

Belgium Conference

**“Hope and Continuity: Lessons Learned in the
Development, Adaptation and Dissemination of
Preventive Interventions for Depressed Parents”**

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**William R. Beardslee, MD
Department of Psychiatry
Children’s Hospital Boston
Harvard Medical School**

“The child is the bearer of whatever the future shall be ... At this center ... his incomparable tenderness to experience, his malleability, the almost unimaginable nakedness and defenselessness of this wondrous five-windowed nerve and core.”

James Agee, “Let Us Now Praise Famous Men”

Children are ...

1. the embodiment of a family's hope for the future
2. central to a family's narratives

Prevention

1. Prevention requires a paradigm shift
2. Mental health and physical health are inseparable
3. Both health promotion and prevention need to be considered together
4. Prevention requires long term shared responsibility for the future of children

Key Areas for Preventive Intervention I

– New IOM Prevention Report

1. Early childhood interventions – daycare, nurse home visiting
2. Interventions to support parenting
3. Social skills training
4. Coordinated interventions in communities
 - substance abuse
 - smoking
5. Interventions for family distress – parental depression, bereavement and divorce

Comparison to 1994

1. Greater emphasis on dissemination and implementation
2. Greater attention to systems as well as to individual intervention
3. Greater number and quality of trials demonstrating positive outcomes

Depression's Impact and Opportunities for Prevention at Four Levels

1. Individual
2. Family
3. Caregiver and caregiving system
4. Community / school / neighborhood / church

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**

Characteristics of Resilient Youths' Understanding of Parents' Illness

- ❖ Realistic Appraisal of Stress to be Dealt With**
- ❖ Realistic Appraisal of Capacity to Act**
- ❖ Actions Congruent with Understanding - see above**

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

Different Implementations of Family Depression Approach

1. Randomized trial pilot – Dorchester for single parent families of color
2. Development of a program for Latino families
3. Book for families – *When a Parent Is Depressed*
4. Large scale approaches – collaborations in Finland, Holland, Norway and Costa Rica
5. Family Connections - Program for parental adversity / depression in Head Start and Early Head Start
6. Blackfeet Nation – Head Start
7. Web-based training for Family Talk
8. Project FOCUS – interventions for military families facing multiple deployments

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, that is, parents and child(ren)**
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**

Preventive Intervention

First Session – Part I

1. Introduction, parental history and consensus
 - a. Framing the intervention
 - explanation of purpose of intervention
 - time-frame for intervention
 - focus of meeting for each session
 - b. History taking
 - elicit history of illness from the identified patient
 - emphasis on most recent period (depending on nature of illness, either most recent episode or past year)
 - dramatic changes in nature of or reaction to illness are noted

Preventive Intervention

First Session – Part II

1. Introduction, parental history and consensus
 - c. Identification of family's main concerns and defining goals for the intervention
 - d. Establishment of the therapeutic alliance and collaborative nature of the intervention
 - e. Understanding of family's experience
 - f. Obtain permission to talk with treating therapist

Six Principles for a Successful Family Meeting

1. Pay attention to the timing of the meeting.
2. Gain commitment to the process from the entire family.
3. Begin by identifying specific major concerns and addressing them.
4. Bring together and reknit the family history.
5. Plan to talk more than once.
6. Draw on all the available resources to get through depression.

Holding the Family Meeting

Four key objectives of the family meeting:

1. To reassure your children that you will be okay and that the illness will not overwhelm the family
2. To emphasize that no one is guilty or to blame
3. To speak to the positives, the strengths that exist and will be enhanced
4. To present some knowledge about depression and treatment

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

Latino Project Team



Latino Adaptation

- ❖ *Familismo*
- ❖ Allocentric orientation
- ❖ Kinds of separation in immigrant families
- ❖ Differing involvement of parents and children in the mainstream culture

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”

Chronology I

1996

Solantaus T & Beardslee WR. When mother or father suffers from depression. Intervention to prevent children's psychiatric disorders. Intervention lasten psyykkisten häiriöiden ehkäisemiseksi. Duodecim 1996, 112:1647-1656

2000

Initial meeting of Drs. van Doesum, Hosman, Solantaus and Beardslee. Carter Center/WHO Inaugural conference on mental health. Atlanta, Georgia, USA

2001

Norway conference in Oslo, Norway

Chronology II

2002

Second annual conference – WHO/Carter Center, London – Drs. Beardslee, Solantaus, van Doesum, Hosman and other international collaborators

2005

First meeting involving Sweden, Norway, Finland, Denmark, and Iceland to establish a Nordic Forum to address children of the mentally ill; extensive collaboration and sharing of ideas

Chronology III

2006

May 2006 – Nordic Forum, Oslo – continues annually

October 2006 – Fourth Biannual Conference on International Prevention Efforts – WHO/Carter Center

2007

Nordic Forum – Iceland – continues annually

2008

Nordic Forum - Sweden – continues annually

2009

COPMI Conference

2010

Nordic Forum – Finland

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

Finland – Phase II

Training I

- ❖ Plan to train master trainers in pairs
- ❖ 15 day per year, 2 year training program
- ❖ Certification of over 20 master trainers
- ❖ Use of original manual and rewritten manual

Systematic Countrywide Intervention - Finland

- In Finland, over 4,000 families seen with the Family Talk intervention.
- Dr. Solantaus involved in two EU programs including Australia, Austria, Bulgaria, Romania, Lithuania, Norway and Finland in the first program. In the second, several of those countries and Hungary, Portugal, Slovakia, and Spain, as well.

Systematic Countrywide Intervention

1. Finland
2. Holland
3. Australia
4. Norway
5. Costa Rica

Key Dimensions in Adaptation to Family Connections

1. Commitment of time and resources to planning and conceptualization – 2 year planning phase
2. Integration of different kinds of knowledge and expertise
3. Writing a new manual together
4. Establishment of partnerships

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

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 bereavement, 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 such 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 spirits 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
 - Start fresh

How do we see resilience in families?

Attitudes with humor

Togetherness

Strong family and community support

Parents attending school

Being alone

Memories

Courage

Good communications/ability to see both sides

Patience

Spirituality

Guilt and shame



“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

~ Martin Luther King, Jr.

Recommendations / Intervention Adaptation

1. Pair highly specific, measurable outcomes with broader vision.
2. Have specific goals for positive change for families, for caregivers, and for systems.
3. Support for staff – time and space for reflection.
4. Make advocacy a fundamental part of research and practice.
5. Shared ownership: Significant change occurs when families or caregivers can make the interventions their own.
6. Look for partnerships.

