

Psychiatry Grand Rounds

WCM Department of Psychiatry

Psychology CE Announcement

Open Dialogue Ideals Applied to the Inpatient Psychiatry Unit & Beyond: Lessons Learned

Joseph B. Stoklosa, MD

Clinical Director, Psychotic Disorders Division, McLean Hospital
Teaching Faculty, MGH/McLean Adult Psychiatry Residency
Assistant Professor, Harvard Medical School

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11:00am – 12:30pm

<https://weillcornell.zoom.us/j/92812036154>

Meeting ID: 928 1203 6154

Password: 12345

*1.5 CE credit available to full time and voluntary faculty psychologists and Social Workers who sign in with their full name, attend the majority of the lecture and complete a survey which will be emailed following the completion of the lecture.

SPEAKER DISCLOSURE:

Dr. Stoklosa has no relevant financial relationship(s) with ineligible companies to disclose and DOES NOT INTEND to discuss off-label or investigational use of products or services.

Dr. Joseph Stoklosa is an academic psychiatrist who works as a clinician educator caring for those experiencing psychosis looking to get back on track. He serves as the clinical director of McLean Hospital's Division of Psychotic Disorders while working clinically as an inpatient psychiatrist. Previously, he served as the assistant program director for the MGH/McLean Adult Psychiatry Residency Training Program for five years, and he is currently the Harvard Medical School associate core clerkship director at McLean. He is co-founder and co-director of the Clinician Educator Program for the MGH/McLean residency program, which trains residents to become clinician-educators. He also co-founded a mentorship program to facilitate career development for mental health specialists, community residence counselors, and research assistants in the fields of health care. He has developed a postgraduate training program for nurse practitioners to offer mentored intensive education and clinical training. Dr. Stoklosa has developed the clinical care in the Psychotic Disorders Division to help improve the use of evidence-based treatment, including care modeled after Finland's Open Dialogue. Dr. Stoklosa has been the recipient of the 2011 Ed Messner Resident Teaching Award, 2012 Ed Messner Faculty Teaching Award, 2014 Jonathan F. Borus Outstanding Early Career Educator Award in Psychiatry, 2014 MGH-McLean Residency Dedicated Educator Award, 2015 MGH-McLean Residency Phillip L. Isenberg Teaching Award, 2018 Association for Academic Psychiatry Early Career Development Award, 2018 Partners Outstanding Clinical

Abstract: The IOM (Institute of Medicine) defines patient-centered care as: "Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions." Has psychiatry done enough to strive toward more patient and person centered approaches? Is this concept relevant and important in psychiatric care? New initiatives have been developed such as so called "family centered bedside rounds," which identify open communication as at the heart of a "patient-centered" approach and centralize rounds such that they take place with the family and patient present. If general medical patients feel suspicious or anxious when left out of clinical discussions, it is likely that a patient with a psychotic disorder like schizophrenia or bipolar disorder whose chief complaint may be fearfulness and concern about safety may be even more vulnerable to the deleterious effects of clinicians' guardedness. Yet rather than decreasing isolation, many of the structures present within traditional psychiatric care inadvertently increase the sense of loss of control and aloneness. Open Dialogue, a form of therapy and a system of care developed in the 1990's in Tornio, Finland conceptualizes extreme states such as psychosis as states of profound isolation with research showing impressive results in treating first-episode psychosis. The approach is fundamentally social and relational, positing that decreasing isolation will lead to the greatest outcomes. On the Schizophrenia and Bipolar Disorders Unit at McLean, we have developed and implemented our own program named "Patient Centered Communication" to increase the 'patient-centeredness' through changing our rounding structure and involving the patient in all discussions about them, with early promising results. We have similarly advanced dialogic practice and open dialogue ideals in our first episode clinic, assertive community treatment team, and residential programs, as well as integrating this teaching into our curriculum for our medical students and residents.

Learning Objectives:

- 1) Describe inadequacies of the current system of care for people with serious mental illness.
- 2) Discuss principles of Open Dialogue's approach for people with serious mental illness.
- 3) Apply principles of open communication techniques to inpatient or outpatient care to decrease patient isolation. o Compare and contrast your own setting's principles and format to consider changes.

References:

1. Seikkula J, Alakare B, & Aaltonen J. The Comprehensive Open-Dialogue Approach in Western Lapland: II. Long-term stability of acute psychosis outcomes in advanced community care. 2011 *Psychosis*; 3(3):192-204.
2. The open dialogue approach to acute psychosis: its poetics and micropolitics. Seikkula J, Olson ME. *Fam Process*. 2003 Fall;42(3):403-18.
3. Rosen K, Stoklosa J. Finland in Boston? The Application of Open Dialogue Ideals on an Inpatient Psychotic Disorders Teaching Unit. *Psychiatr Serv*. 2016 Sep 1;appips201600340.
4. Gerken, AT, Stoklosa, JB. Open Dialogue: A Novel Approach to Treating People With Psychotic Disorders. *Carlat Report Psychiatry*. 2017;15(2): 1-8.
5. The family-oriented open dialogue approach in the treatment of first-episode psychosis: Nineteen-year outcomes. Bergström T, Seikkula J, Alakare B, Mäki P, Kõngäs-Saviaro P, Taskila JJ, Tolvanen A, Aaltonen J. *Psychiatry Res*. 2018 Dec;270:168-175.