

Open Dialogue de 7 basisprincipes

1. **onmiddellijke reactie** van het behandelteam binnen de 24 u na contact
2. **het sociale netwerk perspectief**: The patients, their families, and other key members of their social network are always invited to the first meetings to mobilize support for the patient and the family. The other key members may be representatives of other bodies, including state employment agencies and state health insurance agencies whose task is to support vocational rehabilitation, fellow workers, the head of the patient's workplace, neighbors or friends.
3. **de nodige flexibiliteit en mobiliteit** om tegemoet te komen aan de noden van de patiënt en de familie worden voorzien
4. de eerst gecontacteerde hulpverlener neemt de **verantwoordelijkheid** op zich om de eerste ontmoeting met familie en netwerk te organiseren, waarbij er vooraf geen enkele beslissing over de behandeling is genomen.
5. **psychologische continuïteit** The team takes responsibility for the treatment for as long as needed in both the outpatient and inpatient setting. The representatives of the patient's social network participate in the treatment meetings for the entire treatment sequence, including when other therapeutic methods are applied
6. **onzekerheid kunnen toelaten** en een (groei)proces genereren voor de nieuwe dialogische groep, om samen te 'leven' en te praten; geen vooraf bedacht "therapeutisch plan".
7. **Dialogism**. The focus is primarily on promoting dialogue and secondarily on promoting change in the patient or in the family. Dialogue is seen as a forum through which families and patients are able to acquire more agency in their own lives by discussing the problems