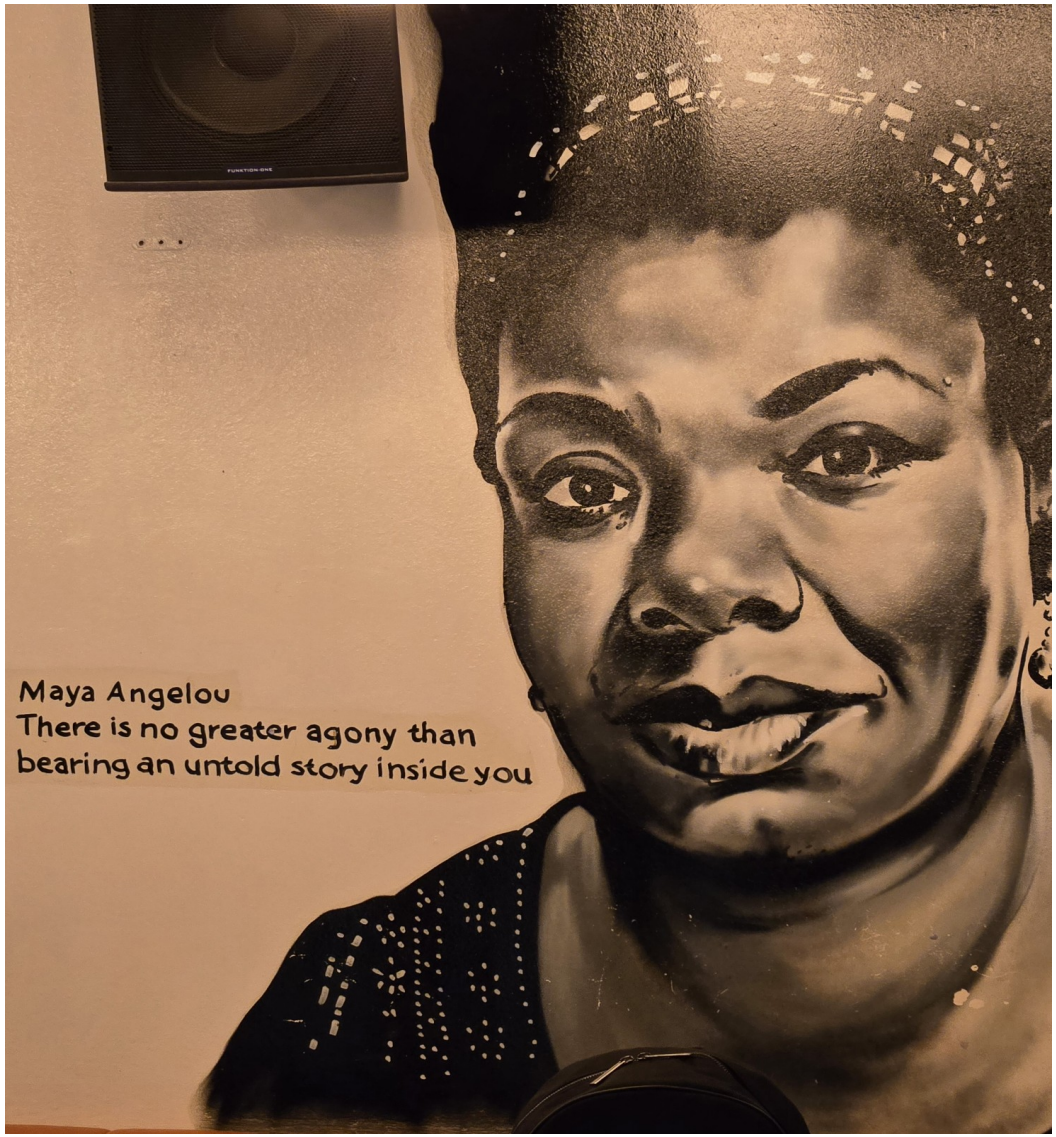

What Staff & Patients Want

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*"Analysis of data demonstrated a **strong consensus** on the importance of the key principles of Open Dialogue for mental health care and also **disagreement** that these principles exist within current NHS service provision."*

Community Ment Health J
DOI 10.1007/s10597-015-9849-5

ORIGINAL PAPER

Open Dialogue and its Relevance to the NHS: Opinions of NHS Staff and Service Users

Russell Razzaque · Lisa Wood

Received: 23 September 2014 / Accepted: 12 February 2015

Abstract Open Dialogue is a model of mental health services that originated in Finland and has since, been taken up in trial teams worldwide. As this is a relatively unknown approach in the UK, it is important to tentatively explore perspectives of NHS staff and service-users. Sixty-one Open Dialogue conference attendees, both staff and service-users, were recruited for this study. A feedback questionnaire was administered to determine the extent to which they believed the key tenets of Open Dialogue were important to service user care, and the extent to which they existed within current NHS services. Analysis of data demonstrated a strong consensus on the importance of the key principles of Open Dialogue for mental health care and also moderate disagreement that these principles exist within current NHS service provision. The Open Dialogue principles may offer a useful framework in order to develop services in a clinically meaningful way.

of the rest of Scandinavia, Germany and some US states (Scandinavian Network 2011).

Open Dialogue's involves a psychologically consistent family and social network approach to mental health care—especially in crisis—where all psychotherapeutic treatment is done in the presence of the patient's support system (Seikkula et al. 2003). The aim is to develop a dialogical communication between the patient and their support system as a therapeutic intervention. The primary focus of service provision is around regular "network meetings" between the patient and his/her immediate network of friends, carers and family, and several consistently attending members of the clinical team. The aim is to empower the family and social network via a process of dialogical communication, which involves the equal hearing of all voices and perspectives as both a means and an objective of treatment in itself (Seikkula et al. 2001a).

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Our UK Story

NHS Training & Pilots

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- Trained over 1000 clinicians from the UK and abroad since 2013
- Diploma accredited by AFT then LSBU, now City University (with Rose McCabe)
- Partnership with Cambridge University for training delivery
- 4 x 1 week residential training
- In-house trainings developing: 3 days + monthly follow ups
- 1 day online intro taster training now delivered to over 1000 clinicians in Culture of Care programme (DARTT)

UK Multi-centre RCT

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- Started discussing evaluation with Steve Pilling in 2014
- Program grant submitted to NIHR for £2.9 million
- Steve is CI with robust panel from Kings, UCL & Middlesex Uni.
- Launched teams throughout 2017 then paused in 2020
- Restarted recruitment Autumn 2020 and finished recruitment in Autumn 2021 – 500 subject recruited
- Cluster randomized – so whole teams can deliver to whole areas
- Team members selected from existing staff with **varying levels of interest before training** – but strong team affinity after it; improved retention rates ++

A Nationwide Collaboration

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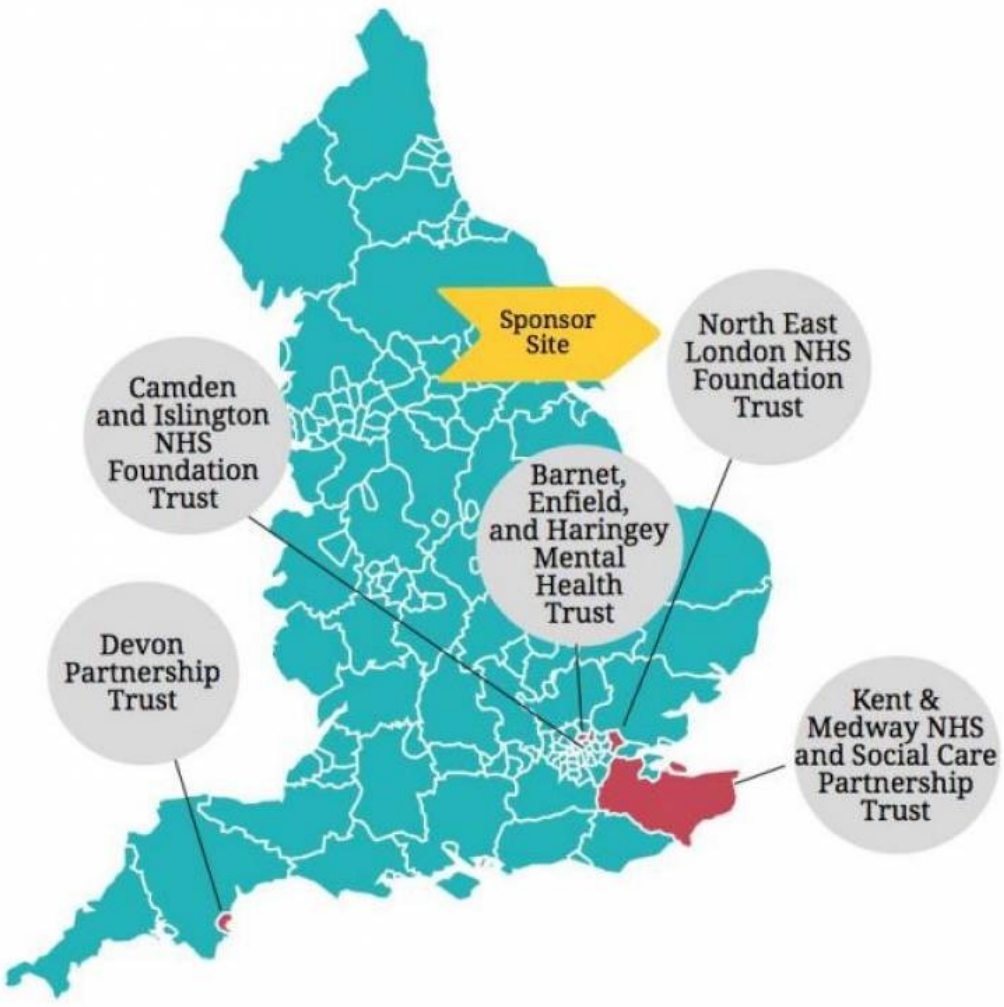
THE ODDESSI TEAMS…



What Did We Measure?

These are the key areas where we have **headline findings**…

Hospital admission rates

Crisis referral rates

Cost to the NHS

What Did We Measure?

These are other areas of **key findings**…

Time to relapse

Patient defined recovery

Quality of life

What Did We Measure?

These are other areas of **key findings**…

Patient experience of care

Quality & size of social network

Shared decision making

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WATCH THIS SPACE

(You won't be disappointed!)

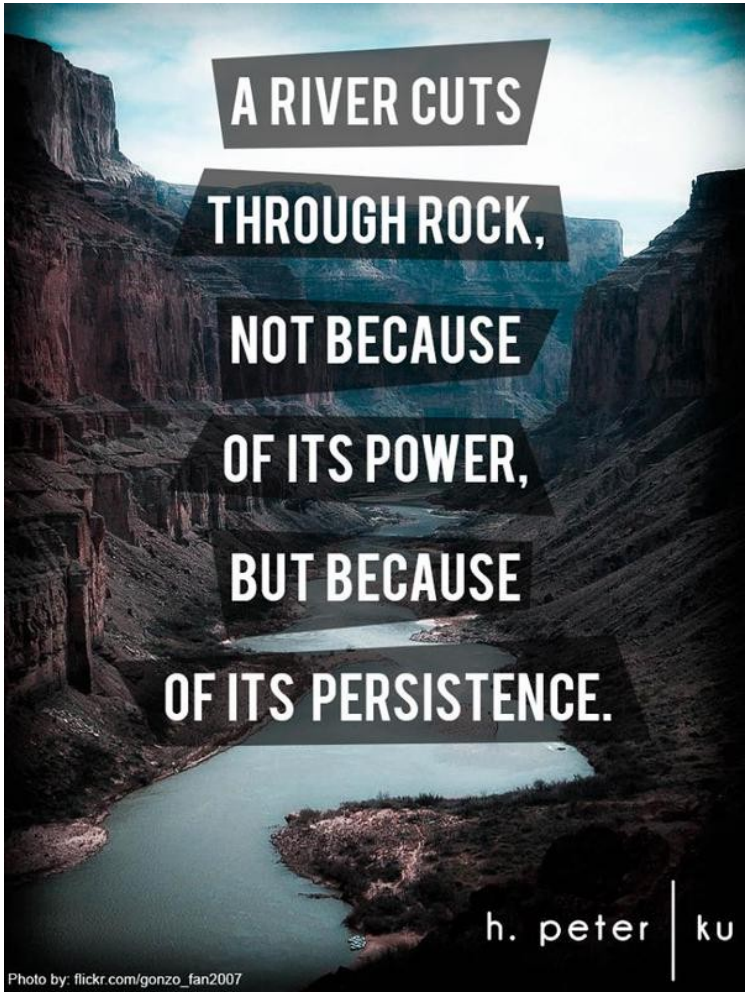
A RIVER CUTS
THROUGH ROCK,
NOT BECAUSE
OF ITS POWER,
BUT BECAUSE
OF ITS PERSISTENCE.
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Photo by: flickr.com/gonzo_fan2007