
Open Dialogue

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GEOGRAPHICAL CONTEXT





Municipalities and inhabitants 2012

■ Kemi	22332
■ Keminmaa	8 588
■ Simo	3 432
■ Tervola	3 388
■ Tornio	22 521
■ Ylitornio	4 609
■ TOTAL	64 870

Area

7 248 km²



Some facts about the area

- Two towns:
 - Kemi and Tornio
- Smaller municipalities:
 - Simo, Keminmaa, Tervola and Ylitornio
- People are living very scattered
 - Approximately 9 people / km²
 - Almost 70% (44 853) live in Kemi and Tornio
 - Population is decreasing, moving to the south
 - Unemployment rate (July 2012)
11,5% / whole country 6,9%

Organization of Psychiatry in Western Lapland

- Outpatient care
 - Tornio psychiatric polyclinic
 - Keropudas Hospital crisis polyclinic
 - General hospital psychiatric polyclinic
 - Adolescent psychiatric polyclinic
 - Child psychiatric polyclinic
 - Psychiatric outpatient clinics in municipalities
 - Kemi, Simo, Keminmaa, Tervola, Ylitornio
- Hospital
 - Keropudas at Tornio
 - 30 beds
 - One ward

Organization of Psychiatry in Western Lapland

■ Personell:

□ Psychiatrists	8
□ Nurses & practical nurses	68
□ Social workers	3,5
□ Psychologists	8
□ Rehabilitation workers	5

■ In municipalities:

□ Kemi	12
□ Simo	2
□ Tervola	2
□ Ylitornio	2
-- Keminmaa	3

History of Open Dialogue

- *OD is not a strategy or a technique, but a way of thinking and relating to other people and the world.*
 - *Practice came first, theory and explanations later during the studies*
 - *Trial and error*
 - Need-Adapted approach – Yrjö Alanen
 - Integrating systemic family therapy and psychodynamic psychotherapy
 - Treatment meetings since 1984
 - Systematic analysis of the approach since 1988 - "social action research"
 - Systematic family therapy training for the entire staff - since 1989 (continuing)
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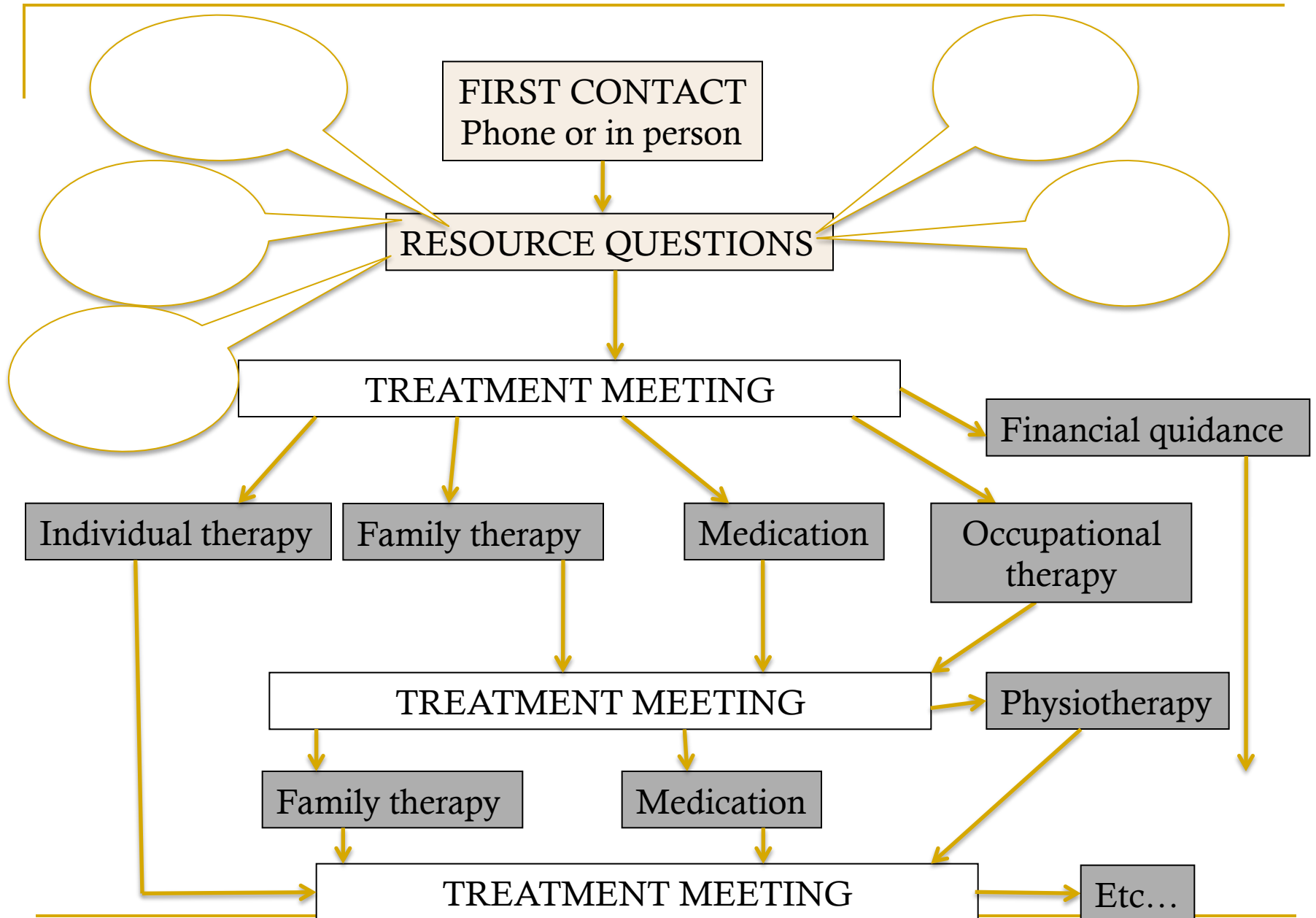
The Need Adapted Treatment Model

Basic principles (Alanen)

- Immediate help in crisis situations
 - Help adapted to each patient's and family's specific and changing needs
 - Psychotherapeutic attitude in all treatment contexts; an effort to understand what has happened and what is happening to the patients/clients and their significant others. This principle should be an underlying motive during the whole treatment process
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The treatment meeting

- The basic tool in our work
 - Social network invited: "Who are needed next time"
 - A place to plan, organize and talk about our work with our clients
 - The forum for dialogical conversations
 - Difficult concerns are discussed as openly as possible
 - Themes for discussions and the form of dialogue are not planned in advance
 - Team members discuss their own observations openly with each other. What they have thought about what the family members have said.
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MAIN PRINCIPLES

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

- A phone call is the most usual way to contact our services. Client, family member, school nurse or social worker takes contact usually
 - If needed, first meeting is arranged within 24 hours
 - There is always a crisis in the network if they contact psychiatry
 - The crisis facilitates change
 - Written referrals are not needed
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First contact

- What are you worried about?
 - Who knows about these concerns?
 - Has there been contact with our services before?
 - Is there danger of hurting self or others?
 - Sleeping?
 - How urgent is the situation?
 - Who should be invited to the first meeting and where should we meet?
 - Phone number: we'll get back to you asap
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Network is needed



- The family and network are invited from the beginning
- Family and network is the resource of the treatment, not as objects of the treatment

Flexibility and mobility

- Response is need-adapted to fit the special and changing needs of every patient and their social network
 - Treatment meetings are arranged as often as needed
 - The meeting place is jointly selected
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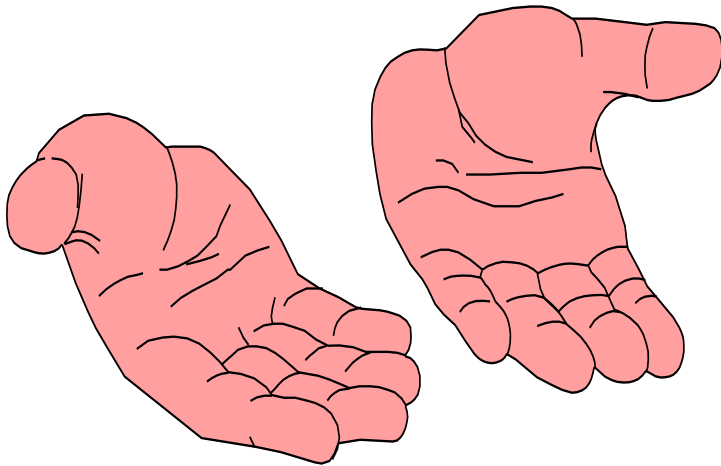
RESPONSIBILITY

- Whoever is first contacted will be responsible for arranging the first meeting
 - Every team member is responsible for all important concerns being discussed
 - No reference to another authority
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PSYCHOLOGICAL CONTINUITY

- The same team should be in charge of the whole process regardless
 - the place of the treatment (**both** in the hospital and in the outpatient setting)
 - as long time as needed
 - Risk assessments
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Uncertainty



- The most difficult but most important
- The team is needed to tolerate uncertainty and anxiety
- Reflective talk helps to tolerate the uncertainty

Dialogism

- The team works together, not side by side, with the client and network
 - I talk about what others have spoken of
 - When I have questions and suggestions, I'm transparent about my thoughts and motives
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Motto

- How can I talk in a way that increases others' desire to listen?
and
- How can I listen in a way that increases others' desire to talk

Jorma Ahonen

How all this has effected our practice and outcomes?

- No need for beds in child and adolescent polyclinics
 - The least anti-depressants prescribed in Finland
 - The least hospital days per inhabitant in Finland
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Wondering

- How should I as a therapist be, think, act and talk about my clients so that it would be helpful for them?
 - Do we act in such a way that the uniqueness of the lives and problems of our clients are seen?
 - Do we act in such a way that the resources of our clients and their networks are increasing, so that they will have more ability and power in their own lives?
 - Do we act in a way that the voices of our clients are heard?
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References

Y.O.Alanen, K.Lehtinen, V.Räikköläinen, J.Aaltonen
(1990) Need-adapted treatment of new
schizophrenic patients: experiences and results of
the Turku Project

PowerPoint material by Dr Birgitta Alakare and
Psychologist Markku Sutela and Social Worker
Pekka Holm
