

MAIN PRINCIPLES OF THE OPEN DIALOGUE TREATMENT

The Western Lapland idea
J.Aaltonen, B.Alakare & J.Seikkula

PRINCIPLES

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

IMMEDIATE HELP

- First meeting in 24 hours
- Crisis service for 24 hours
- All participate from the outset
- Psychotic stories are discussed in open dialogue with everyone present
- The patient reaches something of the "not-yet-said"

SOCIAL NETWORK PERSPECTIVE

- Those who define the problem should be included into the treatment process
- A joint discussion and decision on who knows about the problem, who could help and who should be invited into the treatment meeting
- Family, relatives, friends, fellow workers and other authorities

FLEXIBILITY AND MOBILITY

- The response is need-adapted to fit the special and changing needs of every patient and their social network
- The place for the meeting is jointly decided
- From institutions to homes, to working places, to schools, to polyclinics etc.

RESPONSIBILITY

- The one who is first contacted is responsible for arranging the first meeting
- The team takes charge of the whole process regardless of the place of the treatment
- All issues are openly discussed between the doctor in charge and the team

PSYCHOLOGICAL CONTINUITY

- An integrated team, including both outpatient and inpatient staff, is formed
- The meetings as often as needed
- The meetings for as long period as needed
- The same team both in the hospital and in the outpatient setting
- In the next crisis the core of the same team
- Not to refer to another place

TOLERANCE OF UNCERTAINTY

- To build up a scene for a safe enough process
- To promote the psychological resources of the patient and those nearest him/her
- To avoid premature decisions and treatment plans
- To define open

DIALOGISM

- The emphasize in generating dialogue - not primarily in promoting change in the patient or in the family
- New words and joint language for the experiences, which do not yet have words or language
- Listen to what the people say not to what they mean

MAIN ELEMENTS OF OPEN DIALOGUE

© Jaakko Seikkula

- Everyone participates from the outset in the meeting
- All things associated with analyzing the problems, planning the treatment and decision making are discussed openly while everyone present
- Themes for dialogue are not planned in advance
- Form of dialogue is not planned in advance
- Meeting can be conducted by one therapist or the entire team can participate in interviewing
- The primary aim in the meetings is not an intervention changing the family or the patient
- The aim is to build up a new joint language for those experiences, which do not yet have words
- Professionals discuss openly of their own observations while the network is present
- There is no specific reflective team, but the reflective conversation is taking place by changing positions from interviewing to having a dialogue
- In the conversation the team tries to follow the words and language used by the network members instead of finding explanations behind the obvious behavior
- Uncertainty is tolerated and immature and rapid conclusions and decisions are avoided