Family Preventions for Depression – NASMHPD Webinar

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Sponsored by SAMHSA/CMHS
Children are ...

1. the embodiment of a family’s hope for the future
2. central to a family’s narratives
Depression is a family calamity which often shuts down the capacity to talk together and problem solve together. Family Talk aims to make this experience comprehensible and develop concrete action plans.
Envisioning the Future

• What should a health care system look like that fully meets the needs of families, incorporates prevention and treatment, and reflects cultural competence and cultural humility?
Key Core Concepts of Prevention

- Prevention requires a paradigm shift
- Mental health and physical health are inseparable
- Successful prevention is inherently interdisciplinary
- Mental, emotional, and behavioral disorders are developmental
- Coordinated community level systems are needed to support young people
- Developmental perspective is key
Preventive Intervention Opportunities

Interventions by Developmental Phase

- Prior to Conception
  - Pregnancy prevention
  - Prenatal care

- Prenatal
  - Home visiting

- Infancy
  - Early childhood interventions

- Early Childhood
  - Parenting skills training

- Childhood
  - Social and behavioral skills training
  - Classroom-based curriculum to prevent substance abuse, aggressive behavior, or risky sex

- Early Adolescence
  - Prevention of depression

- Adolescence
  - Prevention of schizophrenia

- Young Adulthood
  - Prevention focused on specific family adversities (Bereavement, divorce, parental psychopathology, parental substance use, parental incarceration)

- Community interventions

- Policy
Mental Health Promotion Aims to:

- Enhance individuals’
  - ability to achieve developmentally appropriate tasks (developmental competence)
  - positive sense of self-esteem, mastery, well-being, and social inclusion
- Strengthen their ability to cope with adversity
Treatment: Current Evidence

- A variety of safe and effective tools exist for treating adults with elevated symptoms or major depression.
- A variety of strategies to deliver these treatments exist in a wide range of settings.
- Specifically for parents, evidence on the safety and efficacy of treatment tools and strategies generally DO NOT:
  - Target parents
  - Measure its impact on parental functioning or its effects on child outcomes (except during pregnancy and for mothers postpartum)
Prevention: Current Evidence

- Emerging prevention interventions for families with depressed parents or adaptations of other existing evidence-based parenting and child development interventions demonstrate promise for improving outcomes in these families
  - Prevent or improve depression in the parent
  - Target vulnerabilities of children of depressed parents
  - Improve parent-child relationships
  - Use two-generation approach

- Broader prevention interventions that support families and the healthy development of children also hold promise for depressed parents
Depression Prevention Examples

1. Family Talk - Beardslee, et al., 2009 [Family Focus in Australia]
2. Prevention of depression - Garber, et al., 2009
3. Parent/Child Coping Session - Compas et al., in press.
4. Home visitation – Putnam
5. The Incredible Years – Webster-Stratton
6. Mothers’ and babies’ program - Munoz
Component Studies

1979 - 1985: Risk Assessment - Children of Parents with Mood Disorders
1983 - 1987: Resiliency Studies and Intervention Development
1989 - 1991: Pilot Comparison of Public Health Interventions
1991 - 2000: Randomized Trial Comparing Psychoeducational Family Interventions for Depression
1997 - 1999: Family CORE in Dorchester
1998: Narrative Reconstruction
2000: Efficacy to Effectiveness
Characteristics of Resilient Youth

- **Activities** - Intense Involvement in Age Appropriate Developmental Challenges - in School, Work, Community, Religion, and Culture

- **Relationships** - Deep Commitment to Interpersonal Relationships - Family, Peers, and Adults Outside the Family

- **Self-Understanding** - Self-Reflection and Understanding in Action
Resilience in Parents

- Commitment to parenting
- Openness to self-reflection
- Commitment to family connections and growth of shared understanding
Criteria for Intervention Development

1. Compatible with a range of theoretical orientations and to be used by a wide range of health care practitioners

2. Strong cognitive orientation

3. Inclusion of a family as a whole

4. Integration of the different experiences of a family: parents and children

5. Developmental perspective
Core Elements of the Intervention

1. Assessment of all family members
2. Presentation of psychoeducational material (e.g., affective disorder, child risk, and child resilience)
3. Linkage of psychoeducational material to the family’s life experience
4. Decreasing feelings of guilt and blame in the children
5. Helping the children develop relationships (inside and outside the family) to facilitate independent functioning in school and in activities outside the home
Seven modules

1. Taking a history
2. Psychoeducation and the family’s story
3. Seeing the children
4. Planning the family meeting
5. Holding the family meeting
6. One week follow-up, check-in
7. Long-term follow-up
Session 1 – taking a history

1. If possible, include both parents.
2. Elicit the history of the illness and a history of strengths and positives in the marriage or partnership.
3. After asking one partner his/her experience, ask the other, “What was it like for you?” Then ask, “What was it like for your child?”
Session 2 – psychoeducation and the family’s story

1. Cognitive information is presented. Resilience is possible; treatment is useful.
2. Recognizing how vitally important the child is to the family.
Figure 1. Average Adult Child-Related Behavior and Attitude Changes By Group Across Time
Narrative Project for Families Who Sustained Changes

1. The emergence of the healer within

2. The need to understand depression anew across development
   - Children’s growth
   - Vicissitudes of parental illness

The Family Connections program is available at www.childrenshospital.org/familyconnections.
Training Modules

1. Depression and the Family
2. Psychoeducation About Depression
3. Child's Perspective on Parental Depression
4. Preparation for the Family Meeting
5. The Family Meeting
6. Review and Planning for the Future
7. Follow-up Meeting
Optional Module - Building a Tool-Kit of Skills

Review, Evaluate and Connect

Search for Resources
Evaluation Forms
Post to/ Read Forums
FAMpod Collaborations

Finland Collaboration

Team Photo

Book Covers
Three Randomized Trials of Family Talk [Family Focus]

- High rankings - 3.5 out of a possible 4.0 in the National Registry of Evidence-based Programs and Practices for strength of evidence, SAMHSA.
Different Implementations of the Family Talk Approach

1. Randomized trial pilot – Dorchester for single parent families of color
2. Development of a program for Latino families
3. Large scale approaches – collaborations in Finland, Holland, and Australia
4. Head Start – Program for parental adversity / depression
5. Blackfeet Nation – Head Start – Family Connections
Different Implementations of the Family Talk Approach (continued)

6. Costa Rica

7. Collaboration with other investigators in new preventive interventions – Project Focus; Chicago city-wide training; family-strengthening intervention in Rwanda; web-based training – FamPod.org

8. International collaborations – COPMI

9. Core principles across project
Latino Adaptation

- Familismo
- Allocentric orientation
- Kinds of separation in immigrant families
- Differing involvement of parents and children in the mainstream culture
- Immigration narrative
What helps parents cope with depression?

- Focus on the children
- Visualizations. Envisioning a better future
- Prayer, songs, religion, church community, spiritual healing
- Support groups
- Helping others, sharing information
- Focusing in the present: “viviendo de dia a dia” (living day to day)
- Not giving up: “seguir la lucha”
- Alternative medicine
- Humor: “al mal tiempo buena cara” “yo no lloro, yo me rio”
Finland – Systematic Implementation of Large-Scale Program for Children of the Mentally Ill

Dr. Tytti Solantaus:

- Use of a family of well specified interventions with common principle
- Support from scientific governmental and clinician leadership
- Commitment to place trained individual in all clinics
- Stage sequential process
The Effective Family Programme

The Method Family

- The Let’s Talk about Children -discussion (LT, 1-2 sessions)
- the Beardslee Preventive Family Intervention (PFI, 6-8 sessions)
- Vertti Peer groups and family courses for parents and children
- Let's Talk Network Meeting
- Guidebooks
- Others to come?
Miten autan lastani?

Opas vanhemmille, joilla on mieleentervevyn ongelmia

Tytti Solantaus Antonia Ringbom
JAKSAN!
AUTAN!
PÄRJÄÄN!
OSAAN!
## Expansion of the EF Training

FTI=Family Talk Intervention; LT= Let’s Talk

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<td>Fully trained clinicians</td>
<td>43</td>
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<td>Health districts with clinicians</td>
<td>6/21</td>
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<tr>
<td>Health districts with trainers</td>
<td>6/21</td>
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<td>+ over 3-4000 trained in Let's Talk Discussion</td>
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Family Connections: Core Elements and Key Strategies

**Core Elements in Both:**
- providing hope
- developing family understanding of depression
- enhancing child and family resilience
- reform for treatment as needed
- engagement with health care systems

**Key New Strategies in Family Connections**
- younger age (0-5)
- Head Start center-based
- primary intervention with teachers
- focus not just on parent-child interactions but on
  - child to child interactions
  - teacher to child interactions
  - teacher to class interactions
- 0-5 child development knowledge base
Family Connections Partnership

- Training & support for staff
- Partnerships for referral & networking
- Consultation/intervention in the classroom
- Stress support groups for parents
- Expanded home visitation & consultation
- Preventive relational friendship building for children
- Example: sessions that relate to mental health with an emphasis on depression
Family Connections

A Preventive and System-wide Training Guide and Mental Health Consultation Model to Support Early Childhood Professionals in Engaging Children and Families

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Table of Contents - Family Connections

Introduction to the Family Connections Materials

The Family Connections Readiness Guide

Lessons Learned

Training Modules - Introduction to the Family Connections Training Modules
  Training Module 1:
  • The Benefits and Challenges of Engaging Parents
  • Perspective Taking
  • “What is Depression?”
  Training Module 2:
  • The Program Climate and You
  • Accentuate the Positive
  • “What is Depression?”
  Training Module 3:
  • Supporting Social-Emotional Growth
  • Strategies for Talking to Children about Difficult Issues
  • Getting the Most Out of Circle Time
  Training Module 4:
  • Better Communication
  • Developing a Resource and Referral Process
  • Getting the Most from Home Visits

Short Papers for Staff
  • Better Parent Communication: What Do I Say When a Parent Tells Me Something Difficult?
  • The Challenges and Benefits of Making Parent Connections
  • Better Communication with Children: Responding to Challenging Subjects
  • Parenting, Depression, and Hope: Reaching Out to Families Facing Adversity
  • Self-Reflection and Shared Reflection as Professional Tools
  • Fostering Resilience in Families Coping with Depression:
    Practical Ways Head Start Staff Can Help Families Build on Their Power to Cope
  • Supportive Supervision: Promoting Staff and Family Growth through Positive Relationships
  • Understanding Depression across Cultures
  • Encouraging an Expressive Environment: Supportive Communication from the Inside Out
  • Communicating Across Language and Culture: How Do I Reach Out to Parents Who Are Immigrants?

Short Papers for Parents
  • The Ability to Cope: Building Resilience in Yourself and Your Child
  • Parenting through Tough Times: Coping with Depression
  • Self-Reflection in Parenting: Help for Getting through Stressful Times
Self-Reflection in Parenting:
Help for Getting through Stressful Times

Again and again, parents have demonstrated the capacity to be caring and effective despite stressful and difficult experiences. With the help of family, friends, and community organizations, including Head Start, parents can deal with difficult stressors such as bankruptcy, job loss, or even depression. Some keys for coping are recognizing that the experience is difficult, reaching out to others, not trying to go it alone, acknowledging the need for help, and working to set realistic goals. This can be easier said than done. Many people under stress find it painful to look at their choices and the circumstances that surround them. It can be too easy to forget the positive experiences in their lives, both individually and in the history of their family. But taking the time to think about your life and plan for the future, also known as self-reflection, can be a very useful tool for parenting through tough times.

**Self-reflection can help you:**

- Keep track of what happens to you and your family and, with practice, provide a focus on what has worked out. Even remembering a past difficult time can be positive when you can pay attention to how it was resolved or how it was handled. Noting what works for you and your family helps to build successful parenting strategies and can give your spirit a lift.
- Recognize your place in the larger picture. Taking time to gain perspective can help you to identify the circumstances that are beyond your control in order to focus on the circumstances that you can change. Also, all of us are part of many communities, churches, neighborhoods, and, of course, families. Recognizing your place in these larger groups and participating in them are important for you and your children.
- Plan for your future. Being able to plan is essential, particularly if struggling with a difficult time. The plan may simply be how to make it through the day, how to get to your next appointment, or how to get help in taking care of your children. Try to pay special attention to scheduling mealtimes and bedtimes when at all possible. Planning and then following a routine can be very comforting during times that are otherwise uncertain.
- Start fresh: Being able to start over is important. Don’t hesitate to go back and start over in thinking about how to help your children.

What are some ways to practice productive self-reflection?

- Find a quiet moment to take a breath. As tough as it might be to find the place and time to simply reflect on our lives, it is one of the most important things you can do to take care of yourself as a parent.
- Keep a journal: Many families find it helpful to write down reflections about what has gone well and how they solve problems. This can also help in anticipating and dealing with future stresses.
- Talk with others about positive events, and also about getting through difficult ones.
Self-Reflection (Parents)

- Keep track of what happens to you and to your family
- Recognize your place in the larger picture
- Plan for your future
- Keep a journal
- Talk with others
“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Martin Luther King, Jr.
Core Principles Across Projects

- Self-understanding and shared understanding
- Individual and shared narratives.
- Self care and shared support
- Long-term commitment to long-term partnerships - several years at a minimum
- Shared values
References


References (continued)


