

# OPEN DIALOGUE APPROACH

## The new era of mental health care

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## **MENTAL HEALTH IN FINLAND**

**MENTAL HEALTH PROBLEMS ARE GREATEST REASON FOR  
RETIREMENT**

**16 % INCREASE IN SICK LEAVE DUE TO MENTAL ILLNESS**

**100 000 ADOLESCENTS ARE IN PSYCHIATRIC TREATMENT  
ADOLESCENTS IN MANY PLACES HAVE TO WAIT FOR 3 MONTHS OR  
MORE**

**NOW AN INITIATIVE TO THE PARLAMENT: IF A PERSON NEEDS HELP  
FOR MENTAL HEALTH REASON : THE ACCESS TO THERAPY IN ONE  
MONTH; CRISIS THERAPY/ SHORT THERAPY**

# OPEN DIALOGUE APPROACH

- \* **Basic democratic principles**
- \* Accepting the other without conditions – no one can deny the truth of the other – Mikhail Bakhtin
- \* Every one's voice should be respected as equal

# Origins of open dialogue approach

- \* Initiated in Finnish Western Lapland since early 1980's
- \* Need-Adapted approach (– 1970 – Yrjö Alanen et al)
- \* Integrating systemic family therapy and psychodynamic psychotherapy
- \* Treatment meetings since 1984

# THE MAIN ELEMENTS OF THE “OPEN DIALOGUE” - APPROACH

## “Treatment meeting”

where patient, family and social network as well as the case specific team are trying to find **in dialogue together** new understanding about the whole situation and the treatment required.

- \* All things associated with analyzing the problems, planning the treatment and making decisions are discussed openly and decided while everyone present

# OPEN DIALOGUE APPROACH

- \* Every treatment respond should be adapted to the unique and varying needs of single clients and the family
- \* Psychotherapeutic attitude in applying and integrating the different methods
- \* Team work
- \* Always starting with open therapy meeting, into which the family is invited
- \* Emphasising being in the present moment

# MAIN PRINCIPLES FOR ORGANIZING OPEN DIALOGUES IN SOCIAL NETWORKS

## ORGANIZING THE TREATMENT SYSTEM

- \* IMMEDIATE HELP
- \* SOCIAL NETWORK PERSPECTIVE
- \* FLEXIBILITY AND MOBILITY
- \* RESPONSIBILITY
- \* PSYCHOLOGICAL CONTINUITY

## DIALOGUE

- \* TOLERANCE OF UNCERTAINTY
- \* DIALOGISM

## \* **1. Immediate help:**

- \* First meeting as soon as needed
- \* The crisis orientation: the crisis facilitates  
The written referrals are not needed

## **2. Network perspective**

- \* Family, relatives, friends, fellow workers and other authorities
- \* Those who define the problem should be included into the treatment process
- \* Family and network is the resource and not the object of the treatment



### **3. Flexibility and mobility**

The response is need-adapted to fit the special and changing needs of every patient and their social network , as often as needed

- \* The place for the meeting is jointly decided

### **4. Responsibility:**

- \* The one who is first contacted is responsible for arranging the first meeting

### **5. Psychological continuity**

- \* The same team during the whole treatment process
- \* Not to refer to another place

## **6. Tolerance of uncertainty**

- \* To avoid premature decisions and treatment plans
- \* To promote the psychological resources of the patient and those nearest him/her

## **\* 7. Dialogue**

- \* 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