

# Assertive Community Treatment A Trialogical Network Approach in Berlin

**WPA XVII World Congress of Psychiatry  
Berlin 12.10.2017**

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A banner image showing a large, leafy tree with a thick trunk, set against a bright sky. The image is partially overlaid with a green gradient on the left side where the text is located.

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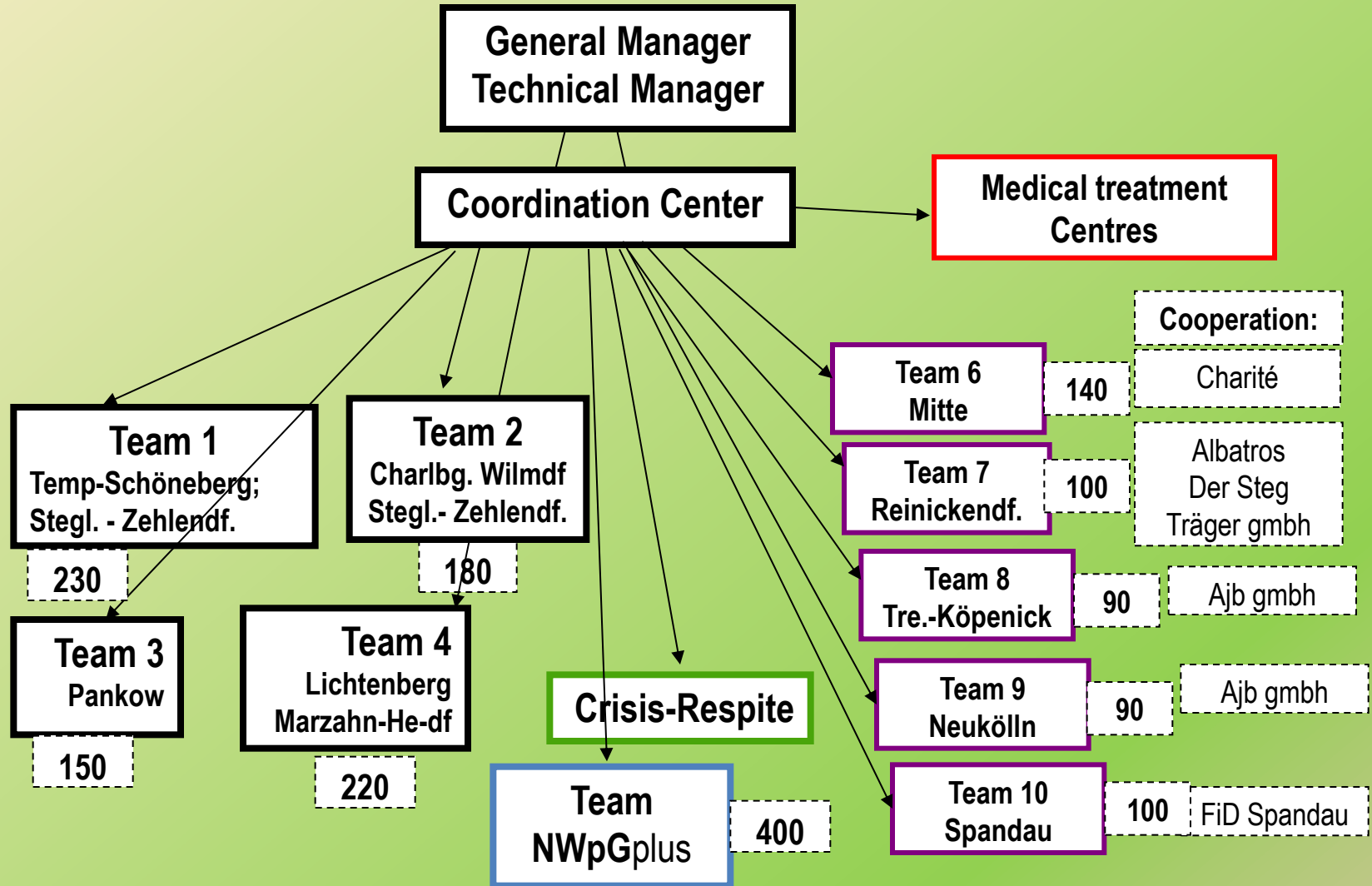
Versorgungsprogramme  
mit Krankenkassen

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*

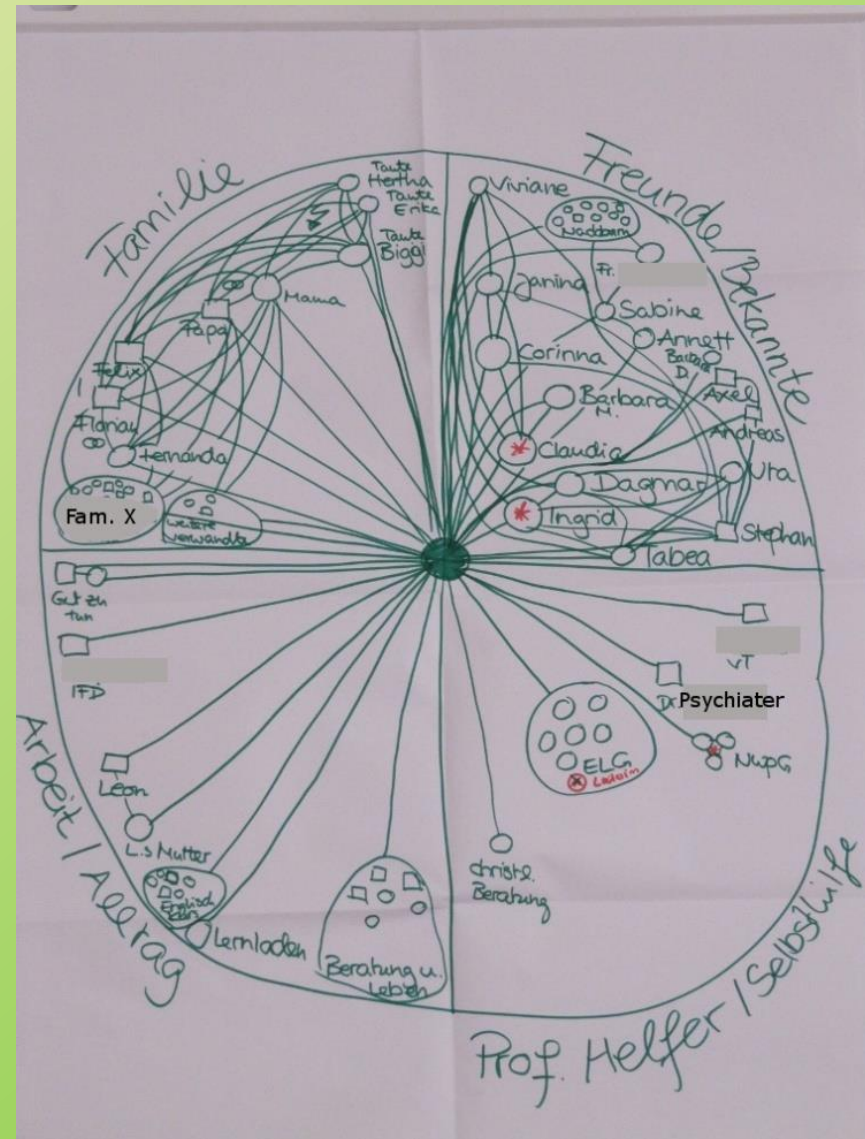
- Hotline/ accessibility

*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?

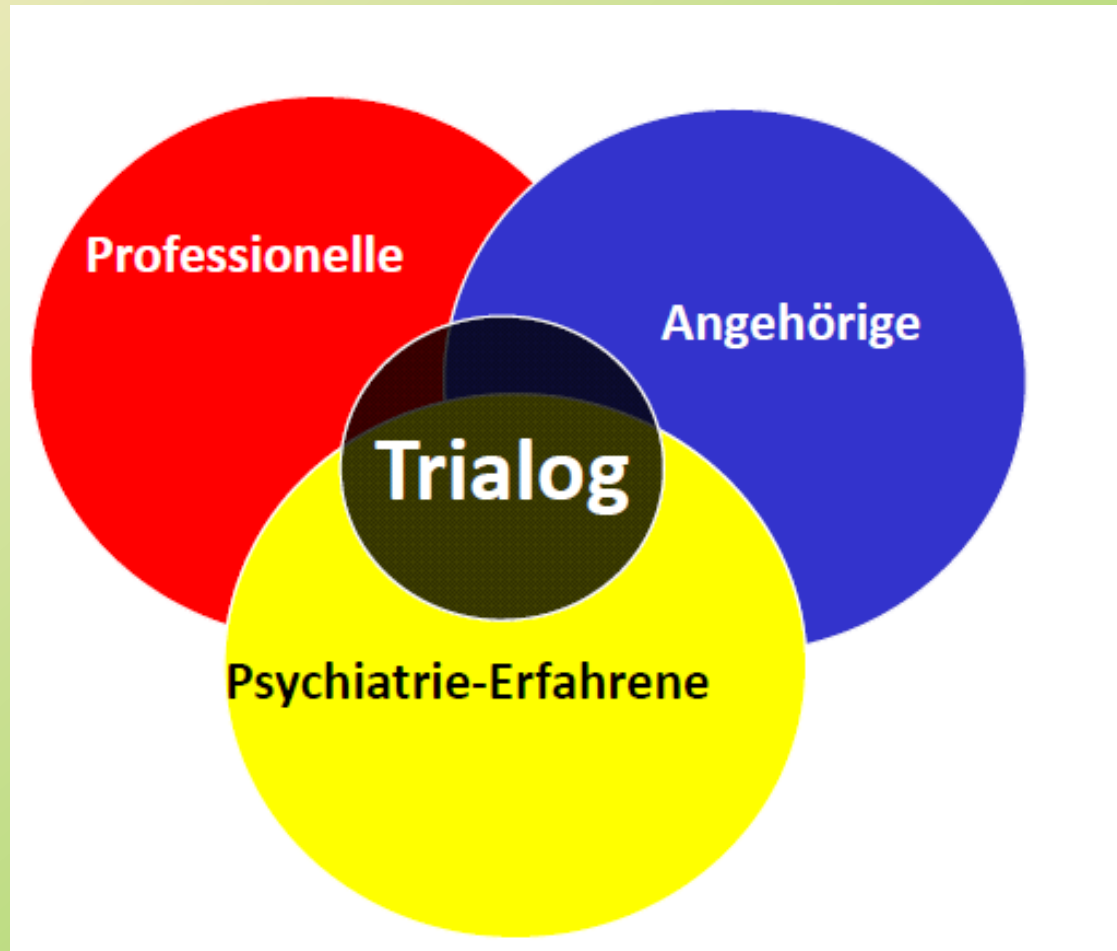


# Who we are – our teams

## **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!**

**Dr. Susanne Ackers**

**Dr. Thomas Floeth**



# Literature

- **Jürgen Bombosch/ Hartwig Hansen/ Jürgen Blume (Hg.):** Trialog praktisch. Psychiatrie-Erfahrene, Angehörige und Professionelle gemeinsam auf dem Weg zur demokratischen Psychiatrie. Paranus Verlag. 2007
- **Jaakko Seikkula/ Tom Erik Arnkil:** Dialoge im Netzwerk. Neue Beratungskonzepte für die psychosoziale Arbeit. Paranus Verlag. 2007
- **Jörg Utschakowski/ Gyöngyvér Sielaff/ Thomas Bock (Hg.):** Vom Erfahrenen zum Experten: Wie Peers die Psychiatrie verändern. Psychiatrie Verlag. 2009
- **Bettina Jahnke:** Vom Ich-Wissen zum Wir-Wissen. Mit EX-IN zum Genesungsbegleiter. Paranus Verlag. 2012.
- **Jörg Utschakowski:** „Mit Peers arbeiten. Leitfaden für die Beschäftigung von Experten mit Erfahrung. Psychiatrie Verlag. 2015
- **Susanne Ackers und Torsten Flögel:** „Peers und Profis – eine Beziehung mit einigen Hürden und viel Potenzial“. Bericht über den Workshop “Austausch über die Einbeziehung von Psychiatrie-Erfahrenen in das psychiatrische Hilfesystem“. In: Soziale Psychiatrie 02/2017, S. 22 – 23.