

## **FINLAND IN SHOCK AFTER SCHOOL SHOOTINGS – HOW TO GO ON?**

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In Finland the whole country is in shock and in total uncertainty of how to go on after mass killing in a college in Kauhajoki last September. 11 young people died. This happened only 10 months after the previous mass killing in a high school Jokela, where 9 children died. These occasions have opened many eyes in our country to realize the violence of our society. This violence has been silenced in the way that it has not been discussed openly before these mass shootings. We are asking if this is not a coincidence that mass killings first happens in Finland after the USA. We have realized that Finland has very liberal law concerning guns. You can have one, if you want to. In registered violence Finland is the leading country in Europe. Concerning pupils in schools, Finnish pupils' well-being in school is the lowest among European countries.

A strong demand for developing preventing activities has emerged. During 90's school nurses' presence in schools was cut down and not many cities have school psychologists or social workers. We think that family perspective is the first one in thinking of the new services for young people. But I think that family therapists need new orientation in preventing violence and in increasing the social togetherness of youth. We are asking many questions. How to help to generate social sensitivity? What is the meaning of internet? Is internet really a social forum or is it only a virtual compensation of lacking social networks? How to deal with the trauma that pupils, teachers and citizens all over are living? These and many other relevant questions that need to be asked and discussed, in Finland and in other countries as well. We know that mass killings are often imitated in other occasions and unfortunately this is something to be afraid of. After this most probably it will not concern only Finland but is coming an increasing threat in all countries.

Reacting to the mass killing in school is the main thing in the society. In spite of that family therapist are involved in many actual developing activities. In what follow I will mention two of them.

### 1) Developing family therapy for depression.

Conducted by the University of Jyväskylä a specific project named Dialogical and Narrative Processes in Couple Therapy (DINADEP) has been initiated. In this project both the outcome and therapy processes of couple therapy will be analysed in order to develop the therapy for depressed patients. This is a naturalistic design project with three research centres in three provinces of Finland. In the time of Evidence Based Medicine it is important to organize alternative forms of research and practice. The big problem in EBM type of research is the idea of organizing randomized clinical trials as experiment. Perhaps scientifically reliable data will be obtained, but the external validity of these studies usually is extremely poor. In the present DINADEP project those therapies are followed that are conducted in the real world setting at mental health outpatients clinics. Important are both the statistics concerning the decrease of symptoms and family adjustment and the detailed information of each session. Sessions are video taped and the clients fill in both Outcome Rating Scale and Sessions Ratings Scale in each session. Therapists are evaluating the session by the Therapists Sessions Ratings Scale. Three months after the therapy process both the therapists and the couple are invited to a Co-research Interview to evaluate their experiences of the process.

Data will be analysed in many forms by many researchers and students. First reports have been published already. We have observed, for instance, that depressed clients easily increase their drinking. Compared to individual treatment couple therapy clients decreased their drinking significantly more in six months time. What was most striking was to realize that those who were drinking too much actually took benefit of the couple therapy more than those who did not have a drinking problem in the beginning. This and many other notions need much more detailed analyses in the future.

## 2) Making sense of psychotherapy training

After the Bologna agreement in European countries a process has started to standardize education. At 2003 in Finland a recommendation was given of having the education of psychotherapists as a public university education. The Ministry of Education, however, strongly disagreed with this proposal. At the same time as a part of the Ministry of Law there is a register authority whose task it has come to give a license to each psychotherapist to use the professional title of Psychotherapists. This license is based on individual application. The training they have taken should follow some standards that are controlled in the process of the application. No control of the training programs has occurred before the training starts and this has led to a problem of legal protection for the trainees.

Another problem has occurred while many institutes, both the Continuing Education Centres in universities and private ones have started to organize training financed by the participants' fees. A lot of ongoing training programs have occurred in the all variety of different psychotherapy schools. Now some universities have reacted and organized a consortium to develop quality insurance criteria for psychotherapy training that would fit all psychotherapy forms. What seems realistic at the moment is that training in the future will be connected to universities in some form and they have to follow standard criteria. All training programs should be verified before the training starts and in this sense legal protection of the trainees will be increased. What will stay as problematic is the high fee of psychotherapy education, since now state money will be given to the programs. In the future this may increase non-equality among applicants depending of their salary and possibilities for paying the training. There is a threat of increasing geographic non-equality as well. Psychotherapy training will be more expensive for therapists in rural and far located areas compared to therapists in big cities.

In Finland the third national Family Therapy Congress will be organized in Jyväskylä 19<sup>th</sup> to 23<sup>rd</sup> of March 2009. This is a ever third years organized national congress that has come a popular occasions for professionals working with families, not only for family therapists. All our friends from abroad are welcome to participate and give your presentation to the Finnish collegians.