Trialogue –

an exercise in communication between service users, carers, and professional mental health workers beyond role stereotypes

Univ.Prof. Dr. Michaela Amering
Medical University of Vienna
Department of Psychiatry and Psychotherapy
michaela.amering@meduniwien.ac.at
In Trialog-groups

1. users, ex-users, survivors
2. family and friends
3. mental health workers

- meet regularly
- in an open discussion forum,
- that is located on "neutral terrain" -
- outside any therapeutic, familial or institutional context

- with the aim of communicating about and discussing the experiences and consequences of mental health problems and ways to deal with them
- on equal footing – as experts by experience and experts by training or both.
Dorothea Buck
*1917

"70 years of coercion in German Psychiatric Institutions – Experienced and Witnessed"

Key note, June 7, 2007

World Congress „Coercion in Psychiatry", World Psychiatric Association, Dresden, June 6-8 2007
Dorothea Buck

„Seventy Years of Coercion in German Psychiatric Institutions, Experienced and Witnessed“

Key-note speech from June 7, 2007 at the congress "Coercive Treatment in Psychiatry: A Comprehensive Review", WPA, Dresden, Germany, June 6 - 8, 2007

youtube

www.bpe-online.de/english/dorotheabuck.htm

Trialog - „Its normal to be different“
Bock Th, Buck D, Esterer I, Psychiatrie Verlag, Bonn, 1997


well over 150 groups in Germany today

~ 5000 people involved in Trialogue at any given time (Bock & Priebe, 2005)

Trialogues in Austria, Switzerland, France, Lichtenstein, Poland; WPA Istanbul, Beijing, Buenos Aires et al

Growing interest in english-speaking countries

Mental Health Trialogue Network, Ireland – www.trialogue.co
The “First Vienna Trialogue”
starting 1994

- every second and fourth monday of the month
- 10 to 40 people
- 2 hours (+++)
- ‘neutral’ ground
- rotating role of moderator
Trialog - Topics

• What is a mental illness?
• Good and bad experiences with services
• What helps?
• The role of medication
• Crisis management
• Stigma and discrimination
• Work and social inclusion
• Power, powerlessness, and empowerment
• The family doctor as a trialogue partner
• Where are the professionals?
• The “good” psychiatrist – different perspectives
Trialog - Topics

- When help has more unwanted than wanted effects
- Diagnosis as a trap – being put in a box
- Spirituality and mental health
- False hopes for recovery and healing
- Day clinics – why so few?
- From aftercare to prevention – easy access to early help
- Clinical and field trials – experimenting with patients
- Silent users – who is helping them?
- Recovery
Trialogue groups differ from each other, e.g. re:

- Number of attendants
- Frequency of group meetings
- Ratio between the 3 groups
- Moderation/leadership
- Topics (free/preset/focus)
- Recruitment (who is exposed to Info; who is specifically invited)
- Proportion of long-term attendants/sporadic attendants
- Circumstances of mental health professionals’ attendance (working/training hours or private time)
Trialogue – qualities of possible impact

- Unusual setting
- all expertises acknowledged on equal footing
- no need for role compliance
- no obvious consequences

- Playful exchange and experiments with perspectives
- Learning, information gathering, asking questions
- Experiencing different interpretations of similar roles
- Abundance of expertise in one room

- Secure setting, rules, limits (time, communication style, …), power balance?
Thomas Bock on Trialogue/Psychosis Seminars

- Trialogue/Psychosis Seminar is a simple idea.

  ➢ Mental health problems are very complex phenomena, understandable only with regard to the subjective point of view.

  ➢ Thus we have to develop a common language.

  ➢ We have to see beyond the pathological, see the anthropological aspects, e.g. psychosis.
„This openness must continue“ - Changes through trialgue identified by users, carers, and workers

Munk I, von Peter S, Schwedler H-J, Amering M

- Trialogs are widely popular, but scarcely researched.

- Focusgroups as well as written narratives were qualitatively analysed.
„This openness must continue“

- Communication in trialogue groups is clearly different from clinical and other encounters.

- All three groups cherish and aspire to interest for each other, good will, openness and truthfulness.

- Clinical routine with role prescriptions, power balance and constant pressure to act is experienced as an impediment.

- Trialog facilitates a discrete and independent form of communication and acquisition and production of knowledge.
Its normal to be different!

The Trialogue experience is indicative of our capacity for surviving and gaining from serious arguments about adverse issues as well as the great possibilities of cooperative efforts and coordinated action.

Together we are stronger!
Trialogue at INTAR

- founding fact
- very difficult from the start
- significant developments
- consensus on the need for trauma-informed language/communication in NY 2009