

episodes of the sick parent is often needed.

The other issue that should be focused on, is to support the adult treatment of the mentally ill parent. Regular psychiatric consultation and co-operation with the adult psychiatric unit responsible for the treatment of the sick parent must be continuous and well-functioning. We have found it helpful if adult psychiatrists have used a psychoeducative working model with psychotic families as a part of adult psychiatric treatment.¹⁶

Custody disputes and allegations of sexual abuse

Another challenge for our treatment model has been families with serious disputes between divorced parents over the custody of the child (or children), combined with accusations of sexual abuse of the child by one of the parents (15% that is 24 of the 165 treatment periods). In these families a continuous, cruel fight between parents and legal processes lasting for years with demands for repeated new assessments put the child (or children) in a difficult and traumatizing position. For these families we have offered a separate assessment and treatment period for the mother with the children and the father with the children. In order to avoid a split and coalitions, which are obvious around the child and even around the family, within the team it is important that the same people will be responsible for both treatment periods.

In to our experiences with these families it is necessary first to ensure the safety and well-being of the child in co-operation with the child protection services. Then we try very carefully to listen and see what the child him- or herself is telling when being with the mother, with the father and alone. As a whole it is important to bring all parties concerned to the same negotiation table and to emphasize the treatment needs of the traumatised child (or children).

We have also had some physically abusing families in our ward and so far our experiences with these families have been positive. If the family is able to speak openly about their problem and is motivated for this treatment program, the results seem to be good. Quite often the family is relieved that they are allowed to speak and that some one is really trying to help and support them to find better interactional patterns.

Conclusion

The family ward has existed now for five years, which is a quite short time when one is evaluating effectiveness of a treatment model, especially with young children and with a developmental viewpoint. However, preliminary outcome results are encouraging. The model seems to be both curative and probably markedly preventive. The treatment model is well

accepted by families in need and also by referral organizations up to the point that our family ward now has a year long queue and therefore we are planning to increase our capacity and resources for this work.

The feedback from families has been personal and diverse, relating to the individuality of families and uniquely tailored treatments. The majority of positive comments have concerned the improvement of family relationships and the practical support and advice that the family has received. Negative comments have been fewer and even more varied concentrating, however, to some extent on the intensiveness and exhaustiveness of the treatment period.

The most urgent challenge for our treatment model is to further improve the assessment and support of parenthood and parenting patterns in multi-problem families. Treating families with serious impairments in parenting has guided us to develop a long-term treatment model, where we use interval treatment periods based on developmental viewpoint. Also, we must be ready when needed to make serious decisions advising child protection services to take the child (or children) into custody early enough to be preventive. At the moment we are developing a specific Family Assessment Program for Parenthood (FAPP) method for evaluation purposes. Still another challenge, also in progress, is to develop an outpatient family treatment model with home hospitalization to be used flexibly in parallel with the present model.

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