Appendix

Core principles of the Open Dialogue approach

- **1 Provision of immediate help**
  The clinics arrange the first meeting within 24 hrs of the first contact, which is made either by the client, a relative, or a referral agency. No dialogue occurs without the client or family members being present. Outpatient treatment is established with the persons everyday life as soon as possible in the hope that hospitalisation can be avoided.
- **2 Social network perspective**
  Key members of the persons social network are invited to the first meetings to mobilise support for them and family members. The social network may include employers, colleagues, neighbours and friends.
- **3 Flexibility and mobility**
  Flexibility and mobility are maintained by adapting the therapeutic response to the specific and changing needs, using therapeutic methods that best suit each case.
- **4 Responsibility**
  The first member of staff contacted becomes responsible for organising the first multi-professional family meeting.
- **5 Psychological consistency**
  The team (usually a mixture of inpatient and outpatient staff) is responsible for the duration of treatment in both outpatient and inpatient settings. Members of the person's social network are invited to participate in the meetings throughout the treatment process.
- **6 Tolerance of uncertainty**
  Tolerance of uncertainty is increased by creating a space in which all parties can feel safe enough in the joint process, and through the quality of the dialogue. In a crisis, there is the opportunity for meeting every day, at least for the first 10 to 12 days, this appears necessary to generate an adequate sense of security. After this the meetings are organised regularly according to a joint plan. Meetings are conducted so as to avoid premature conclusions or decisions about treatment. The question "what shall we do?" is kept open until the collective dialogue itself produces a response or dissolves the need for action. Hypotheses are particularly avoided, because they can be silencing, and interfere with the possibility of finding a natural way to defuse the crisis. Rilke: "live your way into the answer"
- **7 Dialogism and polyphony**
  The therapeutic aim is to develop a common verbal language for the experiences that otherwise remain embodied within the person's speech, private, inner voices and/or hallucinatory signs. A new understanding is built up in the area between the participants in the dialogue. In dialogue clients and families increase their sense of agency in their own lives by discussing the client's difficulties and problems. Instead of having some specific interviewing procedure, the team's aim in constructing the dialogue is to follow the themes and the way of speaking that the family members are used to.