



Fig. 1 Child psychiatric family treatment model at Tampere University Hospital.

phase focus on detailed planning of the treatment, for example, choosing one to three main problems that the family wants to work on. All participants involved discuss what kinds of changes the family wants to make, how to see if a change takes place, and how to measure and assess these changes. During the preadmission phase, the family therapeutic process starts with the first family therapy session. The last of the preadmission meetings is a home visit made by the pair of primary nurses. At the home visit, the living conditions, life style, and social network of the family are observed and discussed.

The overall aim of the preadmission phase is to promote the family's motivation and commitment to the changes they themselves want. It is important that the change is worked out in such detail that the family will get a positive experience of change in their daily life. Getting acquainted and "joining in" is another important task of this phase. In-depth discussion and definition of the aims and the focus of the treatment with the family and the referring team is important to achieve the openness necessary for this treatment model and for the short intensive treatment period to be successful.

Family inpatient period

The main tasks of the family inpatient period are the diagnostic assessment of the referred child, the evaluation and diagnosis of the family relationship patterns, strengths and problems, assessment of parenthood and, further, based on all this, designing and carrying out the family interventions to improve family functioning. The first challenge for the team, however, is to form a good working alliance and stable holding environment with the family.

The pair of primary nurses and the junior child psychiatrist constantly work closely with the family and form a subteam, whose thoughts, feelings, and experiences regarding the family are reflected by the other team members. In this way the rest of the team is involved in the treatment indirectly by participating in the therapeutic reflective team process. The child psychiatrists make the individual child psychiatric evaluations and the pair of family therapists evaluate the family in their sessions.

The family inpatient treatment is a 3-week period, during which the family stays at the ward every weekday from about 9.30 a.m. until 2 p.m. The daily program is planned by the family and the subteam. The days are structured around jointly agreed focused issues: therapeutic discussions, different kinds of shared activities, shared meals and coffee, and some free playtime for the children and parents.

The quality of the relationship on the representational level, the quality of the observed interaction and relationship patterns, and the past relationship history of the child and the family are studied carefully. The assessment of the family interactions and the interventions for improving the family functioning are carried out in basically two ways. One way to address the family relationships is the so-called functional sessions, which is a new method and possible only in the family ward context. At the 90-min functional session, the family members and the pair of primary nurses participate together in a formerly agreed activity, which is usually a typical family activity during their leisure time. The most used activities are games, music, sports, handicrafts, or baking and cooking in the kitchen. During the intimate interaction of these shared activities, the primary nurses observe, assess, and concurrently