

# Countrywide implementation Effective Child&Family Programme:



Tallinn  
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Tytti Solantaus

- My own story
- As a clinical child psychiatrist
  - Many children with mentally ill parents
  - Collaboration with adult psychiatry
  - A touching case
- Learning about the Beardslee Family Talk Intervention:
  - parents explain their situation to their children

- Let's us start with children and what children and parents need

# Protective processes /factors for children-1

## Family

- Warm supportive family relationships
  - Parents, sisters, brothers (grandparents etc)
- Fun and enjoyable moments/ activities
- Functional daily routines as much as possible
- The problems can be discussed in a positive, constructive and problem-solving manner

# Protective processes /factors for children-2

## Child

- An understanding and making sense of what is happening
  - For the parent
  - In the family – atmosphere, economic problems, unemployment, etc
- Ability to act, agency
  - to participate in problem solving
  - supporting the parent

# Protective processes /factors for children-3

## Outside family

- Sense of belonging to daycare group / school
- Age appropriate activities / hobbies / friendships
- A trusted family / adult who is supportive to the family and understand's the child's situation

# Ongoing dialogue with children

over days, weeks, months, years

## Aims

- Parents understand children's experiences
- The children understand the situation
  - The parent helps children to make sense of what is happening
- Parents and children find ways for children to cope with the parents' symptoms and other family problems

# Ongoing dialogue

- Shared understanding



- Shared problem solving



**Sense of togetherness /belonging and  
Active agency**



# Principles the dialogue process -1

## For parents

- Have a DIALOGUE, not a lecture
- Listen to children, give them time
- Help children understand what they have experienced, seen, heard, thought, feared..
- Always include how we go forward
  - I am in treatment, we parents ...
  - If dangerous situations are possible, provide guidelines for action

# Principles for the dialogue process-2

- Discuss with children who could be their support person outside the family
- Someone who understands the family situation and is supportive, and whom the child trusts

# The dialogue process

This is a family process over time. Discussions happen in small pieces in unexpected situations over months and years.

Children grow, understanding develops and parents' problems come and go, family situations change.

- Implementation

# The ongoing journey

- From epidemiological risk approach
- To resilience and opportunity
- From hopelessness to joy and hope
- **From individual families to systems**

# Child and Adolescent Mental Health in Enlarged European Union (CAMHEE, 2007-2009)

## Work Package 5

Parenting and caring for the children of  
mentally ill parents

WP leader T. Solantaus

# Partners in WorkPackage 5

## Eastern Europe

- Bulgaria
- Lithuania
- Romania

## Central Europe

- Austria

## Northern Europe

- Finland
- Norway

Rights of mentally ill parents  
and of their children?

Child mental health in  
legislation and policy papers?

Institutionalization of  
children?

Parenting culture?

Basic needs for  
shelter, food,  
support?

Children, and parental  
mental health problems

Stigma?

Prevention and  
promotion?

Community based services?  
Infrastructure?

Knowledge base on  
parenting & parental  
mental problems?

Preventive  
interventions?



# Background in Finland

- Child protection services
- Family therapy 'movement' in the 1980s
- Child Welfare Act 1983
- Individual teams and projects for the children of parents with psychiatric problems
  - Screening and referrals for treatment for children
- Strong and active programmes for perinatal depression across the country since 1995-
- Effective Child & Family Programme 2001 -

# The Effective Child&Family Programme 2001 –

- A nationwide development, research and implementation programme funded by the Ministry of Health and Social Affairs
- Carried out in the National Institute for Health and Welfare
- Legislation since 1980s

# The Effective Child&Family Programme

- Finnish Association of Mental Health
  - Tytti Solantaus
  - Project leader Tiina Pouta
  - Mika Niemelä, Bitta Söderblom
- And hundreds of colleagues in the field

# Legal basis

Child Welfare Act (683/1983) in Finland

- Mandatory reporting of child abuse and neglect
- "If an adult receives health or social services for mental health or drug and alcohol problems and has dependent children, also the children's needs for care and support have to be attended to. "

My recommendations for legislation concerning services for adults: include

**1. All services parents attend,**

1. Health and social, criminal, unemployment, income benefit..

**2. Children's needs for**

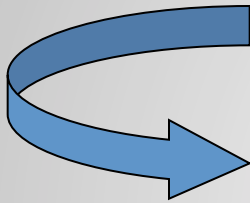
1. Prevention and promotion
2. Treatment
3. Rehabilitation

BUT do not legislate how to do it /the method!

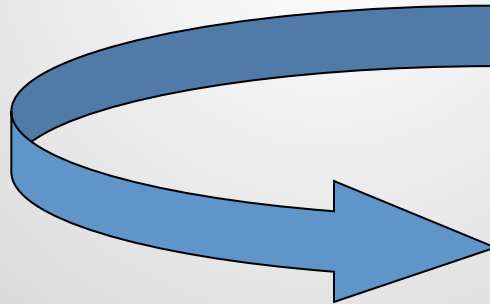
**1. Parents' rights to get support for parenting**

# A pragmatic and a paradigmatic change

Child protection  
services



Screening for psychiatric  
problems and providing  
treatment services



Promotion of  
parenting and  
child development

# Finnish experience: To get started...

- First some questions needed to be answered

Questions to be answered...

**Where should the promotion & prevention activity happen?**

- in child/adolescent or in services for adults?
- in primary/community services or in psychiatric (specialized) services or in both? ?



## The activity should happen ...

- where the parents seek for help
  - nobody else knows that the parent has problems
  - Those treating adults have the opportunity to start breaking the generational cycle

Questions to be answered  
But where to start ?

With adult psychiatry, but other services represented as well

- A strategic choice
- Psychiatric expertise and education
- There are 5 University Clinics and 21 Hospital districts with Psychiatric clinics (inpatient and outpatient services)
- Vs. 450 community health centres

...Questions to be answered ...

**Who does it? Which professional group?**

...Questions to be answered ...

## **Who does it? Which professional group?**

- All professionals who work with patients need to be able to talk respectfully and constructively about children with their patients

...Questions to be answered.

*“But adult psychiatry is about treatment of patients!”*

- Is psychiatric care only treatment of the *patient* ?  
Or only *treatment* of the patient?

- The answer is a PARADIGM CHANGE
- An expansion in adult psychiatry
  - from treatment to promotion and prevention
  - from individual to child and family based approach
  - from problems to strengths
  - From monosectoral to multisectoral work
- A need for new thinking and new methods

# Collecting international experience

- US experience: William R. Beardslee
- The Dutch experience: Karin van Doesum, Clemens Hosman, Martinj Bool
- Swedish and other international experience: conferences
- The Nordic Forum since 2005: all Nordic countries join hands in developing the work for children and families

# EC&F Method family

- Let's Talk about Children
  - 1-2 discussions with patient and partner
- Family Talk Intervention: 6-8 sessions
- Effective Family network meeting
- Groups for hospitalized parents
- Support groups for children and parents
- Family courses
- Guide books for parents and children
- others to come



# The aims of the EF methods

- to help the family live as a life as possible with the problems
- to support parents to be as good parents as possible in the present situation
- to help parents support their children at home and outside home by using
  - the family's own resources
  - resources of the family's own network
  - resources of different services
- to help the family reach the services they need

- Training as a tool for change

# A distinction to be made

- Training a new method to be added into the tool pack?
  - E.g. new medication, a new therapy method...

# A distinction to be made


- Training a new method to be added into the tool pack?
  - E.g. new medication, a new therapy method
- or inducing also a paradigm and system change?
  - to have adult psychiatry to embrace children
  - To have treatment services include prevention
  - To have sectorized services share goals and work together
- Later in the process, method training is enough

# A practical method as a tool for change

- “doing it” creates a dynamic forum for the existing and the new to interact in the mind
  - connects cognitive and emotional processes in the individual
- creates a yearning for more knowledge and more experience
- applies also to the project team
- **Key to implementation is to extend this also to different levels of the system: the project team, the clinical team, organization, etc**

# Problems to be prevented

- Team dynamics
  - Training can divide the team
  - Responsibility left to or taken up by the one/s in training
- “None of my business. YOU are in training”
- “I am the one who knows how to do this”

 No room, resources or support for the new work. The work fades away as the lone practitioner gets tired.

# To prevent the divide

- The whole team (clinic etc) has to be kept aware of what is being learned as the training proceeds

# Implementation 2001 -

- Pioneering training group 2001-3
  - 45 practitioners from across the country
    - Adult psychiatry (nurses, psychiatrists, psychologists, social workers, therapists)
    - Child mental health services (psychiatrist, psychologists)
    - Community health (doctor, school nurses, a well child nurse, social worker)
    - NGO: Family Organization
  - 17 full days a year, with supervision and implementation issues
    - 24 trainers around the country



# Launching the training

- The first training was launched with a seminar for the clinic leaders and trainees
- with representatives from STAKES leadership and the Ministry of Social Affairs and Health addressing the group
- A plenary about the WHAT WHY and HOW
- This was the for-runner of the Opening Seminar (a training module)

- Aims of the pioneering training
  - to make the trainees understand the work in the larger context -history, culture, philosophy, principles, etc – capacity for adaptation
  - To teach the Family Talk Intervention and the Let's Talk about Children Discussion
  - to make the pioneers agents of change in their own organizations and regions
  - And to provide competent trainers and experts across the country

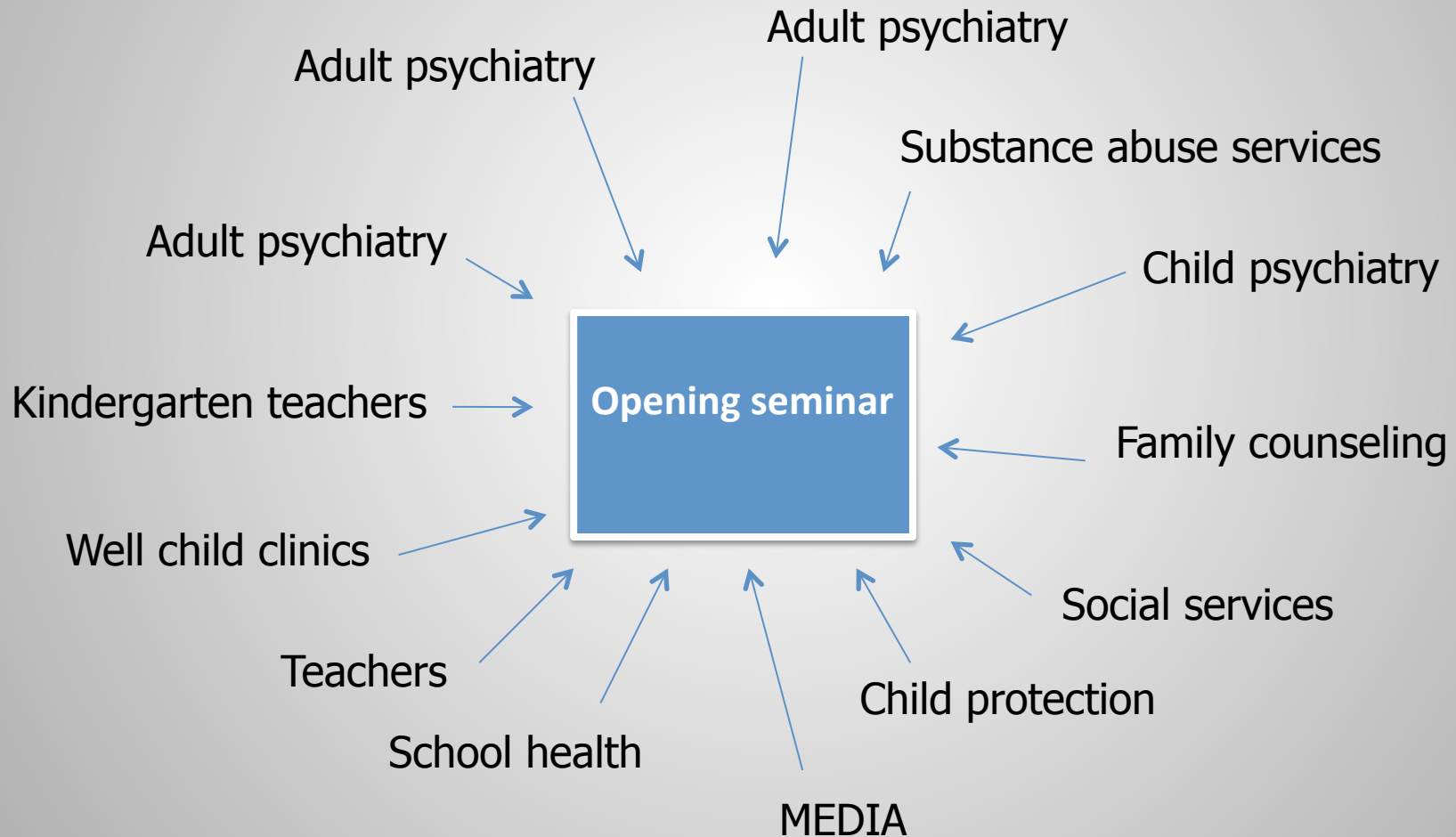
# Training modules

- One day opening seminar: basics plus overview of methods
- Let's Talk about Children-method training
  - two days + supervision day
- Family Talk Intervention training
  - 11-12 days with role play and supervision, about 4 wks apart
- Vertti group leader training (6 days)
- Let's Talk Network Meeting included in the other training modules

# Opening seminar

- All child, adult, family practitioners from all sectors and NGOs are invited, when EC&F work is introduced in local services
- Plus local / regional media
- Content: Basic information, review of methods, issues of implementation

# Opening seminar in a new locality



# Countrywide implementation

All levels need to be involved (in Finland)

- Government: Ministry of Health and Social Affairs, National Institute for Health and Welfare, the Parliament
- Regional and local decision makers
- Practitioners and families
- The media: public awareness and demand

In the end:  
What is needed for effective  
implementation?

# We need...

- Creative crazyness
- Guts
- Band
- Persistence
- And finally....

(HIM – Ville Valo philosophy by Pekka Himanen)





*A dream!*

*Antonia Ringbom*