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Creating the best from both worlds

”The manual lacks all the stories you tell, when you teach”

Tales to inspire  
to become  
a better helper

NINA TEJS JØRRING CHILD AND  
ADOLESCENT PSYCHIATRIST.  
[WWW.NINATEJSJORRING.DK](http://WWW.NINATEJSJORRING.DK)

# COLLABORATION

BETWEEN FAMILY THERAPY AND  
CHILD- AND ADOLESCENT  
PSYCHIATRY

Tales to inspire




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# Psychiatric illness is fundamentally different from somatic illness

- It communicates
- It affects all members of the family
- It steals dignity
- It destroys relationships



# PSYCHIATRIC ILLNESS CREATES AND FEEDS SHAME AND GUILT

We must counteract  
shame and guilt  
with  
respect,  
curiosity,  
trust, and  
hope

**THE CHILD  
IS NOT  
THE PROBLEM**



**THE PROBLEM  
IS THE PROBLEM**

**NEITHER IS  
THE FAMILY  
THE PROBLEM**

**THE FAMILY  
HOLDS  
THE KEY  
TO THE  
SOLUTION**

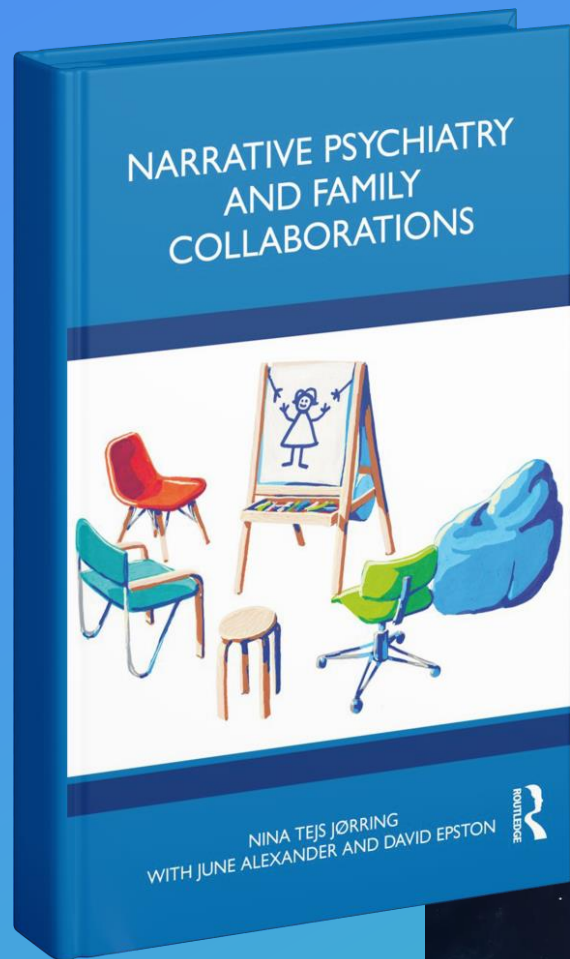


A family of four and a dog are sitting in a field of tall, golden grass, looking out at a mountain range at sunset. The sun is low on the horizon, creating a warm, golden glow. The mountains in the background are silhouetted against the bright sky. The family consists of two women, a man, and a child, with a dog sitting to the right. They are all facing away from the camera, looking towards the mountains.

The family becomes The heroes in their  
own narrative

When neither the child nor the family is the problem

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My book's foundation:

The bio-psycho-social model and the the socialconstructionist understanding of psychiatric illness

They are not in opposition, but supplement to each other

The families can use both theories, so can we!

Goal: Creating empwoerment



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# CO-CREATION:

The family co-decides the time, place, participants (family members and others), frequency, topic, and content

The family co-evaluates the method and effect

The family co-determines start and end of the therapy course



Co-creation demands practicing respect, curiosity, trust and hope to the other, and thus in itself a therapeutic technique

# Collaborative Family Therapy:

## ***The therapeutic course:***

Three phases, flexible co-decided with the family: clarifying, working phase and final phase

Clarifying phase: achieving a common understanding of problems and the goals of the treatment

Working phase: the family experiences having agency and power in relationship with the problems

Final phase: the family is strengthened in their knowledge of their own agency, feels secure in newly acquired knowledge and skills, and can continue without support from the therapists

## **The network work:**

Collaboration with other people around the child is an essential part of the overall treatment.

At network meetings, knowledge is shared and a coordinated effort is planned in collaboration with the family

## **The written work:**

The main difference to other therapies

# The written work:

The written work consists of “public” note taking on the easel in the therapeutic conversations, treatment plans and therapeutic emails

The easel: "public" note-taking of the knowledge we create together with the family in the conversations. Important to write the family's words, acknowledge their "expert knowledge"

Treatment plans: the family is thoroughly informed about the treatment offer, so that they give consent on an informed basis

Therapeutic emails: instead of own reflections in the child's journal. Strengthens transparency. Contains a summary, the therapists' reflections and curiosity about the family's experiences

**The email is read out aloud at the start of the next therapeutic conversation**





What works<sup>+</sup> •



To matter  
and to be mattered

1. Shared decision making -regarding the sessions
2. The easel creates a visual memory. At the session and at home. Transparency and consistency
3. Therapeutic e-mails creates a *red thread*: A wrap up, resume, outline

Effect: Being recognized as being competent and important







# Shared decision making



*”the most important is that we can change constellations all the time”*

*”that the familie decided, that we made decisions together about who should come and how often”*





# The easel creates a visual memory. At the session and at home.



It felt good and safe, that they wrote on the easel, but would have liked more transparency about what they chose to write and why.

*"Looking at the bpapers at home gives them a timeline. B. has often looked at them at home and sat and "buzzed" over them. This made it possible to choose and frame different work areas, take them out again, put them away and let them rest. It also gives an overview of how far you have come"*







# Mails create a feeling of being recognized and taken seriously



*"In many ways, coming to family therapy is like entering a bubble. While there, you consider difficult things and become wiser. As soon as you leave, you're on your way to something else, and it's as if all the thoughts are put on a shelf in the brain, where they can easily be forgotten - but then the email arrives. It's just a few cues and then you're back in therapy. It has been important that the email did not arrive on the same day, but a few days later. Because we have been able to feel that it has been necessary to go a bit and "mull over" our thoughts. It was also good that the email came, because then you could think, "well, that's how it was". It gave energy to "mull" further"*





My book contains not only my stories but also the families' voices

18 families have contributed with main messages, read through their stories and commented

It is not a classic textbook or a manual

My dream is a family psychiatry that sees the whole family as the best version of themselves before we see the diagnosis

That is why I wrote this book

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Thank you for your attention

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Thanks to all the families  
and to TrygFonden for  
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