

Pathfinders-the Open Path
Method-collaborative practice



Ringsted
Kommune

XII Nordic Family Therapy Congress **Copenhagen • August 16-19, 2022**

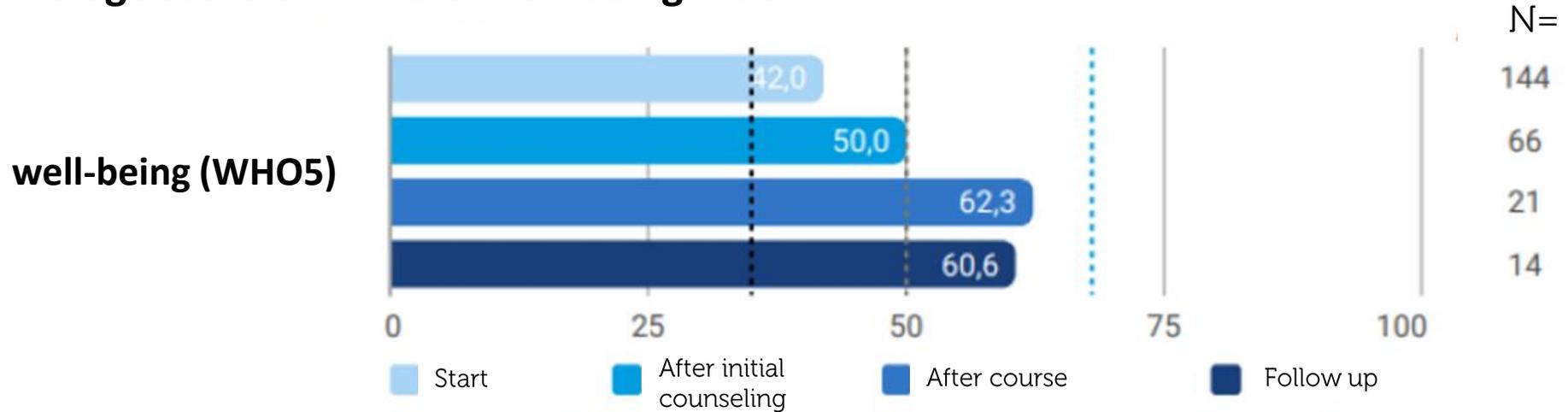
Workshops - Group C2

Thursday, August 18th 14:45 – 16:00

We work with different target groups: adults, teenagers, kids.

Here is some data for our work with youngsters in the age between 13-25 years

Average score on WHO-5-well-being index



---- 0-35: Great risk for depression/stress symptoms

---- 36-50: Risk for depression/stress symptoms

---- 68: Danish population (average)

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Pathfinders -the Open Path
Method -collaborative practice



1. Question on the theoretical context

(Benjamin Steffen-Nielsen, Jonathan Josva Schou, Reinhold Schäfer)

2. The work we do – the internal therapists /social worker's view

(Signe Nielsen, Karen Hare Sørensen, Anja Katharina Resen)

3. “Simones story” – Client’s view

(Simone)

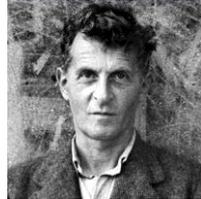
4. Co-creating and reflecting– the external therapist view

(Jytte Gandløse, Staffan Røijen)



1. Question on the theoretical context

(Benjamin Steffen-Nielsen, Jonathan Josva Schou, Reinhold Schäfer)



Ludwig Wittgenstein

The Open-Path-Method is a subject-oriented and collaborative therapy setup characterized by three key elements:

1. Subject-oriented reflective group sessions
2. In-session-collaboration between client, social worker and external consultants using reflection loops
3. Stepped-care service setup – between social work and therapy.

Ringsteddagene

- Our *symposium*, **Ringsteddagene**, is an annually-returning event.
- Raising two questions:
 - How can we understand the seemingly ever-increasing demand for mental health services?
 - How do we respond appropriately?
 - How do we organize our help systems?
 - How do we make ourselves available as practitioners?



(some) key points

- We work towards developing a method with:
 - Accessibility and low-threshold for help.
 - Close to everyday life and everyday language.
 - Sensitive to context and social dimensions.
 - Sensitive to non-linearity of processes of change
 - Sensitive to client-feedback and resonance.



Context

- The why of it all

- The pendulum in public modern therapeutic work
 - Mechanistic verifiability
 - Quantifiable
 - Efficient – in terms of dedication of workforce at least
 - “RCT-friendly”
 - Specific and focused on a given diagnostically defined set of symptoms – less focus on the whole



<https://dk.linkedin.com>

Context

- The why of it all (cont.)

- Contrast to manual-based and symptom-focused treatment
- On the contrary our work is focused in core systemic principles
 - Focusing on the entirety of the lived experience
 - "Client as the expert"
 - Therapist as de-centered
 - Support in building good and meaningful lives not reducing symptoms
 - "Not just reducing symptoms but giving growth to life"

Context

- The goal

- Therapeutic work is community work!
 - Creating a space for recognizing each participant as both unique and part of a greater whole
 - Space for shared suffering, growth and support
 - A practice where the spaces and experiences are new and at the same time accesible to all parts
 - A space where the therapist invites – and the community acts



<https://janeaddamshullhouse.org/>

Context

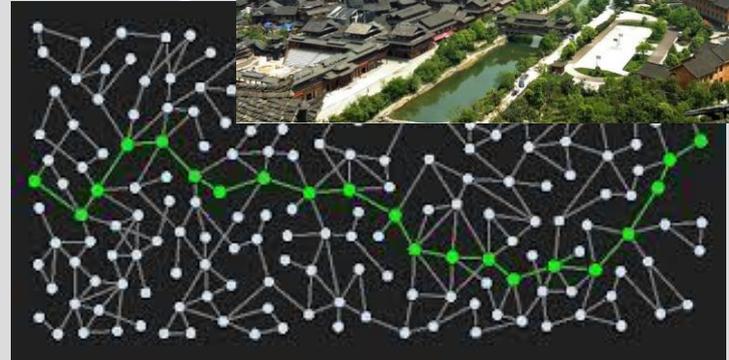
- A space for the unknown

- In essence a space where it is possible, safe and encouraged to jointly get to know the unknown
- Therefore our work can be summed up to Pathfinding



Pathfinding as a metaphor

- Focusing on lived experiences and everyday life.
- The therapeutic process is seen as a journey:
 - Supporting people in finding their way through tough times.
 - The professional and group is 'following along'.
 - Travelling light (Lowe)
 - Openness to changing direction, getting lost and going off-track



Going off-track



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- “Being off-track” is most-often met with suspicion by society.
- Social dimensions and expectations: ‘having a plan’, performance, perfection etc.
- Pervasive feelings of inadequacy amongst young people.
- Breaking away from ‘therapeutic culture’
- Providing spaces for sharing experiences, normalizing fears and doubt, for reflection and for taking a stand.



Subject-oriented

- How and why

- How do we apply it?
 - Client driven
 - Internally collaborative
 - Reflective mirroring
 - Recognition
 - Bearing witness



Subject-oriented

- How and why

- Subject-oriented is community-oriented
 - We talk about common experiences
 - Shared sufferings and celebrations
 - Legitimate to go off-track together and be in doubt
- There is also a focus on efficiency – but differently
 - Creates a secure basis
 - Aligns the community

In-session co-creation and supervision

- Structured and semi-structured in-session collaboration.
- Being role-models for living with uncertainty, unsolved problems – for being confused, concerned and all in all a bit of a mess.
- The setup creates powerful witness-positions for client progress.
- Lastly, it ensures quality-control, onboarding and training on new colleagues.

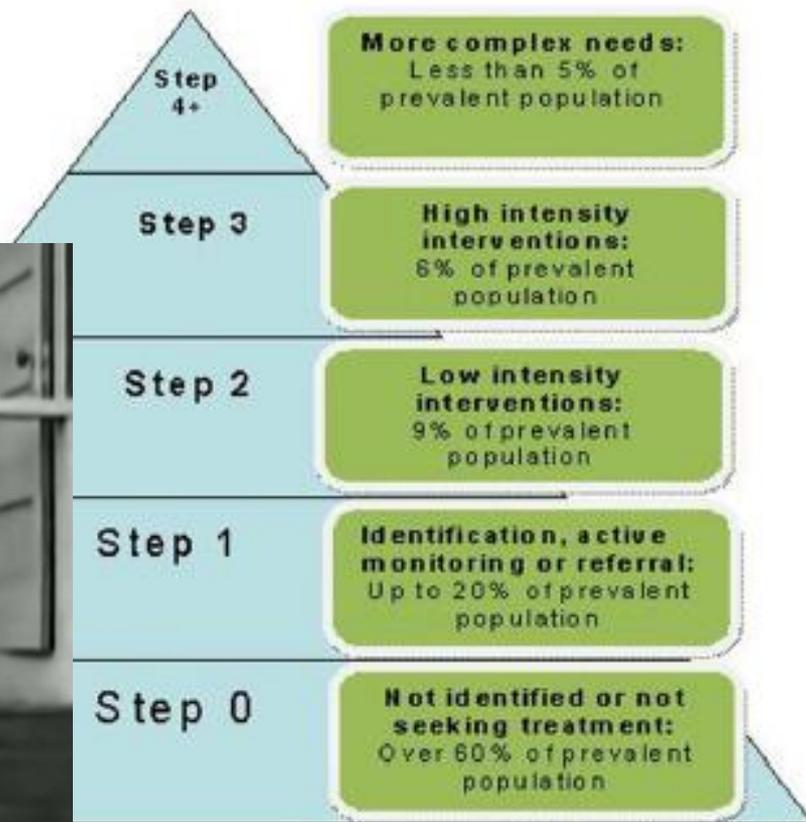
"Stepped care" is

User oriented stepped care

or

Management oriented stepped care

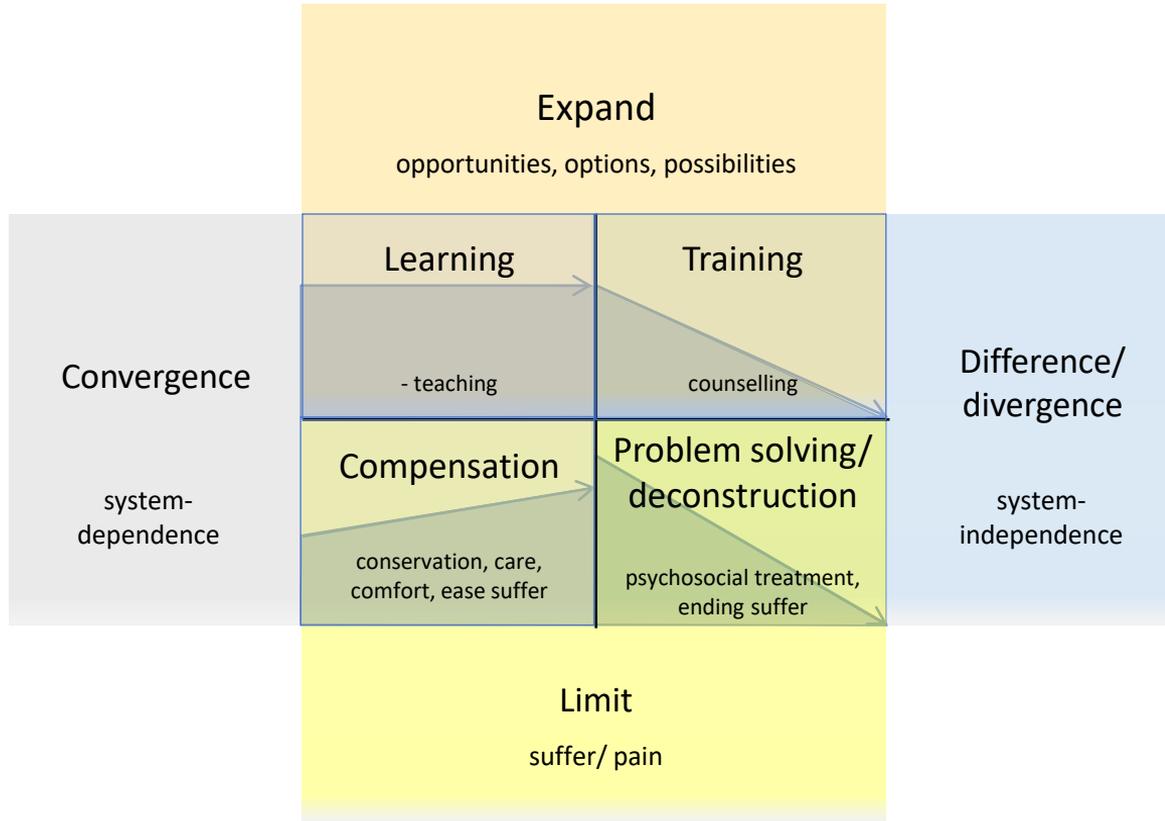
Access/empowerment <-> economy



(generic stratification model for social work)
and use of resources over time



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Ungeliv

2. The work we do – the internal therapists /social worker's view (Signe Nielsen, Karen Hare Sørensen, Anja Katharina Resen)

Treatment for people aged 12 to 25 years old
in Ringsted Municipality



Framework and structure

“Ungeliv” is a part of Ringsted social recovery center. Located in our own locations. The staff consists of

- 1 daily manager
- 8 therapists
- 4 psychologist
- And 2 external consultants
(1 psychiatrist and 1 psychologist)



The young people (Client groups):

- **Mentally vulnerable youth**

- Having psycho-social vulnerability
- One or more mental disorders
- Are yet to be diagnosed

- **Young people with substance abuse**

- With an active substance use or abuse
- Experiencing negative consequences of his/her use
- At risk of developing an addiction

- **Preventive treatment**



We offer:

- ✓ Group therapy
 - ✓ Individual therapy
 - ✓ Network café
 - ✓ NADA treatment and mindfulness
 - ✓ Open youth counselling
 - ✓ Counselling with family and network.
 - ✓ Cooperation with other relevant actors
 - ✓ Reflection group with our external consultants
- 
- A decorative graphic consisting of a semi-circle filled with diagonal stripes, positioned on the right side of the slide.

Structure of the reflection group:

- Two external consultants and two internal therapist
- We meet 1´ every month
- The time and place are always the same
- 1½ hours per group session.
- Theme of the day.
- Numbers of participants
- Participation is obligatory



- Presentation rounds
- Coffee and tea is always offered
- Tactile stimulation and fidget toys are offered as well
- Notebook



Learning

The young ones

- Social interaction.
- Sharing life stories
- Mirroring
- Development of strategies
- "Focus on what is **STRONG** – Not what is **WRONG**"
- Focus on successes and resources

Learning

- **The Professionals**

- Learning new methods
- Level of competence
- Taking a de-centered but influential stance
- "Positive disturbances"
- Confidence between internal and external professionals

Simones Story about the reflection group.

3. “Simones story” – Client’s view (Simone)

- “Staircase talk”
- “Upside-down relationships”
- Awareness of responsibility for your own life



4. Co-creating and reflecting– the external therapist view

(Jytte Gandløse, Staffan Røijen)



OPM

XII Nordic Family Therapy Congress

Jytte Gandløse, MSc in Psychology University of Copenhagen in 1981.
Authorised clinical psychologist, specialist and supervisor in psychotherapy and child neuropsychology

Staffan Røijen: Child and Adolescent Psychiatrist supervisor in psychotherapy

Why we said yes to the project:

- Interest and experience in co-creating of reflecting and therapeutic processes for clients
- Teaching and supervision for the daily group leaders
- Creating something new for the daily treatment
- To use our knowledge and experience as psychologist and child and youth psychiatrist.
- We have been working together with groups of youngsters for more than twenty years.
- We know and have confidence in the leaders of Ungeliv

Theories behind our model:

Tom Andersens: Reflecting processes

H.R. Maturana: Multiverse

Peter Lang: Dignity and inspired by Wittgenstein, Words create the world.

Michael White: Externalized stories, Thickening the alternative story, outside –witness group.

Foucault empowering people

David Cooperrider: Appreciative inquiry

Andersson and Goolishian: The not knowing position in therapeutic conversations

The model 1:

- We participate once a month, for an entire day.
- We begin with a small catch up from last session with the daily staff
- Before we arrive, we have sent a theme for the day to the two groups. From august 2018, the young ones decide what the theme for the day shall be every other session.
- The themes that we provide are always future oriented and formulated in a narrative way to thicken the positive life story. They are made in a way to make it possible for them to find their own strength and way in life.

The model 2.:

- In the briefing we are told who will attend, and we work with a slow open group where we don't know how many will attend the group beforehand.
- Each group session lasts 1,5 hour, and we split the time between those who attend.
- Using the chosen theme one of us interview a youngster on his/hers reflections upon the theme. We interview from a not-knowing position, and try to make cracks in their story of problems. Trying to view problems as frustrated dreams and to create new possibilities.
- After that interview, we ask the young ones in the group to reflect upon what they have heard. They are very experienced in making positive reflections, and mirroring each others strategies.

The model 3:

- The daily staff and the other consultant are asked to reflect upon what they have heard.
- Lastly the young one is asked about what reflections the whole process has had on him or her.
- In the middle of the session , we have a short break for fresh air.
- At the end of the hour and a half we have a more informal conversation about the day and talk about ideas for themes for the next session.

Loop 1



Loop 2



Loop 3



Loop 4



Loop 5



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Pathfinders-the Open Path Method- collaborative practice

Abstract I: A path will come, when we work on it.

Social and psychiatric public services in Denmark in 2020 focus on efficiency, by managing individual grants through units defined by evidence based standardized guidelines. Around this discourse lives a strong story that the highest level of evidence – and there true efficiency – is the Randomized Controlled Trial (RCT). Yet the RCT is almost always by definition blind for the effect of the world surrounding the setup up and the client's personal preferences. Typically, the national guidelines conclude with the sentence "The method is vulnerable to client preference".

Staff education is narrowly focused on manual-based conversation skills, if advanced: it can include structural client network management. However, in daily practice other skills become more important: resonance, compassion, accessibility, meaning, and networking.



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Abstract II:

Consequently we ask, what are the helpful focus axis that support a practice, that – on one hand can answers management questions about efficiency – a help system that can stay open and gain in professionalism; and on the other hand – a practice, that is able to collaborate meaningful and compassionate with open systems on sustainable social constellations of integration.

The workshop invites to discuss narratives on how to strengthen collaborative systemic services towards sustainable social constellations of integration, in a “new public management” world, that otherwise still awards symptom-focused fragmented delivery.



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Pathfinders-the Open Path Method- collaborative practice



Abstract III:

The Open-Path-Method is a topic-guided collaborative therapy setup for adolescents and can be characterized by three key elements:

Subject/topic guided group sessions;

In-session-collaboration between client and social worker and external consultants by using reflection loops;

Stepped-care-service-setup – between social work and therapy.

The method is developed in the context of collaborative therapy (Harlene Anderson) with youngsters (age 15-25) handling psychological vulnerabilities and/or problems with alcohol or drug abuse at "Ungeliv" a social-psychiatric service for youngsters in the Danish municipal Ringsted.



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The team behind the development of the OPM



Reinhold Schæfer

Head of Social Psychiatry (Socialpsykiatrien)

MPM, University of Southern Denmark, 2010. Dip. Soz. Arb. University of Essen, 1992. Dip. Addiction Counselor, COK Grenå, 1999. Educated in systemic therapy by STOK (Rasmussen, Cecchin, K. Tomm), 1996. Since 2001, manager of public social services. Member of adv. committee for Psychiatry to the Danish Health Authority (DHA).



Jytte Gandløse

Msc in Psychology, Licensed Practitioner Clinical Psychologist

MSc in Psychology University of Copenhagen in 1981. Authorised clinical psychologist, specialist and supervisor in psychotherapy and child neuropsychology. Trained by Cecchin, Tom Andersen, Harlene Andersson, Peter Lang, Elspeth Mc Adam and Jef Zeig, among others. Has worked in private practice for 20 years within therapy, supervision and teaching.



Staffan Røijen

Child and Adolescent Psychiatrist

MD University of Copenhagen in 1979. Psychiatrist specialised in child and adolescent psychiatry. Educated in various therapeutic programs. Publications: Eating Disorders, SRF – A Therapeutic Instrument, Social Psychiatry, Liaison Psychiatry, Art Therapy, Trans-Cultural Therapy. Has worked in private practice for 20 years within therapy, supervision and teaching.



Anja Katharina Resen

Deputy Manager and Head of Ungeliv

B.A. pedagogy Metropol UC, 1996. Dip. public management, UCSJ. Educated in Dialectical behavior therapy (DBT) by MD R Jensen. Certified NADA- practitioner. Worked as manager since 2004. Trained in Systemic Therapy by Gandløse, Røijen since 2012. Founder of Ungeliv Ringsted - public social service for adolescents with social, mental health vulnerabilities or addiction problems.



Signe Nielsen

Youth Consultant at Ungeliv

B.A. Pedagogy, UCSJ Hindholm, 2005. Educated in Environment Therapy, Granhøjen 2010. Trained in Systemic Therapy by Gandløse, Røijen since 2012. Certified NADA practitioner. Has worked since 2001 as a social worker with children and adolescents in various schools and social services. Co-organiser of children's music festival (Vilde Vulkaner, Denmark).

Advanced practitioners & co-developer team



Benjamin Steffen-Nielsen

Psychologist at Ungeliv

Cand.Psych. University of Copenhagen in 2016. Authorized psychologist. Trained and supervised by Jytte Gandløse and currently pursuing the title of 'Specialist in Psychotherapy with Adults. Educated in systemic, narrative and solution-focused approaches by Inpraxis, Narrative Perspektiver.



Jonathan Josva Schou

Psychologist at CBU

MSc in Psychology from University of Aarhus in 2020. Trained and supervised by Jytte Gandløse. Working primarily with substance abuse treatment of adults and young people from a systemic and narrative onset. Volunteering with creative development of children and youngsters.



Karen Hare Sørensen

Youth Consultant at Ungeliv

B.A pedagogy, UCSJ Storstrømsseminariet, 2000. Conflict mediator from Center for conflict resolution 2020. Trained narrative coach and supervisor from Dispuk 2019. Certified children's group leader from Center for family development 2018. Diploma module in "pedagogical expertise and learning processes" 2016. Trained in Systemic Therapy by Gandløse, Røijen since 2020.



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Kommune

The Open Path Method has been developed by:

Head of Social Psychiatry (CBU)

Reinhold Schæfer

res@ringsted.dk

+ 45 40 88 11 85

Msc in Psychology, Licensed Practitioner Clinical Psychologist

Jytte Gandløse

mail@psykologJG.dk

+45 30 53 69 53

Specialist in Child and Adolescent Psychiatry

Staffan Røijen

staffanroijen@gmail.com

+45 33 25 00 13

Deputy Manager and Head of Ungeliv

Anja Katharina Resen

anm@ringsted.dk

+45 42 33 88 41

Youth Consultant at Ungeliv

Signe Nielsen

sin@ringsted.dk

+45 25 23 47 23



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