

Open Dialogue

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- 7 Principles of Open Dialogue -

DK 3 - Roskilde- August 29, 2014

What Open Dialogue is Not

- * Antipsychiatry
- * Passing wave of enthusiastic ideas without scientific basis
- * Method of treatment
- * Rules to be followed to have a good practice
- * Mainstream

- recently wrote that Open Dialogue is antipsychiatry.
Open Dialogue is NOT antipsychiatry.

What Open Dialogue Is

- * A way to organize psychiatry (mental health)
- * Describes a system in Western Lapland, can be employed in varying contexts
- * Most scientifically researched psychiatric wholeness system in the world - 30 years in Finland
- * Humanistic way of meeting clients in deep crisis - trust their own resources by accepting Others unconditionally

And to me, Open Dialogue describes the system we built up in Western Lapland for 30 years.

7 Main Principles in Western Lapland - research analysis 1995 -

- * Immediate help
- * Social network perspective
- * Flexibility and mobility
- * Responsibility
- * Psychological continuity
- * Tolerance of insecurity
- * Dialogism

This means that we meet them immediately, within the first 24 hours for those who find themselves in crisis.

Psychotherapy Research

PoetDox

- * Two particular goals: increase home treatment and information about the role of neuroleptics - "Real World Study"
- * 1st time psychosis (Non-affective DSM-III-R) in Finnish Västerbotten, population 72,000
- * April 1, 1992 - December 31, 1993: the API period
- * January 1, 1994 - March 31, 1997: the ODAP period
- * 2 and 5 year follow-ups
- * Follow-up interviews as teaching platforms

Seikkula, J., Alakare, B., Aaltonen, J., Harakangas, K. & Lehtinen, K. (2006) Five Years of Experience of First-Episode Non-affective Psychosis in Open Dialogue approach: Treatment Principles, Follow-up Outcomes and Two Case analyses

But the most important part of this was that we had the idea that research became a part of clinical work.

Dialogical Practice is Productive

Poet

Open Dialogue in Torneå

- 1st time psychosis,
5 year follow-up 1992 - 1997

- * 35% needed neuroleptic medicine
- * 81% symptom-free
- * 81% returned to work

We slowly found out that this was a very effective way to organize the treatment.

Results 2003 - 2005

- * DUP reduced to 3 weeks
- * Only few new cases of schizophrenia and psychosis (incidence reduced from 33 to 2 per 100,000 annually between 1985 and 2005)
- * 84% returned to full-time employment

Aaltonen et. al., 2011; Seikkula et. al., 2011

A great change that surprised us also took place: we noted that new cases of schizophrenia.

Why is Dialogical Practice Effective?

- 1) Immediate response to crisis: utilizes emotional and corporeal affective elements in crisis
- "open window"
- 2) Polyphony both horizontally and vertically
- 3) Focus on generating dialogue in the meeting:
all voices heard leading to cooperation
- 4) Avoids medication that affects central nervous system - antipsychotics meds can reduce brain tissue (shrink brain) (Andreasen et. al., 2011)
and psychological resources (Wunderink, 2013)

I believe there are 4 things
that lead to such good results.

Final Reflections

- * Results in Western Lapland: find particular local elements
- * Difficulty partly because of challenge to strong basic premises in ordinary psychiatry - odd comments
- * Value in trusting people's own resources in their social networks

Some of the difficulties that we have encountered derive from the fact that Open Dialogue is a part of -