

carry out interventions focused on the strengths and problems of interactional behaviour observed. Through this sharing, a better and more concrete understanding of the dynamics of the relationship problems is reached and productive and appropriate ways to intervene is found.

The other way to assess and intervene is the method of focused therapy sessions. The pair of family therapists usually meets the family three times, once during the preadmission phase and twice on the ward. The applied method is a reflective model, where the pair of therapists openly discuss their thoughts and ideas in front of the family during the session and the family reflects and evaluates their discussion. Understanding the function of the symptoms in the systemic context of the family, exploring the family relationship history, and evaluating the family's current situation from the viewpoint of family's developmental phase are examples of the focuses of family therapy on the ward.

In this way it is possible to work simultaneously at different levels, on the concrete level using direct guidance, support and assistance of parental functioning based on behavioral therapeutic approaches, and on the more representational level through family therapeutic discussions.

Circular process and reflection – How the team and family work

Once a week all the information gathered and the evaluations made by different workers are discussed by the whole team in a case conference. This multiple information is integrated into a holistic and comprehensive understanding of the current situation of the referred child and the whole family. The problems and strengths of the child and the family are also defined. Based on this evaluation, the focus of interventions and the best interventions techniques are chosen.

The first case conference concentrates (1) on the diagnostic assessment and hypotheses, (2) on defining the focuses of the interventions, and (3) on choosing the intervention techniques to be used on the ward. In the second case conference (1) diagnostic hypotheses are re-evaluated, (2) diagnoses, when appropriate, are given for the referred child or for the family relationship pattern, (3) interventions and methods used are evaluated, and (4) further interventions are planned. In the last case conference (1) further treatment or support are planned, and (2) treatment period is evaluated. The hypotheses, ideas, and suggestions from the weekly case conferences are immediately shared with the family and worked on by means of a more open dialogue than has earlier been possible in the outpatient or inpatient context. Through this continuous sharing and dialogue, the family is involved in the intensive process

of evaluation and intervention. The components of the family ward treatment period form an intensive process, which is characterized by continuous therapeutic reflection, circular proceeding, and the use of the multi-disciplinary team (Fig. 2).

Information transfer meetings

In addition to being an intensive relationship intervention, the 3-week period gives the family and professionals a huge amount of new insight, understanding, and ideas to be used, if needed, in the further treatment of the family.

At the end of the 3-week period, need for further treatment or support is discussed with the family. The professionals, who will continue to follow-up and work with the family, are invited to one or two meetings. In these information transfer meetings, the knowledge, understanding, and experience is shared by the family and the staff with the visiting professionals. With multi-problem families, the final meetings are large network meetings with professionals from many different sectors of health-care, social, and educational organizations. The agreement and definition of responsibilities are important tasks in these meetings to help and further support the family in a meaningful and appropriate way.

Follow-up – later reflection

Six months after the treatment the family is interviewed by telephone or by mail. The family's experiences, opinions, and evaluations of their treatment are ascertained. How did the family feel about their stay at the ward? What is their opinion now about achieving the aims and objectives of their treatment? Has something changed? What kind of changes do they see in their daily life? The child's current situation is evaluated by a standardized questionnaire. The therapeutic aim of the follow-up interview is the improvement of the family's ability for self-assessment and the promotion of the family's ability for self-reflection. One aim is also to strengthen realistically the family's confidence in their ability to change.

Experiences of the Work Done So Far

The family ward has so far offered 165 family treatment periods for 113 different families. The amount of second or repeated treatment periods (interval periods) for severely disturbed or multi-problem families has been increasing during these five years and it is now 31% (52 of 165) of the total of treatment periods. About half of the treatment periods have been used by single-parent families. Except for the majority of small