MOVING TOWARDS PEER-LED OPEN DIALOGUE

With huge thanks to Shery Mead, Chris Hansen and Flick Grey who are my fellow indulgers of this vision and have supported me with much of the content of this presentation.

Thanks also to Mary O’Hagan for her support.
In the early 80’s, when Jaakko Seikkula and the Keropudas team began to work together, their mandate was to deinstitutionalise a hospital ward population of long-term inpatients, many judged to be “incurable,” and to establish a community-based system instead.

What came to be called Open Dialogue was the result of this effort.
Parallels have been drawn between Open Dialogue and the Hearing Voices movement, although the two developed independently.

Communities around the world have been inspired by Open Dialogue and are adapting its principles in their own contexts – today it makes sense to speak of Open Dialogues or dialogical practices.
Intentional Peer Support grew out of a desire to do something differently. It emerged during the psychiatric survivor movement in the 1970’s/80’s.

Networks of self-help and community support outside the mental health system. – ending forced treatment, challenging the medical “illness” model and creating social change.

A focus on relationships, connection, mutuality, learning and growing together.

Hope based rather than fear based responses
“As peer support in mental health proliferates, we must be mindful of our intention: social change. It’s not about developing more effective services, but rather about creating dialogues that influence on all of our understandings, conversations, and relationships.”

- Shery Mead
WHAT IS OPEN DIALOGUE?

- Open Dialogue is a way to support people who are experiencing an emotional crisis.

- It is a way of being more responsive to people’s individual needs.

- The emphasis is on being in dialogue – with people in crisis and with their social networks.

- It is about hearing people and creating something together.

- This is not an “alternative” in Western Lapland, it is their model of psychiatry.
WHAT IS INTENTIONAL PEER SUPPORT?

• Intentional Peer Support is a way of thinking about and inviting transformative relationships.

• To support and challenge each other in trying new things.

• Intentional Peer Support is about conversation.

• It’s about how we know, how we create new “knowing” through dialogue, and about how we as human beings interrelate by beginning to practice the art of connection.

• It’s about thinking, “what can we create and learn together?”
The Open Dialogue way of working has garnered international attention for its outcomes with first time psychosis.

Western Lapland now has the best results for the treatment of psychosis in the world.

90% reduction in schizophrenia since they began using Open Dialogue in the 1980’s. This is attributed to their quick response social network approach where they see crisis as opportunity.

The Open Dialogue team believe that psychosis can happen to anyone when significant life events become overwhelming.
In Open Dialogue the person in crisis is responded to within 24 hours. Their crisis is acknowledged and not questioned.

They believe that the crisis is what makes change possible!

People are not treated as isolated or singular agents with a problem in their heads that needs to be fixed. People are relational and are agents in their networks.

"Don’t waste a good crisis"
In IPS we see crisis as an opportunity for change and growth.

In our liability-focused mental health system the response is usually fear based.

Rethinking crisis differently means creating new stories together through connection, sharing our stories and creating something new together.
When someone in crisis makes contact with the Open Dialogue service, they are asked about who else might be useful to bring into the conversation – this may be friends, family, other care-providers, or whoever else in the person's life may have a useful perspective on the situation.

The network is invited to attend meetings from the very beginning.

Distressing experiences are understood not as illnesses that experts need to fix, but as disturbances in the social network.

Don’t change people, Hear them!
# From Individual to Relationship

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When it’s about the individual:

- The focus is on the other person changing, and we pre-determine outcomes.
- Our conversations get stuck on solving problems.
- We lose sight of our own learning.

When it’s about the relationship:

- We both influence each other.
- We learn to communicate with honesty and openness.
- Our relationship becomes a model for other relationships.
- No one is “the problem.”
People are responded to in their own context in the community.

The same Open Dialogue practitioners are involved right from first contact, so that people in distress are supported by a small group of people, rather than being passed between different services or workers.

Seeing people in context, in their own network gives a deeper understanding of the relationships.
Open Dialogue practitioners endeavour to support networks experiencing crisis to sit with uncertainty – rather than reacting prematurely to contain the crisis.

Trust that the network’s wisdom – the clinicians have no predetermined outcomes. The network makes the decisions.

In practice, this often means that people tend to remain in their community (rather than being admitted to hospital), and the use of medication tends to be conservative and for a very short period.

Medication can limit the opportunity to understand the meaning behind the distress.
“How could I talk in a way that increases the other’s desire to listen and how could I listen in a way that increases the other’s desire to talk?” – Jorma Ahonen

Polyphony- not a monologue
Opportunities for an peer-led open dialogue approach

• There are now many different types of peer-run and peer-operated alternatives to psychiatric hospitalisation being offered internationally.
• Parachute/ NHS
• This brings an opportunity to bring together Open Dialogue and peer support which is led by the peer run service which invites clinicians into their network.
What could an peer-led dialogical response to crisis look like?
Crisis is subjective and can be seen as an opportunity for growth and learning.

The focus is on the relationships in the network not the problems of the individual.

There are no pre-determined outcomes.

People with significant distress such as “psychosis” can and do recover fully without medication.

Psychosis is viewed as temporary and could happen to anyone. It is a metaphor for “meaning making.”

Hearing people and creating something new together.
MORE INFORMATION.....

- **Open Dialogue – An Alternative, Finnish Approach to Healing Psychosis** (1 hour 14 mins) available for free on YouTube.
- **The Parachute Project** (6min 42sec), a brief video showcasing a large-scale Open Dialogue/Intentional Peer Support project in New York. Also on You Tube
- **Peer-Supported Open Dialogue** (2 min 11 sec), a brief introduction to the work of POD (Peer-Supported Open Dialogue) in the UK
- Flick Grey’s Australian OD page - www.opendialogue.org.au
- **Dialogical Meetings in Social Networks**, by Jaakko Seikkula & Tom Arnkil- 2006.
Any questions?

Feel free to contact me afterwards direct:

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