The Turku Model. Psychosocial support to cancer patients and their families. Parenthood and parenting.

Main guidelines (1)
- Family approach vs. individual approach
- Child centred
- Integrative: a set of different theories is needed
- Eclectic: Theories and Techniques are carefully chosen according to the specific needs of the patient and his family

Main guidelines (2)
- Medical World
- Adult patient and adult spouse
- Child and siblings
- Developmental aspect of individuals and of the family as a system

Medical World
- The features of the disease
  - onset: acute vs. chronic
  - course: progressive, constant, relapsing, episodic
  - level of uncertainty and handicap
- Knowledge about psychopathology
- Knowledge about medication
- Knowledge about the culture of the medical system
**Adult/Parent**

- The ill adult patient is also a parent
- Working with the desire to be a good parent
- Parenthood/parenting
- Reflective functioning (P. Fonagy)

**Child/sibling**

- Age and stage of development
- Own personal temperament
- Genetic capital
- Meaning that children give to what happens to them: reflective functioning in children
- Only child vs. child and siblings

**Developmental aspects**

- Developmental aspects of family members and of the family as a system
- Multigenerational patterns
- Belief systems
- Culture
- Communication in the system between family member and with outsiders

**Key Concepts**

- The key concepts for the integration of all this aspects are parenthood and parenting
  - it is a need to make a distinction between parenthood and parenting
  - this distinction is relevant for classifying perceptions, structuring observations and planning interventions in clinical work

**Determinants for parenthood (1)**

- Refers to the inner world of the parent/psychic change in the mind of the individual, who becomes a parent (cf. D.Stern)
- Transition to parenthood
- Representation of self as a parent
- Representation of the child
- Quality of attachment
Determinants for parenthood(2)

- Previous knowledge: non-verbal, non-semantic, experiences of being hold/care
- Individual features/personality
- Impact of illness on parenthood
- Parenthood has to be seen as a process rather than as a state (child makes us parent/adoption/“maternal instinct”)

Determinants for parenting

- Refers to the external world: behaviour/what can be seen
- The “working parental couple”
- Socio-economic factors
- Communication
- Question: does parenting reflect parenthood? Relationship between parenthood and parenting? Quality of reflective functioning and resilience

Context in which parenthood and parenting are realized

- Culture
- Values and norms in society
- Social support and available resources
- Resilience
- Helping systems

Working with cancer ill parents and their children (1)

- **Attitude**
  1. Shift from disease-centred approach to parenthood/parenting approach. The “patient” is a mother or a father.
  2. Shift from the individual level to the family level
  3. When you are on the family level chose the point of view of the child and ask, “if I would be the child of this person, what would I like to happen to him/her, which would be good for me?”

The work in Turku

- 1.5.02-30.04.04: 2063 new patients 678 patients were under 54 years. 134 patients were found to have children.
- Started the 1st of May 2002 until April 30th 2004
- 134 patients were personally contacted. 14 patients refused. 86 patients participated in the research (70%).
- 45 families were seen in counselling, 24 families in the standard counselling and 17 families in the need-specific counselling
- 4 families were seen in need-specific counselling, but are not belonging to the research sample.
The Turku Model of Psychosocial Support for cancer patient:

- Joining the family and establish a strong therapeutic alliance
- Providing time and space separately for children and parent to elaborate on cancer
- Providing time and space for sub-systems (couple/siblings) to elaborate on cancer
- Validation of children’s feeling and thought
- Helping parents to see their children’s emotions and needs
- Decreasing feelings of guilt and facilitate communication
- Emphasizing the uniqueness of each family experience, enhance hope
- Accompany the family members on their journey through loss and grief

How does it work?

- First session for the parental couple or the whole family
- Second session for the whole family
- Third session a) siblings together b) parents/single parent
- Fourth session: individual session for the children
- Fifth session: whole family
- ½ year later follow-up session

Bibliography:


THANK YOU FOR YOUR ATTENTION