

LET'S TALK



The Open Dialogue Approach

AD REM ASSOCIATION





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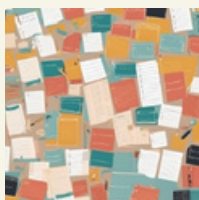


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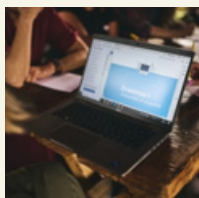
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3 OPEN-DIALOGUE' APPROACH WITH CHILDREN, YOUTH Dorota Janułąjtys, Ph.D., psychotherapist at the Centre for Psychotherapy and Psychological Support in Zgierz and at the Centre for Therapy and Research in Łódź, assistant professor of psychotherapy at the Centre for Psychotherapy and Psychological Support in Łódź. At the Institute of Pedagogy of the Piotrków Academy, pedagogspersonal - resocialisation.

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4 OPEN DIALOGUES. IMPORTANT MOMENTS IN NETWORK BUILDING SPOŁECZNEJ - a collective work of therapists of the OŚOPiP Obudź Jutro in Zgierz: Lena Chmielewska, MA, Dorota Maślanka, MA, Liliana Olejnik, MA, Aleksandra Pacura, MA.

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INTRODUCTION



The idea of the project 'Let's Talk - an open dialogue method at work with socially excluded youth / Let's Talk - open dialogue method at work with youth with fewer opportunities' came to our minds together with the establishment of the 'Awakening Tomorrow' Centre for Community Psychological and Psychotherapeutic Care in Zgierz.

the Wake Up Tomorrow Centre for Community Psychological and Psychotherapeutic Care in Zgierz. I remember exactly the summer of 2021, when, after submitting our AD REM Association's offer to the NFZ to run the Centre for Community Psychological and Psychotherapeutic Care, I set off on a journey to the far north of Finland, where the in the 1980s, the Open Dialogue method was being developed, especially in working with people with experience of psychosis

And so it began, we have travelled a long and exciting journey together with the whole project team. The continuation of discovering, improving and sharing with others is already on our minds. So in all seriousness - CONTINUATION WILL COME. But before we talk about new ideas, it's time to look back at how it was and what stays with us?

The aim of the project was to get to know, learn and implement the OPEN DIALOGUE APPROACH in working with young patients and their immediate environment, whom we support within the Community Psychological and Psychotherapeutic Care Centre OBUDŹ JUTRO in Zgierz. The experience of our project partner, the therapeutic staff of Karopudas Hospital in Finland, focused mainly on adult patients.

We were interested in looking at and adapting the OPEN DIALOGUE APPROACH to young patients, who often came to our support without feeling that they had an impact on their mental health.

During the course of the project, our partner organisation was undergoing a transformation related to the addition of the Kemi Psychiatric Hospital/Wellbeing Services County of Lapland South-Western Area Psychiatry and Dependencies Clinic to the mental health system. This transformation has influenced the re-implementation of the Open Dialogue Approach at work in a more numerous treatment and therapy team. We all felt that our collaboration gave us strength, confidence in what we were doing and mutual learning from each other both at the level of working with knowledge, emotions and the body.

At this point, I would like to sincerely thank the whole team for this journey together and ask for further accompaniment, as our journey has only just begun.

Project coordinator
Melania Dominiak

'WHAT IS OPEN DIALOGUE AND WHY DO WE NEED IT IN THERAPEUTIC WORK?'

Melania Dominiak



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'We are at what some call a multi-crisis (policji) moment. Crises affect many areas of our lives, both private, social and global. This often gives rise to a lot of fear, uncertainty and confusion, no matter how old you are,' such an excerpt can be found in a publication by authors Professor Bartłomiej Dobraczyńskim and journalist Agnieszka Jacewicz in the book published in 2024, 'Dancing. Conversations about crisis and transformation'.

It is not without reason that I cite the concept of crisis understood in this way, recognizing that the mental health crisis of children and young people needs to be considered in a broader context.

The World Happiness Report is a survey conducted annually in 156 countries. For several years, the happiest country has been Finland. Searching for an answer to the question of why the people of northern Europe have so much empathy, mutual warmth and faith in themselves, people and the future led me to the concept of Sisu, a word that cannot be directly translated into Polish.

Searching for an answer to the question of what SISU is, I learned that it is about facing everyday problems and adversity, it is about resilience, courage, fortitude and inner strength that helps you reach your goal.

So shouldn't the concept of mental health in children and young people be considered from the level of a broader social phenomenon and what we as humanity are facing today?

Shouldn't the task of coping with problems and crises start earlier at the level of preparing and developing in children and adolescents the skills to recognize and manage the difficulties that are embedded in the individual life story of each person.

Going forward the question arises:

How do we prepare our children, pupils, wards for the clash of with reality?

Probably, different answers will appear in each of us, we have many ideas, ready-made solutions, strategies.

And this is probably a good clue, however, I would like to ask:



How often do we as adults ask younger people for their ideas about themselves?

How often do we let them measure themselves against the problems they are experiencing?

How often do we ask them what do you think about it, and what could you do about it?

My experience shows that accompanying young people is not a very common practice . Given our fears and anxieties about our children, pupils, charges, we prefer to give ready-made solutions, we prefer to solve problems ourselves, because it's quicker, because it's already proven, because there will still be time for independence. And so the intentions were right, but in this way we deprive young people of influence on what is happening around them, we deprive them of the natural conditions for the development of skills to deal with problems and conflicts. And from there it is close to a crisis.

So what could be an alternative?

Perhaps facing adversity, moving away from the search for immediate and easy solutions will be the answer .

Facing life's challenges, trying to deal with

facing the challenges of life, trying to cope with them while being aware, ready and brave enough to ask for asking for support when the challenges become too difficult to bear alone. The boundary between independence and teamwork is very small, so it is worthwhile to commit the energy to safely develop in children, pupils, the skills to cope with with difficulties, conflicts and crises.



THE OPEN DIALOGUE APPROACH CAN BECOME ONE OF THE ANSWERS TO THESE CHALLENGES.

Open Dialogue was born in northern Finland and is used in many countries to treat mental health problems. Its main idea is to involve the whole social network of the person in need of support, including family, friends as well as professionals.

In the practice of Open Dialogue, it is crucial to listen to all participants without imposing ready-made solutions, which allows for a better understanding of problems and a joint search for solutions. The approach emphasizes the importance of open communication, reflective and equal relationships and the co-creation of a support plan by all parties involved.

For children, students, and pupils the Open Dialogue approach can be an effective tool in learning to cope with difficulties. By participating in such dialogues, young people can:

- **Develop communication skills:** by learning to express their thoughts and feelings in a constructive way and to listen to others with empathy.
- **Increase self-efficacy:** by finding solutions together, they learn how to deal with problems, while knowing that they can count on the support of others.
- **Build relationships:** creating bonds based on trust and cooperation helps to build a strong support network.
- **Deal better with conflict:** through open communication and equality in dialogue, children, pupils, learn how to resolve conflicts peacefully and constructively.
- **Shape resilience:** participating in dialogue processes in crisis situations can help children, pupils and to build mental and emotional resilience and emotional resilience.



Implementing the OPEN DIALOGUE APPROACH in working with children, pupils and mentees requires training and a change of approach in the adults who work with them. However, the benefits of such an approach can make a significant contribution to the mental and emotional health of young people, as well as to the better functioning of the community as a whole.

The main tenets of the Open Dialogue approach in working with children, pupils are:

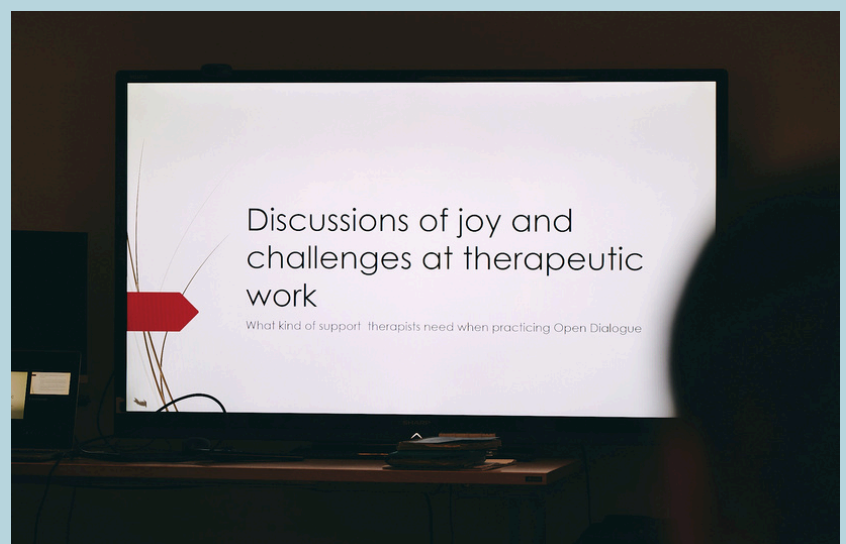
Inclusion of the whole social network: The Open Dialogue approach involves all the important people around the child, pupil such as family, friends, teachers and professionals. Acting together as a whole social network helps to to better understand and solve problems.

Immediate reaction: it is crucial to act quickly once a problem is reported. The sooner meetings are organised, the greater the chance of effective help and prevent the crisis from escalating.

Multi-perspective: it is important to take into account the different viewpoints and experiences of all participants in the meeting. Being open to a diversity of perspectives helps to build a more complete picture of the situation and to find the best solutions.

Equality in dialogue: all meeting participants are treated as equal partners. There is no hierarchy between the professionals and the rest of the group, which promotes openness and honesty in communication.

Constructive communication: open dialogue places a strong emphasis on active listening, empathy and avoiding judgement. It is important to create a safe space where everyone can express their thoughts and feelings without fear of criticism.





Joint search for solutions: the aim of the meetings is to jointly develop strategies to deal with difficulties. Participants co-create an action plan, which increases commitment and ownership.

Flexibility and adaptation to needs: The Open Dialogue approach is flexible and adapts to the specific needs and situation of the person and their environment. There is no one rigid pattern of treatment, which allows for a case-by-case approach.

Follow-up support: the Open Dialogue process does not end with one meeting. It is important to monitor the situation on a regular basis and to continue the support for as long as needed to ensure lasting effects.

These principles make the Open Dialogue Approach an effective tool in working with children, pupils and mentees, helping them to cope with difficulties and to develop their interpersonal skills and psychological resilience. and psychological resilience.

As I mentioned earlier the Open Dialogue Approach requires a number of specific qualities and skills from the adults who use it in order to effectively support children, pupils and mentees. Here are, in my opinion, the most important of these:

Empathy, or the ability to empathise with the feelings and perspectives of others, is crucial. Adults need to be able to listen and understand what children, pupils, mentees are experiencing , without judging or imposing their own interpretations.

Active listening. Adults need to be able to listen attentively, without interrupting, and give interlocutors the feeling that their words are important and have meaning. It is also important to confirm and reflect what has been heard to show that understanding is complete and accurate.

Open communication, or the ability to express one's thoughts and feelings clearly and openly in a way that promotes understanding and cooperation. Adults must be willing to share their insights, but in a non-imposing way.

Respect and equality, i.e. treating all participants in dialogue as equal partners, regardless of age or social standing. Respect for each voice and perspective is fundamental.

Patience. The Open Dialogue process can be time-consuming and requires patience. Adults must be willing to allow time for everyone to have their say and for solutions to be found together.

Flexibility, which means being adaptable and open to different ways of thinking and acting. This requires adults to be willing to change their approach according to needs and situations.

Collaboration, or the ability to work as a team and build partnerships with other adults and with children and young people. Collaboration involves joint decision-making and sharing of responsibility.

Understanding the social and cultural context means being aware of and sensitive to the different social, cultural and family backgrounds of the participants in the dialogue. Adults need to be aware of how these contexts affect the perception and experience of problems.

Commitment, i.e. a willingness to actively participate and invest time and energy in an open dialogue process. Commitment also includes a willingness to continuously learn and improve one's skills.

Emotion management skills, i.e. the ability to manage one's own emotions and to support others to in managing their emotions. It is important for adults to be able to remain calm and be supportive in stressful or conflict situations.

These qualities and skills are essential for adults to be able to effectively support children, pupils and mentees in OPEN DIALOGUE, helping them to cope with difficulties and develop interpersonal skills.

As part of the project 'Talk My' we were able to look at the philosophy and techniques used in the OPEN DIALOGUE APPROACH on site in Finland and at our center by participating:

- in the INTERNATIONAL DIALOGICAL SUMMER MEETING CONNECTING ACROSS PARADIGMS LIBERATING DIALOGUES conference on open dialogue work,
- the therapeutic team of the AD REM Association in a tailor-made training by the therapists of Karopudas Hospital,
- study visits to treatment units in Finland,
- observation of therapeutic processes carried out by clinic specialists in Finland,
- conducting in the OPEN DIALOGUE APPROACH, under supervision of therapists from Finland, patients of the Centre for Community Psychological and Psycho therapeutic Care OBUDŹ JUTRO in Zgierz.



Implementing the open dialogue approach in therapy teams brings many benefits and has the potential to significantly influence the future of work with children, students and clients. Here are some possible scenarios and benefits related to the future of this approach:

- 1. improved therapeutic outcomes:** open dialogue, through its holistic and collaborative approach, can lead to better therapeutic outcomes. Involving the whole social network in the therapeutic process can accelerate the healing and emotional stabilization of children and adolescents.
- 2. Increased family and community involvement:** integrating the family and community into the therapeutic process can lead to greater involvement and support for children and young people. Strengthened family and community ties can provide more sustained support beyond formal therapy sessions.
- 3. developing interpersonal skills:** practicing Open Dialogue can help children and young people develop key interpersonal skills such as empathy, active listening and conflict resolution. These skills can be invaluable in their future personal and professional lives.
- 4. reducing the stigma of mental health problems:** open dialogue promotes openness and acceptance, which can contribute to reducing the stigmatization of mental health problems. Introducing this approach in treatment teams can create a more accepting and supportive environment for all participants.

5. **Increasing therapists' professional satisfaction:** working in an open dialogue model can increase therapists' professional satisfaction. Collaborating with clients in a peer-to-peer manner and being able to observe real, positive changes can be a source of great satisfaction and motivation to continue working.

6. **Better adaptation to individual needs:** thanks to the flexibility in the OPEN DIALOGUE APPROACH, therapy teams can better adapt their interventions to the individual needs and situations of their clients. This approach can be particularly useful when working with children and young people with different social and cultural backgrounds.

7. **Promote innovation in therapy:** implementing open dialogue can foster innovation and creativity in therapy approaches. Therapists can develop new working methods and techniques that are more effective and adapted to the needs of contemporary clients.

8. **Long-term support and prevention:** a regular and long-term commitment to open dialogues can help to prevent future crises and emotional difficulties. Strengthened support mechanisms can contribute to greater emotional stability and mental health of children and young people over time



SUMMARY: implementing the OPEN DIALOGUE APPROACH in our therapy teams has the potential to bring many benefits, both for children, pupils and clients, and for the therapists themselves. Promoting openness, cooperation and equality in relationships can lead to more effective and rewarding therapeutic work, as well as leading to better mental and emotional health for patients and and emotional health of patients and all participants in the process.

The 'Open Dialogue' approach in working with children, adolescents and families in mental health crisis

JANUŁAJTYS DOROTA



The rapid changes of contemporary reality, triggered by worrying situations in the world, such as wars, pandemics and economic crises, have made the care and upbringing of new generations a huge civilisational challenge. Today's families function in an increasingly complex and demanding social environment, which presents them with many challenges and difficulties. With the widespread availability of different content on parenting, teaching, care and the vast amount of information found in handbooks, the Internet, various TV programmes or live reports, an information chaos is emerging that destabilises the sense of security. Many families began to face parenting dilemmas.

Difficulties with communication, emotions, feelings, anxiety, depression and other disorders and illnesses that affect family well-being in a destructive way have emerged.

The situation is reinforced by the apparent emotional problems of the younger generations, which have become more acute after the pandemic[1].

[1] Dr Dorota Janułąjtys, psychotherapist at the Ad Rem First Level Counselling Centre of the NFZ 'Wake Up Tomorrow' in Zgierz and at the Therapy and Research Centre in Łódź, assistant professor at the Institute of Pedagogy of the Piotrków Academy, special education - re-socialisation teacher.

In addition, one of the biggest problems facing families today is also addiction, which is affecting an increasing number of people worldwide. Addiction to psychoactive substances, such as alcohol, drugs or cigarettes, as well as behavioural addictions, can negatively affect the functioning of the entire family. According to research by the World Health Organisation (WHO)[2], substance abuse is one of the main factors in the destabilisation and breakdown of families. Addiction of one family member can lead to financial problems, domestic violence, child neglect and deterioration of the mental and physical health of other family members[3] <https://www.who.int/> accessed 25.06.2024



In response to this state of affairs, there has been a high demand for psychotherapeutic and psychological help for both carers/parents and children. The experience of psychiatrists and psychotherapists, in the field of mental health crisis treatment, confirms the fact that there is a great need for support. However, the problem relates to .

a multifaceted view of the scale of the problem. Treating an individual (e.g. a child) without also caring for the family has little effect. Families that are concerned about the mental wellbeing of their members are more likely to function in a positive way. This may include regular use of family or individual therapy, effective stress management and the building of lasting bonds within the family. Families with children who have received social support in the form of close friends, neighbours, community or social organisations are more likely to cope with difficult situations and solve problems more effectively [4]. Therefore, a broader view, through the prism of the environment and the family, based at the same time on Open Dialogue and dialogicality - changes the perspective of the problem and its understanding.

[2] Januajtys D. (2022), Behavioural disorders and adaptation difficulties of children and adolescents in a post-pandemic perspective, 'Carpathian Scientific Review' No. 2(40), p. 101.

[3] <https://www.who.int/> accessed 25.06.2024

[4] Walsh, F., Normal family processes: Growing diversity and complexity (5th ed.). New York, NY: Guilford Press 2016



Consequently, it has become important to seek support for families in crisis according to a different-spatial approach to the problem, involving also the patient's environment and resources. Educationally and existentially significant people can become a point of reflection for the person in crisis and act as a bridge to recovery. One of the precursors of the Open Dialogue approach

of the **Open Dialogue approach to the patient is Yakko Seikula, who, together with other hospital staff, noticed the community support value for schizophrenic patients**

at the Tornio psychiatric hospital in Finland. In Poland, the first two trainings for medical, psychological, nursing and social workers on the 'Open Dialogue Method' took place in October 2014. Studies were planned to evaluate the therapeutic effectiveness of this approach[5].

Currently, this way of understanding the patient and his/her difficulties is referred to as working in the Open Dialogue pathway. It is worth adding that it is not a method or a stream. 'It is a 'Dialogue Practice' or, in other words, a unique style, a kind of philosophy of interviewing during an encounter"[6].

[5] Klapcinski M. M., Rymaszewska J., A therapeutic approach based on Open Dialogue - on the phenomenon of Scandinavian psychiatry, Psychiatria Polska No. 49, 2015, pp.1179-1190.

[6] <http://umassmed.edu/psychiatry/globalinitiatives/opendialogue/> - accessed 25.06.2024.



Work with people in mental crisis in Polish conditions is mainly based on individual psychotherapy, conducted in a specific stream, or systemic psychotherapy. The environment of the patient and his or her family - as a support factor in individual therapy is rather bypassed. **A big change is introduced by Open Dialogue, as it involves, by definition, the resources of the environment increasing the chance of recovery.** It is worth mentioning that in Poland, the Centers for Community Psychological and Psychotherapeutic Care started their activities in April 2020, constituting the first reference level of the new mental health care system for children and adolescents. The established centers provided an opportunity for greater community involvement in the recovery of patients.

These facilities are staffed by professionals such as psychologists, psychotherapists and community therapists, who are available to parents and young people in case of worrying symptoms related to mental health problems. **Persons under the age of 18 must have the consent** of their legal guardian to receive services. Services offered at this type of center include psychological counselling, diagnostic counselling, psychological advice, individual, family and group psychotherapy sessions, psychosocial support sessions and home or community visits.





The work of such centres is based on a community-based approach, with an emphasis on cooperation with the patient's family and school environment. It is therefore recommended to choose a centre as close to the place of residence as possible.[7]

In line with the new guidelines and the new quality of mental health care for children and adolescents in Poland, a search has begun for solutions that would offer the possibility of quality psychiatric and psychotherapeutic care. The search for innovative solutions based on the previous experience of aid workers, mental health care and support, as well as community psychological and psychotherapeutic care facilities, with different levels of reference (which were launched during the covid19 pandemic) - led to conclusions that it is important to integrate and organised the environment in the recovery process. **Current analyses of the state of mental health[8] point to the great need for psychotherapeutic support and the need to seek solutions through non-standard methods**

[7] <https://www.gov.pl/web/zdrowie/rozpoczecie-dzialalnosci-osrodkow-i-stopnia-referencyjnego>- accessed 25.06.2024

[8] Krokstad M. Working together for a green, competitive and inclusive Europe. Healthy lifestyle of children and youth. Project report, A collaboration between The Polish Ministry of Health The Healthy Life Central in Verdal, Nord University, Norway, 2021; Szredzińska R., Dzieci się Liczą 2022. Raport o zagrożeniach bezpieczeństwa i rozwoju dzieci w Polsce, FDDS, Warsaw 2022.

The NFZ 'Awake Tomorrow' Community Psychological and Psychotherapeutic Care Centre in Zgierz explored a number of options. Open dialogue, introduced into the center from 2021 has become one of the pathways for working with families and the community. By examining groups of emerging problems at the centre, three main areas began to emerge:



- Intrafamily factors: difficulties in family relationships, addictions, violence and aggression, dysfunctional parenting styles and attitudes, lack of parenting and caring skills, lack of time for quality family relationships, problems with values, lack of authority figures, etc.
- Environmental factors: school problems with learning and peer relationships, being in groups of socially maladjusted or demoralised people, lack of healthy activities, over-medicalisation.
- Factors resulting from individual disorders - symptoms of depression, anxiety, behavioural problems, adaptation difficulties, emotional suffering - including those related to experiences of psychological, physical or sexual violence, disorders related to psychosomatic symptoms, eating disorders, suicidal behaviour, addictions, etc.

basic points of the Open Dialogue Approach (ODA), the implementation of which contributes to achieving results[9]:

Immediate help- it is important that therapy is available to those in need of support as soon as possible to prevent problems from being exacerbated and the patient from feeling worse.

Social network perspective- is crucial in open dialogue therapy in Poland. Therapists work with the family of the person in mental health crisis, friends, social workers and others in the community to gather as much information as possible about the patient and their social context. Working with the social network helps to understand the full picture of the problems and to find the best solutions.

Flexibility and mobility- in this aspect, therapists should be open to different therapeutic methods and flexibly adapt their approaches to the needs of the individual. Mobility of the therapist allows the therapist to reach the patient in different places, which can be important in crisis situations.

Responsibility-The therapist in open dialogue therapy means looking out for the patient's best interests, respecting their autonomy and being involved in the therapeutic process. The therapist should act in the interests of the patient, enabling him or her to develop and move on out of a difficult situation.

Psychological continuity- means maintaining consistency and continuity in the therapeutic relationship. The therapist should be available to the client in as ,



- which fosters **trust and security** during therapy.
- **Tolerance of uncertainty** - is an important element of open dialogue therapy.
- **The therapist should** be open to different possibilities and be ready to confront with uncertainty and difficulties in therapeutic work.
- **Dialogue**- plays a key role in therapy. The therapist should actively listen to the patient, ask questions and be open to conversation. Dialogue fosters an understanding of the patient's problems and the joint construction of solutions.

Open Dialogue brings into the relationship opportunities to share thoughts, problems, worries, successes, joys in a safe environment. It is based on trust and rapport with the therapist. The language of the family and the patient and their perception of the problem is important [10]. Working on the basis of dialogue with the involvement of the environment involves working in the conditions of the Polish system with families heavily burdened with various disorders. Families reaching the first referral level show a variety of difficulties, including:



- Lack of communication - there is often a lack of healthy and open communication in families who come forward, leading to conflicts and misunderstandings.
- Relationship problems - there are often acute conflicts between family members, which may be due to differences in personalities, values or ways of coping with stress.
- Lack of shared goals and values within the family - this is currently the greatest range of deficits, making existential emptiness, aimlessness, feelings of loneliness and lack of understanding felt
- Emotional problems - depression, anxiety, self-harm, suicide attempts, which can be a common problem in families and require immediate therapeutic support.
- Parenting problems - e.g. inability to set clear boundaries, lack of a parenting framework and consistency in parenting.
- Health problems - e.g. illnesses, disabilities and addictions, which can significantly impact on the dysfunctional functioning of families and require therapeutic support.
- Divorce and separation - marital problems, relationship breakdowns, 'vicious court battles' and hateful thinking - significantly impact on the functioning of children and the family as a whole.

PARADIGMS

ODA



In view of the above difficulties, the work with families and the patient had to be based on the basic assumptions adopted by the team of therapists and psychologists, **providing opportunities to build trust and safety in the process, while building on the ODA paradigms:**

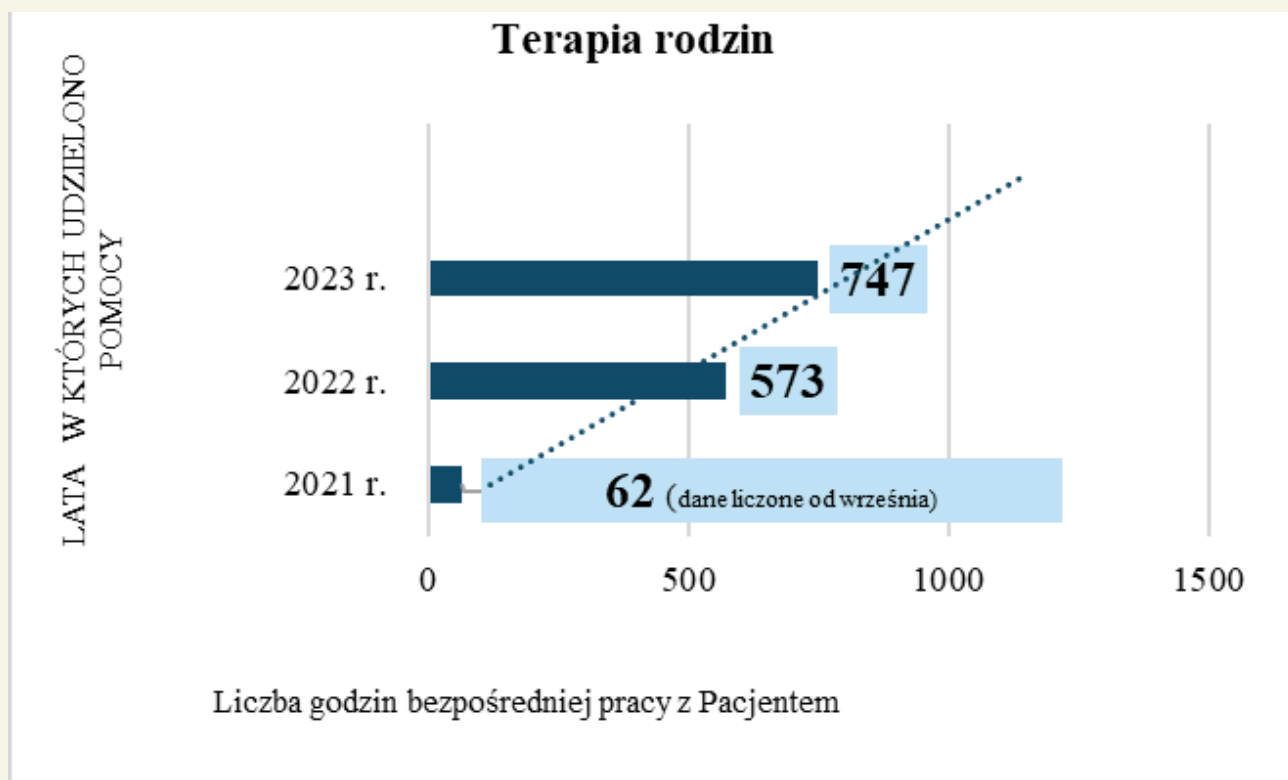
1. respect for diversity- implies acceptance of and respect for the diversity of views, experiences and values of each party to the conversation.
 2. empathy and acceptance- it is important to listen and be open to the other person's perspective during the dialogue, while emphasising understanding and acceptance.
 3. assertiveness and openness- this attitude of the therapist encourages the expression of one's own opinions and feelings in an assertive way, while allowing for openness to new ideas and viewpoints.
 - 4 Seeking a common understanding - the aim of the ODA (open dialogue approach) in this aspect is to seek a common understanding and resolution of conflicts through an open and frank exchange of views.
 5. relationship-building-which aims to create positive bonds between people through mutual understanding and respect.
- Conflict resolution- aimed at resolving difficulties through constructive



It is **worth mentioning that working with families according to open dialogue and dialogicality differs from traditional approaches that focus on diagnosing problems and giving advice or therapy.** Instead, it focuses on co-creating new, healthy narratives and relationships within the family through dialogue and collaboration. When individuals have undergone trauma, they may encounter difficulties in daily functioning and experience negative effects on their physical health and enter the risk of developing mental illness[11]. Open Dialogue is a therapeutic approach that focuses on mental health, helping the patient to understand the trauma, focusing on their needs and rights. The basic premise of Open Dialogue work with families is to embrace and understand the diversity of experiences and to approach the relationship dialogically. Instead of judging and diagnosing, therapists encourage family members to explore together new ways of understanding and responding to problematic situations.

[11] Maude, P.; James, R.; Searby, A. , Wykorzystanie otwartego dialogu w usługach opieki opartej na traumie dla konsumentów zdrowia psychicznego i ich sieci rodzinnych: A scoping review. *Journal of psychiatric and mental health nursing*, [s. l.], v. 31, n. 4, s. 681-698, 2024.

The work at the Child and Adolescent Psychological and Psychotherapeutic Counselling Centre of the NFZ 'Wake Up Tomorrow' is also based on ODA (open dialogue approach)- in addition to the traditional systemic approach in working with families. Difficulties in family relationships with multifactorial backgrounds have contributed to a huge demand for this type of support. There is currently a growing trend, with some families having to wait to enter the process:



Source: own compilation based on data from the Centre for Community Psychological and Psychotherapeutic Support for Children and Adolescents (first reference level) of the NFZ 'Wake Up Tomorrow'.

In working with families, it is the open dialogue approach that is highly trusted, giving the possibility to involve many more people from the mentee's environment in the recovery process. Therefore, teams working in this pathway, have the possibility to establish a sustainable relationship also with the environment and people close to them, who in the understanding of the mentee in mental crisis, are not always the family. Other effects are noticeable here - more trust and less social anxiety. At the same time, one of the important guidelines for recovery and family functioning that is emphasised in therapy is homeostasis.



In the context of the **norm** of psychosocial functioning of children and adolescents, it is important to achieve the homeostasis of families' lives. Family functional equilibrium is not an ideal state, but describes the complex patterns and processes within the family to maintain mental and emotional balance. Family homeostasis refers to the process of regulating and maintaining a stable state of equilibrium, which is crucial for maintaining the stability of the family's internal structure[12].

It would be appropriate to mention that the relationship of the cototherapists in working with patients is extremely important. The specific co therapeutic processes enable the cototherapists to come together both verbally and physically, which creates a shared space that fosters new shared insights, shared commitment and the ultimate transformation of both self and therapeutic practice. Shared trust between therapists is a key element in the development of therapy[13]. This has a huge impact on patients and their perceptions of recovery

[12] Minuchin S., Families and Family Therapy (2nd Edition), Health and Social Care, Social Sciences, London 2020.

[13] Lagogianni Ch., Georgaca E., Christoforidou D., Co-therapy in Open Dialogue: Przekształcanie siebie terapeutów we wspólnej przestrzeni. Frontiers in Psychology, [s. l.], v. 14, 2023.

Psychoterapia indywidualna jest podstawą prowadzenia pacjenta w procesie. Możliwość korzystania ze ścieżki ODA (open dialogue approach) zmienia perspektywę spojrzenia na trudności.

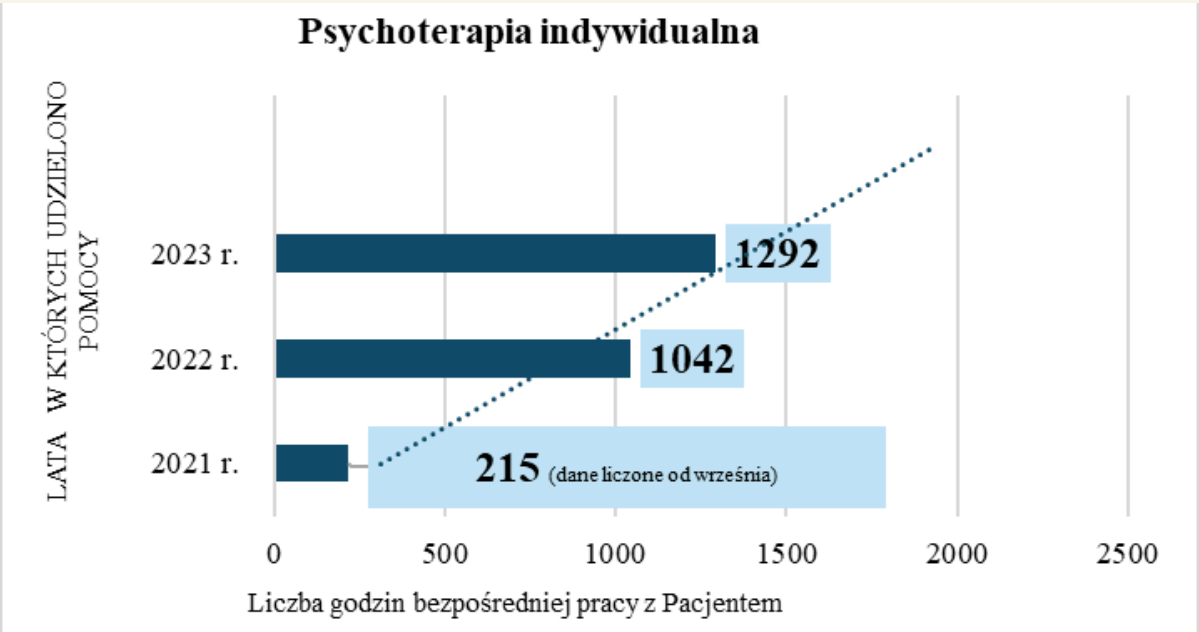


TABLE 2. INCREASING TREND LINE OF DEMAND FOR INDIVIDUAL PSYCHOTHERAPY

It **offers the possibility to seek the support** of the patient in crisis multifacetedly. Hence, it is possible for the client to also invite other people to the session who can provide support for recovery, which is not advisable in other, traditional psychotherapeutic streams. The statistics of individual therapeutic meetings at the 'Awaken Tomorrow' Centre also indicate an increased demand for therapeutic processes to be carried out in different streams and approaches:

Whether you're creating a compilation of your recipes or showcasing your latest promotions, just create a good balance of content and you're on your way to a clear, effective booklet.



SOURCE: OWN COMPILATION BASED ON DATA FROM THE CENTRE FOR COMMUNITY PSYCHOLOGICAL AND PSYCHOTHERAPEUTIC SUPPORT FOR CHILDREN AND ADOLESCENTS (FIRST REFERENCE LEVEL) OF THE NFZ 'WAKE UP TOMORROW'.



An important experience in this respect is the greater openness of patients to conduct meetings according to open dialogue, dialogicality and cote therapy. Here, cote-therapy is treated as an enabler and better received by the patient than the classic psychotherapeutic encounter.

Czasami sytuacja pomiędzy rodzicami i dziećmi wymaga sesji wsparcia, która przebiega nieco inaczej niż terapia rodzinna czy indywidualna. Wsparcie wynika z szeregu trudności, które są werbalizowane przez rodziców/ opiekunów w wychowaniu dzieci i młodzieży, takich jak np. trudności w kontrolowaniu zachowania, agresja, nieposłuszeństwo, kłopoty z samoregulacją emocjonalną, problemy w relacjach z rówieśnikami, rodzeństwem, nauczycielami, zaburzenia nastroju, silne emocje, trudności w radzeniu sobie z trudnymi sytuacjami życiowymi. W takich przypadkach rodzice niejednokrotnie potrzebują spotkań psychoedukacyjnych, które mogłyby wesprzeć odpowiedzialne wychowanie i opiekę. Warto dodać, że często przyczyną trudności są wielopoziomowe problemy par, które są uświadomione bądź nie. Mogą wynikać z różnic poglądów, rozbieżności w prowadzeniu procesu wychowania dzieci, dotkliwych sytuacji rozwodowych, konfliktów między rodzicami/ opiekunami czy np., przemocy domowej, uzależnień bądź chorób[14]. Zapotrzebowanie na tego typu porady również wzrasta, co jest jednocześnie wynikiem zwiększenia terapii indywidualnych i rodzinnych:

[14] Januajtys D., Psychosocial determinants of deviant behaviours of upbringingally inefficient families in the light of systemic guardianship of social assistance and police interventions, [in:] I. Motow (ed.) Readaptacja społeczna nieletnich w Polsce po transformacji ustrojowej, Częstochowa 2012, p.63.

OPEN DIALOGUES. IMPORTANT MOMENTS IN BUILDING A SOCIAL NETWORK.

MGR LENA CHMIELEWSKA, MGR DOROTA MAŚLANKA, MGR LILIANA OLEJNIK, MGR ALEKSANDRA PACURA



Human beings do not live in a vacuum – a fact that any mental health professional would probably agree with – and yet this seemingly obvious statement is not actually likely to be reflected in contemporary therapeutic practice.

Traditional approaches, of course in a vastly oversimplified way, present the view that the individual, the couple or at most the family living in a shared household is the subject of therapy, and that in dealing with the crisis an outside expert is needed to show what is not working and to do so – depending on the modality – more or less directive, offering various tools to support change so that the individual or the system can lead a satisfying life again.





From this parsimonious description, two assumptions emerge that underpin modern psychotherapy:

- It is the therapist who, on the basis of sound knowledge, conceptualises the patient's problem and selects appropriate interventions on this basis (and thus also on the basis of research indicating the effectiveness of specific interventions);
- In the course of therapy, and certainly after the process has been completed, the individual or system integrates efficiently and effectively into the social fabric.





Unfortunately, this does not always work as we would wish for ourselves and our patients – because neither the individual nor the family system lives in isolation. Because there are numerous interactions between the individual or the family system and the outside world on a daily basis, which can have a significant impact on each party. We all live in social networks. It is the recognition of this fact that distinguishes the practice of Open Dialogue. The recognition of our common humanity in grappling with the difficult.

This is why there are always many chairs in our practices.

The first meeting is a meeting between the therapists – at least two – and the patient and his or her immediate family. It is then that the patient talks about what he or she perceives as a problem, it is then that the immediate family can relate to it and share their perspective. The spirit of Open Dialogue is about creating a safe space for sincere conversation based on respect, unconditional acceptance, allowing the disclosure of emotions, thoughts, needs, anxieties, insecurities, as well as different points of view, which in the patient's environment sometimes painfully diverge and remain unnoticed and valuable voices unheard.



At each subsequent meeting, the chairs in our offices are occupied by those who are identified by the patient and his or her family – those who are important, those who belong to a fine network of interconnectedness, those who are supportive and those whose presence and deepening understanding of the patient's and his or her family's difficulties could help implement and sustain change in various areas of life. Friends, colleagues, partners, family friends, doctors, teachers, social workers or probation officers. There are as many places as needed.



Describing a practice based on a dynamic process is challenging, but based on our experience to date, as well as the invaluable guidance of our Finnish partners, we can identify a few basic elements that we implement during each meeting:



OPENING - PARTICIPANTS DECIDE ON THE THEME OF THE MEETING

One of the most important principles of working in the spirit of Open Dialogue is the assumption that each participant is an equal partner in the dialogue to help the person in crisis. It is the person who has the knowledge of what the problem is, it is their loved ones who accompany them on a daily basis and observe their struggles from their perspective. They are the ones who know what is important enough to talk about.

Participants in open dialogue meetings are part of the treatment process, influenced and co-determined at every stage. It is through this that they receive a unique solution concretely and specifically for them. We as therapists accompany and openly accept what they come with. This is what we ask when meeting our patient and their support network - **what is important for today?**



STRUCTURE IS THE ABSENCE OF STRUCTURE

By force, therefore, the meeting contains only three fixed elements - the beginning, the end and the active vigilance of the therapists, so that each participant has time and space to speak, to share his or her perspective, needs and experiences. Therapists do not consult or plan meeting topics or interventions between meetings. They react on an ongoing basis to what is happening - just like any meeting participant.

ATTENTIVE PARTICIPATION



As therapists, we actively participate in each meeting. Not only do we create a space that is open for each participant to speak, but most importantly, we actively reflect and clarify the meaning of what the participants are saying – so that in addition to hearing each other, they can also hear and understand each other. In doing so, we draw on our personal therapeutic workshops and ask open, often circular, questions. It is important to emphasise that our task is not to bring about changes in anyone's functioning or behaviour, but only to enable and support dialogue between the people gathered. Each is an important resource in their environment and an equal partner in the meeting, not an object of treatment. It is the diversity of perspectives that is crucial in this process, even – or perhaps especially – if there are tensions between participants. It provides an opportunity to talk about what is difficult in a space of mutual respect.



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TRANSPARENCY

What definitely distinguishes a meeting in the spirit of Open Dialogue is the transparency of the therapists. In the course of the meeting, we talk to each other – we mirror the participants' statements to each other, we share our reflections, we reflect together and openly on what >here and now< is happening in the practice. Participants can refer to this at any time.



COMPLETION

Each meeting ends with a summary of the decisions that were made during the meeting, setting a date for the next meeting and deciding who will be invited to it. The same people do not always have to participate – it is always discussed together and the patient's vote is decisive.

The Open Dialogue approach has another valuable property – it can be used in almost all conditions and contexts. As long as we engage in dialogue and listen carefully to our interlocutors, respect their differences, appreciate their diversity and uniqueness, there is the possibility of understanding and finding solutions to their difficulties, and we as therapists can also integrate our therapeutic methods into one treatment process.



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