

# Effective Child and Family Program

## Let's Talk about Children



May 17, 2016  
MBC, Belfast.2016

Tytti Solantaus  
Finnish Association of  
Mental Health

Picture Antonia Ringbom,  
in Solantaus&Ringbom, 2002

[Tytti.Solantaus@mielenterveysseura.fi](mailto:Tytti.Solantaus@mielenterveysseura.fi)

Tytti Solantaus, May 17, 2016

# Outline

- The Effective Child & Family program 2001-
  - Let's Talk about Children (LT) and the LT Network meeting
  - Reconsidering disclosure of parental illness to children
  - Effective Child and Family Trial
  - Taking the work to community based services
  - Thank you!
- 
- The pictures by A. Ringbom come from guidebooks for parents by Tytti Solantaus, available in English at [www.mielenterveysseura.fi](http://www.mielenterveysseura.fi)

# The big picture is clear

- **There is a substantial risk and substantial resilience**
- **There is evidence base and there are methods for prevention and promotion**

# **ORDINARY PROBLEMS IN ORDINARY FAMILIES**

# **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 until 2014, Finnish Association for Mental Health 2014-**

# The Effective Child&Family Programme

- **Prevention of the generational cycle of psychiatric problems and other adversity**
  - To help families and children live as good a life as possible when a parent has problems
  - Intervention development, research and implementation
- **Changing the system to embrace prevention and promotion**
  - Health and social services for adults
  - Community based services and children's developmental contexts

# Practical tasks

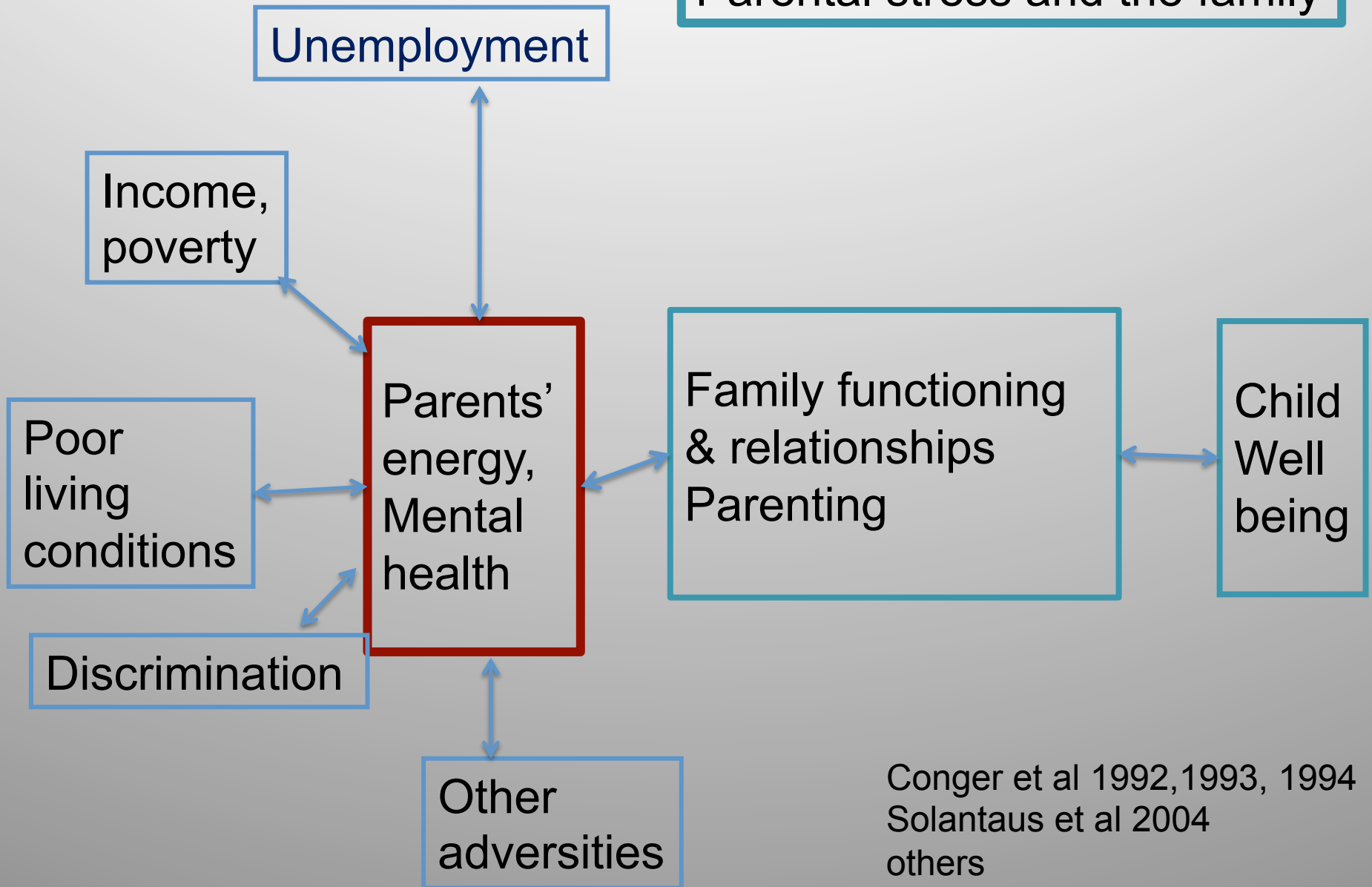
- 1) To provide health and social services evidence based methods
  - 1) To study the methods: safety, feasibility, effectiveness
  - 2) To ensure implementation, and accessibility for families
  - 3) To ensure sustainability (strategies, reporting, resources)
- 2) To develop community based and specialised services to develop strategies, to build an infrastructure and knowhow for the preventive work in communities including kindergartens and schools

# The Effective Child&Family Programme

- Started from parents' mental health problems
  - Extended quickly to physical health and substance use problems
  - Economical problems, poverty
  - Criminality and prisons 2011
  - Asylum seekers and refugee centers 2013
- **Expansion to community based services, kindergartens and schools 2010-**



## Parental stress and the family



Conger et al 1992, 1993, 1994  
Solantaus et al 2004  
others

# Legal basis

Child Welfare and Substance Abuse Act (683/1983), renewed  
Health Act 2011

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

# EC&F Method family

- **Let's Talk about Children\***
  - 1-2 discussions with patient and partner
- Family Talk Intervention: 6-8 sessions
- **Let's Talk Network meeting\***
- Groups for hospitalized parents
- Support groups for children and parents\*
- **Guide books for parents and children\***

\*implemented in community based services

We would like to contribute to -1 (Protective processes /factors for children)

## Family

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

# We would like to contribute to -2 (Protective processes /factors for children)

## Child (with parents' help)

- A possibility to understand and make sense of what is happening
  - For oneself, the parent and the family
- Agency and sense of self efficacy
  - Participation in problem solving
  - What to do regarding parental symptoms
  - How to support the parent (active empathy) without overidentification & being overburdened (Solantaus et al 2002)

# We would like to contribute to -3

(Protective processes /factors for children)

## Child outside family

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

# We would like to achieve...

- In Daycare/kindergarten and at school
- Supportive everyday experience and environment for the child
- Daily routines and activities attuned to the child's needs
  - Including enjoyable activities during the day
- Teacher – peer -child relationship

- Getting started

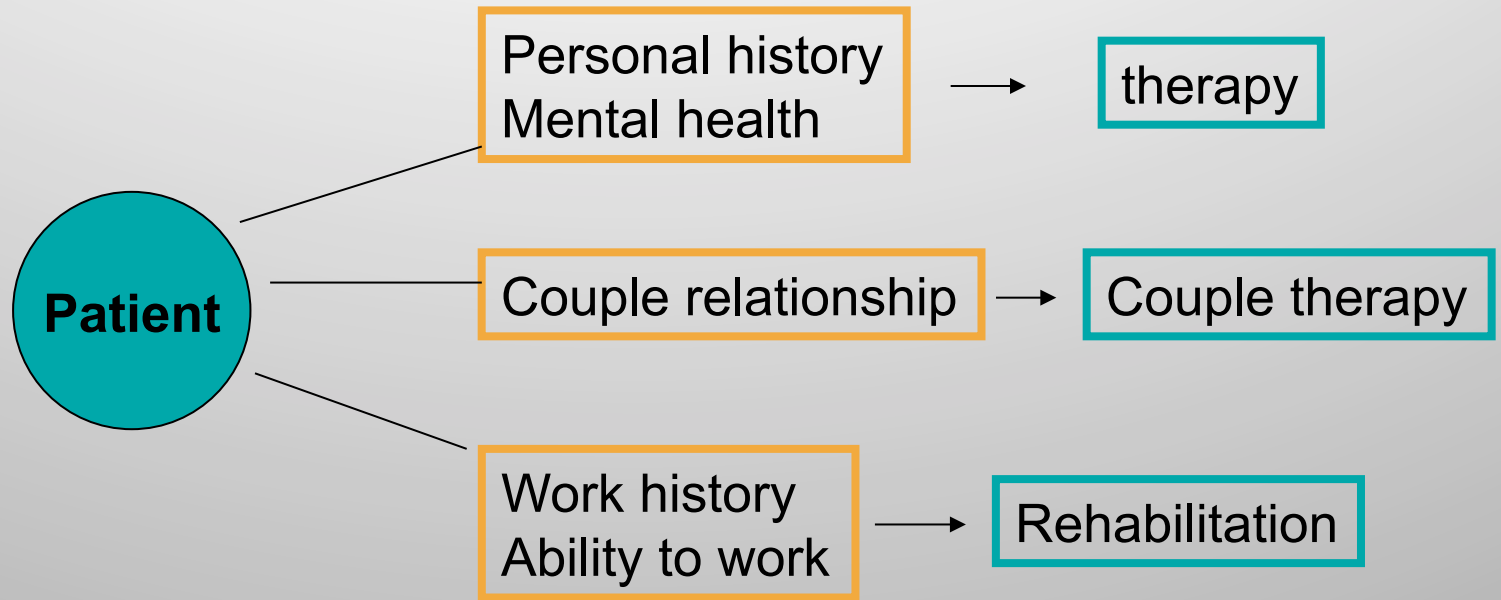


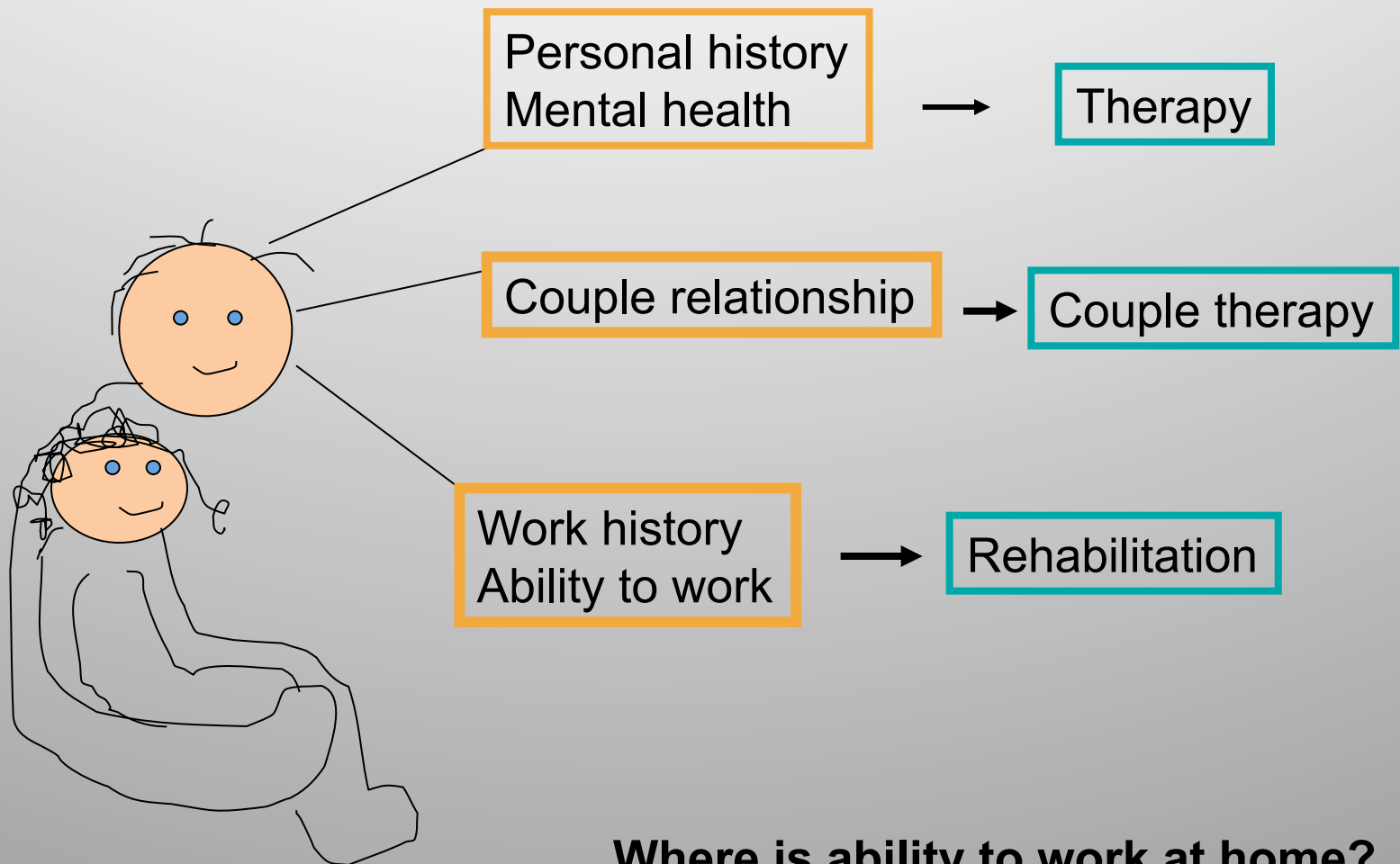
# Getting started on promotion & prevention in child mental health

- **Which services?** Child welfare? Child psychiatry? Adult psychiatry?
- The answer: where parents first seek for help
- Mental health services for adults are crucial in initiating prevention

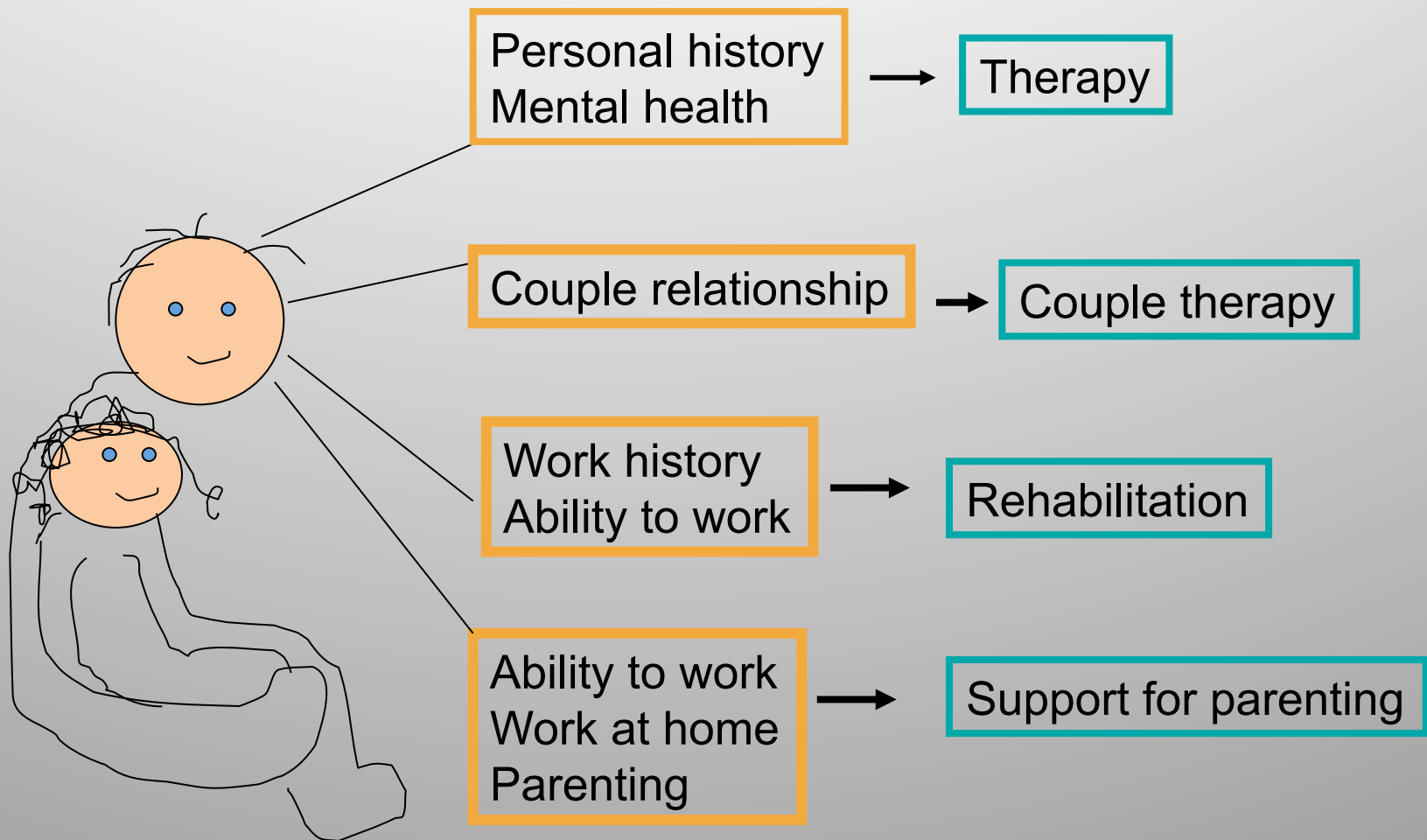
# Getting started on promotion & prevention in child mental health

- **Which intervention to choose?** Who should do it, which professional / professional group?
- Public health approach
  - Needs of all families with mental health issues
- Feasibility





**Where is ability to work at home?**



- Including support for parenting into the patient's treatment increases motivation for treatment and speeds up recovery
  - Schwarz et al (2008)
  - Compas et al (2010)
  - Solantaus et al (2009)

# Getting started on promotion & prevention in child mental health

- **Who or which professional should do it?**
  - All those who take care of the patient need to be able to talk about the children in a constructive and respectful way
- **One aim of the LT is to establish parenting as an integral part of treatment process**
  - 80% Let's Talk parents continued discussions on children after the intervention (Solantaus et al 2009)

# Let's Talk About Children

- A low threshold method
- 2 discussions about children with the parent/s, more sessions when needed (many children)
- Manualized
- In adult psychiatry, an immediate question:
- **How do I know if a child needs help?**



# 2-step Let's Talk about Children -method

- **Let's talk about Children discussion** with parents for parents to make a plan how they can support the children
- **Let's Talk about Children Network** meeting if out of family support is needed
  - Building a scaffolding for the child and the family
    - Family's own social network, professionals, NGOs

## I SESSION

- Promotive assessment of the child's situation at home, kindergarten / school, social environment

## II SESSION

- Discussion on the impact of mental health problems and protective factors for children
- Integrating these in how to support the children
  - Within the family
  - Outside the family
  - With the help of other services

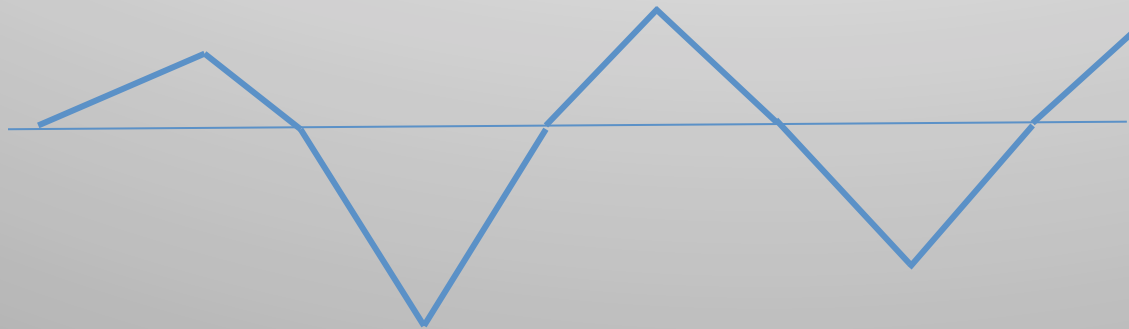
# Based on

## Ecological transactional model of child development and resilience (Rutter, Sameroff, Bronfenbrenner etc)

- Everyday encounters and interactions at home, daycare, school, leisure time environments
  - Proximal developmental contexts
- Resilience as a dynamic concept and phenomenon
  - Rutter, 2010, 2012; Ungar 2013 etc

Problems are not decisive, but how they are tackled and coped with: **agency**

# The profile of parenting and everyday life when parents have problems



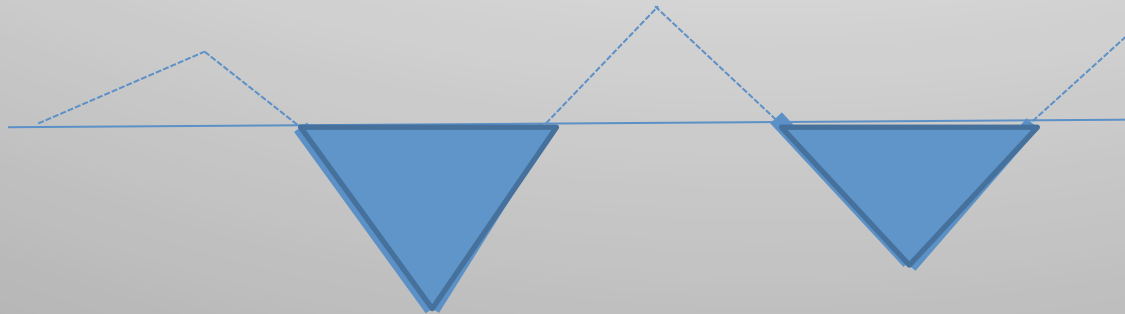




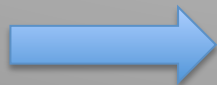




# Intervening early: risk approach



A distorted view of the family



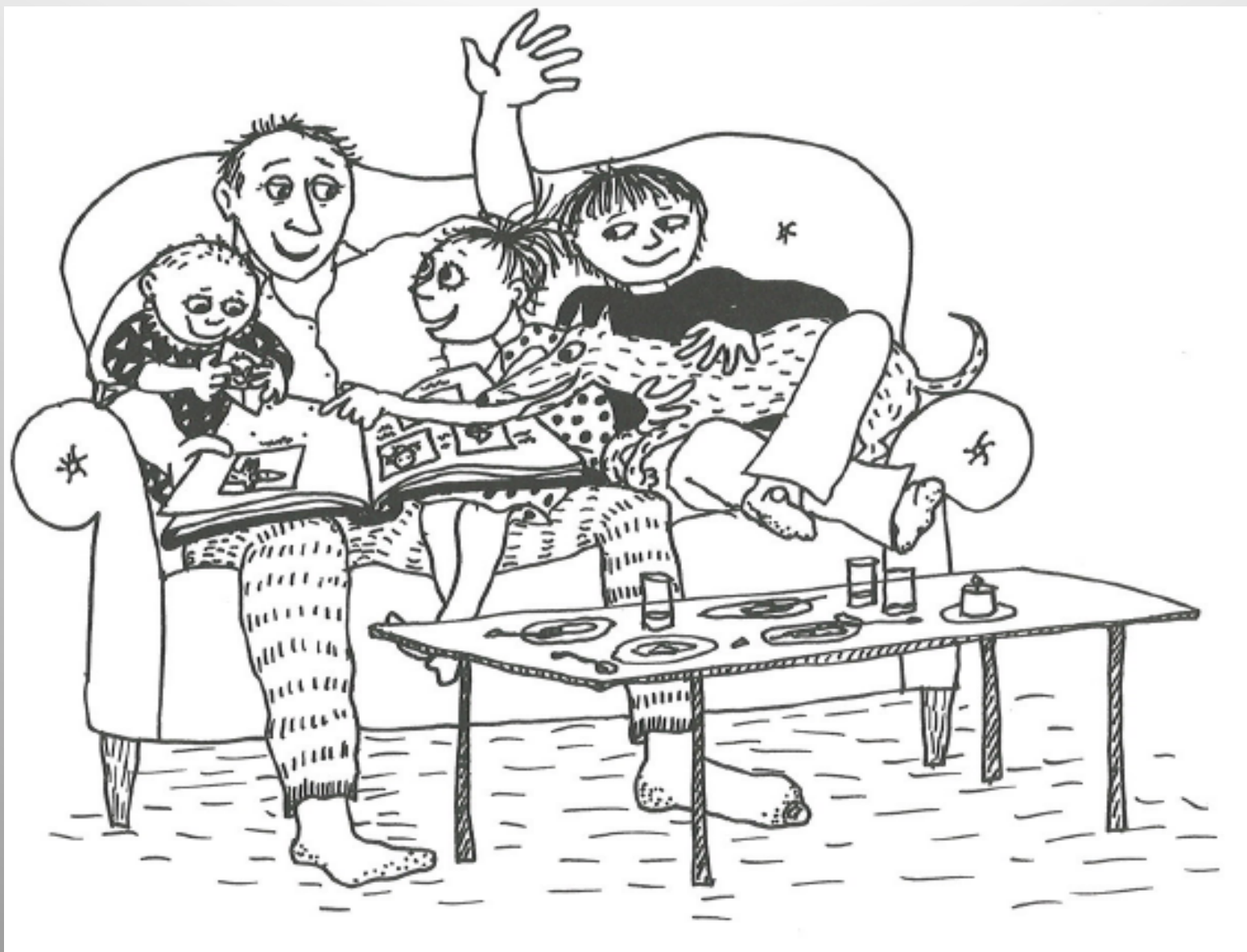
Difficulties to take the issue  
on board with parents



# Yes, problems, but also

- "Depression made me focus more on the family and children"
- "It has made us a team, the family supports each other, including sisters and brothers"
- "We spend more time together"
- "We have realized how important the children are"







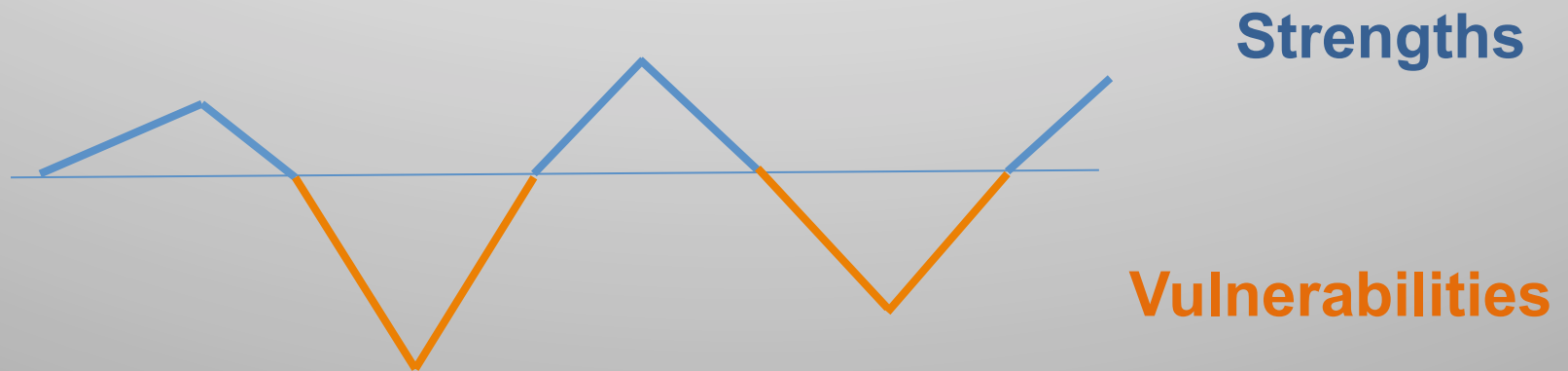
# Resilience

- Ordinary development even though there are problems / risks for development
- **Resilience develops and is sustained or shattered in interaction with the environment, family, kindergarten/ school/ peers (Luthar 2007, Rutter 2010, Ungar etc)**
- It is not a characteristic of the individual
- It cannot be installed in an individual

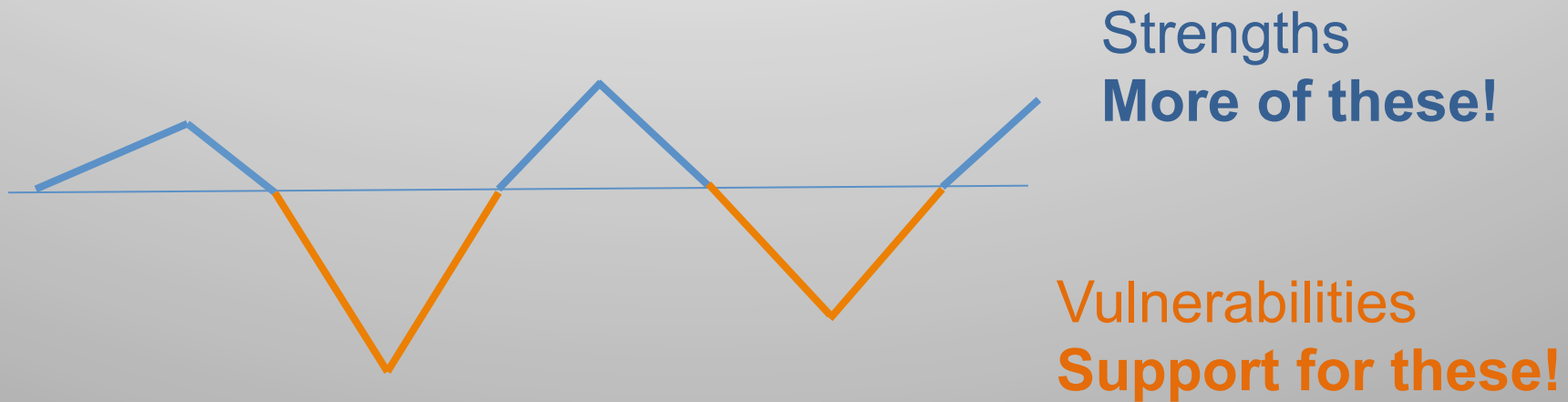
# Strengths and vulnerabilities in LT

- Strengths are issues that function ok
  - Not only special achievements
  - Relate to person-environment interaction
- Vulnerabilities
  - Actual problems
  - Situations which might become problems if nothing is done (FOCI for PREVENTION)
    - Usually an vulnerable situation between the child and the environment

Let's Talk (LT) promotive assessment :  
Parents and professionals identify strengths and vulnerabilities  
in the child's life at home, kindergarten, school and peer  
environment



Let's Talk (LT) plan for action: How to increase strengths and what to do in vulnerabilities in the child's life at home, kindergarten, school and peer environment





# Promotive assessment

- Going through the child's life at home, in kindergarten, school, leisure time and social life outside home
- Identification of strengths and vulnerabilities
- And means to act on both in everyday life
- Leading to LT Network meeting to activate social network and services for the family, if needed

# Psychiatric assessment of a child/patient

- The clinician needs certain information and asks questions
- Patients provide the material
- the assessment is made by the clinician
- for the clinician
- to know what measures to recommend
- produces a symptom profile
- necessary for the treatment process

# Promotive assessment in LT

- The material is produced in a dialogue
- The material is comprehensive, not problem focused
- The assessment is made by both the parents and the clinician
- it is made **for the parents**
- to help them to support their children
- produces a profile of child and family strengths and vulnerabilities
- and means for the parents to act

# Psychiatric vs promotive LT assessment

## Psychiatric assessment

- assessment made by the clinician
- for the clinician
- to know what measures to recommend
- produces a symptom profile
- recommendations for treatment

## Promotive assessment

- assessments made by and with the parents
- for the parents
- for parents to know how to support the child
- a profile of child/family strengths and vulnerabilities
- tools for parents to act

# Let's Talk Network meeting

- Is there a need for extra-family support and a Network Meeting?
  - Need to strengthen protective structures: to activate the social system around the child and family (Relatives, friends, teachers etc)
  - And/ or to involve other services? Family counseling, child psychiatry, child protection etc

# Let's Talk about the Children – Network meeting

- Let's Talk identifies topics for action
  - The key strengths and vulnerabilities
- The meeting is planned with parents
- Parents decide who is invited
  - Those who can do something for the child and the family
- Concrete contributions are written down for everybody to see and take home : a plan is made
- A follow-up is organized, actions assessed and a new plan created, etc
- In situations needing longterm support, the Network meeting creates a network which constantly makes corrections in its functions

# Disclosure of parental disorder to children

- Taking the field forward means, on one hand, stepping into unplowed territories, **and on the other, re-considering our basic assumptions**

# Disclosure of parental illness to a child-1

- "Children should know and be told what the parent's illness is"
- "Knowledge about parental illness is protective to the child"
- "It is the child's right to be informed about the parents' illness"
- **Do we have research on this, and what might it say?**



## Disclosure of parental illness to a child -2

- Very little research on disclosure of parental mental illness to children
- No studies on a protective function of disclosure/information (as far as I know)
- But there is research on other severe illnesses
  - Especially HIV/AIDS and cancer
- **The results confirm systematically that there is no simple truth about disclosure and its impact on children**

# Disclosure of parental HIV to children

Lee and Rotheram-Borus, 2002

- Disclosure was significantly associated with more problem behavior, self-destructive coping behavior and poor health status in the adolescents (N 395) over the 5-year period

But on the other hand

- No negative effects on children to whom the mother had personally disclosed their HIV serostatus (Murphy, Steers and Dello Stritto, J Fam Psychol 2001)

-

And then

- Adverse outcomes for children if they are told more about the parent than the parent had told them (Tompkins et al, 2002)

Ferguson, 2011, Adelaide Research and Scholarship:  
Research Thesis <http://hdl.handle.net/2440/76649>

- Parental disclosure of mental illness to their children, children 7-17 yrs old
  - Parents' views and experiences (N 26)
  - Children's views and experiences (N 40)
- **"The assumptions which underpin the claim that all children should be educated about a parents's mental illness need to be carefully considered."**

# Research from Japan

Ueno R, Kamibeppu K, 2008, 2011, 2012

- 74 mothers with schizophrenia, schizoaffective or severe mood disorder
- 72 % had /28 % had not told their children about the illness

# Consequences of disclosure for children

About 60% mothers reported changes in children

- Children became
  - more helpful in household tasks (28%)
  - kinder towards the mother (23%)
  - more independent (14%)
- Children became
  - mentally unstable (19%)
  - colder towards the mother (6%)

# What to make out of this?

- Disclosure of parental illness is at times linked with normal development, but can sometimes be harmful

BUT

- Making sense of what happens in one's life and being able to be part of solving the problems contribute to resilience

# The way out

- To move from 'disclosure', or 'informing' the child of parent's illness

To

- supporting child and parent to make sense of the situation together, to achieve agency through shared understanding, problem solving and coping within the family





Drinking changes people,  
have you noticed?  
Do I change when I drink?

Mmm.. Maybe..



Last week end, I got real angry and shouted at you... were you scared?

Maybe a little bit



I am sorry about that.  
It was not your fault,  
it was because of me.  
I was so irritable.

# Ongoing dialogue

- Shared understanding



- Shared problem solving



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

# The dialogue process

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

Parents learn to understand their children and children's experiences. Children learn to understand what is happening at home. This leads to shared problem solving and mastery.



**Intergenerational transfer of resilience.**

- The Effective Child & Family Trial
- Juulia Paavonen, Raija-Leena Punamäki, Sini Toikka, Tytti Solantaus

# Research on the Let's Talk and Family Talk Intervention

- Safety, feasibility and effectiveness of Let's Talk and Family Talk interventions + guidebook in psychiatric services
- RCT, 119 families into two groups
- Follow-up 18 months
- Solantaus & Toikka, 2006, Solantaus et al, 2009, 2010, Punamäki et al, 2013,

# Results: Safety and feasibility

- Do we increase
  - parents' burden (worries, anxiety, low mood) or
  - sense of stigma? No, the opposite
- Feasibility :
  - Parents and professionals satisfied
  - Working relationship good
  - Parents and children would recommend their intervention to others in the same situation
  - Professionals can be trained (" a trainable method")



## Clinicians' (30) experience of the EF methods

Toikka & Solantaus, 2006 Int J Mental Health Promotion, 8:(4):4-10

	Neg change %	No change %	Pos change %
Joy at work	-	10	90
Work motivation	-	20	80

# Results on effectiveness

- Reduction in children's emotional symptoms in both interventions
  - the FTI more effective in depr. relative to Let's Talk
  - Equal decrease in anxiety in both groups
- Increase in prosocial skills in both interventions
- No change in peer and conduct problems

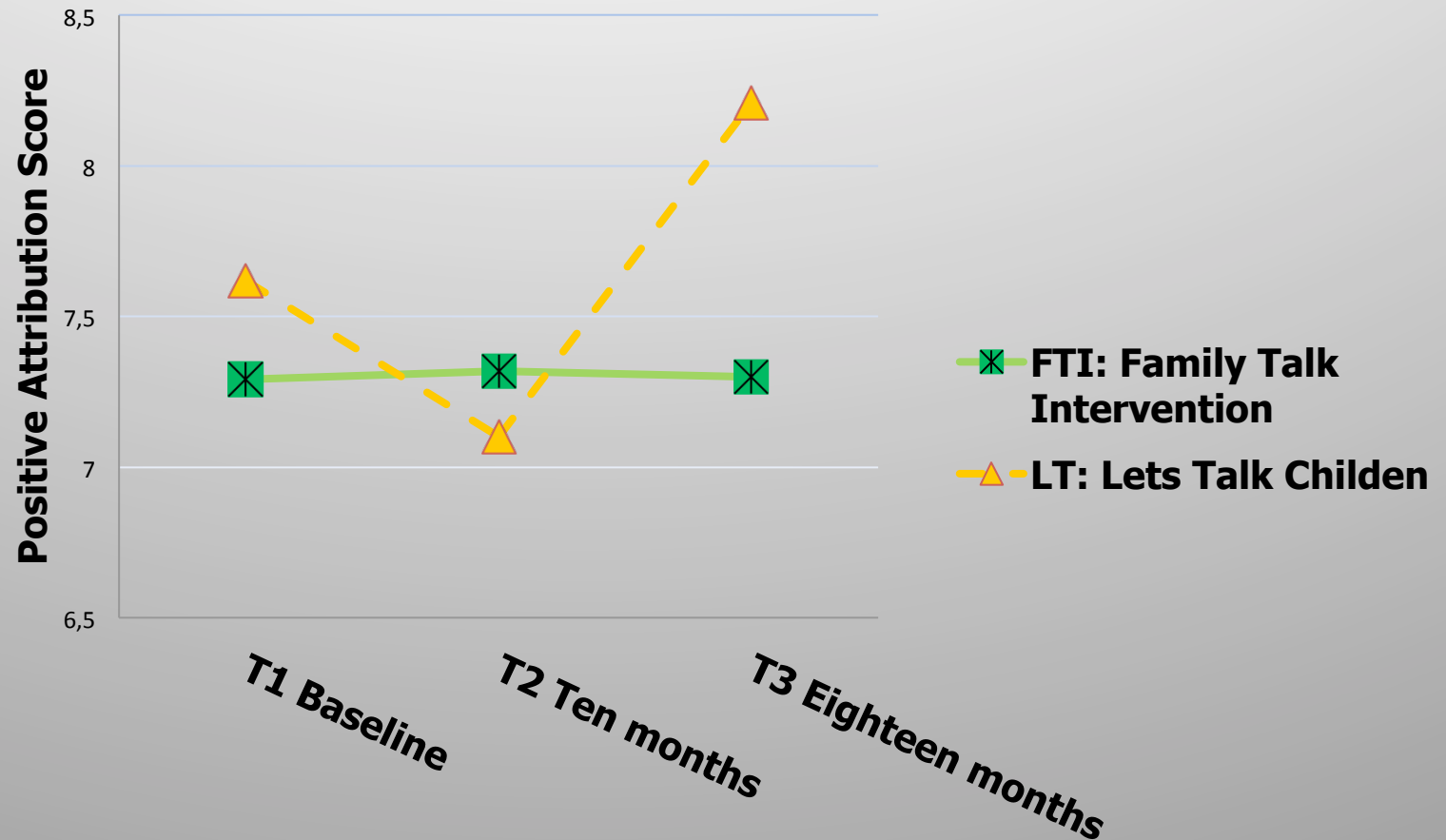
The positive changes were not explained by the parent getting better

# Attributions as mediators

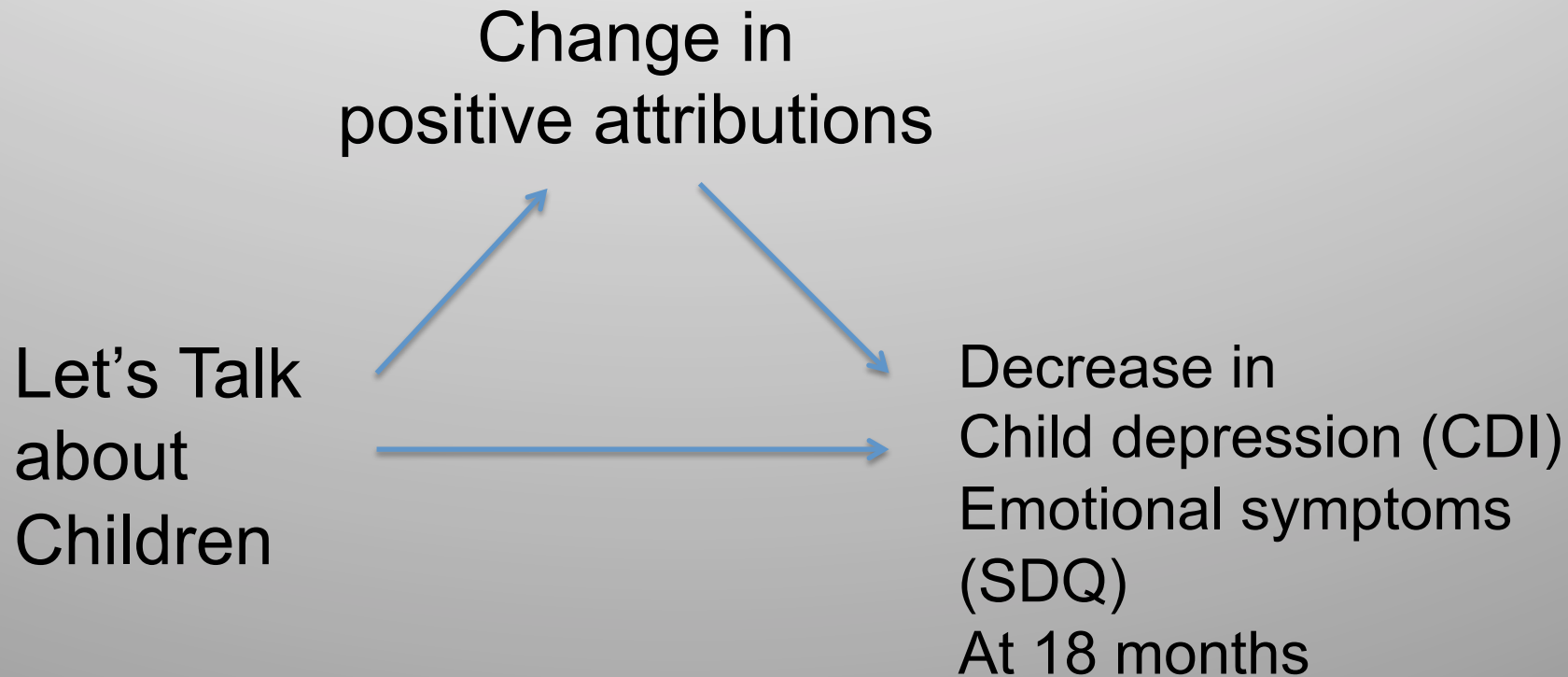
Background: dysfunctional attributions of depressed parents are passed on to children, which increases children's vulnerability to depression (Murray et al 2001)

Hypothesis: the Family Talk Intervention will increase children's functional attributions, which mediates the intervention impact to children

# Unexpected finding



# Functional attributions as mediators



# Why not the longer intervention with the children present?

- Information processing?
- Issues of agency?
- Family Talk Intervention
  - Information to children is delivered in the family session under professional supervision
    - note: all children present, professional guidance
  - Parents might consider the job done

# Why the shorter intervention even without children?

- Let's Talk about the Children:
  - Parents were left on their own devices
  - they had to process the issue for themselves first
  - might link the information into the real situations where children's guilt arises

**Possible explanation: Parents became agents of change** (rather than professionals)

# What to make out of these findings?

- Psychoeducation and new coping skills have to be integrated into actual situations in children's everyday life
- The role of parents and the importance parental agency
- **Parents are crucial partners in the prevention of child problems when they themselves have problems**



# Effective Child and Family Program in adult psychiatry in 2016

- Attention to children is getting to be mainstream in adult psychiatry
- Thousands of professionals trained
- Over 200 trainers across the country
- Intranet guidelines in clinics
- Patient records to include a family page
- However, no audit is done, but is needed.

# Conclusions

- The interventions are safe. However, proper training is needed.
- They are feasible/usable in the Finnish service and family culture and
- They have impact on the expected direction
- **Implementation of promotive and preventative child mental health methods in services treating adults is possible, even welcomed**

- But how about community based services?

Mental health services

For adults  
For children

School/  
kindergarten

Substance abuse services

Well child clinics  
School health

Employment  
services

Parental problems, Mh-  
substance abuse- economy

Income benefits

Family  
counseling

Social services

Specialized  
Health services

Child protection

Community  
Based health  
services

# Sectors have a long history of

## Different

- Theories, education/training
  - Language
  - Aims
  - Modes of action
  - Budgeting,
- 
- Issues of hierarchy and authority, values
  - Stereotypes of each other
  - Power

# Building up community based services

- Common aim established: children's everyday life in different developmental contexts
- Communities commit themselves to making relevant strategies, infrastructure, resources and training
- Health, social, educational services and police
  - somatic and mental health, substance use services, well-child and school health services, schools, day care,
  - income benefit services, unemployment services, police

# A simple tool/s or method/s

- Which force the process towards the goal
  - Have an impact in the expected direction
  - Agree with families and practitioners
  - The safety, feasibility and effectiveness of the methods are studied
- 
- In our project: The Let's Talk about Children as adapted also to kindergartens and schools

# A municipality of 35000 mid 2012-2015...

- Decision making
  - Municipal strategies and programmes
- Organisations
  - Infrastructure and system of reporting and budgeting for the multisectoral collaboration
- Work with families and children
  - Methods: two-step Let's Talk
- Public: information, attitudes
  - the media



# Child protection statistics in Raahe municipality (35.000 inhabitants)

Year	Opened Cases (i.e. established need for child protection measures)	Urgent out of home custody decisions	New Decision after Urgent decisions	Open care .... I don't know How to translate this. Family work	Legal Proceedings concerning Out of home custody decisions
2012	102	45	20	38	14
2013	80	38	31	29	19
2014	43	30	15	36	6
2015	40	23	11	37	8
Change	- 62	- 22	- 9	- 1	- 6
Change %	61%	49%	45%	2%	43%

# What does this mean?

- Collaboration with the family in the primary level carries a huge **(unused)** potential
  - Home, kindergarten, schools, peers and leisure environment & health and social services
- Building a functional scaffolding for troubled families and children succeeds if parents and families are considered as agents of change in their own lives



*Thank you!*

*Tytti Solantaus*

# Related publications

- Beardslee WR, Solantaus T, Morgan B, Gladstone T, Kowalenko N. (2012) Preventive interventions for children of parents with depression: international perspectives. *Medical Journal of Australia*, MJA-2011-11289R1
- Niemelä, M.(2012) Structured child-centred interventions to support families with a parent suffering from cancer : from practice-based evidence towards evidence-based practice. Doctoral Dissertation. Juvenes print, University of Oulu
- Niemelä, M., Kinnunen, L., Paananen, R., Hakko, H., Merikukka, M., Karttunen, V., Gissler, M., Räsänen, S., (2014) Parents' traumatic brain injury increases their children's risk for use of psychiatric care: the 1987 Finnish Birth Cohort study. *General Hospital Psychiatry* 36:337-341
- Niemelä M, Väisänen L, Marshall C, Hakko H, Räsänen S. (2010). [The Experiences of Mental Health Professionals Using Structured Family-Centered Interventions to Support Children of Cancer Patients. \*Cancer Nurs.\* 33\(6\):E18-27.](#)
- [Niemelä M, Repo J, Wahlberg KE, Hakko H, Räsänen S.](#) (2012) Pilot evaluation of the impact of structured child-centered interventions on psychiatric symptom profile of parents with serious somatic illness: struggle for life trial. [J Psychosoc Oncol.](#) 30(3):316-30. doi: 10.1080/07347332.2012.664258.
- Punamäki R-L, Paavonen J, Toikka S, Solantaus T. (2013) Effectiveness of Preventive Intervention in improving cognitive attributions among children of depressed parents: A randomized study. *Journal of Family Psychology* 27:683-690, DOI: 10.1037/a0033466
- Solantaus T, Toikka S. (2006) The Effective Family Programme. Preventative Services for the Children of Mentally Ill Parents in Finland. *International Journal of Mental Health Promotion* 8:37-44
- Solantaus T, Toikka S, Alasuutari M, Beardslee WR, Paavonen EJ. (2009) Safety, Feasibility and Family Experiences of Preventive Interventions for Children and Families with Parental Depression. *International Journal of Mental Health Promotion* 11 (4):15-24.

# Related publications

- 
- *Solantaus T, Paavonen EJ, Toikka S, Punamäki R-L. (2010) Preventive interventions in families with parental depression: Children's psychosocial symptoms and prosocial behaviour. European Child and Adolescent Psychiatry. DOI 10.1007/s00787-010-0135-3*
- Solantaus T, Puras D. (2010) Caring for Children of Parents with mental Health Problems – A Venture into the Historical and Cultural Processes in Europe. *International Journal of Mental Health Promotion* 12 (4):11-27
- Solantaus t, Reupert A, Maybery D. (2015) Working with parents who have a psychiatric disorder. In: A. Reupert, D. Maybery, J. Nicholson, M. Gopfert & M. V. Seeman. *Parental Psychiatric Disorder: Distressed Parents and their Families*, pp. 238-247. Cambridge University Press, Cambridge, UK.
- Toikka S., Solantaus T. (2006) The Effective Family Programme II. Clinicians' Experiences of Training in Promotive and Preventative Methods in Child Mental Health. *International Journal of Mental Health Promotion*, 8 (4): 4-10.
- Reupert, A., Drost, L., Marston, N., Stavnes, K., Charles, G., Solantaus, T. (2015) Developing a shared research agenda for working with families where a parent has mental illness. *Child and Youth Services*, 10/2015. DOI:10.1080/0145935X.2016.1104105
- Marston, N., Stavnes, K., van Loon, L., Drost, L., Maybery, D., Mosek, A., Nicholson, J., Solantaus, T., & Reupert, A. (2015). A content analysis of Intervention Key Elements and Assessments (IKEA): What's in the black box in the interventions directed to families where a parent has a mental illness? *Child & Youth Services*. DOI:10.1080/0145935X.2016.1104041
- Solantaus T., Reupert A. & Maybery D. (2015) Working with parents with psychiatric disorder. In A. Reupert, D. Maybery, J. Nicholson, M. Göpfert, M.V. Steeman (Eds) *Parental Psychiatric Disorder. Distressed Parents and Their Families*. (pp. 238-247). Third Edition. Cambridge University Press, Cambridge, UK.