

Assertive Community Treatment A Trialogical Network Approach in Berlin

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Dr. Susanne Ackers

Dr. Thomas Floeth



Unterstützung in
psychischen Krisen

Ambulante Krisenbegleitung »

Hilfe & Begleitung bei
Arbeitsunfähigkeit

Gesundheit & Arbeitsfähigkeit »

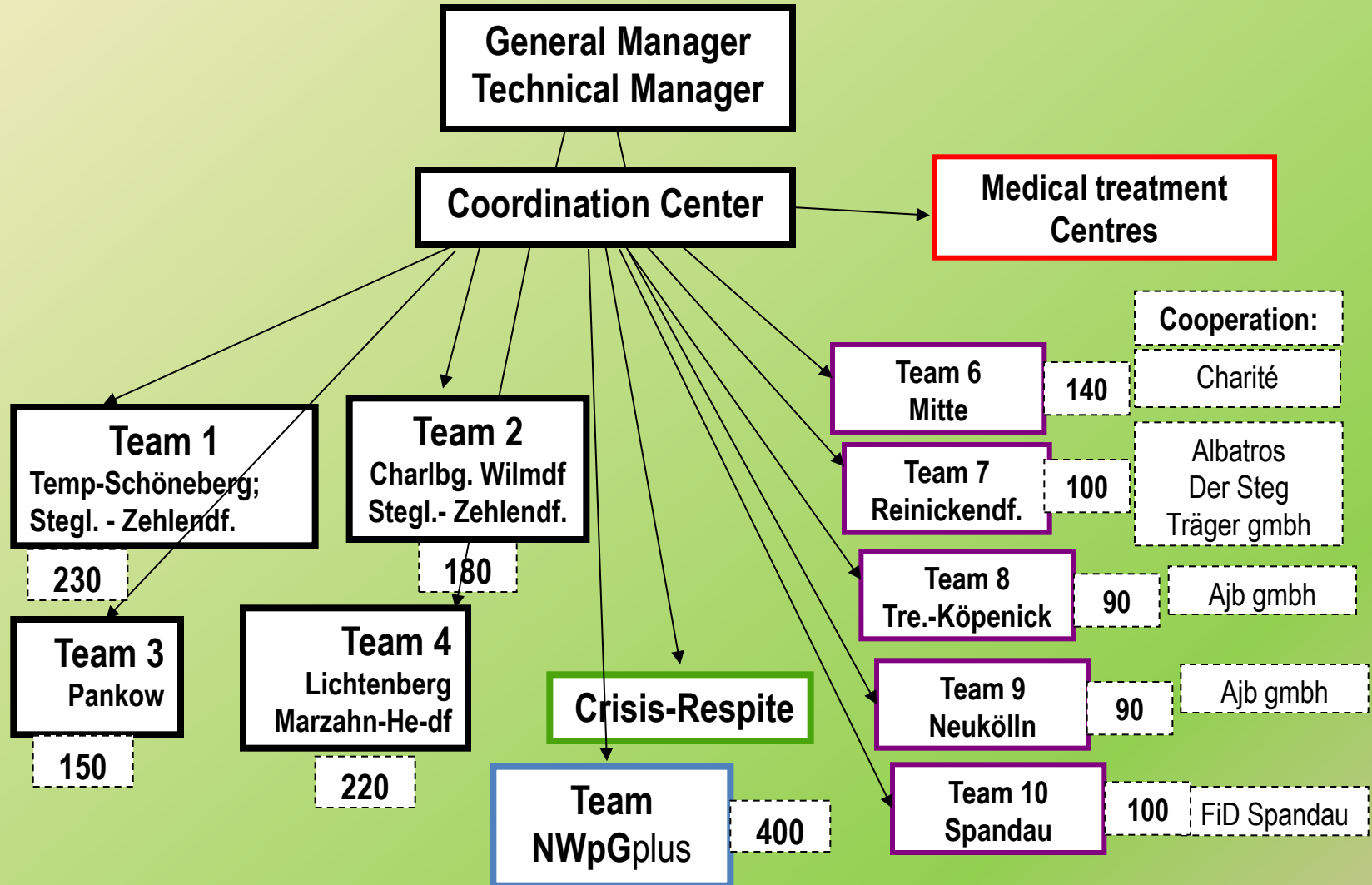
Versorgungsprogramme
mit Krankenkassen

Verträge im Überblick »

Pinel Network of Integrated Health Care Ltd (non-profit; founded: 2007)

- 5 multi-professional teams in regional offices
- 1 coordination center, 1 crisis refuge
- Contracts with health insurance: NWpG, SeGel etc (N= 1.300, >5.000)
- NWpGplus: treatment for certified sick clients (N= 400; >1.800))

The Network of integrated health care in Berlin



Who we are – Crisis-resolution contracts

- Projects funded by health insurance (esp. TK; Techniker Kasse)
- Aim: *preventing or avoiding* hospital stays
- Covers all F diagnoses with the exception of F0, F1, F7, F8
- Established in 2007, originally as a project run by various organisations and peers
- Fast-growing project, currently with **1.800 registered users in Berlin**

What we offer

- Need-adapted treatment

Low-level therapeutic work, direct guidance to necessary treatment/support option

- Trialogue

Teamwork with peers and family members in a method of open dialogue

- Home treatment

Care and support at home through the assigned case managers (network discussions, crisis plans, network maps)

- Non-hospital setting

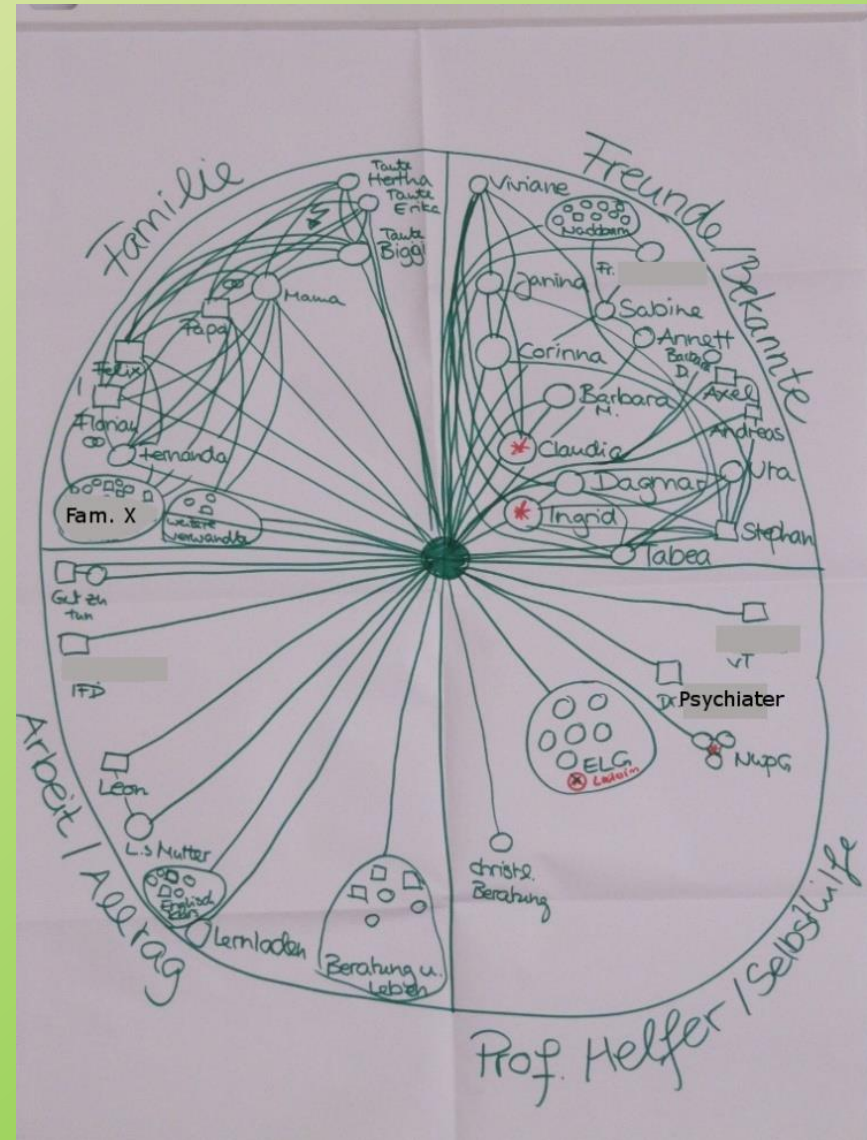
Crisis refuge (stays lasting from a few minutes to several days and weeks), the assigned case managers remain central point of contact

- Hotline/ accessibility

24/7 hotline available in case of crisis, manned by teams/manager; direct access to the assigned case managers during working hours

Our Network - Focus

- Who are the significant people (VIPs)?
- Who provides support in case of crisis?
- Who notices a crisis first?



Who we are – our teams

Multi-professional care teams meet each other on equal footing

- Team leader – case management
- Case managers – **working in triadogue**
**Psychologists, social workers, psychiatric nurses,
peers and family members et al**
- Medical centres within the network: 5 doctors for psychiatry/
psychotherapy available for clients and offer of on-call services
- Inclusion of client's own doctors into the network

**The whole staff is specially trained
in systemic network and family therapy (open dialogue)**



Culture of medical science (evidence based)

- Research
- Collection of knowledge (data)
- Objectivity
- Classification
- Implementation of standards

Culture of a Trialogical Approach

- Narration
- Searching for sense
- Subjective exchange
- Accepted chaos
- Looking for individual ways

Two cultures

- Psychiatry based on experience
- Quantitative and qualitative Research
- Looking for knowledge and sense
- Balance between objectivity and subjectivity
- Creating a system based on construction
- Acceptance of real chaos
- Introduction of individual strategies

Aspects of trialogical work

- Collective work with clients
 - Outing and bearer of hope
- Change of perspective
 - Open Dialogue
(following Jaakko Seikkula / Volkmar Aderhold)
- Collegial work within the team
 - Quality management
 - Change of language
 - „Not without us about us“

(1) Outing

- Peers: Experts through study and profession work with specific patterns of explanations
- Professionals: This is an individual attitude
- Question: Is „outing“ expected from peers by the professionals?

(2) „Professional closeness“

- Jörg Utschakowski (main force behind the **EX**perienced-**IN**volvement programme development in Europe) coined the concept of „professional closeness“ in opposite to the broadly known „professional distance“
- Peers can relate to emotions and special life situations of clients in a different way than their professional colleagues by sharing their own experiences and recovery steps

(3): Change of Perspective

- Turning a crisis into a chance
- Learning from each other: sharing knowledge and strategies
- Misconceptions can be clarified through an open dialogue

(4) Processual approach

- Peers have less „fear“ of crises
- Peers know that a crisis is a complex process
- Peers are not solution-focused but know that being heard and understood is basic
- Peers have experienced that growing and recovering takes time

Development of the trialogical concept

- Daily psychiatric praxis (Inclusion of peers)
- Health politics: Planning und „Quality Control“ (Community work)
- Participatory Research: Subjectivity, Recovery, Empowerment
- Education, Lectures, Workshops, Conferences
- Antistigma Campaigns

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**Thank you very much
for your appreciated attention!**

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Dr. Thomas Floeth

Literature

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