

## Family Ward: A New Therapeutic Approach

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**Abstract.** This article describes a new integrated child psychiatric family ward treatment model at the Tampere University Hospital. Theoretically, the treatment is based on an integration of systems and psychoanalytical theories as well as behavioral approach. A centerpiece of the model is a 3-week treatment period for the whole family at the family day ward. The work of the multidisciplinary team on the ward focuses on family relationships, on representational level, and on the interactional behavior of the family. Interaction and relationships are also used as tools, including a reflective working model and sharing concrete interaction with the family. So far, the family ward has offered 165 family treatment periods for 113 different families. Altogether in 63% of the total treatment periods one or both parents have had mental illness and in 15% of the total treatment periods there have been serious custody disputes with accusations of sexual abuse of the child. Helping these multi-problem families is a special challenge for our treatment model and at the moment we are developing new methods for assessment and support of parenthood. (*Keio J Med* 48 (3): 132–139, September 1999)

**Key words:** Psychiatric family treatment, multi-problem families, deficient parenting

### Introduction

In Finland child psychiatry has an exceptionally long and remarkable history; the first child psychiatric department in Europe was opened in Tampere area as early as 1927. Today, Finland has 15.1 child psychiatrists per 100,000 under twenty year old inhabitants which is the second highest figure in Europe. These facts reflect both the value and status that children have been given in our society and the increasing concern over mental health problems in children and during childhood.

However, even in Finland the need for child psychiatric services has been clearly greater than available resources. In this situation the fairly long treatment periods both in outpatient clinics and especially in hospital wards and long queuing times common in child psychiatric field have been criticized. Also, the fact that the time from the first signs of a child's mental distress or disorder to the point when she or he is really given professional help and care could take years, is unethical and inefficient. There has been, and still is, a clear need for new treatment models especially for early interventions.

In the Child Psychiatric Department at the Tampere University Hospital, which provides services for a total population of 440,900 inhabitants, we opened a new child psychiatric family ward five years ago in December 1993. The reasons for developing an integrated family treatment model came from several sources. First, the new and rapidly growing research evidence really stresses the importance of early family interventions especially during infancy and toddlerhood when interaction and relationships between a child and her or his caregivers are developing.<sup>1</sup> Attachment research has indicated that the quality of the attachment relationship shapes and organizes the child's behaviour both in her or his early years, and later in life.<sup>2,3</sup> Second, there are preliminary results indicating that early, relatively short interventions might prevent later psychopathology in children by changing undesirable family relationship patterns.<sup>4,5</sup> Published case studies on treatments with focuses on the child-caregiver relationship have been encouraging.<sup>6,7</sup> Finally, Finnish child psychiatry is heavily family oriented and family therapy is the most widely practiced and high quality therapy method in our country. Also, family interventions tend to be shorter than other treatment models.

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