

Abstract for a Working Group:

What is it like to work with the ideas of Open Dialogue when the primary task is defined as rehabilitation?

We would like to invite you to a working group that looks at the conditions and possibilities for dialogical practice when the context is not in an acute treatment setting, but rather the work of supporting people who have been involved with the psychiatric system for a long time, without regaining an independent or indeed a wished-for life.

In Denmark this context is strongly institutionalized, where the defined task of rehabilitation is subject to an often bewildering array of outside interests. The help which can be offered is often regulated by the social authorities, the health authorities, and very often also judicial authorities. Often the immediate professional team seems to become almost identical with the network, as the contact to the individual client comes over the course of years to extend to almost every aspect of the clients life. At the same time this team is effectively disempowered in its position relative to outside interests and regulators.

How do we see ideas of responsibility, immediacy and continuity play out in these settings? What does a continuing dialogical process imply, involve, require?

We would be particularly interested in sharing experiences around

- rebuilding of personal networks*
- working with loss of agency*
- working with the "silent" clients whom we see as isolated*
- working in an environment and with clients characterized by chaotic substance use*

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