

# **Open Dialogue**

**in the**

## **Early Intervention Service**

**Barnet, Enfield and Haringey  
Mental Health NHS Trust**

Dr Steven Livingstone, Principal Clinical Psychologist  
Dr Ruth Kloocke, Consultant Psychiatrist

# What is Open Dialogue?

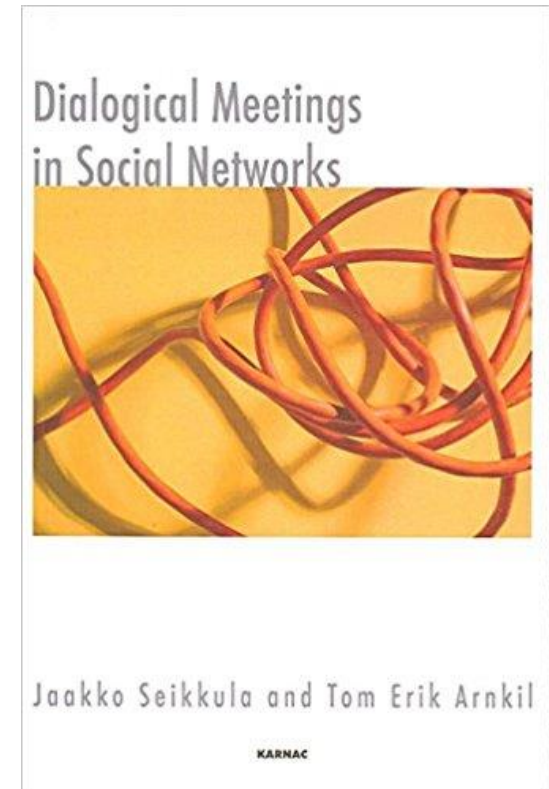
- A collaborative model of delivering mental health care developed in Finland since the 1970s
- Building on a systemic family therapy approach and other traditions
- A model for system change

# Jaakko Seikkula & collaborators, Tornio, Finland, 1970s



# Jaakko Seikkula et al., Seven Principles of Open Dialogue, 2006

- Immediate help
- Social Network Perspective
- Flexibility and Mobility
- Responsibility
- Psychological Continuity
- Tolerance of Uncertainty
- Dialogue and Polyphony



## Mary Olson, University of Massachusetts, and collaborators

- “Fidelity Criteria”, 2014



# Mary Olson et al, Fidelity Criteria, 2014

1. Two (or More) Therapists in the Treatment Meeting
2. Participation of Family and Network
3. Using Open-Ended Questions
4. Responding To Clients' Utterances
5. Emphasizing the Present Moment
6. Eliciting Multiple Viewpoints
7. Use of a Relational Focus in the Dialogue
8. Responding to Problem Discourse or Behaviour in a Matter-of-Fact Style and Attentive to Meanings
9. Emphasizing the Clients' Own Words and Stories, Not Symptoms
10. Conversation Amongst Professionals (Reflections) in the Treatment Meetings
11. Being Transparent
12. Tolerating Uncertainty

## Russell Razzaque, Consultant Psychiatrist, NELFT

- “Peer Supported Open Dialogue” Training (POD), 2016, 2017, 2018
- Randomised Controlled Trial, Department of Health, 2018





# Research

## Outcomes (Aaltonen et al., 2011 and Seikkula et al, 2011):

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- Two separate 2-year follow-ups, prior and post OD implementation
- 81% of patients did not report residual psychotic symptoms
- 33% used antipsychotic medication
- 84 % returned to employment, study or job seeking
- DUP declined to three weeks
- Fewer new schizophrenia patients: Annual incidence declined from 33 (1985) to 2-3 /100 000 (2005)



# Outcomes:

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

	OD	TAU
Mild/no symptoms	82%	50%
Relapse	<b>74% returned to work or study</b>	-
DLA	23%	57%
Neuroleptic usage	35%	100%
Hospitalisation	< 19 days	++

In a subsequent 5 year follow up, 84% had returned to work or full time study



## Limitations of Current Research:

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- Non-randomised, convenience sampling
- No power calculation
- Conducted mostly in Finland (generalisability to other settings is unclear)
- Conducted mostly by originators of the approach
- Hence the need for an RCT



# Open Dialogue in BEH

- OD Conference at West Reservoir, February 2016
- POD Training, 2017, 12 (13) trainees, funded by Dragon's Den bid, supported by RCT/Department of Health, 4x1 week residential training, accredited by Southbank University
- Abbreviated POD Training 2018, 12 trainees, 1 week residential training, 12 training days

# Open Dialogue in BEH, 2018 (1)

- Dedicated OD Team (Haringey South East Locality Team) with OD trained Team Manager and OD trained Consultant Psychiatrist
- Virtual Open Dialogue Team (RIO team)
- 12 trained OD Practitioners (2017 cohort) and 13 practitioners in training (2018 cohort)
- 1 trained OD Mentor and 5 OD Mentors in training
- 1 OD trained Peer Support Worker

# Open Dialogue in BEH, 2018 (2)

- Regular Network Meetings taking place in Haringey CRHTT and Haringey EIS
- weekly Supervision/Intervision Sessions (?)
- “Open Dialogue Space” for Service Users, Carers and Professionals, 3/12
- Open Dialogue Steering Group, 1/12
- Research: Study in Staff Satisfaction 2018, Participation in RCT/Department of Health, recruitment due to start early 2019



# Open Dialogue in Early Intervention?

## Open Dialogue

Immediate help, within 24h

Social Network Perspective

Flexibility and Mobility

Responsibility

Psychological Continuity

Tolerance of Uncertainty

Dialogue and Polyphony

## Early Intervention

National Waiting Time and Access Standards,  
Initiate treatment within 14 days

Strengths-based approach, working with social  
Network, incorporate Family Therapy

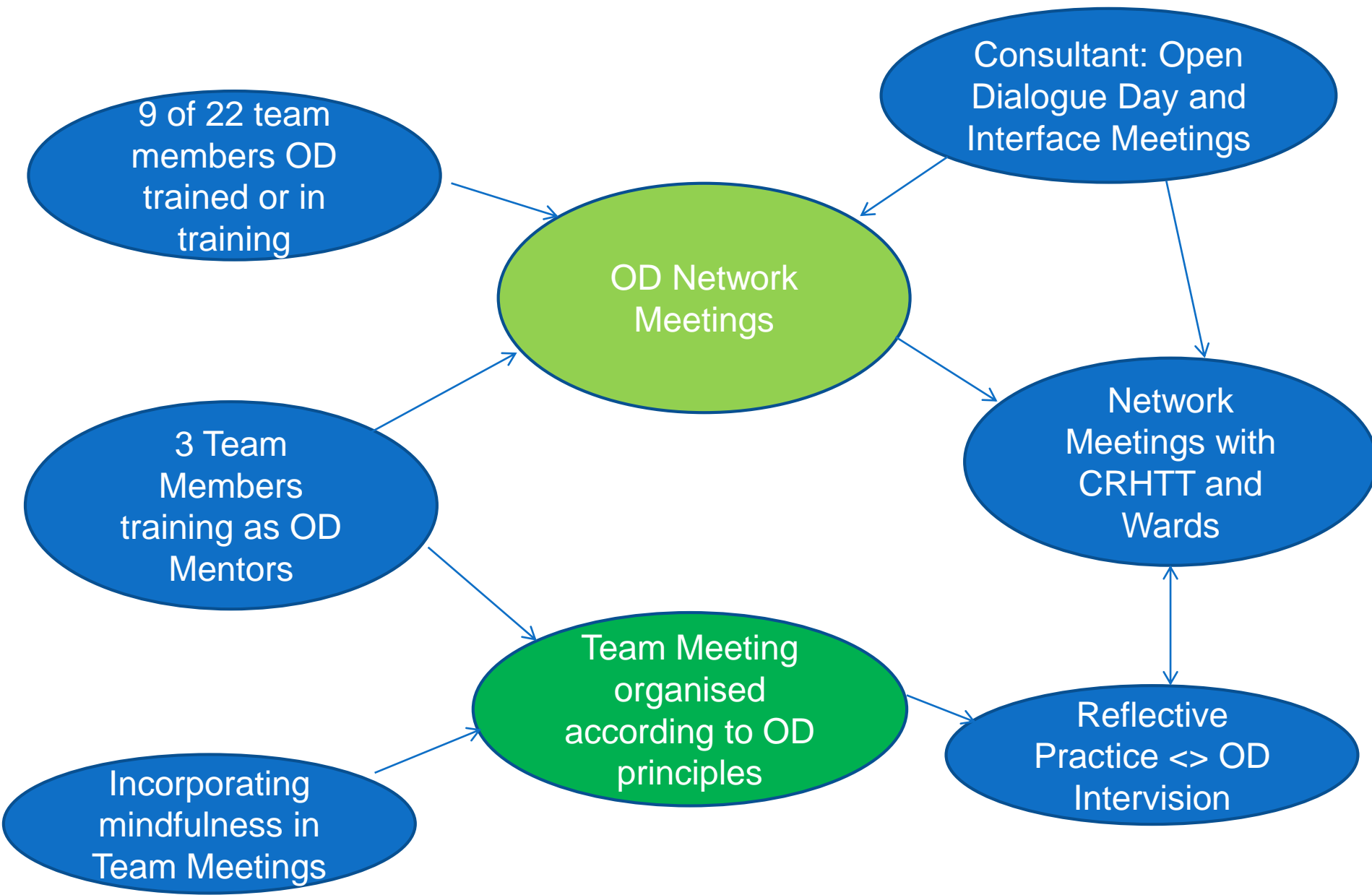
Flexibility and Mobility

??

Emphasis on building strong therapeutic alliance

Working with diagnostic uncertainty

Putting patient's voice at the centre, team-based  
approach



# Benefits

- Improved staff satisfaction
- Patient satisfaction improved
- Improved outcomes (?)
- More effective use of resources (?)



# Open Questions?

- KPI? Feasibility?
- Patient involvement? Is this what our clients want?
- Incorporation of Peer Support?
- Tension between Open Dialogue versus Treatment as Usual?
- Introduction of new hierarchy?



# Discussion

