



### ABSTRACT FORM

<b>Name/Nome</b>	<b>Alexander Smith, MA</b> <b>Robert Jimerson, MD</b>	<b>Country/ Paese</b>	<b>USA</b>
<b>Affiliation/Organizzazione</b> <i>(University/Agency/NGO)/(Università/Azienda/ ONG)</i>	Director of Community Rehabilitation and Treatment – Counseling Service of Addison County Medical Director – Counseling Service of Addison County		
<b>Address/Indirizzo</b>	Counseling Service of Addison County 89 Main St. Middlebury, Vermont USA 05753		
<b>Phone-mobile/Telefono</b>	1 (802) 388-6751	<b>Fax</b>	1 (802) 388-3108
<b>E-mail</b>	<a href="mailto:asmith@csac-vt.org">asmith@csac-vt.org</a> <a href="mailto:bjimerson@csac-vt.org">bjimerson@csac-vt.org</a>		
<b>Title of the contribution/Titolo del contributo</b>	Increasing Collaboration and Transparency in Community Mental Health Systems Through Applications of Open Dialogue: Experiences from The Counseling Service of Addison County in Vermont, USA		
<b>Objectives/Obiettivi</b>	Participants will have a general review of the main principles of the Finnish Model of Open Dialogue. Participants will have an understanding of applications of Open Dialogue in a community mental health program in Vermont. Participants will hear a summary of experiences and findings from this project including increased privileging of the client voice leading to better person centered care and more transparency regarding uses of professional authority.		

**Contents-text/Contenuto-testo:**  
**Max. 400 parole/words**

Over the past 6 years a team at The Counseling Service of Addison County (CSAC), a small rural community mental health program in Vermont, USA, has been working on implementation of the model of Open Dialogue developed in Western Lapland, Finland.

This presentation will offer a brief summary of the principles Open Dialogue and will describe efforts to apply these principles within the local system of care. The presentation will include some of the observations from the team regarding the significant experiences from this project and implications for further application of this approach. In particular we've found that this way of working has strengthened our practice of the values of client directed care, collaboration and transparency, and reducing coercion and misuse of professional authority. These practices have enabled a shift in focus for our team to work more with families and other personal networks to develop contextually based shared understandings of mental health distress to complement the

existing dominant paradigm of illness based formulations of understanding. This has enabled stronger client engagement, a broader range of approaches in times of crisis, and improved person centered collaboration between treatment providers both within our community mental health agency and with other service providers involved such as staff at regional psychiatric hospitals, particularly as more of these staff have participated in Open Dialogue training.

While we look forward to learning from the Trieste model about how to further reduce coercion, what we have learned so far from Open Dialogue is that reduced coercion can in part be helped by careful listening, attention to relationships, open and transparent communication, and that it can be very effective to have 2 or more practitioners working together with individuals and families coping with mental health crises. When 2 or more practitioners are working together dialogically they can better manage their own worries that might otherwise result in more restrictive and coercive reactions, and they can work together to calmly open the conversation in search of new understandings and possibilities. We find also that quick response to expressions of crisis by those practitioners better enables access to the openness that can often be found in moments of crisis.

The presentation will also describe some of the future directions being developed by the CSAC team and more broadly within the Vermont system of care.