

Open Dialogue Adherence Scale

A. Classifying Practitioner Utterances Rating Scale		
M O N O L O G I C	Clearly patronizing or disrespectful utterances that cause offence or hurt:	
	Formal clinical assessment: Directly asks about medication adherence, symptoms, physical exam, etc.	
	Other closed-ended question: Interpretations, hypotheses, labels, judgements. Needs to be imposing or technical.	
	Unsolicited advice, information: Insensitively introduces new themes without asking, dominates conversation, a major break in topic	
	Misses/ignores important words or emotions, goes either forward too quickly or is too passive:	
D I A L O G I C	History of idea of meeting/How to use the meeting:	
	Inner or outer polyphony: Refers to different roles, asks for alternative views, shares own inner thoughts, all voices are heard	
	Relational focus: Asks to reflect on others experiences and perspectives, encourages empathy, mutual understanding	
	Significant silence of 3 seconds or more: Goes slow, is patient, dwells on important themes, creates space for network to reflect	
	Normalizing symptoms: Explores meaning, self-disclosure, relates present experiences as part of coping with previous experiences/traumas	
	Emphasizing client's own words, responsive listening: Picks up on key words/emotions, mirrors, attunement using paralinguistic, includes mm's and aah's (only count mm or aa when in response to a new notion or subject)	
	Emphasizing present moment: Focuses on current thoughts, sensations, emotions, stays with whatever arises in the moment	
	Being transparent: Relevant information regarding decisions is offered, reasoning behind potential decisions is shared	
	Reflections: Non-interpretive, emotional focus, uses network's own words, validating, sensitive to what is important, tentative	
	Tolerating uncertainty: Acknowledges 'not-knowing', supports expression of and being with uncomfortable emotions and conflicting perspectives	
	Other dialogical (open- or closed-ended questions) utterances: Shows interest, engages in a natural, non-clinical conversation	

Total (D/D+M): _____

B. 12 Key Elements Rating Scale	Not at acceptable level	Acceptable	Good	Excellent
1. Two (or More) Practitioners in the Network Meeting:				
2. Participation of Family and Network				
3. Using Open-Ended Questions				
4. Responding to Clients' Utterances <i>Responsive Listening, Simple Responses to Continue Conversation, Using client's words</i>				
5. Emphasizing the Present Moment <i>Respond to immediate reaction, respond to emotions but not interpret</i>				
6. Eliciting Multiple Viewpoints <i>Outer and inner polyphony</i>				
7. Use of a Relational Focus in the Dialogue <i>Focus on the relational aspects of the spoken stories</i>				
8. Responding to Problem Discourse or Behavior in a Matter-of-Fact Style and with Meaningful Dialogue <i>See symptoms as "natural" responses to stressful life situations</i>				
9. Emphasizing the Clients' Own Words and Stories, Not Symptoms <i>Help client find words to communicate more clearly; pays attention to one word or sub-sentences</i>				
10. Conversation Amongst Professionals (Reflections) in the Network Meetings				
11. Being Transparent <i>Shared decision making; discloses info on all discussions at the network meeting to all members present; practitioners share what they do and don't know</i>				
12. Tolerating Uncertainty <i>No hasty judgments about symptoms, diagnosis or treatment; understand and respond to whole person in context, rather than reacting to isolated behaviors</i>				

C. Overall Quality Rating Scale

	Yes	No
1. Was the proportion of dialogic statements (D/D+M in Section A) at least two-thirds (0.67)?		
2. Were at least 10 of the 12 fidelity items in Section B at the level of “Acceptable” or higher?		
3. Were there fewer than two instances of patronizing or disrespectful statements from the red box in Part A?		

Final Appraisal

Was the answer “yes” to all three items in C. Overall Quality?

- ☐ Yes (quality and adherence were acceptable)
- ☐ No (quality and adherence were not acceptable)

Notes

Requests to use the Open Dialogue Adherence Scale should be directed towards the author at oddessi@ucl.ac.uk.