Book of Abstracts

3rd Meeting of the International Open Dialogue Research Collaboration

21 - 23 June 2021

ISTITUTO DI SCIENZE E TECNOLOGIE DELLA COGNIZIONE

H O P E N D I A L O G U E

Book of Abstracts. 3rd Meeting of the International Open Dialogue Research Collaboration

21 - 23 June 2021

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Introduction

We are acutely aware of the growing crisis associated with mental health, heavily impacted by the pandemic. As we learnt during this event, Open Dialogue has been identified as a best practice and human rights approach to mental health. In this book, we collected the abstracts of the 3rd Meeting of the International Open Dialogue Research Collaboration, the **first online global conference** on this topic, held from 21st to 23rd June 2021.

Although we missed face-to-face conversations and despite some technological challenges, the meeting has been a great occasion to increase **inclusion and diversity**. We were delighted by the presence of valuable members of our community who could haven't attended in person, and we appreciated their feedbacks on accessibilities problems. We will work further on technological and communication issues to improve the participation of all the members of the community in future events.

The meeting has been the first **peer review** experience designed to promote a culture of learning and growth, including the wisdom of lived experience. This peer review, including the definition of criteria, involved researchers at different stages of their career, students and professors, peer experts and family members in line with the results and approach of Open Dialogue.

The conference was based on a **participatory design**, promoting the ongoing collaboration among academic researchers, persons with lived experience, Open Dialogue practitioners and citizens interested in human rights-aligned approaches to mental health.

Contributions from the OD community were organised in **four main sections**: keynotes, oral sessions, workshops, and posters. *Keynotes* speech hosted reflections from members who have contributed to the beginning, the development and the frontiers of Open Dialogue. Jaakko Seikkula and Tomi Bergström described the origin, the current state and future of Open Dialogue research in the Western Lapland catchment area. Natalie Drew Bold, Technical Officer within the WHO Policy, Law and Human Rights team, explained how the Open Dialogue features as one of the main services in the new WHO Guidance on Community Mental Health Services: Promoting Person-Centred and Rights-based Approaches. Steve Pilling, Russel Razzaque and Katherine Clarke provided an update report from the ODDESSI team, reviewing the last three years' progress, with additional perspective on the future and possible integration with the HOPEnDialogue project. Sarah Carr, in a presentation prepared with Corrine Hendy, described the service user and support network involvement in the study, examining some challenges for introducing peer practitioners into OD teams. Nicole Yade from Lou's Place, a daytime refuge for marginalised women in Sydney, shared experiences on dialogical ways of working with women, particularly mothers who have children in Out Of Home Care. Robert Whitaker reviewed the evidence for the selective use of antipsychotics as essential to the remarkable outcomes in Western Lapland. Finally, Nick Putman introduced the first international polyphonic book on Open Dialogue, gathering accounts from practitioners, family members, trainers and researchers.

The programme included thirteen *Oral sessions*, comprising three presentations each. Moreover, we collected eight oral contributions hosted on-demand on our website during and after the conference.

The most touching moments of the conference were twelve *Workshops*, intended as participative moments with reflections from different actors: peers' experts, people with lived experience of mental health issues, family members, dialogic practitioners, researchers and trainers.

Two contributions were presented as *Posters*, and almost twenty teams practising Open Dialogue worldwide send us their descriptions, collected as a **poster gallery** on our website and in the appendix of this book.

The conference has celebrated the Open Dialogue community and research, where research is intended as a tool to monitor and develop our practice. We have removed all the titles from the programme: all the people who contributed to the meeting are "experts". We acknowledge the different sources of our wisdom by sharing our experiences and learning from each other.

Raffaella Pocobello & Francesca Camilli

on behalf of the MIODRC Committee

HOPEnDialogue

The 3rd Meeting of the International Open Dialogue Research Collaboration was organized within the HOPEnDialogue project, coordinated by the Institute of Cognitive Sciences and Technologies of the National Research Council in Italy in close collaboration with the project's International Advisory Board.

HOPEnDialogue is an international study aimed at connecting the Open Dialogue research projects emerging worldwide to the rigorous framework provided by ODDESSI, the world's largest trial in Open Dialogue. Starting in 2017 in the UK, ODDESSI (Open Dialogue – Development and Evaluation of a Social network intervention for Severe mental Illness) evaluates the clinical- and cost-effectiveness of OD interventions compared to Treatment as Usual (TAU). It represents a rigorous, large-scale trial, highly resource-demanding such that few teams around the world could set up a similar study in their country.

Employing a selection of the ODDESSI tools, HOPEnDialogue will show if outcomes can be generalized to other countries, produce documentation of Open Dialogue practices across study sites and assess the fidelity of OD principles (i.e., how closely the care provided in each site follows these principles).

The first milestone for HOPEnDialogue is the description of the state of the art of the implementation of Open Dialogue worldwide based on the results of its international online survey involving 137 centres from 24 Countries. A global map of these centres was presented at the conference, and it is available on the project website (www.hopendialogue.net), while a comprehensive analysis of the results in the form of scientific publication is forthcoming.

Open Excellence

The work of the HOPEnDialogue project would not have been possible without the support of Open Excellence, the Foundation for Excellence in Mental Health Care. Open Excellence (https://openexcellence.org/) is a 501(c)3 charitable organization with a mission to sponsor research and programs that promote better mental health outcomes. The foundation identifies, helps develop, and shares knowledge with the public about mental health care that best helps people recover and live well in society.

Open Excellence envisions a new world of mental health services that prioritizes recovery, connection and human rights for all who suffer with mental health problems. The foundation works with investigators and innovators who address the social determinants of health to discover solutions to mental health problems that promote healing and growth. Open Excellence seeks to bring about humane, science-based mental health practices that are developed independent from industry influence and delivered with compassion and respect for the human rights and dignity of all people. It seeks to build, and build upon, a foundation for excellence in mental health care.

Accompanying families in difficult times

in the transparency of an open dialogue

Dr. Birgitta Alakare 1950 - 2021

Licensed physician, specialized psychiatrist, family therapist, researcher.

Open Dialogue human approach in psychiatry

The world would be a much better place if it had many more people like Birgitta Alakare. Thanks to her, for some people the world is already a better place. For others in pain and psychological difficulty, Dr. Alakare's work holds the promise of a better future.

In collaboration with her teams, the inpatient and outpatient psychiatric institution in Western Lapland has been transformed. The region, which had one of the worst incidence rates of schizophrenia has become an example to the world for its remarkable results, without comparison today in the Western world.

We owe our greatest respect and admiration to Dr. Alakare. Her work demands our adherence, the paths she has opened we must preserve and work for its emergence wherever mental suffering appears. She has brought hope and the realization of sustainable recovery where there was darkness, fear and resignation.

Thank you Birgitta, thank you Dr. Alakare.

The 3rd Meeting of the International Open Dialogue Research Collaboration was dedicated to the memory of Birgitta Alakare. On our website you can find the full article "Emergence of a collaborative culture in psychiatric care: respect of uniqueness of each human voice as a central value" by Carlos León.

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Workshops

Posters

Keynotes

Many generations of Open Dialogue research in Western Lapland

Monday, 21st June - 14:00: (1) - Keynote

Jaakko Seikkula [1] *, Tomi Bergström* [1]

1. University of Jyväskylä

Open Dialogue is based on naturalistic research that takes place in everyday clinical practice. Research is needed in every new phase of the development of mental health services. It is needed to understand the phenomenon of the therapeutic processes and also to detect the outcome of different approaches.

In this presentation, two researchers from different generations describe how the naturalistic research integrated with everyday life clinical practice assisted to re-organize the mental health services of Western Lapland to the point which is now known as Open Dialogue approach. They'll share the latest findings on the long-term outcome of Open Dialogue in the treatment of first-episode psychosis. The current state and future of Open Dialogue research in the Western Lapland catchment area are discussed.

§

Promoting person-centred & rights-based approaches in mental health: WHO's new guidance on community mental health services

Monday, 21st June - 14:50: (1) - Keynote

Natalie Drew Bold [1]

1. Department of Mental Health and Substance Use, World Health Organization

Many mental health services in high, middle and low-income countries around the world are failing people. Many people in distress and experiencing mental health crises are subject to coercive measures such as involuntary admission, forced treatment, seclusion, restraints and overuse of medication. These practices negatively impact people's physical and mental health.

In June 2021 WHO launched its new Guidance on Community Mental Health Services: Promoting Person-Centred and Rights-based Approaches. The guidance showcases services from around the world that respect people's right to make decisions about their treatment and lives, that are free from coercive practices, that consider people in the context of their whole lives, that support people to be included in their community. The services also learn from and utilize the vast expertise of people with lived experience in order to provide responsive care and support. Open Dialogue features prominently as one such service in the new WHO guidance, which aims to inspire policymakers, service providers & other key actors to take action to develop these services in their countries.

§

The ODDESSI research trial

Tuesday, 22nd June - 15:30: (1) - Keynote

Steve Pilling [1] *, Russell Razzaque* [2] *, Kat Clarke* [1]

1. *University College London (UCL),* **2.** *North East London NHS Trust*

ODDESSI is a large multi centre trial in the UK, studying the implementation and outcomes of Open Dialogue in 6 sites across England. It is the world's largest trial in Open Dialogue to date and one of the largest mental health models of care trials also. The study is now well past the half way mark, having completed the development phase and started recruitment in 2019. Over 50% of the required subjects are now recruited and the team expect to complete recruitment towards the end of this year.

The pandemic was a major threat to the study as it was required to cease recruitment as a result. However, the passion of the teams and services on the ground and the dedication of the research staff meant that it was able to fully restart recruitment in all sites in late 2020, while continuing with Open Dialogue throughout in each. Today's talk will serve as an update report from the ODDESSI team, reviewing the last three years' progress, with additional perspective on where they hope to be a year from now, when outcomes will start to emerge and how they aim to integrate this work with the wider HOPEnDialogue project.

§

Introducing Peer supported Open Dialogue in England: opportunities and challenges

Tuesday, 22nd June - 16:20: (1) - Keynote

Corrine Hendy [1] *, Sarah Carr* [2]

1. *Open Dialogue Nottingham,* **2.** *University of Birmingham*

The introduction of Open Dialogue (OD) in the English National Health Service (NHS) has received considerable support from mental health service users, their support network and practitioners. It has the potential to offer a more inclusive way of working with mental distress and crisis. In the NHS the role of peer workers is also being developed, presenting opportunities for integrating peer practitioners into OD teams.

The first national trial evaluating OD in English NHS mental health services - Open Dialogue: Development and Evaluation of a Social Network Intervention for Severe Mental Illness (ODDESSI) - includes an explicit commitment to the inclusion of peer practitioners in OD teams. This is a variation on the Open Dialogue approach as originally developed in Western Lapland, with the added value of peer practitioners who have had their own experience of mental distress and personal recovery, and of using mental health services. In the UK, the peer practitioner role has been inspired by the US Intentional Peer Support (IPS) model that values peer experience and is fundamentally dialogical. This approach is considered as having the potential to provide a good 'fit' with OD.

This presentation will introduce the ODDESSI OD research trial and the emerging challenges and benefits of the peer practitioner role in OD teams. The presenters are researchers in the ODDESSI trial and have both experi-

enced mental distress and service use. They will describe the service user and support network involvement in the study and discuss the foundational development work with peer practitioners from each of the five trial sites. They will examine some of the anticipated challenges for introducing peer practitioners into OD teams from the existing research, and discuss initial peer practitioner experiences from the Action Learning Sets that have been held with peer practitioners from the trial sites.

§

Applying Open Dialogue Principles in a Service for Women

Wednesday, 23rd June - 15:30: (1) - Keynote

Nicole Yade [1]

1. *Lou's Place*

Lou's Place is a daytime refuge for marginalised women in Sydney, Australia. It is a low barrier community service that works with women who have experienced trauma including experiences of violence, experiences of addiction and experiences of mental illness. The Lou's Place team have been exploring dialogical ways of working with women, in particular with mothers who have children in Out Of Home Care. The Always Mum program seeks to assist mothers with children in OOHC to improve their parenting capacity and feel more supported in their involvement with the broken child protection system. Many of the mothers we support have themselves experienced foster care, and dialogical principles are being applied to have important intergenerational conversations. This presentation seeks to share experiences from the frontline while reflecting on our work on the Always Mum program.

§

The Elephant in the Room: If You Don't Adopt Selective Use of Antipsychotics, Can You Expect Open Dialogue to Produce Good Long-term Results?

Wednesday, 23rd June - 16:20: (1) - Keynote

Robert Whitaker [1]

1. *Mad in America Foundation*

In Tornio, where Open Dialogue was developed, Birgitta Alakare and the rest of the Open Dialogue team used antipsychotics in a manner that minimized long-term use. Yet, as Open Dialogue is being adopted in other countries, the selective use of antipsychotics is not being incorporated as an essential element of the practice. Will this doom Open Dialogue to failure? A review of the evidence.

§

Open Dialogue teams in the world - Main results of the international survey

Wednesday, 23rd June - 18:30: (1) - Keynote

Raffaella Pocobello [1]

1. _Institute of Cognitive Science and Technology- CNR_

The HOPEnDialogue project started in 2019, thanks to a grant of Open Excellence. It is based at the Italian Research Council and realized in collaboration with an international group of researchers, experts by experience, family members, Open dialogue (OD) practitioners and trainers, including the founders of the approach.

HOPEnDialogue has been inspired by the way in which research is conceived in Western Lapland - as a fundamental element to understand and develop clinical practice, training and supervision.

With the global expansion of the OD community, HOPEnDialogue aims to promote and develop the essential scientific tools necessary to maintain the fundamental role of research for supporting the OD approach at an international level.

As the first step, we launched an international online survey to explore how services practice Open Dialogue worldwide.

One hundred thirty-seven teams from 24 countries have participated. We collected information about teams' locations, when they started, what type of services they are, which clients groups they work with and what clinical data they collect routinely. We also investigated the number and characteristics of the professionals involved, the type of OD training they have undertaken, and the supervision frequency. We explored the role of peer-workers in the teams. Further, we have collected assessments about the extent to which the teams respect the OD principles.

This research provides a first description of how OD services have developed internationally since Jaakko Seikkula and his collaborators' seminal publications on OD outcomes. New insights emerge into some of the facilitating and hindering organizational aspects in which OD teams work.

Further international studies are needed to investigate adherence and fidelity to OD principles.

§

'Introducing a new international book: Open Dialogue for Psychosis - Organising Mental Health Services to Prioritise Dialogue, Relationship and Meaning' with Nick Putman

Wednesday, 23rd June - 19:00: (1) - Keynote

Nick Putman [1]

1. _Open Dialogue UK_

In this session Nick Putman will introduce a new book, published by Routledge as part of the ISPS book series, that he has co-edited with Brian Martindale (ISPS), entitled "Book Launch - Open Dialogue for Psychosis -

Organising Mental Health Services to Prioritise Dialogue, Relationship and Meaning."

This is the first international/polyphonic book on Open Dialogue, gathering together accounts from practitioners, family members, trainers and researchers. With over 100 different contributors from 11 different countries, it provides an up to date overview of Open Dialogue developments internationally, as well as serving as an introduction to the approach, training and research.

Nick Putman will be introducing the book - both the process of putting the book together and the contents/structure of the book - and there will be an opportunity to ask questions.

Orals

Peers in life: ex-patients and relatives as reflecting teams in dialogical meetings

Monday, 21st June - 17:30: Oral 1

Carlos León [1], Pavel Nepustil [2]

1. *odformation.org,* **2.** *Spolek narativ*

We report two action research experiences, one at Geneva the other at Brno, where recovery coaching trainees and Open Dialogue relatives and ex-patients trainees evolve in mutual-help support sessions and as a reflective team in dialogical meetings with couples and families. There have been evaluative recorded discussions of the process. We evaluated these experiences and discussed them according to certain basic assumptions of the Open Dialogue and the Peer support movement.

§

Developing an inventory to examine Peer-Supported Open Dialogue (POD) trainees' attitudes and competence: a Delphi study with existing POD practitioners

Monday, 21st June - 17:30: Oral 1

Vladimirs Fedosejevs [1], Mark Hopfenbeck [2]

1. *University College London (UCL),* **2.** *Norwegian University of Science and Technology (NTNU)*

Background

For POD to be successfully implemented, effective training must be provided to make sure trainees are prepared to deliver the approach as intended. Therefore, a specific instrument that can assess the development of individuals and their competence in practicing POD, as well as the effectiveness of POD training is crucial as it ensures that POD is being delivered as intended, yet such a tool still needs to be devised.

Objective

The present study established an inventory named the Peer-supported Open Dialogue Attitude and Competence Inventory (PODACI), measuring the changes in attributes and attitudes of trainees before and after training.

Methods

The study utilised a four-round modified Delphi approach to generate inventory items. Twenty-two POD practitioners completed repeated questionnaires rating the relevance of the potential inventory items with a 4-point Likert scale. Additionally, ten participants took part in individual and group interviews, where potential themes were suggested, and items finalized based on a verbal agreement regarding their importance.

Results

76 items were created for the PODACI. The median range score of all included items was 3.00 (essential) to 4.00 (highly essential), the interquartile range was 0.00 to 1.00, and all items achieved greater than 85% agreement. The Kendall coordination coefficient W was 0.36 and 0.28 in the two questionnaires employed, with a $P < 0.01$.

Conclusion

A good consensus was reached, and high content validity was established for the preliminary version of the PODACI. The next step is to assess the psychometric properties of the inventory.

§

Exploring the Role of Lived Experience and Experiential Knowledge in Open Dialogue: An autoethnography

Monday, 21st June - 17:30: Oral 1

Rai Waddingham [1]

1. *Nottingham Trent University*

In this paper I present an autoethnographic exploration of moments of felt-otherness as an Open Dialogue trainee and practitioner. Using my recollection of the most vivid of these experiences as a starting point, I go on to ask questions of these memories. What might these memories, the past I recall from my present, reveal about my current lived experience as a dialogic practitioner and a survivor/activist? Moving beyond my personal reflections, I enter into a dialogue with existing literature on Open Dialogue, Dialogic Theory and Lived Experience Knowledge. In doing so, I explore the position of lived experience within Open Dialogue training and practice, making tentative suggestions for further research.

In this paper, I am guided by the tradition of autoethnography - an approach to research and writing that connects 'the personal to the cultural' (Ellis & Bochner, 2000 p.739). Rather than seeking an ultimate truth autoethnography has been described by Bochner (2013 p53) as 'a way of life that acknowledges contingency, finitude, embeddedness in storied beings, encounters with Otherness ... and a desire to keep conversations going'. This sense of humility and the acknowledgement of research endeavours in our social worlds as being situated, partial and unfinalisable resonates with me both as a survivor and as an Open Dialogue practitioner. This paper builds on existing work in the Open Dialogue and survivor communities, adding another layer to an important ongoing conversation.

§

Adherence evaluation in the Italian OD national program

Monday, 21st June - 17:30: Oral 2

Raffaella Pocobello [1]*, Tarek el Sehity* [2]*, Jimmy Ciliberto* [3]

1. *Institute of Cognitive Science and Technology- CNR,* **2.** *Sigmund Freud University,* **3.** *Bologna Centre of Family Therapy*

We aim to present our experience in assessing adherence to the Open Dialogue principles in the context of a national program involving eight Italian mental health departments and funded by the Italian Ministry of Health.

We did the first adherence evaluation at the end of a one-year foundation training, using the OD-adherence scale developed by Olson, Seikkula and Ziedonis (2015). Each department sent videotapes of their OD network meetings and contextual information, collected by a checklist. Two independent raters assessed twelve videos. Interrater reliability between the two raters was acceptable: r=.683. Systematical differences emerged in two main dimensions: relational attention in the dialogue and transparency. These differences reflected the background of the two raters, a family therapist and a researcher.

Overall, the assessment found most items were adhered to; however, there were differences in levels and items of non-adherence between the teams. These results informed the development of the research programme, delaying the feasibility study to assess OD outcomes to leave more time for practice and supervision.

During this process, the principal investigator has visited the different departments to provide feedback for improvement and develop a common view about adherence. These tasks were only partially possible since the researcher, at that time, was not an Open dialogue practitioner, although she has participated in the same foundation training as the teams. This experience led her to continue her own training with the hope to be more capable of providing constructive feedback and support the quality of Open Dialogue in clinical practice.

§

Development and refinement of the Open Dialogue (OD) adherence protocol in complex mental health care

Monday, 21st June - 17:30: Oral 2

Melissa Lotmore [1], Steve Pilling [1], Mauricio Alvarez [2], Emily Wilson [1], Doug Ziedonis [3]

1. *University College London (UCL),* **2.** *Kenniscentrum Phrenos / UMC Utrecht,* **3.** *University of New Mexico*

Introduction

Therapist adherence is crucial to the effective delivery of interventions. A key way to measure this is through structured observation tools.

Aims

The aim of this research project was to develop and refine the Dialogic Practice Adherence Scale (Olson, Seikkula & Ziedonis), for use in the ODDESSI research trials in the UK.

Methods

This study was a mixed-methods approach to the development of an OD practitioner adherence measure. Initial steps involved meetings and discussions with experts and a review of the literature. Content validation studies were completed using a modified Delphi technique. To assess the reliability of the measure, OD network meetings were audio-recorded, and tapes were rated by two independent researchers. Inter-rater reliability and internal consistency were assessed through quantitative approaches assessing variance.

Results

Results provide a description of how the OD Adherence Manual was developed in collaboration. Validation surveys showed high levels of consensus among experts in the field on the key elements of OD network meetings. Inter-rater reliability for the total score was excellent and internal consistency analyses suggest the scale is highly reliable.

Discussion

This study provides encouraging evidence that rating practitioner adherence in OD network meetings can be done with strong validity and reliability and can be completed by a range of raters with varying levels of clinical experience.

§

Experiences of Measuring Service Fidelity as Part of the ODDESSI Trial.

Monday, 21st June - 17:30: Oral 2

Georgie Parker [1], Mauricio Alvarez-Monjarás [2]
1. *University College London (UCL),* **2.** *UMC Utrecht*

ODDESSI (Open Dialogue: Development and Evaluation of a Social Network Intervention for Severe Mental Illness) is a cluster-randomized controlled trial comparing Open Dialogue to treatment-as-usual (TAU) in mental health services in England. An important part of ODDESSI is ensuring that the care delivered by all Open Dialogue and TAU services are of high quality. Therefore, all services participating in the trial are required to meet the same criteria of service fidelity (the extent to which the components of an intervention are delivered as intended). Using a measure specifically designed for this trial, scores are based on interviews with staff and by reviewing relevant operational policies and data on team performance.

Conducting and scoring these fidelity interviews comes with various challenges, especially for those new to the process. Effective wording of questions, ensuring sufficient information is collected, and finalising on overall scores are just a few of the challenges faced. Addressing these issues within the research team is important, as being able to score service fidelity correctly and consistently is vital for the outcomes of the trial.

Therefore, this presentation will outline the process of delivering fidelity interviews with staff within the ODDESSI trial. It will also discuss my personal experiences engaging in this process as a new interviewer, with a focus on what I found difficult, what techniques I have found to help with interviewing and scoring, and what problem-solving has happened throughout this process. The hope is for this to assist individuals and other trials conducting similar interviews.

§

Crisis as an opportunity: Case study of Open Dialogue practice in community multidiciplinary team in Czech Republic

Monday, 21st June - 19:00: Oral 3

Ondrej Žiak [1], Lenka Turková [1]
1. *Zahrada2000*

The case study reflects what an Open Dialogue practice may look like when helping a person in an acute psychotic crisis. With a specific example of how our Open Dialogue team works, the basic principles of Open Dialogue are illustrated. The process and organization of care are described from both the perspective of a clinical worker and a client with emphasis on specific individual, local and regional contexts. The most important elements of Open Dialogue practice such as a social network perspective, immediate help, polyphony and tolerance of uncertainty are highlighted. The case study illustrates how dialogue rather than an involuntary hospitalization, ECT and heavy medication, can lead to an empowerment of the client and to an unexpected outcome in the quality of the client´s life. Even during the full-blown psychotic crisis. In that light, Open Dialogue appears

as a promising model of providing recovery-based community psycho-social care in the context of the ongoing reform of psychiatric care in the Czech Republic.

§

Opening a dialogue: Lived experience meets Open Dialogue in Israeli mental health services

Monday, 21st June - 19:00: Oral 3

Renana Stanger Elran [1], Lila Hefer [2]
1. Hebrew University, 2. Open Dialogue Israel

Purpose

This article presents the emerging field of peer-supported Open Dialogue in Israeli mental health services. We begin with a systematic review of the literature on lived experience and Open Dialogue around the world and identify shared core principles.

Approach

We present the results of a questionnaire that aimed to explore the incorporation of lived experience in OD, as perceived by OD team members with and without lived experience. The questionnaires were filled by 11 participants from English speaking countries that practice peer-supported OD, and 7 participants that graduated from the first OD training in Israel and began to practice. The questionnaire was followed by 3 in-depth interviews with Israeli peer specialists that graduated from the OD training and started practising within teams.

Findings

Based on a qualitative thematic analysis of the questionnaires and the interviews we portray the contributions and challenges of working with a lived experience perspective within the OD approach. We also explore the newly emerging field of peer-supported OD in Israel, which is greatly influenced by the contribution of lived experience practitioners - both peer specialists and mental health professionals with lived experience.

Conclusions

We conclude with our own reflections - as a social worker and a psychologist, both with lived experience - and suggest that the meeting point of lived experience and OD holds exciting potential for the development of more inclusive and progressive mental health services that value the role of lived experience and peer support, and benefit from the peer perspective.

§

The Italian Open Dialogue Pilot Study

Monday, 21st June - 19:00: Oral 3

Raffaella Pocobello [1], Tarek el Sehity [2]
1. Institute of Cognitive Science and Technology- CNR, 2. Sigmund Freud University

We have conducted an observational pilot study with a prospective cohort research design, partially supported

by a project funded by the Italian Ministry of Health to assess the feasibility of implementing Open Dialogue (OD) in the context of Italian mental health departments (MHDs).

The study aimed to address the following research questions:

- Can mental health service support with OD at least 66% of the persons seeking help in the enrolment period?
- Is OD acceptable for participants?
- Does OD show promise of being successful?

All the persons who asked for help at mental health service for the first time, age ranges 17-64 in a defined area during the first month of the study, were included.

We have assessed clients' and family members' satisfaction by the systematic use of the Session Rating Scale and Outcome Rating Scale.

Symptoms functioning and social network dimension have been assessed at baseline, at months 6 and 12, using Italian versions CORE-OM, GAF and LNS-6.

A total of 72 clients was enrolled in the research and supported with OD among 104 help seekers (69,2 % of all new request for help), reaching the standard of transferability; forty of them completed the follow-up.

The present study suggests that the OD is feasible to adapt to Italian mental health service. Clients and families showed a high level of satisfaction. Furthermore, all measured outcomes were promising.

Further studies are necessary to assess implementation and effectiveness.

§

The experiences and perceptions of practitioners engaging in peer supported Open Dialogue within learning disability services

Monday, 21st June - 19:00: Oral 4

Ben Green [1]

1. *University College London (UCL)*

Background

Peer supported open dialogue (POD) is a needs-adapted model of mental healthcare which seeks to empower service users and network members. People living with a learning disability are at an exacerbated risk of having their voices unheard in psychotherapeutic care and treatment. Currently, in the UK, one NHS trust is piloting a POD service and, as part of this, a small number of practitioners working in learning disability services are using the model with a small part of their caseload. To the author's knowledge, this is the first exploratory study of POD in a learning disability services context.

Aims

This qualitative investigation sought to explore practitioners' perceptions and experiences of engaging in POD with learning disability service users to understand what works well, what requires adaptation and whether the model enables their voices to be heard.

Methods

Five participants took part in semi-structured interviews. An inductive and semantic-driven thematic analysis of verbatim transcriptions was conducted.

Results

Three main themes were identified: (1) flexibility, (2) lack of support and education, (3) integration, each with a variety of sub-themes.

Conclusions

The results indicate that the open dialogue principle of flexibility is critical for enabling learning disability service users' voices to be heard. However, there are a number of barriers which may constrain the fidelity of this such as heterogeneity of outcome measures employed, lack of integration of a multidisciplinary team and a lack of explicit reference to learning disability in POD training.

§

The Open Dialogue Approach to Mental Health-Related Stigma

Monday, 21st June - 19:00: Oral 4

Yeung To Wong [1]

1. *University College London (UCL)*

There is increasing recognition of mental health stigma as a major societal issue today. However, mental health professional's (MHP) stigma has been a blind spot in stigma research and anti-stigma interventions. There are some studies on Open Dialogue suggesting its effectiveness in reducing stigma but these studies did not show how Open Dialogue reduced MHP's stigma and the stigmatization of people with mental health conditions.

We conducted an exploratory study using three multistage focus groups to investigate how Open Dialogue practitioners recognized and overcame the stigma in themselves, and how they reduced the stigmatization of their clients.

Firstly, we found that Open Dialogue practitioners perceived three layers of stigma: at the family level, at the institutional level, and at the societal level. They understood stigma as a socially constructed concept that meant different experiences and feelings for different clients. Therefore, there is no step-by-step anti-stigma intervention.

Secondly, practitioners created a safe space and connected with the client by being with the clients, actively listening to them, and making them feel heard. A dialogical conversation helped every member to open up and to listen to and respect each other's perspectives.

Finally, overcoming their own stigma was described as "the work of life", a neverending process of opening up and learning that required practitioners to have a safe space and courage to talk about stigma without being judged, to work through the shame of wrongdoing and the stigma in them, and to be curious and always open-minded.

§

Open Dialogue: An Examination of Whether a Social Network Approach Improves Mental Health Access, Experience and Outcomes for BAME Individuals with Severe Mental Illness

Monday, 21st June - 19:00: Oral 4

Emma Mckenzie [1]

1. University College London (UCL)

In the UK, black and minority ethnic groups face inequalities in mental health access, experience and outcomes. The proposed research project is interested in whether Open Dialogue (OD), with its person centred approach and unique way of organising services, can redress these ethnic inequalities in mental health care. The first aim of the proposed study will be to investigate the difference in access, experience and outcomes in OD compared to treatment as usual amongst Black African, Black Caribbean and south Asian populations. The second aim is to investigate the cultural adaptations that are needed to OD for Black African, Black Caribbean and south Asian populations. The research will use a mixed methods design. Quantitative methods will be used to investigate the difference in access and experience in OD compared to treatment as usual amongst Black African, Black Caribbean and south Asian populations. Qualitative interviews will be conducted with Black African, Black Caribbean and south Asian recipients of OD and with OD clinical staff in order to investigate potential cultural adaptations to OD. There is currently a dearth of empirical publications evaluating OD. The proposed research therefore hopes to add to the OD literature, with a specific focus on ethnic minority groups. As the development of OD is still in its infancy in the UK, the proposed paper will consider how to integrate a targeted approach for ethnic minority populations within the development of OD services.

§

Implementation and Training of Open Dialogue Approach in Japan: Current Situation and Challenges

Tuesday, 22nd June - 14:00: Oral 5

Kohji Ishihara [1], Tamaki Saito [2], Yuichi Oi [2]

1. The University of Tokyo, 2. University of Tsukuba

In Japan the Open Dialogue Approach (OD) quickly gained interest after Daniel Mackler's film "Open Dialogue" was shown in 2013 in Japan. So far both of the main Books by Jaakko Seikkula with Tom Arnkil have been translated, and more than 10 related books have been published and widely read. Background of the high interest in OD in japan is that the psychiatric service in Japan is far from the ideal: a large number of inpatients (ca. 300,000), frequent and long term physical restraints (a patient has been restrained for 15 years), and no sufficient laws to protect patients' right.

In 2015, Open Dialogue Network Japan (ODNJP) was organized. It held the first foundation training course of OD in 2015. At present, 82 people completed the foundation course, and the third term of the course is being held

mainly online. Many trainees have formed treatment teams at their clinics and hospitals. They are achieving higher results than would be possible with conventional methods, although some of the principles of OD such as immediate help are difficult to implement due to institutional constraints. Moreover, as the psychiatric care shown by the Open Dialogue approach and the current state of psychiatric care are so far apart, trainees often suffer from the gap. On the day of the presentation, the path of the training course in Japan and its future prospects, as well as challenges, will be reported.

§

Peer Supported Open Dialogue in the National Health Service: Implementing and Evaluating a New Approach to Mental Health Care

Tuesday, 22nd June - 14:00: Oral 5

Yasmin Ishaq [1], Catherine Kinane [2], James Osborne [1], Douglas MacInnes [3]

1. Kent and Medway NHS and Social Care Partnership Trust, 2. Combat Stress, 3. Canterbury Christ Church University Faculty of Medicine

Background

Our quest for better approaches to UK Mental Health Care with improved carer and service user experience led us to develop Peer Supported Open Dialogue (POD) looking at the impact of a standalone Peer Supported Open Dialogue (POD) model in a UK NHS community team. We evaluate its implementation, clinical effectiveness and value to service users, their families and NHS staff.

Method

50 service users/family/social network participants treated by the POD Team were recruited. Questionnaires covering wellbeing, functioning, satisfaction were collected through validated scales completed at baseline, three and six months. Data regarding adherence was collected following each network meeting.

Data from electronic records was collected looking at functioning, contacts, employment/education and the mean bed days per episode of care between service users receiving POD compared to traditional services. The Nationally conducted Community Mental Health Survey results were also considered.

Results

Service users/carers receiving POD reported positive results in relation to clinical outcomes, satisfaction with services and perceived support. Clinician adherence to the model was very high.

Conclusions

The presentation will:

• Describe the main approaches used in the delivery of POD in a UK community setting

• Report the impact of POD on a range of service user outcomes

• Compare outcomes for service users receiving POD compared to those receiving traditional services

• Examine the outcomes for members of a user's social network receiving treatment in the POD service

• Evaluate whether it is possible to transform and deliver a clinically effective POD service in the NHS.

§

Sewing Seeds and Joining Threads

Tuesday, 22nd June - 14:00: Oral 5

Neil Sullivan [1]

1. *Psychoanalytic/dynamic Practitioners of Perth Inc.*

A coincidence of cooperation lead to an evaluation of the experience. The cooperation was between a support facilitator and a psychoanalytic therapist who connected through their work at a crisis accommodation centre. The engagement was to assist a young adult who had rejected the increasing his medication; he was referred to the support worker and then requested psychotherapy. Working together, though separately, created a dialogical inter-connection that expanded the possibilities of understanding in all three; aspects of OD were present in this. This was explored in "Co-creating a Path to Recovery in Mental Health Processes". Perth Western Australia in 2014: Jaakko Seikkula and Markku Sutela from Finland had introduced Open Dialogue around Australia; 'Blueprints for Reform', a chapter in Robert Whitaker's 'Anatomy of an Epidemic', showed OD as a unique solution.

• A WA group formed in 2016 – support workers, peers, psychotherapists.

• Started forming teams 2017, and practicing with referrals from support workers.

• Deciding who we should endeavour to meet and discuss facilitating OD.

• Met with WA politicians, WA Mental Health, Mental Health Commission, 2018.

• Connections with Queensland PSOD project through a new local member, 2019.

Things shifted during Covid. WA Mental Health CEO requested a meeting around Open Dialogue, and a sudden drop of people accessing services. This led to co-creation meetings with information shared and discussed concerning dialogical processes and Open Dialogue. We could say our research project is "What do other people think?" It entails just listening, sowing seeds and joining threads.

§

A dialogical research methodology based on the ideas of Buber: The importance of moments of intersubjectivity in the research interview

Tuesday, 22nd June - 14:00: Oral 6

Judith Brown [1]

1. *University of NSW, Sydney NSW, Australia*

The scholarship of Martin Buber is well known for the concept of I-Thou, yet his ideas on dialogue remain lacking in the overall literature on the dialogical approach to family therapy and research. In particular, Buber's ideas about a *dialogical process* and *dialogical knowing* in clinical practice and research are little articulated. This presentation expounds on these two aspects of Buber's scholarship as underpinning the development of a dialogical research methodology for the presenter's PhD research on psychological and emotional abuse within the family.

A brief overview will be given on Buber's poetic terms related to dialogue – *the narrow ridge, imagining the real, making the other present, confirming the other,* and *the between.* The presenter's conceptualisation of these terms was the basis of the dialogical methodology, which was pivotal in interview analysis. Moment-to-moment analysis of small portions of interview transcripts, based upon Buber's five poetic terms, will reveal how the privileging of intersubjective moments in the earliest stages of data analysis results in deep and nuanced insights into each individual interview and the overall research topic.

This Buberian dialogical research methodology highlights a dialogical process that unfolds in the space between research participant and researcher - one that may lead to intersubjective moments that are pivotal to the emergence of a dialogical knowing. The overall research process and the nuanced research findings suggest that such a methodology offers an opportunity to humanize research practices, particularly when focusing on a vulnerable population around a sensitive topic.

§

Conversation analysis of Open Dialogue meetings

Tuesday, 22nd June - 14:00: Oral 6

Ben Ong [1]

1. *University of Sydney*

One of the central principles of the Open Dialogue approach is "dialogism". Dialogism implicates a particular type of conversation allowing for the expression and hearing of multiple voices. There is little research on what characterises these dialogical conversations. I have been working on a PhD project investigating Open Dialogue interactions using Conversation Analysis. Conversation Analysis focuses on the normative expectations of conversation and how conversational structures achieve social actions. This research has revealed a number of conversational practices that are utilised by Open Dialogue therapists. These include a downgrading of the therapist's deontic authority when proposing reflections, downgrading epistemic authority when eliciting multiple stance positions, withholding agreement within reflections, and the various functions that are achieved by repeating the words of the prior speaker. This research shows how the theoretical principles of Open Dialogue can be manifested in actual practice as well as demonstrating different therapist techniques that have not previously been discussed. This research shows how therapists regularly orient to concerns about authority and design their talk to promote flexibility in client responses.

§

The role of therapist's emotions in the therapeutic process of couples therapy.

Tuesday, 22nd June - 14:00: Oral 6

Christina Lagogianni [1]

1. *Aristotle University of Thessaloniki*

According to clients' reports, research recognizes that the therapeutic relationship between therapists and clients is the most important factor in the progress of therapy. The therapeutic alliance is an important aspect of this therapeutic relationship. Clients' and therapists' emotions are core components in the therapeutic relationship, yet the role of therapists' emotions and their influence in the therapeutic process have not been studied in depth. The current presentation is inspired by the author's ongoing doctoral thesis, part of the wider research project referred to as 'Relational Mind' that aims to study the embodied experiences of therapists and clients, as well as possible physiological attunement of therapists and clients during therapy. Aim of the research is to study therapists' emotions, on a verbal and embodied level, during couples' therapy, and the ways these are affected by and influence in turn the therapeutic alliance and the couples' interaction. Using tape-assisted recall of therapists' experiences, external observation of the therapeutic alliance (Systems for Observing Family Therapy Alliance, SOFTAo) and psychophysiological responses of both therapists and clients, the present research explores the ways therapists use their emotions and the various ways these emotions influence the therapeutic process. In addition, the physiological attunement (based on heart rate measurements) between therapists and clients will be studied. Recognizing and utilizing therapists' emotions during couples therapy may be significant in supporting and resonating with clients, and ultimately may contribute to the progress of therapeutic encounters.

§

Dialogic Approach Pilot at Ohana – envisioning and implementing dialogic principles in the hospital-based Child, Adolescent and Family Community Clinic

Tuesday, 22nd June - 14:00: Oral 7

Anna Ballas [1]

1. *Community Hospital Of Monterey Penninsula*

At Ohana community clinic we are implementing the dialogic approach with youth and families in our outpatient mental health clinic and Emergency Department (ED). Ohana is a developing mental health department with the Community Hospital of Monterey Peninsula (CHOMP). Upon reaching its maturity, Ohana is intended to be a behavioral system of care for children, adolescents and their families including outpatient services, crisis stabilization unit, intensive outpatient, partial and residential programs. The purpose of this workshop is to describe our implementation and stimulate discussion around developing meaningful outcomes both at the family and organizational levels.

We began introducing dialogic principles and reflective practices in 2020 (about a year ago) under the supervision of Anna Ballas, LMFT who completed her two-year supervisory training in Finland. Our dialogic practice is delivered through Family Support Team which consists of three psychiatrists, a nurse practitioner and four masters-level psychotherapists. Across outpatient and crisis settings our Family Support Team program has been well received by both staff and families. We are eager to discuss our experiences and dilemmas with the international dialogic community in the context of identifying meaningful measures of our work.

§

A reflection on implementing dialogical approaches in a child and adolescent mental health service in Sydney, Australia

Tuesday, 22nd June - 14:00: Oral 7

Carolyn Durrant [1]

1. Nepean Blue

In January 2017, some of the staff from a child and adolescent mental health service in Sydney participated in Open Dialogue training with two trainers from Denmark and Finland. This presentation are some reflections by the manager of that service, on what has happened since. The presentation will consider the ongoing training and supervision of staff, the ways in which the training has changed the practice of staff, and the influence this training has had on the delivery of care in the child and adolescent service and on the mental health service more broadly. Research projects that have been commenced will be presented, along some ideas for future research. This presentation will also consider how dialogical approaches align with principles of mental health care, such as person-centred care, holistic care, trauma-informed care and recovery-oriented care.

§

Carers Connection Group at The Child and Youth Mental Health Service at Penrith

Tuesday, 22nd June - 14:00: Oral 7

Vicky Bairstow [1]*, Samantha Whitney* [1]*, Natalia Ranson* [1]*, Cheree Ventham* [2]

1. Child and Youth Mental Health Service Penrith, 2. Parramatta Mission Family and Carer Mental Health

This group provides a reflective space where parents/carers of children with significant Mental Health concerns can discuss their experiences.

The flattened hierarchy of the Open Dialogue meeting was included in the group design, and each member has equality to speak and reflect. The dialogical space is engendered by the use of images that speak to each

person about the 'now', and what they are 'carrying' today. The reflective talk that follows is rich and heartfelt, and meaning and emotion emerge as connections are made. The *unknowing stance* of the therapists guides responses; made to what is most alive, and transformative, and allows us to go on.

The primary therapy goals are to create space for joint experience within the group. Relationships in families, and parallels that may evolve in the group, are noticed, and discussed, for example. Participants notice common themes within sessions, and over time and meaning is reciprocated. The pattern/rhythm of the meeting is careful, and the frame allows the space to be comfortable and support change. The meeting opens with expressions of joy and good news that are placed on the joy board. We then move to images and the deepening of dialogue; the group finishes as we move about and resettle to chat with a cup of tea and reground. This is the support "arm" of the group which is allowed by the combination of therapy and support services in the group.

§

Carer Involvement in the ODDESSI Research Trial

Tuesday, 22nd June - 17:15: Oral 8

Daniel Scott [1], Amanda Henderson [1]

1. Devon Partnership Trust

Through the ODDESSI research programme, we have been able to undertake follow up interviews with a number of (carers) of individuals participating in the trial.

In this case study we will look at the potential benefits to carers being involved in research. We believe that research can be an outlet for those providing support, where they have the opportunity to voice their experiences and concerns in respect to their role. Researchers can be a useful resource, whether it is to signpost on to local support services or to offer a space for them to discuss their own experiences. Carer involvement in research may help to influence service development in the longer term.

We hope to have a carer join us and talk about their experiences in taking part in research, whether that is directly in the conference or through a set of statements that they provide to us.

§

Imagination and the "I", lighting up the spirit

Tuesday, 22nd June - 17:15: Oral 8

Astréa Ribeiro [1]

1. Centro de Atenção Integrada à Saúde Mental Vila Mariana (CAISM)

This paper is divided into two parts, the first being theoretical and the second, a clinical case. What is presented in the theoretical part is the connection between spirit and imagination and how it is related to the "I". I will use the term 'I' as Freud used: 'Ich'. What I point out is that to feel alive and connected to others we adopt a fantasy of an 'I'. I am not saying an ego, but an 'I' that can dream, and pursue their dreams. I am not using ego although it is a translation into English because it has a negative connotation. The "I" is a fantasy, something that was constructed, created, and can be sometimes recreated. Nobody is born with an 'I' as Lacan points out

in what he calls 'the mirror stage'. In the second part of this paper, I will present a clinical case. I will share some of the meetings I conducted in Brazil with a patient diagnosed schizophrenic. The meetings occurred in a variety of public locations on the streets of Sao Paulo. My approach in our meetings was to make sure that she would understand and feel that I was openly listening to her not only with my mind but also with an open heart. I also tried to make her feel that I was there not only as a Therapist but also as a person, a human being who also has to face challenges in life. So, a horizontal dialogue is created.

§

The subject and the Other in psychosis: trying to build a discourse between Psychoanalysis and Open Dialogue

Tuesday, 22nd June - 17:15: Oral 8

Marina Montuori [1]

1. Independent contractor

This study is motivated by the desire to test the psychoanalytic discourse and make it a tool to contribute to clinical research about Open Dialogue —this considering Open Dialogue and its potential as an innovative treatment of psychosis.

The aim is to put the two approaches in dialogue to identify possibilities of integration. We will ask ourselves if it's possible to structure an approach to the question which deals simultaneously with the person individually and with the community to which he or she belongs, as their familiar and social great Other (cf. Lacanian meaning).

How do self-determination and the conditioning of the Other interfere with the formation of the subject in psychosis? Is there a difference from the so-called normality?

Is there a border, a separation between the internal (psychic) and the external world? How can this relationship be articulated starting from Lacan's concept of exstimacy? Is it possible to find common ground with the heteroglossia (c.f. Bakhtin)?

How can it be useful for clinical purposes to think about the subject's birth? How is it possible to reconstruct the relationship between the subject and what represents their Other in case of psychosis?

We will talk about the possibility to create a "liaison" between the psychoanalytic intervention focused on the singularity and OpenDialogue that works with meaningful relationships.

The field of clinical reflection will be the therapeutic experience with psychotic subjects in relation to their family members and vice versa.

§

Open Dialogue in German Psychiatric Care – Efforts, Challenges and Obstacles

Wednesday, 23rd June - 14:00: Oral 9

Sebastian von Peter [1], Volkmar Aderhold [2], Kolja Heumann [3]
1. Medical School Brandenburg, 2. None, 3. Medical School Brandeburg

Due to the strong structural and financial fragmentation of the German mental health system, full implementation of the principles of the Open Dialogue (OD) is limited. Accordingly, OD is often used by the strong commitment of single teams or small organizations, and under conditions of innovative financing systems, such as integrated care models, that have a limited duration and are increasingly being discontinued.

In this presentation, some results from the HOPEnDialogue survey are compiled with further data. In addition to a standardized survey, 15 interviews with experts from different organizations were conducted. The project follows the questions: In which health care contexts is the OD embedded in Germany, resulting in the implementation of which principles?

OD is currently implemented in 43 organizations, of which 35 facilities could be reached by the standardized survey, and 15 by the qualitative examination. OD, or parts of it, has been implemented at 9 hospital departments, 5 of them under model conditions. Integrated care contracts are used at 8 sites. All other sites use the conditions of standard care and, thus, are considerably limited in the implementation, especially of the structural principles of OD.

To summarize, OD in Germany is mostly implemented under model, and often temporary care conditions that significantly hinder its continuous implementation along with the structural and therapeutic principles. Reforms of the psychiatric care system are urgently needed to create a better chance for sustainable implementation of the OD in Germany.

§

Introduction of Open Dialog e.V. in Leipzig

Wednesday, 23rd June - 14:00: Oral 9

Sarah Schernau [1], Hannah Schwochow [1], Therese Kruse [1]
1. Offener Dialog e.V.

The Open Dialog e.V. has been fighting for a new way of dealing with severe psychosocial crises in Leipzig since 2016. A small circle of enthusiastic people privately trained themselves in the methodology of Open Dialogue. They created an offer, which had been missing in Leipzig and the whole Saxony until then: uncomplicated and fast support, that takes place at the location of the crisis and involves all people affected. Acceptance of diversity and the preservation of dignity and autonomy of all participants are of particular importance to us. We do not use diagnoses in order to prevent stigmatization and to keep barriers low. Open Dialogue e.V. advocates for de-hospitalization to avoid chronification of crises.

We operate in a multi-professional team of ten people, many of whom have dealt with or are dealing with crises

of their own. Health-supporting work structures are created there for all employees. That means not letting hierarchies arise and taking all voices equally important, as an idiom of Open Dialogue.

Beyond crisis support, we established an independent helpdesk concerning social participation in 2018. [There too, we work with the Open Dialogue approach.] The service is geared towards all people affected by disabilities or constricted possibilities of participation.

We are currently trying to put the work of our crisis team on a secure financial footing which could enable us to expand our services. The demand is high, we are making diverse and exciting experiences and the approach of Open Dialogue inspires more and more people.

§

GBV, a German multi-center RCT with mobile teams in 12 regions

Wednesday, 23rd June - 14:00: Oral 9

Nils Greve [1], Uta Majewsky [1], Elke Prestin [2]

1. Dachverband Gemeindepsychiatrie, 2. Bundesnetzwerk Sebsthilfe Seelische Gesundheit

In 2019, we started an RCT project sponsored by the German Innovation Fund with mobile multi-professional teams that offer a two-year treatment for people with severe mental illnesses (SMI), focussing on dialogic networking and 24/7 crisis intervention. The project will hopefully show that (a) a basic service following the concepts of Community mental Health Teams and Finnish Open Dialogue and (b) an OD-style moderation of network meetings with patients, families, and professionals of different services can improve recovery and empowerment of persons with SMI, compared to TAU.

The project runs from July 2019 till June 2023, participants have been recruited since June 2020. We expect to have about 950 participants in the two groups (GBV and TAU) together.

The presentation will inform about the concept, the current status of implementation and first experiences with OD in the regional teams.

§

Development and validation of a new patient experience measure of shared decision making in mental health care

Wednesday, 23rd June - 14:00: Oral 10

Marta Chmielowska [1]

1. University College London (UCL)

Introduction

Shared decision making (SDM) is a key component of the Open Dialogue (OD) model of care in which all information is shared, and every decision is discussed with the patient. In OD, SDM has been measured using the OPTION scale adapted from the context of physical health care. OPTION does not reflect the complexity and specific features of the OD treatment for people with mental illness and had never been validated and evaluated

among people with a mental illness. Thus, a more robust approach is needed to evaluate the OD experiences of SDM. This presentation will describe methods that will be used to develop and validate a new measure of SDM in OD and other models of mental healthcare.

Methods

A two-phase process (compliant with the International Patient Decision Aid Standards) will be used to develop a new SDM measure, starting in June 2021. Phase I will involve reviewing the existing SDM measures, conducting focus groups and interviews with key stakeholders to identify essential content to include in the new SDM measure and to explore the best way to present it. Phase II will involve developing and revising the new SDM measure using stakeholder feedback in an iterative process. Stakeholders will include patients, their carers, and clinicians from the OD trial in England.

Discussion

The new SDM measure will ensure effective evaluation of SDM experiences of people with mental illness. It will be an important step forward in advancing the study and application of SDM in mental health care.

§

Open Dialogue – a reflection from the other side

Wednesday, 23rd June - 14:00: Oral 10

Daniel Pellen [1]

1. *Nepean Blue Mountains Local Health District*

From the other side of 2020, the other side of the world and the other side of therapeutic practice.

As a Youth Psychiatrist from Australia not experienced in family therapy I first learnt about Open Dialogue (OD) when I was asked, in September 2016 at a job interview, whether I had heard of it. I hadn't. Luckily for me that wasn't a deal breaker, and I got the job.

In January 2017 I started my second day of the job as the Youth Psychiatrist for the Early Intervention in Psychosis Team in the Nepean Blue Mountains Local Health District in Western Sydney at an Introductory OD Training Course with trainers from Finland. And so began my journey.

I have learnt so much in the past four and a half pandemic interrupted years. I have twice visited UK groups practicing OD, including most of the ODDESSI sites. I have started the UK Postgraduate Diploma in Peer Supported OD and continue to meet regularly with a wonderful group of practitioners from the UK and USA whom I met in February 2020 at the first Module. I have met and corresponded with so many wonderful, talented and committed individuals.

Psychiatrists are sometimes seen as the enemies of OD and OD as the enemy of psychiatrists. But it should not be so. I would like to share my journey with you and show you why it should not be so.

§

Transition to an Open Dialogue practice – Psychiatrists' perspective

Wednesday, 23rd June - 14:00: Oral 10

Raffaella Pocobello [1], Oriana Pinto [2], Katharina Saliger [3]

1. *Institute of Cognitive Science and Technology- CNR,* **2.** *Centro Hospitalar Entre Douro e Vouga,* **3.** *Zentrum für Psychiatrie Emmendingen*

Background

There is a need for updated training models and clinical practice to enable psychiatrists to address society's changing expectations appropriately.

Open Dialogue (OD) could respond to this need by offering a more humanistic, egalitarian and human right-aligned approach to psychiatry.

However, the development of OD requires a new, dialogical orientation from the psychiatrists, which destabilises traditional professional identities and the medical models of care.

Our research explores psychiatrists' experience of the transition from a standard model of care to OD.

Methodology

We conduct this research according to the grounded theory approach.

Data collection started in June 2020 and is ongoing. Seven interviews with senior psychiatrists with at least five years of experience in practising OD were conducted, video-recorded and transcribed so far.

Initial data is explored through initial immersive reading, open coding, and tentative linkages between categories. We plan to collect further data and use software for managing, analysing and present them.

Preliminary results

Psychiatrists having doubts whether they offered enough to patients and their families felt the urge to look for models of care that were more aligned to their values.

Being part of a trusting network/team, allowing the invitation of multiple viewpoints, seems essential to support the transition from a standard model of care toward OD.

The experience of being one voice among the others and sharing responsibility can also reduce distress concerning decisions around medication, suicidality and aggressive behaviour.

§

Trainers' Training in Open Dialogue and Dialogical Practice: The space of the between during the process of learning and teaching

Wednesday, 23rd June - 14:00: Oral 11

Judith Brown [1] *, Anni Haase* [2]

1. University of NSW, Sydney NSW, Australia, 2. Länsi-Pohjan shp, Keroputaan Poliklinikka

This study emerged in the context of the 2016-2018 International Psychotherapy Trainers' Training: Dialogical approaches for couple and family therapy, held in Helsinki. The training involved 18 trainees engaging in learning processes centered upon family of origin, supervision, theory, peer discussion groups, research and writing.

This study explored trainees' and trainers' experiences in relation to two aspects of learning. Firstly, it explored *how* moments of learning occurred, with particular attention to any significant moments of shifts in understanding, new knowing or ways of being. Secondly, it explored *what* each person learned about themselves as therapist, supervisor, trainer and human being. Small group interviews were undertaken by the researchers (both trainees).

An overall thematic analysis of the *how* and the *what* of learning was undertaken. All research participants highlighted significant moments of shift in understanding, new knowing, or ways of being. Major themes included Connection with Self and Other in Community, The Space of The Between, Integration and Change. Emergent understandings of the ways of being dialogical revealed the major themes of Integration, Community, Connection and Change.

The study points to a sophisticated and nuanced dialogical process of learning and teaching, as well as the profound effect upon trainee or trainer of spaces of 'the between' that emerge within such a process. The research highlights some ideas for current and future trainers to hold in mind when preparing for, or in the midst of, training others in Open Dialogue and dialogical practice in couple and family therapy.

§

A Blended Family? Family therapists in conversation with Peer-supported Open Dialogue (POD)Trainers

Wednesday, 23rd June - 14:00: Oral 11

Val Jackson [1] *, Cathy Thorley* [2]

1. APOD (Academy of Peer-supported Open Dialogue), 2. North East London Foundation Trust, NHS

Our 1 year POD training has in previous years attracted 1 or 2 family therapists with varying levels of enthusiasm. At the beginning of our 6th cohort in February 2020 6 unexpectedly enthusiastic family therapists joined 2 of the POD trainers, Cathy and Val (also family therapists) to think about the similarities between family therapy in the UK and POD after only 5 days (out of 20) of the residential training. This presentation will highlight the

main points of the conversation which produced some surprising results.

§

Open Dialogue in participatory environmental governance: Citizen dialogue in post-Fukushima Japan

Wednesday, 23rd June - 14:00: Oral 11

Hidenori Nakamura [1]

1. *Toyama Prefectural University*

I report on an exploratory case study to help facilitate a culture of dialogue in Japan, utilizing part of the method of Open Dialogue, and following the philosophy of Open Dialogue.

There is an emphasis on proposing methods for polyphonic dialogue among citizens, and between citizens and experts, to effectively manage the environment. I argue that a culture of dialogue is essential to pluralistic participatory environmental governance. A random sampling-based citizen dialogue—involving experts and citizens—regarding radioactive waste disposal was held in Japanese cities.

Three proposed methods—politeness-based facilitation dialogue, evidence-based and position-explicit presentations by experts with differing views and experts reflecting in tandem with citizens engaged in dialogue— might lead to enhanced positive attitudes toward dialogue with others holding different views, as well as better internal self-deliberation. Attitudes for dialogue were measured empirically.

The current research suggests that explicit treatment of pluralistic positions and views among citizens and experts would be a key factor for quality social learning and resilience for uncertainty. The hypothetical findings imply the applicability and significance of Open Dialogue in the public policy process.

§

Reflections in (inter)action: Multi-therapist reflecting team, and family member dialogues in family therapy

Wednesday, 23rd June - 14:00: Oral 12

Anna Sidis [1]*, Judy Pickard* [1]*, Alison Moore* [1]*, Frank Deane* [1]

1. *University of Wollongong*

The reflecting team process, commonly described in Open Dialogue, is unique in that two or more clinicians take up a reflective position during the therapy conversation. These conversations involve authentic expression of present-moment experiences on the part of therapists, along with ideas and perspectives for family members to consider (Andersen, 1987). Family members are invited to comment in response to the therapists, or other internal experiences that they noticed during the therapists' conversation.

This cross-sectional qualitative study aims to explore changes in the talk of family members during and following reflecting team conversations. Families who are accessing family therapy with a reflecting team will be invited to participate. Video or audio recordings of in-person or zoom based Open Dialogue therapy sessions will be interpreted using discourse analysis (systemic functional linguistics) along with collection of demographic

information, areas of concern, and an open text series of questions based on the Interpersonal Process Recall model (Elliott, 1986).

This study aims to understand more about the process of reflecting team dialogues and how these dialogues promote relational reflexivity among therapists and family members. Links to broader aims in individualistic psychotherapy traditions such as the concept of mentalisation will be integrated into this understanding.

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Co-therapy in Open Dialogue: Therapists' perspectives on possibilities and challenges.

Wednesday, 23rd June - 14:00: Oral 12

Christina Lagogianni [1], Dimitra Christoforidou [2]

1. *Institute of Systemic Therapy Thessaloniki,* **2.** *University of Thessaly*

Co-therapy, two or more therapists working together in a therapy meeting, has been a common practice in the history of family therapy and an essential element in network meetings of Open Dialogue. However, little research has been conducted on the field regarding the possibilities and challenges of the collaboration between co-therapists.

In May 2020 we conducted two parallel studies following a similar research design and exploring Open Dialogue therapists' experiences on co-therapy. The aim of the first study was to explore the ways that co-therapy helps the dialogical process, and the practices that co-therapists cultivate regarding their relationship and collaboration. The second research aimed to investigate how therapists' previous training and personal development impact on their attunement and ability to reflect in network meetings.

Twenty Open Dialogue therapists were interviewed on their experiences on co-therapy, following a semi-structured interview guide, one for each study.

Since this research is an ongoing process, the current presentation will include a brief overview of co-therapy literature and research, the method and the practices we followed regarding our own collaboration as co-researchers in this project. Finally, we will explore some ideas for further research on the subject.

§

Self-disclosure in Peer-supported Open Dialogue

Wednesday, 23rd June - 14:00: Oral 12

Isabel Maggs [1]

1. *University College London (UCL)*

Open Dialogue and Peer-supported Open Dialogue (POD) encourage practitioners to self-disclose during network meetings (Hopfenbeck et al. 2015). This is a relatively controversial topic, with a lot of discussion surrounding its ethics and impact. Despite this, there aren't many frameworks or guidelines to inform appropriate use of this tool.

As a form of intervention in other therapies, there is evidence that self-disclosure can strengthen therapeutic

relationships and improve client satisfaction (Hill et al., 2001). Practitioners can use self-disclosure to achieve various outcomes, like increasing perceived similarities, normalising shared experiences, and modelling appropriate behaviours (Hill & Knox 2001). While this seems to be a useful device in treatment-as-usual, there isn't much discussion about self-disclosure in POD or Open Dialogue.

This study aims to shed light on how POD practitioners use and experience self-disclosure during network meetings. A focus group was conducted with members of a POD team, who spoke openly about their experiences self-disclosing. Insightful themes on the topics of space, trust, reassurance and common ground emerged from the discussion.

These results can be used to inform more research about self-disclosure, how clients receive it, and in future, to create guidelines for its use.

§

ODDESSI: Reflections on the practicalities of delivering an Open Dialogue research study design in the real world

Wednesday, 23rd June - 17:15: Research bootcamp

Macey Cubbage [1], Kat Clarke [2]

1. Kent and Medway NHS and Social Partnership Trust, 2. University College London (UCL)

We are just two months from finishing our recruitment phase of the ODDESSI trial in England (and what a whirlwind it has been). We have faced recruitment difficulties, operational issues and an international pandemic. We have stopped and restarted. We have moved from face-to-face, to remote delivery of research processes. And now the end is in sight. As an NHS site-based researcher, working directly to recruit clients, families, and liaise with clinical teams, and a University-based trial manager/researcher focussing on translating study design into practice, we will reflect on the practicalities of delivering the ODDESSI trial as designed but in the real world. We will try to make sure our experiences are useful to others in earlier phases of study set-up.

§

The OD in mental health care context of Portugal North Alentejo Region: Preliminar results

Wednesday, 23rd June - 17:15: Oral 13

Joao G. Pereira [1], Sofia Tavares [2]

1. Fundação Romão de Sousa, 2. Universidade de Évora

Open dialogue is a therapeutic intervention approach to people experiencing mental health problems and their families/social networks. The entire treatment is carried out through a whole system of meetings, gathering together everyone connected to the crisis, including the patient, their family and social network, all professional helpers and anyone else closely involved.

In 2020, the DGS of the Portuguese Ministry of Health financed a national project to implemented an Open Dialogue intervention programme in the context of Portugal North Alentejo Region. Eleven patients, 28 family

members and 4 professionals were involved in the project. The number of network meetings reached 27 per month in the busiest periods. Based on a previous Italian Research Protocol (Pocobello and Sehity, 2017), quantitative and qualitative data were collected in/and after the clinical meetings involving patients and respective families, through a multi-method approach: clinical history interview (e.g. generic research on sociodemographic data, duration of untreated symptoms, reasons for requesting help, possible hospitalizations and/or treatments/therapies), professionals open dialogue diary (e.g. information on dates and meetings held like the number of meetings, length of meeting, location, family members and professionals involved), self-report scales applied every 5 sessions (e.g. CORE-OM, Evans et al., 2002a; SCL-90-R, Derogatis, 1994; GAF, Endicott, Spitzer, Fleiss, & Cohen, 1976; LSNS-6, Lubben et al., 2006). Patient/family satisfaction was assessed using a self-report scale type Likert scale of 10 points applied at the end of each meeting section.
We present the first results of this project evaluation, as well as the satisfaction of those involved.

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Open Dialogue Atlanta: A Clinical & Research Initiative

Wednesday, 23rd June - 17:15: Oral 13

Justin Palanci [1], Robert Cotes [2]

1. *Emory University Department of Psychiatry and Behavioral S,* **2.** *Emory University Department of Psychiatry and Behavioral Sciences*

Open Dialogue Atlanta is a clinical and research initiative based at a multi-cultural, metropolitan, community mental health program in Atlanta, GA. Started in 2016, Open Dialogue Atlanta developed out of a need to better engage people experiencing psychosis and their families. A cohort of psychiatrists, psychologists, social workers, and trainees received initial training and ongoing supervision.
A research study, whose results are under review for publication, found that implementation was successful, though several key adaptations from the Finnish model were required. For example, the clinical program was primarily based in the outpatient clinic and could only provide services in the community rarely. The team was only able to provide network meetings 1-2 times per week. Staff turnover and re-training new staff was a challenge. The team struggled, at times, to maintain the dialogical framework, in a broader system of care that was informed by the medical model.
We realized that while network meetings were often experienced by clients, families, and staff as helpful they often did not provide enough support on their own. Other services like case management, supported employment, and peer support were not available by dialogically-trained practitioners. Furthermore, sustainability was challenging in a fee-for-service payment model, and philanthropic funding was needed to support the presence of a second clinician in network meetings. Thus, the leaders of Open Dialogue Atlanta are exploring ways to integrate Open Dialogue services into other models of care for individuals experiencing psychosis such as Coordinated Specialty Care and Assertive Community Treatment programs.

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Creation of the Open Dialogue Service at the Vilardebó Hospital in the city of Montevideo, Uruguay, in July 2020: current situation and development

Wednesday, 23rd June - 17:15: Oral 13

Luis Itté [1], Alfredo Perdomo [2], Edgardo Guardalópez [2], Yenniffer Morillas [2], Patricia Sosa [2], Claudia Maldonado [2], Carlos Giraldez [2], Jaakko Seikkula [3]

1. *Latin American Network for Open Dialogue (LANOD),* **2.** *Vilardebó Hospital in Montevideo,* **3.** *University of Jyväskylä*

Introduction

In different parts of the world, various agents of society have been working to redefine mental health care. Since 2017, Uruguay has had a new Law on the matter -N° 19,529- which considers health care with an emphasis on human rights, community care and the promotion of deinstitutionalization. The Vilardebó hospital, a reference in public mental health care in the country, located in the city of Montevideo, created the Open Dialogue Service in July 2020.

This service and its approach to work are in line with the new Mental Health Law, mentioned above. Its network-oriented perspective, with emphasis on interdisciplinary knowledge and the knowledge of users and their families, facilitates a contextual and relational understanding of human suffering. It also encourages predominantly local forms of knowledge and practices.

General objective

To present the Open Dialogue Service created at the Vilardebó Hospital in July 2020, as well as some advances of the clinical experience that have taken place.

Materials and methods

It gathers exploratory and descriptive aspects, under a mixed type of design: quali-quantitative. Two work scenarios are proposed: the first one, linked to the formation of the Service; the second one, comments on two clinical experiences under development.

Preliminary conclusions and expectations

Current experiences allow us to consider an expansion of the Service in the current health model and to be perceived as a contribution to the process of deinstitutionalization and community care that is underway.

§

Dialogical reflections on the experience in Caltagirone's Mental Health Department

Wednesday, 23rd June - 17:15: Q&A On-demand

Elisa Gulino [1], Raffaele Barone [1]

1. *ASP Catania - MDSM Caltagirone*

The present contribution aims to describe how Open Dialogue and dialogical practice are implemented in Calt-

agirone's Mental Health Department (DSM). The DSM has a long tradition in adopting democratic practices, and Open Dialogue has been integrated since 2016, after a one-year foundation training promoted by the Italian Ministry of Health. More recently, the DSM has started a new project, called "Educare insieme", in collaboration with the Department for Family Policies to implement dialogical practices in schools. The project aims to create a space within the school that can be used by health service professionals from different services (DSM, NPI, SERD) in collaboration with teachers trained in dialogic practices and families to address their concerns.

As for our presentation format, we would like to present a short video, lasting about twenty minutes. In this video, representatives of the Calatin team (a psychiatrist, psychologist, social facilitator, nurse and social worker) would reflect on the experience of open dialogue after five years of practice. We would also talk about our recent experience in implementing dialogical practice in schools and local social services.

The video would be in Italian and subtitled in English.

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Supervision as a first encounter with Open Dialogue practice

Wednesday, 23rd June - 17:15: Q&A On-demand

Carla Caranti [1], Donatella La Cava [1], Chiara Manfredini [1], Annamaria Palmieri [2], Anna Maria Paulis [1]
***1.** Public Mental Health Service, **2.** Disability Service*

The present contribution, according to the auto-ethnographic paradigm, describes the training experience resulting from a cycle of supervisions with an expert Finnish trainer as the first approach to Open dialogue (OD).

The authors are five professionals working in public mental health services such as Community Mental Health Services, Psychiatric Ward and Disability Service, for many years. They approached the OD looking for a new way to relate to clients, families and colleagues within the care network.

The supervisions started as part of a project funded by the Italian Ministry of Health in 2015 to assess OD's feasibility in eight mental health departments, including a one-year foundation training. At the end of the project, two mental health services in Rome organised themselves autonomously to continue the supervision, inviting interested colleagues from other mental health services to participate.

The authors, who did not take part in the national foundation training but have joined the local supervision sessions, describe their experience and the elements that have made it so surprising and valuable. First and foremost, the importance of listening to the Other and oneself, to what resonates most deeply within us in dialogue, without correcting or judging.

§

Dialogical practices - the experience of Turin team

Wednesday, 23rd June - 17:15: Q&A On-demand

Pina Balice [1], Franca Battaglia [1], Piera Candeletti [1], Paola Cannone [1], Francesca Corriero [1], Tiziana Costanza [1], Miriam Floris [1], Anna Paola Marchetti [1], Giuseppe Moscato [1], Maria Pia Musci [1], Michele Muscianisi [1], Anna Palma [1], Giuseppe Salamina [1], Gian Luca Zanelli [1]

1. *ASL "Città di Torino"*

Introduction

In 2014, the Italian Ministry of Health promoted a 24-month project of training in OD in 8 Italian Mental Health Departments (MHD). Twenty-three MH workers were trained in Turin, mainly psychiatrists, nurses, psychotherapists.

Activities

The OD team in Turin has implemented dialogic practices by disseminating OD results within the MHD, by creating small OD teams, in which non-trained professionals are also included, and by organising seminars to raise awareness of dialogic practices. From 2016, 92 families have been followed with OD. Through an informal agreement with MHD's psychiatrists, patients/families are referred to the OD team. A nurse coordinates small OD teams. She receives requests from psychiatrists and checks the availability of each trained professional to create a new team. Trained professionals have received consent to devote only a few hours of their work time with OD teams, on average between 6 and 15 hours per week.

Criticism

- The decision-making process is not fully shared with patients and families, since psychiatrists outside of OD teams have patient's responsibility;
- poor availability of trained professionals to be part of OD teams;
- patients' follow-up not yet standardized in timing and procedures.

Conclusions

The OD team has presented a proposal to the Head of MHD to overcome criticisms. The Conference will offer a great opportunity to discuss with OD teams around the world about strategies to survive in MH services where OD teams have poor critical mass and are obliged to compete with monologic interventions and organisations.

§

Open up to the dialogue: the experience of three family therapists and trainers from Rome

Wednesday, 23rd June - 17:15: Q&A On-demand

Maria Laura Vittori [1], Francesca Romana De Gregorio [1], Sara Gentilezza [1]

1. *Istituto Europeo di Formazione e Consulenza Sistemica*

We first became acquainted with the Open Dialogue four years ago at the Mental Health Department of Frascati, where we were welcomed by the Director Marco D'Alema e by Marcella Venier who explained to us its paramount principles and invited us to join the group of clinical supervision run by Jorma Ahonen.

As family therapists and trainers we were used to meeting entire families, however, our way of treating them was quite different, more focused on reframing and redefining. The more we tried to find similarities, the more we faced dissimilarities: we had to rethink our way of taking care.

We appreciated the reflexivity and the multiplicity of voices inherent with the Open Dialogue, up to the point of bringing the model to our school of specialization, Iefcos, where, still today, our trainees can become familiar and passionate with the model. In the last four years, at Iefcos, we have been working in a dialogic way, involving our students either as facilitators or as members of the reflecting team, trying to respect all the principles of the Open Dialogue. Our clinical cases are supervised by Jorma Ahonen, who, at the very beginning of our practice, held a seminar for us.

We would like to share our experience.

§

Openness and Closure: An Epistemology of Bio-Psycho-Social Pathology.

Wednesday, 23rd June - 17:15: Q&A On-demand

Jacopo Stringo [1]

1. ISPS Lombardia

The theme of dialogue sure is one of the bedrocks of every human intersubjective relation. But the term *dialogue* itself is a complex construct, which delineates numerous facets of the issue, from the mere verbal co-production to the cooperative dimension, from the emotional aspects to the medium of communication. Since I first heard about Open Dialogue during a lesson at the University in 2017, many things have changed: the pandemic context has put a new light on the "dialogic issue", and on its ethical aftermath.

There is, in fact, a new, invisible barrier which separates the place where all originates, the psychosis' cradle in the life and intimate environment of the patient, from the external world; and this is not the psychotic delusion. Restarting from the principles of Open Dialogue may be a good answer to the therapeutical, deontological, and ethical issues raised by the latest contemporaneity. Even if openness and contact may still be impossible to (re)achieve in the near future, the epistemological foundations of the approach may give some precious hints about how to delineate the future steps.

As affirmed long ago by Jaakko Seikkula and Mary Olson in 2003, «the open dialogue approach is a way of resisting the experience of "pathology"» – even though it is irrefutable how that sentence changed profoundly its original meaning. Now we are facing a new concept of pathology, even more rooted in *societal*, *historical*, and *political* concerns.

§

Resignification of the crisis: from the "disease" to the "life story" narrative

Wednesday, 23rd June - 17:15: Q&A On-demand

Clara Mendez [1], Pedro Enrique Luque [2]

1. *Universidad de Alcalá,* **2.** *Psicólogo Colegiado M-33578*

In this presentation we highlight the importance of supporting people in the construction of their own narrative that explains the experiences of psychic suffering, offering alternatives beyond clinical diagnoses. We will explain that resignifying the experience allows the person to decide how to name and navigate their own crisis. Our objective is to share the different theories and ways of explaining psychic suffering that we have used, both in our own personal experiences and as psychologists. We will detail how having access to several narratives has been the most valuable tool to go through this situation, and for our community to give us better support. We will especially underline the narratives that link unusual experiences to the person's life experience. We argue that psychic suffering is the way the person has found to survive their own history in order to continue with their lives and that this approach provides other ways of responding to crises.

In conclusion, we want to highlight the significance for the person to have various narratives and interpretations about what they are experiencing so that they can choose the one that best suits their needs. Finding a kind way to narrate our history and our crises using our own words has allowed us to go from "I am sick, and this is biological" to "what do I need." Along that path, we have lost mental health professionals and close people, but we have created support networks where a new paradigm is being discussed.

§

Community Mental Health Fidelity Scale (COM-FIDE): ODDESSI pilot outcomes

Wednesday, 23rd June - 17:15: Q&A On-demand

Mauricio Alvarez [1], Melissa Lotmore [2], Steve Pilling [2]

1. *Kenniscentrum Phrenos / UMC Utrecht,* **2.** *University College London (UCL)*

Open Dialogue (OD) is a multi-component therapeutic and organizational intervention for crisis and continuing community mental health care with a therapeutic focus on clients' social networks. The development and implementation of this model of care in the United Kingdom require considerable contextual adaptations which need to be assessed to support effective implementation. Programme fidelity –the extent to which core components of an intervention are delivered as intended by an intervention protocol at all levels– is crucial for these adaptations.

Aims

To develop and pilot a programme fidelity measure for community mental health services providing OD and 'care as usual' (CAU) or standard NHS crisis and community care.

Methods

Measure structure, content, and scoring were developed and refined through an iterative process of discussion between the research team and OD experts. Measure was piloted in the 6 OD and 6 CAU services participating in a large-scale research programme.

Results

Initial data suggests that the *Co*mmunity *M*ental Health *Fide*lity *S*cale (COM-FIDES) is a potentially reliable and feasible measure of the fidelity of community mental health services and specific OD components of such services.

§

Implementing Dialogic Elements in clinical practice. The point of view of a psychiatrist "in charge". A naturalistic pilot study.

Wednesday, 23rd June - 17:15: Q&A On-demand

Lupo Macolino [1], Cristiana Ingigneri [1], Carolina Corsi [1], Sabina Giorgi [1], Alessia Gosta [1], Loredana Bisignani [1], Francesca De Palma [1], Carla Porziani [1], Sabrina De Giuli [1], Tiziana Lorini [1], Alessandro Antonucci [1], Giuseppe Ducci [1]

1. Asl Roma 1

We report data from 452 meetings with 58 users and their social network in two outpatient Units of the Mental Health Department of ASL Roma1 (public service) in the City of Rome in the years 2016-21.

We tried to apply as many of the Open Dialogue Principles and Key Elements of Dialogic Practice in our clinical setting. All users were already in treatment at the unit. The teams included at least two therapists, one formally trained in the Open Dialogue approach and the psychiatrist "in charge" for the given user. This was intended as an add-on to the usual ongoing treatment. Data collected included medication use, hospital admissions and some functional assessment, both before and after participation in a variable number of network meetings. Results look encouraging in all outcome measures. While not claiming this as definitive evidence of efficacy, we think it might help reflect on expectations and challenges for those who wish to try to adopt or adapt Dialogic Practices or even the full Open Dialogue approach in a Mental Health Department.

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Book presentation "New frontiers of Relational Thinking in Psychoanalysis"

Wednesday, 23rd June - 17:15: Q&A On-demand

Anna Lisa Mazzoleni [1], Maria Pia Roggero [2]

1. Urgenza psicologica Limen Onlus - Forum salute mentale Lecco, 2. SIPRe Institute of Milano

New Frontiers of RelationalThinking in Psychoanalysis aims to take the reader into the depths of their humanity, to promote a creative process that the author calls 'consistency'. Consistency is a quality that enables human subjects to make themselves the starting point of their life, whatever this may be.

Starting with an analysis of the social and cultural context, and of the fragility of the human subject, the author

continues by examining the essential assumptions, theoretical strands and key concepts, such as 'consciousness of con- sciousness', and the I subject, which helps underpin psychoanalysis. *New Frontiers of Relational Thinking in Psychoanalysis* develops theoretical and clinical ideas through a review of classic references, in light of new scientific and sociological perspectives, to explore and promote the progress of human beings towards their 'consistency'.

This book will be of great interest to anyone wanting to understand the place of relational thinking in psycho-analysis now, and how it is likely to develop in the near future, attentive to the challenges of society. It will also be of great value to psychoanalysts, psychologists and other mental health professionals, both in practice and in training.

§

The Italian Open Dialogue Network reflects on the Pilot Study

Wednesday, 23rd June - 17:15: Q&A On-demand

The Italian Open Dialogue Network [1]

1. *The Italian Open Dialogue network*

In 2016, a group of 78 mental health professionals, a family member and a researcher participated in an annual foundation training on Open Dialogue (OD) funded by the Italian Ministry of Health. The training was part of a larger project to assess the transferability of OD in the Italian context, which was coordinated by the ASL of Turin and involved eight mental health departments (MHDs) and the National Research Council.

At the end of the training, most professionals continued to practice OD. An informal network was established to organise national events and connect the group.

During the pandemic, OD practitioners started organising regular online meetings to share experiences and learn from each other. These meetings are still ongoing and are open to new members interested in OD.

The recording shows a conversation among professionals of the MHDs involved in foundation training during an online monthly meeting as they reflect on the Italian OD Pilot Study results.

Participants highlight that, from an organisational perspective, OD seems compatible with the Italian mental health system. The initial concern about legal issues related to the greater involvement of non-medical staff in decision-making has faded with practice. The main challenges reported in the conversation are understaffing, limited timeframes for responsive listening, the retirement of motivated colleagues who had participated in the training, the lack of a nationally accredited training programme. The research was acknowledged as a central element for documenting and developing dialogic practice for public mental health services.

§

The dialogical approach: therapeutic pathways to strengthen relationships and enhance support networks amongst vulnerable populations. A case study from Chennai, India

Wednesday, 23rd June - 17:15: Q&A On-demand

Keerthana Rajagopalan [1], Varsha Vinod [2], Lakshmi Sankaran [3]

1. *Lead, ECRC Kovalam,* **2.** *Clinical Psychologist, Emergency Care and Recovery Centre, The Banyan, Chennai,* **3.** *Chair in Department of Applied Psychology BALM, Kovalam*

Having completed the Open Dialogue course, we share our account of applying its principles at The Banyan's Emergency care and recovery centre that supports care of recovery of homeless and socially disadvantaged persons with mental health concerns. Personal attributions and the social context play a role. In India, support networks are essential to many decision-making processes, particularly amongst the socially disadvantaged groups and they play a significant role in enhancing social capital. OD encourages a climate of transparency and trust-building by facilitating decision making and discussing care planning in the presence of the client's support networks, providing space for each voice, decreasing social distance and hierarchies in combination and reducing the gap between sick and well roles. *Tolerance of uncertainty* : we do not offer ready-made solutions such as specific, pre-planned therapeutic interventions to the family or the single person in crisis". Systemic issues are thrown up from milieu (housing, livelihood, access to care and social entitlements) and including *social networks and a sense of continuity* fosters support in a crisis to discuss ways towards stability. *Immediate help and responsibility*: Listening to the narrative and utterances in the client's own words and stories in the here-and-now (than focus on symptoms) captures momentariness between client and therapists.

§

Addressivity and the anticipation of a future answer - on the art of listening. Listening to the voice of children and youths at sexual abuse: knowledge of what made exposed succeed disclosing

Wednesday, 23rd June - 17:15: Q&A On-demand

Anna Margrete Flåm [1], Maria Larsen Brattfjell [2]

1. *The Arctic University of Norway (UiT),* **2.** *Norwegian University of Science and Technology (NTNU)*

We know that disclosing child sexual abuse meets substantial barriers and that many exposed experience serious health problems across the lifespan.

Based on a recent study of adult users of "Norwegian Support Centers against Incest and Sexual Abuse", we present what this study can tell about circumstances that made final disclosure of child sexual abuse possible. Users at three of the largest support centers partook. The mean time from onset until final disclosure was 14, 6 years. Through qualitative research, their experiences of what made them finally succeed telling, are shown.

The knowledge these partakers share has great importance for how we attend and approach when tabooed issues are at stake towards children and youths. What is needed for hearing and seeing? What makes that which is evident for the one so difficult to see for the other? What contributes towards making a voice heard and become meaningful? What creates openings that really open for what previously is not heard?

Their experiences show how opening dialogues and final disclosure are made possible. We present the study and welcome reflections.

§

HOPEnDialogue feasibility study: Protocol for an Open Dialogue evaluation framework

Wednesday, 23rd June - 18:30: Q&A HOPEnDialogue

Mauricio Alvarez [1], Raffaella Pocobello [2], Steve Pilling [3], Jaakko Seikkula [4], Rob Saunders [3], Chrisje Couwenbergh [5], Tarek el Sehity [6], Sebastian von Peter [7], Kolja Heumann [7], Floortje Scheepers [8]

1. Kenniscentrum Phrenos / UMC Utrecht, 2. Institute of Cognitive Science and Technology- CNR, 3. University College London (UCL), 4. University of Jyväskylä, 5. Kenniscentrum Phrenos, 6. Sigmund Freud University / ISTC-CNR, 7. Medical University Brandenburg, 8. UMC Utrecht

Rationale

Open Dialogue (OD) is an approach focused on individuals' and networks' potentials to provide care for people experiencing a mental health crisis. In the last years, OD has been developed in several countries with promising findings. Since 2017, the ODDESSI trial has been assessing the effectiveness of a peer-supported version of OD in the United Kingdom. The present study aims to establish an evaluation framework to assess the outcomes of OD internationally.

Objectives

1. To evaluate the feasibility of an evaluation framework for OD's impact on participating sites;
2. To assess the impact of OD on 'time to relapse' and other service-user and caregiver outcomes;
3. To compare outcomes from pilot sites with those from ODDESSI sites.

Primary outcome

Time in days to relapse, measured as readmission to hospital or GAF score below 50, from baseline to endpoint.

Design

A 24-month prospective cohort study of consecutive referrals.

Population

Adults with a psychotic or any other severe mental health issue receiving OD in any participating sites.

Results

Sites will be followed and supported throughout the study to ensure maximum data collection and minimize model drift. Cox regression and mixed linear models will examine changes in time in the various primary and secondary outcomes.

Discussion

If proved to be feasible, the HOPEnDoialogue protocol would provide a common evaluation framework for OD teams internationally, and enhance the generalizability of ODDESSI findings.

Workshops

What is the Value and impact of Peer Participation in the Dialogic Conversation?

Monday, 21st June - 15:45: Workshop 1

Charmaine Harris [1], Nev Jones [2], Enric Garcia Torrent [3], João Ribeiro [4], Ronda (Ro) Speight [5], Annie Jeffrey [6], Andrea Zwicknagl [7], Yasmin Ishaq [8], Cindy Peterson Dana [9], Martijn Kole [10], Alita Taylor [11], Ed Altwies [12], Mia Kurtti [13]

1. *Open Dialogue Specialist Peer Practitioner ODDESSI and Tutor UK POD training,* **2.** *Asst Professor Community Psychiatry | Psychosis | Structural Equity I Anti-Poverty | User-Led Research | Democratizing HE | Reimagining Public Mental Health,* **3.** *Medical Anthropology Research Center, Universitat Rovira i Virgili,* **4.** *Peer worker,* **5.** *MHA of Westchester,* **6.** *Family Advocate,* **7.** *Neuroleptics Trialog Online 2021,* **8.** *Kent and Medway NHS and Social Care Partnership Trust,* **9.** *POD Trainer and Therapist,* **10.** *POD practitioner and founder of Enik Recovery college,* **11.** *Open Dialogue Pacific,* **12.** *Private practice,* **13.** *Nurse and Family Therapy and Open Dialogue trainer*

Part of the change within mental health services is driven by users and survivors of psychiatry. They introduced the concept of recovery and empowerment and developed peer support services. The involvement of peers within open dialogue network meetings was initiated for the first time in the parachute project. In the UK and the Netherlands, there is the integration of peers within the POD training program. Why should we involve peers in the network meetings? What do they contribute to dialogue, what is their value? And what role do peers take? Is there a need of structure for peer participation?

The panel will reflect from different perspectives on peer participation within open dialogue network meetings. The panel consists of peer specialists, psychiatrists and an open dialogue trainer and are from different parts of the world. The dialogue will be facilitated by two open dialogue facilitators and the reflection will be done by a reflecting team. Next to the in-person panel, there will be a chat function with chat monitors. And there will be video clips - open to interested participants, The dialogue and the reflections will be captured in artwork.

§

Multiple generational transitions in Open Dialogue

Monday, 21st June - 17:30: Workshop 2

Sebastian von Peter [1], Volkmar Aderhold [2], Kolja Heumann [3]

1. *Medical School Brandenburg,* **2.** *None,* **3.** *Medical School Brandeburg*

The Open Dialogue (OD) approach has spread over different countries and evolved depending on the local conditions of psychiatric and health care systems. Decades have passed between its origins in Western Lapland and its gradual, transnational processes of dissemination and implementation.

During this time, the people and institutions that have been and still are involved in teaching, learning, implementing, advocating for, and adapting the OD have changed. In short, the world in which OD originated is not the same as today, raising the question of what these personal and contextual changes mean for the application of OD both nationally and in different countries.

This symposium starts with a short overview on the various transitions and changes related to the organization, training, and implementation of OD in Germany during the past 15 years. This overview is meant as an input to "think with", aiming at exemplifying some of the challenges that are connected to these transitions and revealing the often temporary and fragile solutions that the German OD Network has been and still is attempting for. On the basis of these German experiences, the second, larger part of the symposium aims at dialogical exchange to better understand how comparable challenges have been dealt with in other service contexts, enabling mutual learning and comprehension.

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What can an anthropological perspective on Open Dialogue offer?

Monday, 21st June - 17:30: Workshop 3

David Mosse [1], Kiara Wickremasinghe [1], Liana Chase [2], Ruth Kloocke [3], Molly Carroll [4], Darren Baker [3], Keira Pratt-Boyden [1]

1. *SOAS University of London,* **2.** *Durham University,* **3.** *Barnet, Enfield & Haringey Mental Health NHS Trust,* **4.** *Barnet*

The session will explain the setting up and conduct of an on-going 3-year ESRC-funded project, 'Transformation in Mental Healthcare: An Anthropological Study of Open Dialogue (OD) in the UK's National Health Service' - APOD. This is a collaboration between SOAS University of London and an NHS Mental Health Trust. It involves an ethnographic team including anthropologists, mental health professionals and those with lived experience as service users and carers.

The ethnographic study is being undertaken alongside the ODDESSI randomised controlled trial of Peer-Supported Open Dialogue (POD). While the RCT will tell us whether on average people in crisis receiving POD do better than those in treatment as usual, drawing aggregate causal inferences, it will not explore in detail why, how or for whom OD works or does not, nor reveal the wide range of contextual factors. This is what ethnography hopes to throw light on.

The session will reflect on the relationship between Open Dialogue and anthropology and some methodological, epistemological and ethical issues that arise in undertaking immersive ethnographic research with Open Dialogue. It will discuss the opportunities and challenges of collaboration, participation and representation within a dialogical research process, and consider how Open Dialogue is a provocation to anthropology, as well as asking what is opened up through an anthropological stance and how its insights might improve POD practice. We will address these matters from different personal points of view reflecting on the necessity of reflexivity and work on the self as both anthropologists and Open Dialogue practitioners.

§

The Impact of Open Dialogue on Professional Identity

Monday, 21st June - 19:00: Workshop 4

Kirsten Bolton [1], Rebecca Hatton [2], Justin Palanci [3], Cindy Peterson Dana [4]

1. McLean Hospital, 2. Private practice, 3. Emory University Department of Psychiatry and Behavioral S, 4. POD Trainer and Therapist

Training in Open Dialogue (OD) provides an opportunity for a paradigm shift in one's professional identity on both micro and macro levels. This shift can be bidirectional in that it not only affects the way OD practitioners relate to others but the ways in which others in their contexts relate to them. When left unspoken these shifts may impact an OD practitioner's ability to be present with the networks they are engaging. Four practitioners will discuss the bidirectional impact that OD training has had on their professional identities in the context of their larger work settings. The intention is to create a forum to discuss these issues as well as to better identify particular themes. The following questions may be posted to attendees to generate dialogue on this topic:

1. Have you experienced any shifts within yourself as you relate to others after being identified as an OD practitioner?

2. Are there any parallels or incongruencies between your personal process of becoming an OD practitioner and your systemic work context?

3. Is this an issue that will go away on its own or one that needs to be addressed?

4. If this issue does need to be addressed what sorts of processes could be of use? (i.e. Intervision).

§

Presenting Research and Reflections about Global Open Dialogue and Dialogic Adaptations that include the Wisdom of Lived Experience

Tuesday, 22nd June - 17:15: Workshop 5

Ronda (Ro) Speight [1], Cindy Peterson Dana [2], Martijn Kole [3], Ed Altwies [4], Jay Mills [4], Charmaine Harris [5], Corrine Hendy [6], Sarah Carr [7], Sandy Steingard [8], Mia Kurtti [9], Nev Jones [10], Enric Garcia Torrent [11], Vicky Sigworth [12], Fred Sigworth [13]

1. MHA of Westchester, 2. POD Trainer and Therapist, 3. POD practitioner and founder of Enik Recovery college, 4. Private practice, 5. Open Dialogue Specialist Peer Practitioner ODDESSI and Tutor UK POD training, 6. Open Dialogue Nottingham, 7. University of Birmingham, 8. University of Vermont, 9. Nurse and Family Therapy and Open Dialogue trainer, 10. University of Southern Florida, 11. Medical Anthropology Research Center, Universitat Rovira i Virgili, 12. Family Member, 13. Yale University

Since the late 1960s, a diverse group of people including those who identify as survivors, peers, mad and experts by experience worked to organize within and in reaction to mental health service systems. These grassroots efforts emphasized civil rights and self-determination and led to more inclusion of peer voices and workers within systems including a growing number of Open Dialogue and dialogic projects worldwide.

With the increased participation of peers, have come concerns. Brown and Jones note, "while efforts to be more inclusive are being made, we see co-optation, the creation of 'separate and unequal' knowledge and practice siloes, and a lack of deeper engagement with the breadth of perspectives present in service user communities all of which limit the extent to which service user voices can influence systems change," (2021, p.2). We hope to explore how the inclusion of the wisdom of lived experience and peer workers on dialogic teams helps address these issues.

We propose both a pre-recorded and a live panel, with a compilation of the work and research outcomes of Open Dialogue teams that include team members who are experts by experience. Our live panel will also reflect on these practices and include a focus on how the intentional and structural inclusion of peers on dialogic teams embody shared power and help correct concerns of co-optation and epistemic inequity.

Brown Ph.D., Marie, and Nev Jones Ph.D. "Service User Participation Within the Mental Health System: Deepening Engagement." pp. 1-3

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§

Open Hearted Dialogue: Using Emotional CPR and Peer Support to Enable Every Voice to be Felt and Heard in Dialogical Practice

Tuesday, 22nd June - 19:00: Workshop 6

Daniel Fisher [1], Margaret Zawisza [2], Mateusz Biernat [3]
1. National Empowerment Center, 2. NHS, 3. Human Foundation

The goals of Open Dialogue and Emotional CPR (eCPR) are similar. In OD, the therapists aspire to enable each person in the network to get a "grip on life" and in eCPR the goal is for each person in a group to experience a revitalization of their life forces. eCPR strives to reignite the flow of life, which is often frozen by peoples' fearful responses to life's traumas. Dan and Margaret will share how, through eCPR, participants can experience Revitalization through Connection and emPowerment. In Open Dialogue, the goal is to help the person in distress and their network to thaw the frozen monologues of their own version of the world enabling them to engage in the flowing dialogue of the polyphony of multiple realities. eCPR complements Open Dialogue by nourishing each person's intrinsic capacity to resonate with the life frozen in each of us. In eCPR and Open Dialogue, the power of feelings and thoughts are shared in a much more egalitarian fashion than day-to-day life thereby creating more equality than in conventional therapy and usual life. eCPR furthers the goals of Open Dialogue, by ensuring that every voice is felt as well as heard. Mateusz, a peer and K a person with lived experience, both from Poland, will share how they have been integrating emotional CPR and Open Dialogue in their being together with K's network, helping K recover life. Margaret, and Dan will resonate with Mateusz and K and invite the audience to resonate with the presentation.

§

Spanish Open Dialogue Network

Tuesday, 22nd June - 19:00: Workshop S

Enric Garcia Torrent [1]

1. *Medical Anthropology Research Center, Universitat Rovira i Virgili*

This workshop will be organized by the Spanish Open Dialogue Network (https://t.me/joinchat/FqF5iFQ8lkaZzJkNfYZKFA, a team of over 30 researchers and practitioners), and will cover various topics on the experience in the implementation of open dialogue in Spanish-speaking countries. Testimonials will be given by the Unidad de Atención Temprana Joven del Hospital Universitario Príncipe de Asturias in Alcalá de Henares, Madrid, and the Centro de Atención de Salud Mental de Badalona II, Barcelona, the two projects with the longest track record in adopting the practice within the Spanish health system. Also participating will be members of the non-profit non-governmental organization La Porvenir, who offer care services based on open dialogue with peers from outside the mental health services. They will also discuss the training available, the perception of the practice by users, family members and society in general, and the different problems we face in extending the model throughout the territory. Future plans and opportunities to be developed will be discussed.

§

Adapting Open Dialogue in the US: the experiences of three psychiatrists in dialogue with an expert non-psychiatric clinician and an expert Peer

Tuesday, 22nd June - 19:00: Workshop 7

Keegan Arcure [1], *Christopher Gordon* [2], *Ashley Sproul* [1], *Joseph Stoklosa* [2], *Mark Viron* [1], *Rahel Bosson* [3]

1. *Advocates,* **2.** *Harvard Medical School,* **3.** *McLean Hospital*

Three psychiatrists share their experiences over the last nine years in attempting to adapt the principles of Open Dialogue in three settings:

- outpatient crisis services for people experiencing or recently having experienced psychosis;
- inpatient services for people experiencing psychosis;
- residential services for people with usually long experience dealing with the mental health system.

The psychiatrists are interviewed by an expert Open Dialogue clinician and by an expert Peer, who has participated in network meetings both as a Peer Support worker and as a member of a network herself. The psychiatrists and their interviewers/reflectors will explore their hopes, obstacles, and lessons learned, including surprises, successes, and cautionary tales in the process of adapting OD in the US context.

§

Open Dialogue & Psychodynamic Psychotherapy: Origins, Reflections, & Ways Forward

Tuesday, 22nd June - 19:00: Workshop 8

Justin Palanci [1], Elon Richman [1]

1. Emory University Department of Psychiatry and Behavioral Sciences

The rings of a tree tell us a great deal about its history. In the case of Open Dialogue (OD), it is often overlooked that much of the original staff in Tornio had several years of training in psychodynamic psychotherapy. Individual therapy is a point of emphasis in Alanen's need-adapted model, which served as the foundation for OD. How does that inform the practice today?

Clearly non-judgement, acceptance, flexibility, responsibility, psychological continuity and attention to the co-constructed language of experience are emphasized in both approaches. Additionally, some conceptualize OD as facilitating a psychotherapeutic discussion, while others have drawn a distinction between OD and the over-arching term of psychotherapy. Of course, Mikhail Bakhtin would not approve of sharp lines being drawn here. We would like to invite a dialogue to examine the thematic elements that inform both approaches to explore their similarities and differences. How do practitioners think of this issue especially in their work with networks over the long term, perhaps outside the context of an acute crisis? Examples of places to begin include: the unconscious versus the "not yet said," interpretation versus reflection, theory of mind, termination, and balancing the role of individual and network-based work. Finally, we will consider the OD training implications for those with significant experience practicing psychodynamic psychotherapy. Facilitators of this conversation currently practice OD at a community clinic and have experience with psychodynamic work and literature.

§

Global Families for Dialogic Approaches (GFDA)

Wednesday, 23rd June - 17:15: Workshop 9

Antonello Leogrande [1], Ronda (Ro) Speight [2], Mia Kurtti [3], Annie Jeffrey [4], Iseult Twamley [5], Ann McGuire [6], João Ribeiro [7], Pat Wright [8], Cathy Thorley [9], Martijn Kole [10], Cindy Peterson Dana [11], Ed Altwies [12], Jen Kilyon [13], Vicky Sigworth [1], Fred Sigworth [14]

1. Family Member, 2. MHA of Westchester, 3. Nurse and Family Therapy and Open Dialogue trainer, 4. KMPT (Kent & Medway NHS & Social Care Partnership Trust), 5. HS, 6. Family Advocate, 7. Peer worker, 8. ISPS Family Chair, 9. Systemic Family Therapist and Open Dialogue Trainer, 10. POD practitioner and founder of Enik Recovery college, 11. POD Trainer and Therapist, 12. Private practice, 13. UK Open Dialogue Champions, 14. Yale University

We are a diverse international group of family members who have experienced mental health needs within our families and have used/have an interest in learning about/using dialogic approaches. Some of us also work as dialogic practitioners or trainers.

We propose a presentation for the HOPEnDialogue Conference to explore the experiences of families. Our presentation will include both a pre-recorded and a live panel.

We will start each section (pre-recorded and live) with a brief overview of dialogic practice and offer resources in the live chat if attendees need more information. In addition, we will include a pre-recorded video collage with family members who will respond to questions about their experiences with dialogic and other treatment modalities around the world. These are some initial ideas about the questions we will ask of family members in the pre-recorded segment,

"What are your thoughts as a family member about mental health treatment and support services within your community?"

"What did not meet your hopes and needs for services and needs to be improved?"

"What worked well for you and your family?"

"What are your experiences as a family member with dialogic approaches?"

"Is there anything else you would like to tell us?"

What are your ideas for researchers, what needs to be studied?

We also would like to work to create, administer and summarize a Google survey for family members around the world and share the results during our live panel presentation.

§

Reflections on Training Practices and Ideas for Including the Wisdom of Lived Experience in Open Dialogue: What We Have Experienced and Learned

Wednesday, 23rd June - 19:00: Workshop 10

Ronda (Ro) Speight [1], Cindy Peterson Dana [2], Rai Waddingham [3], Chris Hansen [4], Iseult Twamley [5], Sandy Steingard [6], Jay Mills [7], Mia Kurtti [8], Charmaine Harris [9], Enric Garcia Torrent [10], Vicky Sigworth [11], Fred Sigworth [12], Alita Taylor [13], Martijn Kole [14], Ed Altwies [7]

1. MHA of Westchester, 2. POD Trainer and Therapist, 3. Nottingham Trent University, 4. Intentional Peer Support, 5. HS, 6. University of Vermont, 7. Private practice, 8. Nurse and Family Therapy and Open Dialogue trainer, 9. Open Dialogue Specialist Peer Practitioner ODDESSI and Tutor UK POD training, 10. Medical Anthropology Research Center, Universitat Rovira i Virgili, 11. Family Member, 12. Yale University, 13. Open Dialogue Pacific, 14. POD practitioner and founder of Enik Recovery college

Traditionally, Open Dialogue (OD) has been considered solely a clinical model, with OD practitioners working in various traditional professional roles. Open Dialogue approaches at their best, are therapeutic practices that bring together individuals and their identified social networks for panoptic dialogue, while democratizing

family and social support structures, in the process. This presentation will explore the influence, epistemic value and wisdom that the inclusion of disclosed lived expertise among team members bring to dialogic practice and training.

Most existing Open Dialogue training programmes has centered focus on traditional professional teams. Many programmes have not included strategies for the disclosure of lived peer and family experiences for team members in all roles and/or ideas about how to build and include specialized peer roles and training in partnership and within dialogic teams. We plan to present various dialogic training projects that emphasize the inclusion of disclosed lived/living experiences within the team. We will also include reflections about the need for these collaborative approaches as related to both inviting agency and shared power within social networks and addressing the need for epistemic and structural equity within dialogic practice and training.

Byskov, Morton F. "What Makes Epistemic Injustice an "Injustice"?" *Journal of Social Philosophy*, 18 May 2020, onlinelibrary.wiley.com/doi/full/10.1111/josp.12348#josp12348-sec-0001-title.

Kristie Dotson (2014) Conceptualizing Epistemic Oppression, Social Epistemology,28:2, 115-138, DOI: 10.1080/02691728.2013.782585

§

Open Dialogue Training in Latin America: Systematization of an ongoing experience

Wednesday, 23rd June - 19:00: Workshop 11

Roxana Zevallos [1], Nelly Chong [2], Rocío Chaveste [2], Papusa Molina [3], Elisa Petroni [2], Luis Itté [2], Cecília Villares [2], Guadalupe Elodia Interián Azcorra [2], Loreto Céspedes Paredes [4], Pilar Padilla [2], Adela García [2], Daniela Capparelli [2], Mara Costa [2], Tamara Rivera Rei [2], Leticia Rodriguez [2], Monica Maria Romani [2], Cynthia Sosa Infante [2], Sofía Cálcena [2], Jaakko Seikkula [5]

1. IFASIL Institute, 2. Latin American Network for Open Dialogue (LANOD), 3. Kanankil Institute, 4. Universidad Adolfo Ibañez Chile, 5. University of Jyväskylä

Research project: Reflections on the impact of the training programmes
As of 2019, 5 systematic training programmes in Open Dialogue (OD) have been generated in Mexico, Argentina, Uruguay, Paraguay and Brazil, with participants from these countries in addition to Peru, Chile and Spain.
People from different professions have participated: Social work, Nursing, Psychology, Psychiatry, Educational Psychology, Mediation, Medicine of different specialities and other disciplines.
These training prgrammes alternate intensive training days with dialogical methodologies, sustained by personal readings and clinical practices.
After two years, several questions have arisen:

- What had been the challenges present in the trainees' contexts and practices that aroused the interest in OD training? What were the trainees' expectations? How has the OD training affected clinical practice and personal life? Which are the elements of OD practice that most affected trainees?
- How has the clinical practice changed after finishing the training?
- How has local knowledge influenced/affected open dialogue practice?
- As training has been carried out mainly online due to the Covid-19 pandemic, how has virtuality influenced the training process?

This project is an opportunity to explore the particular way in which the beginning of OD method implementation unfolds in Latin America.

Methodology

Preparation of a qualitative analysis based on an open question survey sent through Google forms to participants and trainers of all training courses.

Posters

Towards a cultural change in psychiatric care: a qualitative study for the implementation of Open Dialogue in a Day Centre for psychosocial rehabilitation in Athens, Greece

Monday, 21st June - 09:00: Poster

Marina Skourteli [1], Lito Dimou [1], Philia Issari [2], Stelios Stylianidis [3]

1. E.P.A.P.S.Y. (Association for Regional Development and Mental Health, 2. National and Kapodistrian University of Athens, 3. E.P.A.P.S.Y. (Association for Regional Development and Mental Health, Panteion University Athens

Open Dialogue has demonstrated encouraging results for patients on the psychosis spectrum, across a number of different cultural contexts. However, the model is not widely disseminated in Greece, where there are no active Open Dialogue networks or any existing large-scale research assessing its implementation.

The present study aims to explore mental health professionals' attitudes and responses towards the introduction and implementation of Open Dialogue in EPAPSY's (Association for Regional Development and Mental Health) Franco Basaglia Day Centre for Psychosocial Rehabilitation. Participant observation was conducted amongst mental health professionals, members of an Open Dialogue multidisciplinary team, whereby participant responses and in-group dynamics were recorded by a researcher for a period of one year.

Epistemologically, the analysis reflects a critical-realist approach and was conducted using Thematic Network Analysis. Results highlight two distinct periods (Global themes) of introduction and implementation of Open Dialogue within the organisation: a) 'The introductory- investigation period' and b) 'The introductory systematisation period', with the transition from one period to the other further signifying a cultural and psychological shift amongst professionals with regard to notions of authority, professional identity and issues of control.

Over time, there is a move towards the clinical implementation of the model and increased extroversion, transparency and self-reflection from the part of professionals within the multidisciplinary team. This is an ongoing mixed-methods research study that increasingly focuses upon the clinical implementation of the Open Dialogue approach and is in line with attempts towards psychiatric reform and the democratisation of mental health.

§

Evaluation of the Impact of Foundation Level Open Dialogue training in an NHS Trust from the North of England

Monday, 21st June - 09:00: Poster

Simon Platts [1], Rose Martin [2]

1. South West Yorkshire Partnership NHS Foundation Trust, 2. University of Sheffield

Eighteen members of staff (Early Intervention, Home-Based Treatment, Mental Health Liaison, Enhanced CMHT) from an NHS Trust in Yorkshire (UK) took part in a year-long Open Dialogue (OD) Foundation Level training. Previous research has found that OD is acceptable to a UK audience, however the principles conflict with current ways of working and would require a culture shift to implement (Razzaque & Wood, 2015). This conflict was noted by participants undertaking training (Stockmann et al., 2019), although they found a positive shift in their attitude towards work.

We evaluated the Foundation Level OD training using a mixed-methods design; questionnaires at the start/end

of training, followed up by seven people from the Early Intervention team participating in interviews. We wanted to: (a) establish whether the training altered staff members' practice; (b) explore staff experiences of participating in OD training; and (c) explore their views on the acceptability and feasibility of implementing an OD approach.

Results indicated that over the course of the training, actively involving and working therapeutically with social networks increased. All participants reported changes to their practice, including implementing OD ideas and joint working within teams (although joint working across teams stayed the same).

Our analysis suggested benefits to practitioners personally and professionally, for example, increased understanding, 'togetherness', confidence and enthusiasm for the work. Conflict with current ways of working was acknowledged, however, staff expressed a preference for OD. The training was being implemented well in Early Intervention, although further training would be required to enable wider implementation.

Authors Index

Appendix:
Teams' Posters

MDSM Calatino 1

2015 – ASP 3 Catania, Caltagirone, Italy

Team composition

Nurses: Incardona, Carbone, Renda, Emmolo, Gulizia, Alberghina, Cirignotta, Tasca, De Carlo
Peer-support workers: Graziano, Lemoli, Motta
Psychiatrists: Barone, Greco, Lunardo, Aprile, Messina V., Pagano, Campisano, Foti, La Rocca, Messina S., Petrosino
Psychologists: Gulino E., Alma
Social Workers: Bevilacqua, Grosso, Caminita, Prete, Gulino G., Venniro, Di Gregorio
Other: Scala, Raniolo, Diana, Marchese, Ferraro, Chiarenza, D'Agosta, Sortino

Insights

Relevant contextual information, *including relevant policies, laws, restrictions, etc. that have (positively/ negatively) affected the development of your team?*	Caltagirone mental health service has a long tradition of community-oriented therapeutical policy. In Caltagirone were born social housing experiences for mental health care, such as group apartments, social cooperatives, social farms, and social working inclusion. One of the most crucial targets of our mission is focused on training. In the last five years, we included former mental health service users in our training programs, emphasizing the role of peer-supporter.
What have you found most helpful in building and strengthening your team?	We believe in group formation, a democratic approach and dialogical practice. We focused on these international guidelines both for clinical work and for training..
Main challenges:	We found at the first time difficulties in introducing a dialogical approach because it was very different from the traditional one based on psychiatric diagnosis, psychopharmacological therapy and hospitalization.
Biggest accomplishment:	In these years, we used Open Dialogue for 150 families; this approach allowed a significant reduction in drug use, hospitalization and psychosis relapse.
Next goal:	Enhancement of ongoing training for Open Dialogue operators. Application of this approach in adolescence, in collaboration with child psychiatric service.
Any important alliances and collaborations with other institutions?	We started collaboration projects focused on applying the dialogical approach in the high schools and municipal services.
Relevant publications	- Barone, Morretta, Gulino "*OPEN DIALOGUE. UN INTERVENTOINNOVATIVO CON LA FAMIGLIA E LA RETE SOCIALE NEL DIPARTIMENTO DI SALUTE MENTALE DI CALTAGIRONE-PALAGONIA*" nella rivista "Nuova rassegna di studi psichiatrici", vol. 14; - Barone e alt., «Benessere Mentale di Comunità», Franco Angeli

HOPENDIALOGUE

Open Dialogue Torino

ASL CITTÀ DI TORINO

Team composition	**Psychiatrists:** A.P. Marchetti, M. Muscianisi, A. Palma **Nurses**: MG Balice, F. Battaglia, P. Candeletti, T. Costanza, G. Moscato, G.L. Zanelli **Psychologists/Psychotherapists:** M.P. Musci , F. Corriero **Other Professional**: P. Cannone, M. Floris, G. Salamina

Insight

What have you found to be most helpful in building and strengthening your team?	The diversity of experiences and professional backgrounds, multidisciplinary, flexibility of professionals in joining the different OD teams, the quality od dialogues, the supervision (with Richard Armitage), the contribution from the formal and informal network, the positive feedback from the families, involved in the dialogical process, and from the non-trained professionals involved in the OD meetings.
Main challenges	The introduction of the dialogic approach into services often skeptical and, sometimes, resistant to change. The adoption of the OD as the main approach in supporting clients/families requesting help in crisis situations or when the care giving pathways are already structured. The readiness to "revise" one's own paradigms and to focus the intervention on relationship, on trust, on listening to the voices and reasons from persons involved in meetings, on listening to the "polyphony", for reaching a co-construction of the therapeutic projects, rather than dwelling on the symptoms.
Relevant contextual information	The training course, the pilot project and the implementation of the Open Dialogue in Turin were carried out at the same time as the unification process of the two Local Health Units of Turin in a single big Mental Health Department, which has highlighted important organisational differences between the two territories. The recommendation of selecting professionals for the OD training from a single Mental Health Service was not followed; professionals were selected from different Services, located in distant places and now they still continue to work isolated in separated Services within the unique MH Department. At present, trained professional, scattered in the MH Department of Turin, are formally seconded to OD activities six hours a week and allowed to move in other Services within the Department where OD meetings with families are organised.
Are there any important alliances and collaborations with other institutions?	Italian Ministry of Health; Department of Prevention of Turin; other Italian MH Depts (Savona, Modena, Caltagirone, Bergamo, Bolzano, etc.); WAPR, Addiction Services, Centres for Adolescents, counselling services existing in public High Schools in Turin.
Relevant publications?	Nothing at the moment
Biggest accomplishment(s):	A plan for re-organising OD activities with the MH Department of Turin that includes the centralisation of requests of OD treatment coming from all over the city. Realisation of five short-term trainings (20hrs duration) to raise awareness and provide basic information on dialogical practices within the MH Dept. of Turin. OD results have been analysed and reported in dissertations for Degree in Nursing and presented in conferences. Despite the reduction of trained professionals over time, due to retirements, and limited number of hours allowed to OD activities, 92 families were taken in charge with OD meetings.
Next objective(s):	To create a centralised OD service, where trained professionals may gather and work full time with OD and where requests for OD treatment may converge. To plan for new training courses, in order to increase the number of trained professionals and strengthening the dialogical skills of those who already attended foundation trainings.

"Dialogue practice in Turin's experience"
Mental Health Department - ASL Città di Torino

Working Group Members
Balice, Battaglia, Candeletti, Cannone, Corriero, Costanza, Floris, Marchetti, Moscato, Musci, Muscianisi, Palma, Salamina, Zanelli.

Il territorio
ASL città di Torino
Rete Ospedale Territorio - R.O.T.
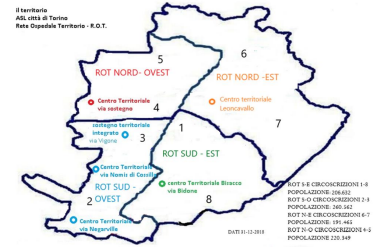
"Open Dialogue" is an international clinical practice's distinctive name, focusing on patients in crisis and on his/her family/social networks. Precisely for this, OD has the ability to integrate with all the patient's resources, both formal and informal. At the moment, the OD is not acknowledged as an autonomous treatment model in our MHD. The Turin OD team has asked and is waiting for a formal organisational recognition, which is needful to allow OD teams to fully work in the interest of services' integration with respect to patient's needs.

The Turin OD team has presented a project to obtain:
- the formal establishment of a working group (seconded trained professionals with 6 hours' assignment a week, but these are often not allowed/available for organisational reasons);
- the creation of a single centralised service for receiving and assigning requests for help to OD teams (in January 2020, the outpatient clinic in S. Pellico Street was assigned for this purpose, protocol nb 2020-0008053-OCD001, but the project was stalled by the pandemic)

Service Aim

The goal of the OD group is to promote the adoption of the OD practice at the Department of Mental Health of Turin as the intervention of choice for the first psychotic episodes and in general for psychiatric crises. At the moment, due to the limited number of trained professionals, who are assigned to different outpatient services, the OD is considered just as one of the possible therapeutic choices, integrating with other treatments.

Practice Description

In dialogical practices (open dialogue and anticipatory dialogue) are also involved motivated and short-term trained professionals (20-hours' training course). Families are selected informally by MHDs; there is no formal reception point; the coordinator, who is in charge of receiving requests, does not have a formal commitment; requests for help are accepted by OD teams according to the availability of each professional. Unfortunately, this not always takes into account families' and clinical needs, because hierarchical and organisational constraints prevail in the organisation of the work in the Service and consequently in OD teams organisation. Dialogical interventions are carried out in three different ways within the MH department:
- Open dialogue
- Anticipatory dialogue
- Network meeting

Over time, despite the reduced number of hours and professionals available, 92 different families were included in the Open Dialogue (the table below shows the characteristics of the families, based on the year of inception). s

Clients

	4/2016-7/2017		2018		2019		2020	
Families	23		42		64		36	
Median age	Female-**27,5** Male- **26,3** 17/25 aa - **9 (39%)**		Female-**30,8** Male- **26,4** 17 /25 aa - **21 (50%)**		Female-**32** Male- **28** 17/25 aa - **24 (38%)**		Female-**35*** Male- **35*** 17/25 aa - **10 (28%)**	
Diagnosis	Psycosis-**9** anxiety/mood D.-**8** Personality D.-**5** cognitive deficit-**1**		Psycosis-**21** anxiety/mood D.-**5** Personality D.-**8** No diagnosis-**7** OCD- **1**		Psycosis-**33** anxiety/mood D.-**10** Personality D.-**9** No diagnosis-**10** OCD- **2**		Psycosis-**6 *** anxiety/mood D.-**2*** Personality D.-**4*** No diagnosis-**1*** OCD- **2***	
Relatives' role	participants-**23**		participants-**37** Absent network-**2** Just notified problem - **3**		participants-**60** Absent network-**2** Not involved/unaffected-**2**		participants-**10*** Absent network-**2*** Not involved/unaffected-**3***	
Meetings status	Active-**10** ended-**13**		Active-**29** ended-**13**		Active-**34** ended-**30**		Active-**15*** only Active ended-**21**	
Reasons for ending	Objectives achieved	5	Objectives achieved	nr	Objectives achieved	17	Objectives achieved	14
	transfer to other service	3	transfer to other service	nr	transfer to other service	12	transfer to other service	3
	individual's request	5	individual's request	nr	individual's request	11	individual's request	4

Training

During the reported years, Turin OD professionals have received the clinical supervision of dr. Richard Armitage, except in 2020 due to COVID19. Between 2017 and 2019, 5 editions of a 20-hours short-term training course on dialogical practices were organised. These were entitled "Dialogue approaches in the care-giving relationship and networking" and were intended for all professionals working at the MHD of Turin . The aim was to promote the information and the adoption of dialogical approaches in caregiving pathways both in severe psychiatric crisis and in maintaining long-term efficacy. The clinical activity has been the subject of investigations and insights, with the production of dissertations written by graduates in nursing sciences.

Participation to OD-related Events

- OPI of Bolzano - Conference "Evolution of the nursing profession through research and clinical practice in mental health"
- lSST of Bergamo (west) - Residential course "Early interventions in schizophrenia: open dialogue"
- 48th SIEP Congress - "Mental Health in the third millennium, the goal of healing: research, innovation, changes and limits" - Symposium "The skills of the mental health nurse in the healing process" - "Open dialogue and dialogue practices in helping relationships and in networking: the Turin experience"
- III WAPR World Congress in Madrid. "Recovery, Citizenship, Human Rights, Reviewing consensus" - Symposium: "Practices oriented to the subjective dimension in mental health services; an innovative approach: dialogical practices in an Italian Mental Health Department (MHD): Open and Anticipatory Dialogue. "

H O P E N D I A L O G U E

Development of OD in Israel

2018- ODI- Open Dialogue Israel

Team composition

Social Workers:
Itay Kander
Lila Hefer
Sivan Bar On

Insights

Who are we?	**ODI – Open Dialogue Israel** is a non-profit organization that aims to modify and implement the Open dialogue approach in Israel. We offer basic foundation courses and introductory workshops, work to create a community that works and believes in the OD approach and also strive to promote an ideological change within the mental health system in Israel.
Our goal	Our goal is to establish a wide net of OD teams across Israel that will assist in the prevention of psychiatric hospitalizations and promote a systemic-dialogic treatment for those who suffer from a mental crisis. This net will operate from within the system with teams working in hospitals, various ambulatory services and rehabilitation organizations, alongside new independent teams.
Main challenges:	We are getting eproval from the administry of health, but have not yet any funds to support our goals.
Biggest accomplishment:	First foundation course in Israel- 42 graduates now supporting families in «MAZOR» and «Kfar-Shaul» hospitals, along side independet tems working as a privet small serviseces.

H O P E N D I A L O G U E

Open Dialogue Portugal

2020 – Fundação Romão de Sousa, Estremoz, Portugal

Team composition

Psychiatrists: 1
Psychologists: 3

Research Assistant: 1

Insights

Relevant contextual information, *including relevant policies, laws, restrictions, etc. that have (positively/ negatively) affected the development of your team?*	The pandemic crisis forced the project to adapt to online format. The organization of the Portuguese Mental System has caused difficulties on accessibility of patients to the Project and in coordination between services. The target population demonstrated low levels of awareness on mental and emotional difficulties.
What have you found most helpful in building and strengthening your team?	The experience of working together as a team and the formative experiences of stating something from scratch.
Main challenges:	Undertaking reflections through online meetings and therapy at a distance. Liasing with social network and other institutions.
Biggest accomplishment:	Enhancing resources in patients and families
Next goal:	To promote the Open Dialogue way of working in the Portuguese National Mental Health Plan
Any important alliances and collaborations with other institutions?	Child Protection Services and City Councils
Relevant publications	Poster presentation- XIV National Congress of Psychiatry and two Webinars

Navan Community Mental Health Team

2019– HSE, County Meath, Ireland

Navan team implementation group composition:

Nurses: 4
Psychiatrists: 2
Psychologists 1
Social Workers: 1
Occupational Therapists: 1

Relevant contextual i nformation, *including relevant policies, law s, restrictions, etc. that have (positively/ negatively) affected the development of your team?*	We work within a traditional community mental health team within a hierarchical medical model syste m. We secured funding through SRF (social reform funding) in the HSE for18 professionals to train in foundational open dialogue. Training will finish in June 2021
What have you found most helpful in building and strengthening your team?	Enthusiasm of the team and willingness of staff to engage in training and implement the approach Training alongisde eachother Working group including management and family representation who champion and support the project Trainers who understand the culture we work within
Main challenges:	Open dialogue does not feature in national health service plans. Therefore difficult to build awareness of the approach in the health service context. Subsequently training opportunities and funding sources are very limited to build on developments
Biggest accomplish ment:	Embedding the culture of family involvemnent Having all disciplines involved-richness of perspectives Securing funding to train in unison
Next goal:	Organising our team to practice open dialogue as routine and encouraging others in the system to work in this way alongside us Continuing to engage in supervision and reflective practice Building a wider network of open dialogue practitioners Promoting open dialogue approach within state systems
Any important allianc es and collaborations	Open dialogue Ireland (trainers) Local consumer panel, DNNE recovery college

3rd Meeting of the International Open Dialogue Research Collaboration

H OPEN DIALOGUE

Hospital Universitario Príncipe de Asturias
Área de Gestión Clínica de Psiquiatría y Salud Mental
SaludMadrid
Comunidad de Madrid

UAT Early Care Unit. Accompanying people who face an experience of psychosis for the first time

July 2017– Hospital Universitario Príncipe de Asturias, Madrid, Spain

Team composition

1. Nurse
1 Peer-support workers:
   Currently, pending hiring soon
1 Psychiatrists
1 Psychologists: Unit Coordinator
1 Occupational Therapist
2 Resident Doctor/ Psichologist/Nurse

Relevant contextual information, *affected the development of your team?*

Affect negatively:
1. Biologicist and hospital – centric prevailing model
2. Coercitive practices in other services of the hospital, like emergency room and short term unit
3. The coordination in other services is focused in talking about the clients and making decisions for them without

Affect positively:
1. Humanization plan for health care assistance 2016 – 2019
2. Strategic plan of Mental Health in Madrid Community 2018 – 2020
3. Good practices registry to reduce the use of coercion in the Hospital Universitario Príncipe de Asturias

What have you found most helpful in building and strengthening your team?
1. The trust and commitment of the team with the OD approach
2. Formal training. OD Fundation in London.
3. Study group in the team. Study of books, articles and debate within the team
4. OD practice in the team meetings and shared daily life
5. Dialogue about how are we feeling personally
6. Listen to the movements of mental health activists
7. Connection with other international experiences through the International Meeting in OD: Finland 2018, Poland 2019
8. Supervision spaces with Olga Runcimán
9. The increasing number of residents doctors interested in OD approach and wanting to come train with us comming from all over Spain

Main challenges:
1. Mantain the quality of the work with an increasing number of new clients to work with and a reduced team
2. Set up alliances with other proffesionals/teams in the area in order to be able to include them in the meetings when needed
3. Organize a formal training for residents in psychiatrist, psychology and nursery
4. Create a shared coordination structure between services with other reference models, respectful and efficient for the people we work with and that allows us to fit in the area.
5. Contribute due to the public and private university training in the creation of other teams.
6. Transmit a collective perspective of relationships and mental health
7. Maintain the position of the team in not doing involuntary acceptances at the hospital despite the pressure of the system to do it

Biggest accomplishment:
1. The high acceptance and satisfaction with the OD frame expressed by our clients.
2. Set up a unit to work with first psychotic episodes in an OD frame in the public system and in a context where there was no teams working with this approach before.
4. Being the reference centre in Spain in how to introduce OD in the public system
5. Less number of emergency room visits and hospital stay needed by our clients. Being able to work through difficult processes with no or little amount of medication needed.

Next goal:
1. Hiring peer support workers to join the team
2. Increasing the team size to be able to offer an evening shift to our clients.
3. Organize the next OD International Meeting in Spain in 2022
4. Reincorporate the figure of first experience pair expert, investigation, further training.

Any important alliances and collaborations with other institutions?
1. JAEC foundation in Switzerland
2. La Porvenir association in Madrid
4. University of Almería
5. Movimiento Loco and first person experts
6. Psycovery service in Denmark

Relevant publications:
1. Parrabera García S.et al. La UAT: Una adaptación del marco de Diálogo Abierto finlandés (UAT: An adaptation of the Finnish Open Dialogue framework). Rev. Asoc. Esp. Neuropsiq. 2019; 39(135): 91-109
https://www.revistaaen.es/index.php/aen/article/view/17108/16979/
2. Parrabera García S. et al. El marco de Diálogo Abierto en la Unidad de Atención Temprana a la psicosis (UAT IC) de Alcalá de Henares. (The framework of Open Dialogue in the Early Care Unit for psychosis (UAT IC) of Alcalá de Henares) Boletín AMSM 2018; 43:20-29.
https://amsm.es/2018/08/06/el-marco-de-dialogo-abierto-en-la-unidad-de-atencion-temprana-a-la-psicosis-uat-ic-de-alcala-de-henares-silvia-parrabera-boletin-no-43-de-la-amsm-primavera-2018

HOPENDIALOGUE
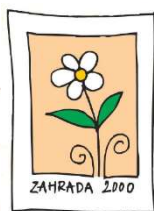
ZAHRADA 2000 - OD Team

2017 – ZAHRADA 2000, Jeseník, Czech Republic

Team composition

Peer-support workers: 1
Psychiatrists: 1
Psychologists: 1
Social Workers: 4
Other: Housing and finance specialist 1

Insights

Relevant contextual information, *including relevant policies, laws, restrictions, etc. that have (positively/ negatively) affected the development of your team?*	Ongoing reform of psychiatric care with emphasis on creation of multidisciplinary community teams. Support from EHS (Norwegian funds), Nordic inspiration. Remote, isolated, sparsely populated region creating opportunity to find "alternative" solutions and resources. Inflexible system of financing from health insurance companies which does not correspond with ongoing reform and prefers individual work.
What have you found most helpful in building and strengthening your team?	Daily team intervision. Support and supervisions with our Norwegian partners. Support from the management of the organization. Ongoing education.
Main challenges:	The requirement for authentic acceptance and personal compliance with the principles of Open Dialogue (OD). Adaptation of OD principles on Social Services Act. Financing.
Biggest accomplishment:	OD team available for the whole region. Providing 1year Open Dialogue foundation trainings. Opening 5year psychotherapeutic Open Dialogue training with accreditation of Ministry of Health.
Next goal:	Improving the existing services. With better financing shift to 24/7 and providing crisis beds. Hosting of International conference on dialogical practices in 2022.
Any important alliances and collaborations with other institutions?	Narativ, Czech Republic Mark S. Hopfenbeck, Norwegian University of Science and Technology God Dialog-klinikken, Norway
Relevant publications	Brochure - Open Dialogue in Practice, ZAHRADA 2000, 2018

H O P E N D I A L O G U E

Offener Dialog e.V.

2016* – Leipzig, Germany

Team composition

Nurses: 1
Peer-support workers: 1
Psychiatrists: 0
Psychologists: 4
Social Workers: 1
Other: 3

Insights

Relevant contextual information, *including relevant policies, laws, restrictions, etc. that have affected the development of your team?*	Offener Dialog e.V. is an NGO operating indepently from the German healthcare system, providing multiprofessional and peer-driven crisis support and counselling. Inspired by grassroots democracy we aim for collaborative, non-hierarchical structures and decision-determined work environment. However, both temporally limited or insufficient funding lead to considerable staff turnover rates.
What have you found most helpful in building and strengthening your team?	Initial start-up financing by Aktion Mensch helped establish two positions regarding crisis support. Integrating „Complimentary independent participation counselling (EUTB)" allowed for additional funding and cooperative, comprehensive counselling (e.g. rehabilitation, participation and crisis support). Designing our own non-hierarchical strucure helped remaining indepent and establishing our own criteria, which are not externally imposed.
Main challenges:	Long-term financing of all staff and temporal, biennial limitations of EUTB funding. Integrating participating networks within crisis support can prove challenging due to individualistic cultures and behaviour.
Biggest accomplishment:	Offener Dialog e.V. is the only project in Germany to offer the concept of Open Dialogue as means of independent crisis support outside psychiatric clinics and institutions. We furthermore offer safe spaces for self-help and peer-support groups (e.g. hearing voices, recovery, assistance café).
Next goal:	We seek to grow towards a more diverse, larger team and offer advanced training in terms of Open Dialogue to more people within the city of Leipzig and its surrounding areas. We also hope for sustainable, long-term oportunities of funding.
Any important alliances and collaborations with other institutions?	We are closely collaborating with other EUTBs, NGOs, and psychiatric instituitons - within the region of Leipzig as well as on a nationwide level. We also work with the „Bundesverband Psychiatrieerfahrener" (Federal Association of People with psychiatric experiences).

NHS Barnsley Early Intervention Team

South West Yorkshire Partnership NHS Foundation Trust

2019

South West Yorkshire Partnership NHS Foundation Trust, Barnsley, UK

Team composition

(currently 7 people trained in Open Dialogue at Foundation Level)

Nurses: 11 (inc. Team Manager)
Peer-support workers: 1 or 2 (currently vacant)
Psychiatrists: 1.6
Psychologists: 1
Social Workers: 1
Other: 1.6 Occupational Therapists
      1.6 CBT Practitioners
      5 support/housing workers
      1 employment specialist

Insights

Relevant contextual information, *including relevant policies, laws, restrictions, etc. that have (positively/ negatively) affected the development of your team?*	The team had been developing systemic/dialogical practices since 2013, leading to Open Dialogue Foundation Level Training for 18 people in 2019 (nine from Early Intervention; nine from other crisis and community services)
What have you found most helpful in building and strengthening your team?	Training (Foundation Level; in-house short courses); separate systemic/dialogical supervision; joint working between systemically/dialogically trained practitioners and other team members.
Main challenges:	Impact of COVID and two OD-trained practitioners leaving; integration of psychiatry into network meetings; supervision for colleagues from other services; joint working with other services; shifting practice/culture within Barnsley, when other services under significant strain and not receptive to new ways of working
Biggest accomplishment:	EIT offers input to most families/social networks and works therapeutically with about 40% (about 50% in 2019 during training/before COVID); some life-changing outcomes
Next goal:	Re-instigating Open Dialogue-informed practice following COVID
Any important alliances and collaborations with other institutions?	No
Relevant publications	Platts & Martin (2021): Evaluation of the Impact of Foundation Level Open Dialogue training in an NHS Trust from the North of England *(poster to be presented in conference)*

H OPEN DIALOGUE

Open Dialogue Budapest

Open Dialogue in Budapest

2019 – Minket segítő beszélgetés, Budapest, Hungary

Open Dialogue in Budapest:

minketsegitobeszelgetes.hu

Nagy Ádám, Tóth László, Hága Győző,
Ács Dániel, Soltész Ágnes, Részeg
Imola, Bodrogi Bálint

Team composition

Psychologists: 3
Counsellor: 1
Mental health professional: 2
Supervisor: 1

Insights

Relevant contextual information, *including relevant policies, laws, restrictions, etc. that have (positively/ negatively) affected the development of your team?*	Hungarian legal framework regarding working with people as a helper has recently changed, causing uncertainty and anxiety among non-medically trained professionals. Currently the mainstream is centralized, medicalized and professionalized, on the expense of community treatment, and other kinds of non-medical approaches to addressing emotional / existential suffering.
What have you found most helpful in building and strengthening your team?	Practicing network meetings, sharing our experiences, and reflecting. Organizing intervision groups.
Main challenges:	There is no OD training recognized by any university or professional association neither in Hungary nor anywhere else in the world.
Biggest accomplishment:	Giving the first lecture in Hungary on Open Dialogue at the XXIV. Community Psychiatry Conference (2019).
Next goal:	Founding *Open Dialogue Budapest.*
Any important alliances and collaborations with other institutions?	Feldmár Intézet, Soteria Alapítvány (two Hungarian non-profit civil organizations)
Relevant publications	Daniel Acs, *Soteria Shelter Program in Hungary: Crisis as Danger and Opportunity* (Mad In America, 2017)

EPAPSY
SCIENTIFIC ASSOCIATION FOR REGIONAL DEVELOPMENT AND MENTAL HEALTH

Outreach Team 'Franco Basaglia'
2018 – EPAPSY, Athens, Greece

Team composition

Nurses: 1
Psychiatrists: 1
Psychologists: 6
Social Workers: 2
Research Assistant: 1
Occupational Therapist: 1

Insights

Relevant contextual information, *including relevant policies, laws, restrictions, etc. that have (positively/ negatively) affected the development of your team?*	+ Preexisting home intervention (ACT) team. + Collaboration with families from other Day Centre (DC) services. + Family is a very important institution in Greece. + Interdisciplinary team, preexisting polyphony. - Process of involuntary hospitalization. - Collaboration with public services depends on professionals' goodwill. - Relevant services were not familiar with home based interventions. - Lack of continuation and follow up in therapy
What have you found most helpful in building and strengthening your team?	• IPs were less defensive in the face of the inclusivity of the OD model. • Access to homes was enhanced. • Establishment of a deeper dialogue between members of the team. • Team work was enhanced – from the individual to the dialogical work. • There was extra OD supervision. • The OD approach provided extra tools for intervention in crisis.
Main challenges:	• Changes in the application of psychiatry at local and national context. • Achievement of flexibility while working in multiple services of the DC. • Moving from psychosis intervention to general crisis intervention. • Common language and goals for therapists of different approaches. • Coordinate the different voices to produce polyphony
Biggest accomplishment:	• Establishment of a referral pathway with relevant local services. • Achievement of earlier intervention in crisis in general and quicker response in up to 48 hours.
Next goal:	• Training, education, publications, evidence-based. • Raising awareness in the community
Any important alliances with other institutions?	Reference Hospitals, police departments, social services, Finish team, Volos Mental Health Centre team, OD supervisor, Universities
Relevant publications	1. Deredini et al. (2021). Therapeutic intervention for family and family's network: An example of family therapy in Athens, Greece. 2. Skourteli et al. (2021). The Open Dialogue pilot project in a Day centre in Athens.

Place your team's logo

Right click and change image

Open Dialogue Network Japan (ODNJP)

2015- Japan

ODNJP

Members: ca. 500
Joint-chairpersons: 3
Steering committee members: 20
secretary general: 1

Insights

Relevant contextual information, *including relevant policies, laws, restrictions, etc. that have (positively/ negatively) affected the development of your team?*	Mental hospital-centered system、hierarchical structure in psychiaric care service, drug-centered therapy and poor performance of social work system prevent from introducing Open Dialogue
What have you found most helpful in building and strengthening your team?	Professionals' high level of interest in Open Dialogue
Main challenges:	Introduction of Open Dialogue where there is no institutional foundation Preventing Open Dialogue from being considered a persuasive tool
Biggest accomplishment:	82 people completed Open Dialogue foundation course, ca. 200 people participated 3Days Open Dialogue Workshop,
Next goal:	Participation of service users Support of psychiatric institutions which plan to introduce Open Dialogue.
Any important alliances and collaborations with other institutions?	Japan Association of Family Therapy
Relevant publications:	Guidelines for Dialogical Practice in Open Dialogue Approach, 2018 (Japanese)

Biwako Hospital Dialogical Practice Unit

2019 – Biwako Hospital, Shiga, Japan

Team composition

Professions	Full-time	Part-time
Nurses	11	4
Care Workers	5	2
Occupational Therapists	1	1
Peer-support workers	0	5
Psychologists	1	1
Social Workers	4	0
Psychiatrists	2	1
Secreary	0	1

Insights

Relevant contextual information, *including relevant policies, laws, restrictions, etc. that have (positively/ negatively) affected the development of your team?*	Traditional methods seem to predominate in Japanese psychiatric hospitals. Implementation of dialogical practices is a challenge in the Japanese health insurance system.
What have you found most helpful in building and strengthening your team?	Repeated team reflection through team meetings, training, and team supervision have lead changes in the relationship with the client through therapeutic meetings
Main challenges:	We have tried to facilitate dialogue among clients who are long-term residents of psychiatric hospitals, networks, and team members.
Biggest accomplishment:	The clients and team members are beginning to talk about themselves and connect with each others. A change from persuading clients of conventional support to a need-adapted approach Many of clients have been discharged and settled in the community.
Next goal:	To move forward with team training and increase the number of practitioners Collaborative forming of a psychotherapeutic places Dissolution of long-term hospitalization To improve mobility and flexibility To promote collaboration with peer-support workers
Any important alliances and collaborations with other institutions?	Online study group connections with multiple practice teams in the country and occasional collaborative treatment meetings.
Relevant publications	Murakami, Junichi (2019). Challenge to open dialogues in the psychiatric hospital setting (Japanese), *Saishin Seishin Igaku,* 24(5), 349-358

University of Tsukuba

2017 – University of Tsukuba Hospital, Tsukuba, Japan

Team composition

Psychiatrists: 4
Psychologists: 1

Insights

Relevant contextual information, *including relevant policies, laws, restrictions, etc. that have (positively/ negatively) affected the development of your team?*	We are specialized in mental health issues associated with psychosocial factors, such as social withdrawal (*Hikikomori*), abuse, and industrial health. Our challenge is to deliver dialogical practice in the outpatient setting at a university hospital.
What have you found most helpful in building and strengthening your team?	We are all graduates of the same OD foundation course. We also have a collaborative system with other mental health specialists in the university.
Main challenges:	Meeting rooms are so "compact" and it's not easy to find appropriate space. It's also challenging to secure enough time for dialogue.
Biggest accomplishment:	We've applied dialogical practice to clients of social withdrawal, abuse, and domestic violence, and so forth. It has been so helpful.
Next goal:	Our proposal was approved by the Grant-in-Aid for Scientific Research and we received a public research budget. We're thinking of clarifying the evidence of dialogue practice in remote environments.
Any important alliances and collaborations with other institutions?	Open Dialogue Network Japan (ODNJP)
Relevant publications	Open dialogue approach to schizophrenic patients. Journal of psychiatric treatment, 2017 (Japanese).

H O P E N D I A L O G U E

OD Valbormida

2017 — Local Health Authority Savona &
Association "Noi per Voi" Carcare (Sv), Italy

Team composition

Nurses: 1
Peer-support workers: 1
Psychiatrists: 2
Psychologists: 2
Child and adolescent psychiatrists: 1

Insights

Relevant contextual information, *includingr elevant policies, laws, restrictions, etc. that have (positively/ negatively) affected the development of your team?*	From 2015 to 2017 the Mental Health Department (MHD) of Savona participated, with 7 other italian MHDs, to a national project funded by the Italian Ministry of Health aimed to transfer and to adapt the Finnish OD approach to the Italian public mental health services. In the MHD of Savona, the Valbormida District, a rural area with a population of 40.000 people, was the place where the OD approach was introduced through the building a local team composed by professionals and a peer supporter coming from different health and social services and an NGO.
What have you found most helpful in building and strengthening your team?	All the team members participated to the same one year Foundation Training and the team includes one peer supporter.
Main challenges:	To become the first option treatment for the psychosocial crises of young people. To provide immediate help (within 48 hours).
Biggest accomplishment:	Survival in a suspicious environment (the mental health system) and good outcome for most of the families we've woked with.
Next goal:	To be a real community service.
Any important alliances and collaborations with other institutions?	Local Social Services, High Schools, GPs
Relevant publications:	Macario M., Gastaldi A., Pezzano R. (2021) Open Dialogue in the Italian NHS: a View from the Borderland, in Putman N., & Martindale B. (eds) *Open Dialogue for Psychosis: organising mental health services to prioritise dialogue, relationship and meaning*, Routledge, London and New York, pp. 150-158.

H **O** P E N D I A L O G U E

#podnl

FROM FACT TO POD

POD-team Woensel Noord

2017 – GGzE, Eindhoven, The Netherlands

POD WOENSEL NOORD

✓ About 200 clients
✓ About 15 workers
✓ Multidisciplinary teams
✓ Monday- Friday 8 - 18

GGzE

Team composition

Nurses:2
Peer-support workers:2
Psychiatrists:1
Psychologists: 2
Social Workers: 5
Other: 3

Insights

Relevant contextual information, *including relevant policies, laws, restrictions, etc. that have (positively/ negatively) affected the development of your team?*	We provide care in Woensel Noord, a district of Eindhoven which is the fifth largest city in the Netherlands. This area is known for its innovation (eg. design and technology). We are constricted in how our healthcare system and organisation are organised.
What have you found most helpful in building and strengthening your team?	Starting Peer-supported Open Dialogue training in England in 2017 with 7 persons. After that we started the same year in one team together with 6 trainees who did training in 2018. Training has been most helpful, together with a manager who really believes in POD. We have weekly intervision/supervision and regular refreshers (in our team, organisation and our nationwide collective (POD NL)).
Main challenges:	The system around us; being part of a greater healthcare institution. Working in a small area in Eindhoven with rules and regulations about how to provide care. Our clients who are mostly already in longterm psychiatric healthcare. A lot of them already lost contact with loved ones, so it is difficult to organise networkmeetings with them. Being able to uphold dialogical skills and training new colleagues with financial pressures.
Biggest accomplishment:	Our connection en openness with each other. Our daily mindfullness practice. Quote from a participant; ''POD feels like care with love''. Keep training people and starting a training in the Netherlands. There are already more trained people in other multidisciplinary teams. More people ask for POD within and outside our institution.
Next goal:	To get our second POD-team and more.
Any important alliances and collaborations with other institutions?	Working together with Phrenos, institution for recovery and working together with healthcare providers in the Netherlands who also work dialogically (POD-trained).
Relevant publications	https://www.madinamerica.com/2020/03/team-focused-open-dialogue C. Vossen, *Binnen de buitenkant, de waarde van herstelondersteunende zorg bij psychische kwetsbaarheid*, Zonmw, maart 2021 K. Wong et al., *Ruimte maken om samen te zoeken*, Participatie en Herstel, november 2019

Roma 1 - CentroNord

2016 – Asl Roma 1 – Roma, Italy

Team composition

Psychiatrists: 1
Psychologists: 4

Insights

Relevant contextual information, *including relevant policies, laws, restrictions, etc. that have (positively/ negatively) affected the development of your team?*	Outpatient unit in a big city: high caseload, many forms to fill, self-referenced procedures and generalised legal concerns. Clinical outcomes helped very much.
What have you found most helpful in building and strengthening your team?	Dialogue, it works for us too !
Main challenges:	Connect clinical practice, training and research.
Biggest accomplishment:	A regular weekly meeting
Next goal:	A website: www.dialogoaperto.com with a forum and a blog
Any important alliances and collaborations with other institutions?	None. Looking forward.
Relevant publications	Not yet

H O P E N D I A L O G U E

West Cork Mental Health Service Open Dialogue Team
Year* – Host Organization, City, Country

Team composition

Nurses:_____3_
Peer-support workers:__1__
Psychiatrists:_____allied_
Psychologists__1_
Social Workers:__2___
Occupational therapist: _1__
Rebabilitation workers: __3

Insights

Relevant contextual information, *including relevant policies, laws, restrictions, etc. that have (positively/ negatively) affected the development of your team?*	Irish legislative and heatlh service policy still does not reference Open Dialogue. We work within a traditional community mental health team framework. We first introduced OD in 2012.
What have you found most helpful in building and strengthening your team?	Training and reflective practice/supervision Also connecting with service users and famlies
Main challenges:	OD is a big challenge to the treatment as usual model; we lost some of our initial management champions;
Biggest accomplishment:	Establishing a stand alone OD service pathway since 2016; creating a dialogical culture shift within the team.
Next goal:	Support expansion of OD into teams within the region.
Any important alliances and collaborations with other institutions?	Research collaboration with University College Cork; training with ODUK and POD
Relevant publications	Please contact us, articles and book chapter available.

Thanks to our Partners

This conference is supported by

3rd Meeting of the International Open Dialogue Research Collaboration

21 - 23 June 2021