Our Open Dialogue Apprenticeship

headspace Youth Early Psychosis Program

Rachel Barbara-May
headspace

- Initiated by the Australian Government in 2006
- National Youth Mental Health Foundation
- youth-friendly integrated service hubs
- Now 100 centres across Australia
- Lead agency and local partnership of organisations
- early access to services
- holistic needs of young people
- mental health, general and sexual health, alcohol and other drug, and vocational concerns
- 12 to 25 years
- youth-friendly
- non-stigmatising
What is headspace YEPP?

headspace Youth Early Psychosis Program (YEPP)

headspace YEPP is an integrated, holistic service for young people (12-25yo) experiencing early psychosis or young people at risk of developing psychosis, and their families.

Building on the early psychosis prevention and intervention centre (EPPIC) model developed by Orygen Youth Health, this headspace service offers integrated early intervention services that are tailored to individual need.
Core Components

Community education and awareness
Easy access to service
Home-based care and assessment
Access to streamed youth-friendly inpatient care
Access to youth-friendly sub-acute beds
Continuing care case management
Medical treatments
Psychological interventions
Functional recovery program (FRP)
Mobile outreach
Group programs
Family programs and family peer support
Youth participation and peer support program
Partnerships
Workforce development
Ultra-high risk detection and care
hYEPP Service Model

- Series of coproduction workshops
- Need to focus on the “how” we do things
- Clients driving and choosing the experience
- Working in partnership
- Creating a culture of feedback
- Therapeutic relationship where client feels safe understood, valued and respected
- Focus on help, change and hope
hYEPP Service Model

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1. Choice Promoting

*Humanistic service delivery with a focus on how people are made to feel; Enabling young people to influence what happens in their life and in their care*

What does this principle look like in practice?

Client directed, promoting choice, opportunity for exploration, clients driving and choosing experience; welcoming, inviting environment – comfortable; positive environment; opportunity for healthy living and wellbeing; whole of person

2. Feeling Empowered Through Relationships

*Focus on sessions being client directed and shaped and not making assumptions about the roles we play and why the young person has come*

What does this principle look like in practice?

Empowering relationships are where each person in the relationship feels safe, understood, valued and respected.
3. Family and Network Focus

Young people are understood and viewed in relation to the people around them. The relationships that exist in the young person’s network are seen as a resource and are vital to the intervention.

What does this principle look like in practice?

Families engaged, involved and supported; families and networks used as a sustainable resource; busy seeing families and networks

4. Accessible and Meaningful Service

Recognising that there is ongoing work in being accessible and seamless and to keep true to the commitments we make

What does this principle look like in practice?

Inclusive, flexible, attainable, available/reachable, not complicated, welcoming and friendly, accepting (not judgmental, no labels), to be fluid and continuous, people keep coming back, diverse client group, feedback, new referrals, busy
5. Values in Action

*Understanding values, implementing values and reviewing values is a constant process of checking in with each other*

What does this principle look like in practice?

Values are alive in every day processes and interactions; we check in with each other and the people we work with; overt values when making decisions. Three steps - understanding, implementing and reviewing.

6. Relationships With Other Services

*Being part of the system of care and the community in general through people from other services knowing who we are, where we are and what we offer*

What does this principle look like in practice?

Part of the system of care, part of the community; holistic care, not just counselling; accessible and letting people know what is available. People would know where we are, what we do and don’t offer and how to work with us. If we don’t offer, we find someone who does.
OPEN DIALOGUE

Working Collaboratively with Social Networks
Open Dialogue

» An approach to help people and their families feel heard respected and valued
» Started in Finland with staff already trained in family therapy
» Responded to acute crises by having a network meeting involving person in distress, their family, other natural supports and any professionals involved before hospitalisation
Open Dialogue

Two Fundamental features:

1. Community based integrated treatment system that engages families and social networks from day 1

2. A “Dialogic Practise” or distinct form of therapeutic conversation within the “treatment meeting”
7 Principles of Open Dialogue

1. Immediate help
2. Social network perspective
3. Flexibility and mobility
4. Responsibility
5. Psychological continuity
6. Tolerance of uncertainty
7. Dialogue (polyphony)
2 Fundamental Skills of Clinicians

1. Skill of Responding
   Therapist’s response should further the experience of each participant in being heard, understood and respected

2. Skill of Reflecting
   The ability to engage in an open, participatory, transparent and jargon free conversation with the network and other professionals
12 Key Elements of Dialogical Practice

1. Two (or more) therapists in the network 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 (polyphony)
7. Use of a relational focus in the dialogue
8. Use of matter-of-fact style
9. Emphasizing clients own words and stories not symptoms
10. Reflective conversation amongst professionals in treatment meetings
11. Being transparent
12. Tolerating uncertainty
Effectiveness of Dialogical Practice

» Immediate response – making use of the emotional and affective elements of the crisis

» Social network included as the main resource in creating shared understanding and support

» Focus on dialogue in the meeting: to have all the voices heard and thus working together
Effectiveness of Dialogical Practice

» Avoiding hospitalization; return to the work/studies encouraged

» (Psychotic) crisis seen as contextual experience, often linked to traumatic/overloaded life events.
  – Instead of medicating quickly the symptoms or finding “quick fix”, focus on creating dialogue on the critical life experiences, promote safety and agency of client
Open Dialogue at hYEPP

» The service has always been a principle driven service
» Collaborative, recovery and family focused
» Values around ‘slow’ psychiatry, needs adapted approach – tailoring treatment to each person
» Service leaders interested in incorporating open dialogue principles since the inception of the service
» Orientation of staff and workforce development focusing on needs adapted network based treatment
Service Wide Implementation

» Debate around service wide implementation/integration versus pilot team
» New time limited 3 year funding created opportunity
» New service, innovative practices
» Start of 2017 decision made to ‘move to open dialogue’
» Unclear about this approach would fit in the Melbourne context
» Evaluation on ‘how’ we have achieved the key principles and what outcomes young people accessing the service are achieving
Survey of staff

PRE-IMPLEMENTATION
What Did Our Staff Tell Us?

- 30.6% felt they already knew quite a lot about Open Dialogue
- 85.7% said that they understood why Open Dialogue is being implemented
- 59.1% said they were familiar with the evidence behind the Open Dialogue approach
- 40.8% felt that Open Dialogue is similar to the way we work now
What Did Our Staff Tell Us?

What extra knowledge do you need to be able to implement Open Dialogue?

» Supervision
» Reflective practice
» Working with feedback and coaching
» Clarity about practicalities – intake, procedures, protocols
» Risk assessments and assessments
» Shared decision making versus clinical judgement
What Did Our Staff Tell Us?

» 44.9% felt they knew what skills were required to implement open dialogue

» Only 32.7% felt they already had the skills needed
What Did Our Staff Tell Us?

What extra training or resources are needed to implement Open Dialogue?

» Supervision, reflective practice, reflective reading and sharing of practice

» Strong and ongoing training in OD methods and techniques, backed up by mentoring and leadership

» Ongoing consistent support & shared space for all teams to discuss OD with each other.
What Did Our Staff Tell Us?

» 53% felt confident that they could implement OD
» 53.1% felt confident that their team could implement OD
» 69.3% felt confident that hYEPP could implement OD effectively
» 87.7% felt confident that young people and families would benefit from an OD approach
What Did Our Staff Tell Us?

What problems do you think there could be in implementing Open Dialogue?

“Letting families have more power and working more collaboratively will be a challenge”

“Implementation within the broader mental health service system who will be unfamiliar with this way of working”

“The same problems that come up when implementing anything new in an organisation”

“Probably the problems that normally occur when change is implemented; some resistance, confusion and differences of approach with implementation”

“Stepping away from the comfort of the expert model”
What Did Our Staff Tell Us?

What problems do you think there could be in implementing Open Dialogue?

» Working with external services
» The role of the psychiatrist
» The use of clinical review
» Individual supervision
» Processes for new clients
» Availability of clinicians managing network meetings

“Clear guidelines and instructions for staff will be needed to reduce anxiety associated with working this way”
What Did Our Staff Tell Us?

What problems do you think there could be in implementing Open Dialogue?

» Team capacity and confidence
» Over reliance on one model at the expense of others

“Difficulties in moving to collaborative non-hierarchical position”

“Feeling a need to manage risk non collaboratively - coercive practice”
What Did Our Staff Tell Us?

» 87.8% thought that OD would improve outcomes for young people and their families

» 81.7% thought that OD would benefit them in their work

» 87.8% thought that the skills they learn through OD will help them in their work in the future
What Did Our Staff Tell Us?

How do you feel about this current change the service is undertaking?

» Excited
» Proud
» Curious
» Nervous
» Privileged
» Enthusiastic
» Motivated
» Hopeful
» Uncertain
Workforce Development

» Service leaders and senior clinicians participating in external training – development of champions

» Each team engaged in 5 x 2 hour pre-training sessions designed to support organisational change and build team cohesions for practice development

» 2 interstate trainers engaged to provide 5 day block training for all staff

» All teams engaged in designing implementation strategy – ‘building the plane as we were flying it’
Getting Started

» All new cases commence with an Open Network Meeting
» Two clinicians allocated as co-therapists to all new cases
» Youth and Family Peer Workers invited to join networks
» YAC and PAG engaged to re-write service information and brochures
» Each team engaged in developing their own local implementation strategy
» Changes to documentation and team processes – clinical review
Ongoing Practice Development

» Regular team based peer supervision and reflective practice
» 2 monthly staff consultation forums around implementation and change management
» Refresher training planned
» Coaching and mentoring
6 months into implementation: feedback from staff

REVIEW OF PROGRESS
I think it has been helpful to have opportunities to reflect on Open Dialogue within our individual teams and as a larger group. Being reminded of the open dialogue principles and discussing how we are working towards these is helpful.

It has brought my team closer; There have been some challenges, but for the most part, the uptake of this approach has been relatively seamless. Helps with staff being positive about it and giving it a go. Whole service approach was vital.

Greater family involvement, less medical model, more recovery focused

It has changed the way I approach decision-making. When decisions need to be made - a network meeting is called or directed towards the young person.

It has allowed me to develop core family therapy skills. Also developing skills in reflection.
Difficult Practice Changes

» Sitting with uncertainty
» Maintaining a dialogical stance in face of distress or risk
» Combining traditional elements eg medical review and dialogical work
» Getting clients ready for network meetings, and clinicians
» Working in a dialogical way and not trying to come up with solutions or "trojan horses"
7 Key Principles

» Its working and different from team to team which it has to be
» Very good. Made it easier to implement/understand
» Procedural aspects – ok, dialogical aspects - less certain. Think we need to have more facilitated guidance
» I feel that we have been perhaps more focused on some principles than others. I think this is why it is helpful to have supervision sessions as a group to talk about all the principles and discuss how we could be including them all in our practice
» Variable tendency to focus on the service level ones while I believe the in room elements are the hardest to maintain
» I think the biggest challenge is tolerance of uncertainty and the dialogic process
Experience of Clinicians

» Different teams are at different stages with it so it's still quite messy, implementation is still happening
» Much more job satisfaction
» Bringing clinicians closer in teams
» More openness amongst teams in other areas. Easy to share ideas
» I think clinicians have already become more comfortable working with families and have been changing how they work with colleagues with less hierarchy and more collaboration
» Feeling more relaxed, but also energised at doing something new and feeling a positive response, for the most part, from families
» I'm not sure but for me I think it is changing team culture. I feel like service delivery is becoming more humanised
Young People and Families

» They probably feel that it isn't as coercive as mental health services are perceived. Families are happy to have their voice heard and responded to

» It has provided an opportunity to talk openly about what they are experiencing and to make them feel as if they are really being listened to

» I think YP and families are more involved in decision-making and direction of care

» More in charge of their treatment and more included in the process

» They are feeling heard and cared about
Where to From Here

» Refresher training
» More deliberate matching of clinicians for coaching and mentoring
» Live supervision
» Continued peer supervision and reflective practice meetings
» Greater focus on skills and techniques associated with 7 key principles
R.Barbara-May@Alfred.org.au

THANK YOU AND QUESTIONS