

“Hope, Meaning and Continuity: Lessons Learned in the Development and Implementation of Preventive Interventions for Maternal Depression”

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Why focus on children of parents with depression?

1. There are important opportunities to strengthen parenting and indeed outcomes for kids.
2. Parents are often deeply worried about their children and alone with their fears.
3. Simple guidance and review along with treatment for parents is often enough.
4. There are excellent prevention strategies.
5. Effective policy initiatives can make a large difference.

Overview

1. General findings of two IOM reports
2. Treatment approaches to parents
3. Two- and three-generational preventive interventions
4. Adaptation strategies for different cultures
5. Policy initiatives
6. Conclusion: Seek partnerships, develop programs, constantly improve them



Children are ...

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



Depression's Impact and Opportunities for Prevention at Four Levels

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



The Committee



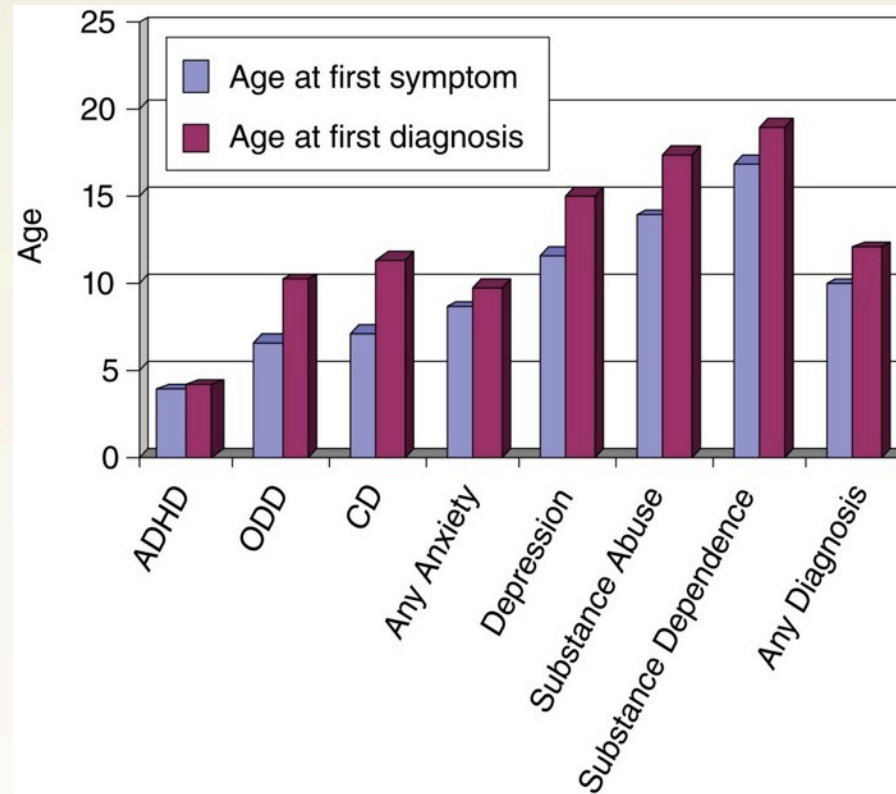
Disorders Are Common and Costly

- Around 1 in 5 young people (14-20%) have a current disorder
- Estimated \$247 billion in annual costs
- Costs to multiple sectors – education, justice, health care, social welfare
- Costs to the individual and family

Preventive Opportunities Early in Life

- Early onset ($\frac{3}{4}$ of adult disorders had onset by age 24; $\frac{1}{2}$ by age 14)
- First symptoms occur 2-4 years prior to diagnosable disorder
- Common risk factors for multiple problems and disorders

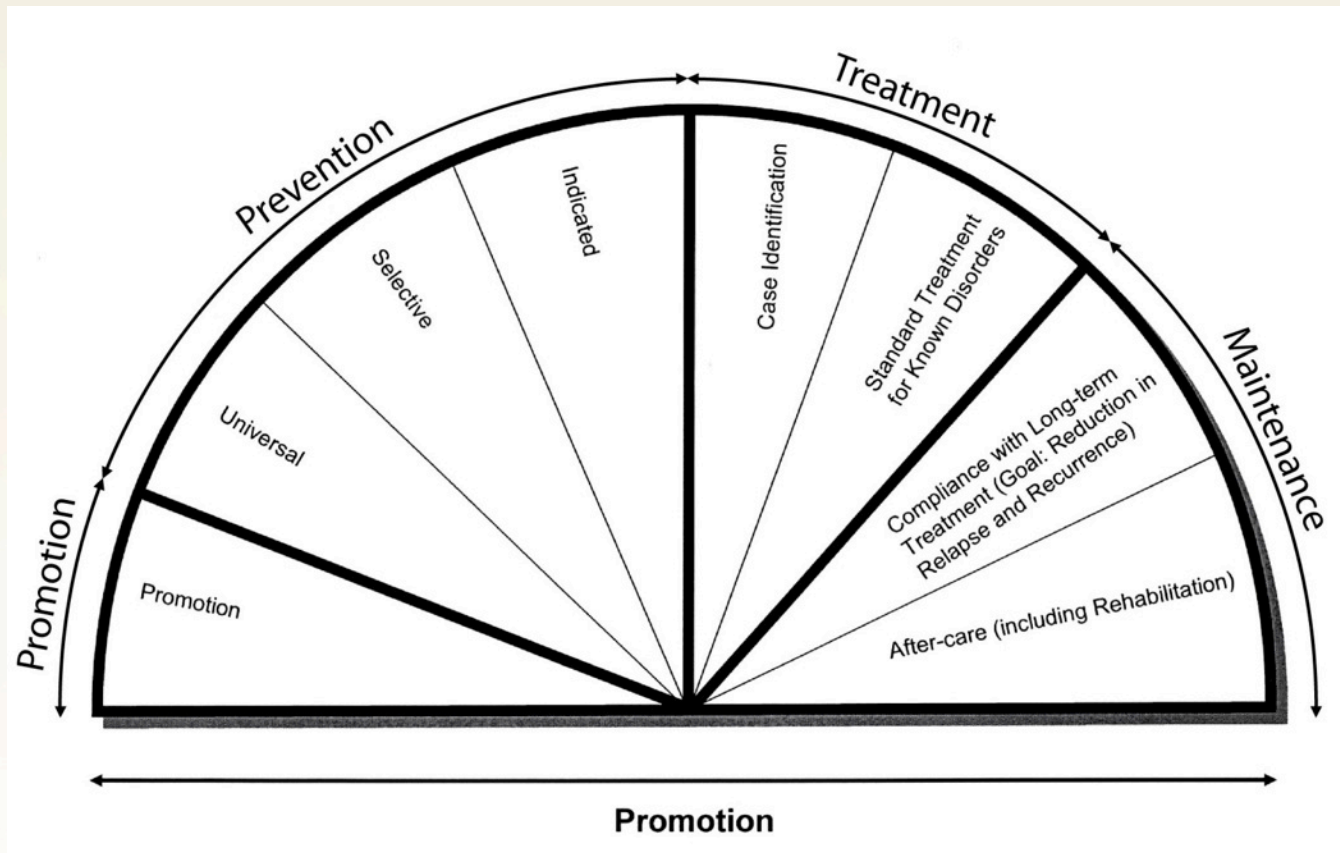
Prevention Window



Mental Health Promotion Aims to:

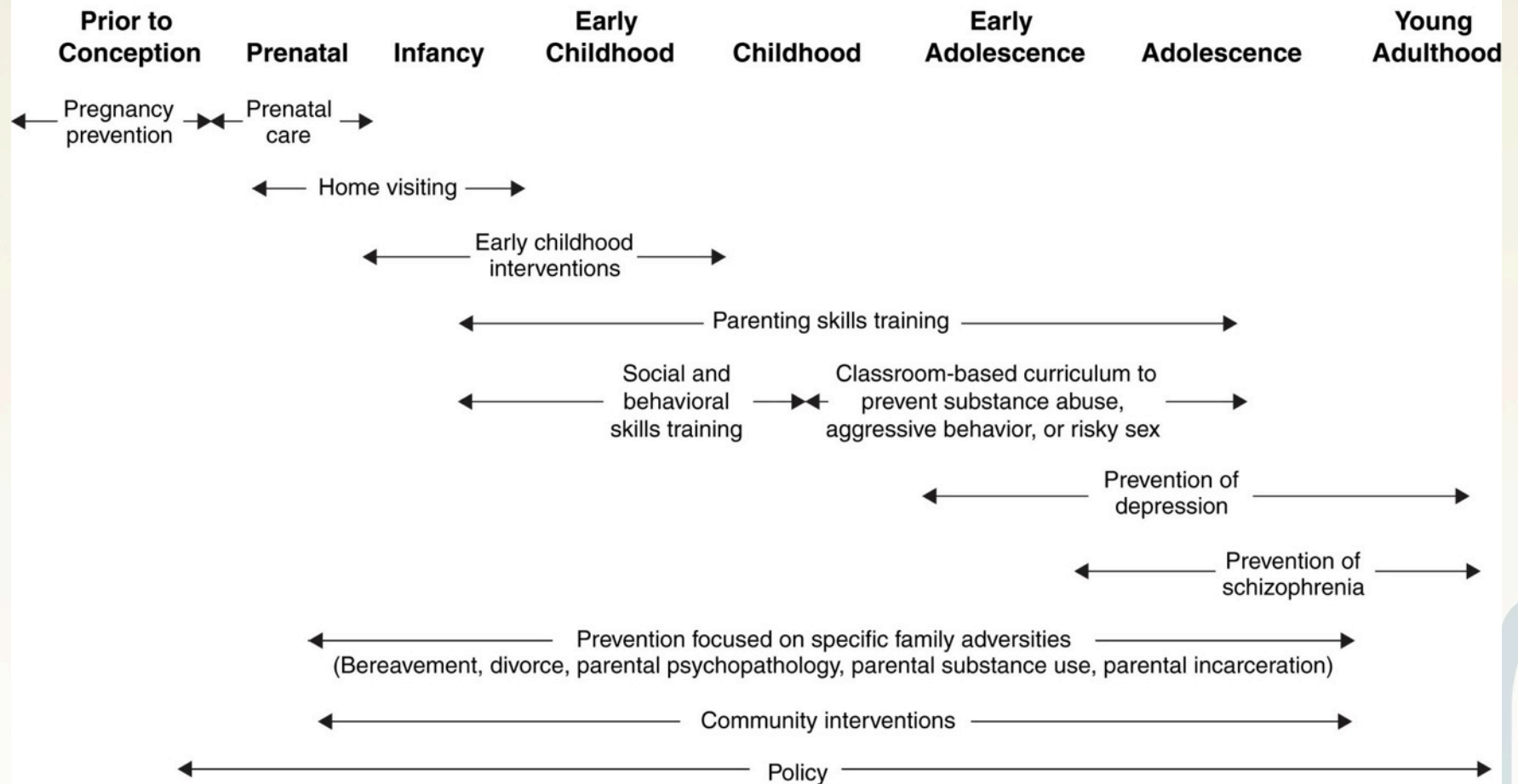
- Enhance individuals'
 - ability to achieve developmentally appropriate tasks (developmental competence)
 - positive sense of self-esteem, mastery, well-being, and social inclusion
- Strengthen their ability to cope with adversity

Prevention AND Promotion



Preventive Intervention Opportunities

Interventions by Developmental Phase



Evidence that Some Disorders Can be Prevented

- Indications that incidence of adolescent depression can be reduced
- Interventions that target family adversity reduce depression risk and increase effective parenting

Program Examples with Multiple Outcomes

- Parenting Programs (Incredible Years, Triple P, Strengthening Families Program)
- Comprehensive Early Education
- Family Disruption Interventions (e.g., Divorce, Maternal Depression)
- School-Based Programs

Screening

- Screening should meet modified WHO criteria
- Validated tool
- Responsive to community priorities
- Intervention available
- Parent endorsement

Risks for Depression

Specific:

- Extensive family history of depression, especially parents
- Prior history of depression
- Depressogenic cognitive style
- Bereavement

General (Risks for many disorders)

- Exposure to trauma
- Poverty
- Social isolation
- Job loss
- Unemployment
- Family breakup
- Loss of community
- Dislocation / immigration

Prevalence of Depression

- Depression is a prevalent and impairing problem
 - Affects 20% of *adults* in their lifetime
- Disparities in prevalence rates in *adults*
 - Age, ethnicity, sex, and marital status
- Many adults are parents
 - Similar rates, disparities
 - 7.5 million parents are affected by depression each year



Impact of Depression

- Depression leads to sustained individual, family, and societal costs
- Specifically for parents, depression can
 - Interfere with parenting quality
 - Put children at risk for poor health and development at all ages
- At least 15.6 million children live with an adult who had *major* depression in the past year



Treatment: Current Evidence

- A variety of safe and effective strategies exist for treating *adults* with elevated symptoms or major depression including cognitive behavioral and interpersonal therapy and medication
- A variety of strategies to deliver these treatments exist in a wide range of settings
- Despite this, almost no studies report whether the adults treated are parents or whether treatment affects children

Treatment: Current Evidence, continued.

- Individuals should have informed choices in treatment “tools” that are available to them
- Treatment tools and strategies to deliver these treatments should be flexible, efficient, inexpensive, and above all acceptable to the participants in a wide variety of community and clinical settings



Barriers to Depression Care

- Many (40-70%) depressed individuals do not receive any kind treatment
- Individual, provider, and system-level barriers exist that decrease the access to and quality of care for depressed adults



Depression Prevention Examples

- At the beginning of the 21st century, major depression can be prevented (Munoz, Cuijpers, Smit et al., 2010).
- Based on Cuijpers' meta-analysis on examining the existing randomized controlled depression prevention trials in adults, evidence suggests that approximately 22% of major depressive episodes can be prevented.

Preventive Interventions

Promising preventive intervention strategies exist. They include, for the most part:

- Treating the parents
- Providing help with parenting
- Using a two-generational approach

Some also directly involve children.



Depression Prevention as an Outcome of Another Intervention

- Rick Price and colleagues, University of Michigan, Jobs Program – Jobs retraining for unemployment
- Irwin Sandler and colleagues, Bereavement Program for those undergoing parental loss

Each helps individuals and families accomplish age-appropriate developmental tasks and embeds prevention and treatment in larger systems that foster these.



Preventive Interventions – Broader Approaches

- Broader preventive interventions that support families and the healthy development of children also hold promise.
- Such preventive interventions are Early Head Start, Head Start, home visitation, and then a variety of prevention programs are effective in low income families and for families from varied cultural and linguistic backgrounds.



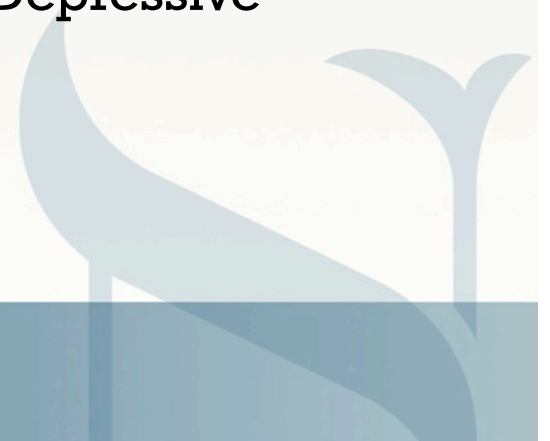
Depression Prevention Examples: IOM Report

1. Family Talk - Beardslee, et al., 2009
2. Prevention of depression - Garber, et al., 2009 –moderated by acute parental depression
3. *Parent/Child Coping Session* - Compas et al., in press.
4. Mothers' and babies' program - Munoz



Interventions Focused on Young Childhood

- Olds nurse family partnership and other home visiting programs
- Putnam and Associates – Enrichment of home visiting
- Early Head Start / Head Start
- The Incredible Years
- Family Connections
- Munoz / Liu - Wellness and Babies Program
- Howell, Johns Hopkins – Reducing Postpartum Depressive Symptoms Among Black and Latina Mothers
- Van Doesum - Netherlands



Implementation and Dissemination

- Emerging initiatives highlight opportunities and challenges in improving the engagement and delivery of care to diverse families with a depressed parent
 - Community, state, federal, and international level-initiatives
 - A wide range of settings offer opportunities to engage and deliver care to diverse families with a depressed parent

Implementation and Dissemination (continued)

- **Multiple challenges exist in implementing and disseminating innovative strategies**
 - **Systemic**
 - **Provider Capability**
 - **Financial**



Opportunities for Linkages with Neuroscience

- Interactions between modifiable environmental factors and expression of genes linked to behavior
- Greater understanding of biological processes of brain development
- Opportunities for integration of genetics and neuroscience research with prevention research

Quotation

“One factor lurks in the background of every discussion of the risks for mental, emotional, and behavioral disorders and antisocial behavior: poverty ... Although not the focus of this report, there is evidence that changes in social policy that reduce exposure to these risks are at least as important for preventing mental, emotional and behavioral disorders in young people as other preventive interventions. We are persuaded that the future mental health of the nation depends crucially on how, collectively, the costly legacy of poverty is dealt with.

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

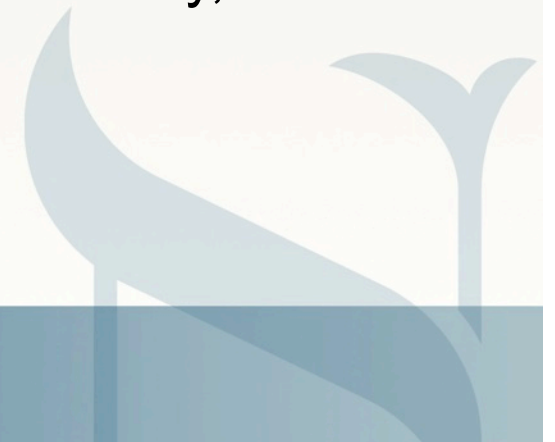


Seven Different Implementations of Family Depression Approach

1. Randomized trial pilot – Dorchester for single parent families of color
2. Development of a program for Latino families
3. Large scale approaches – collaborations in Finland, Holland, and Australia
4. Head Start – Program for parental adversity / depression
5. Blackfeet Nation – Head Start – Family Connections
6. Costa Rica
7. Collaboration with other investigators in new preventive interventions – Project Focus; Chicago; web-based training
8. International collaborations – COPMI
9. Core principles across project

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

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



Three Randomized Trials of Family Talk

- 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.



Dorchester – Conceptualization and Implementation

I. Conceptualization

II. Implementation

A. Community

B. Caregivers

C. Families



Latino Project Team



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 III

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



Finland – Phase II (continued)

- Development of interventions for use in situations of parental medical illness, alcohol abuse, legal problems, anxiety disorders, and others.
- Parental strategies now in use in all districts, all psychiatric units, and in many medical units.



Effective National Systems

Finland

Holland

Australia – COPMI



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

- Core Model: Trainings devised to fit into the 1-1/2 hour a month slot for teachers
- All staff in the Center attended
- Trainings focused on the manifestations of depression (difficult things that parents or children might say)
- The person doing the training was a consultant to the Center for 5-10 hours per week, available to answer any and all mental health questions
- Development of short papers

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
- Keep a journal
- Talk with others



Tell Me A Story Project

- Use of books in circle time in Head Start classrooms to talk about difficult emotions – *When Sophie Gets Angry, Really Angry; When My Mom is Sad; Jamaica Tag-Along; Quinito's Neighborhood*



Core Principles Across Projects

- Self-understanding and shared understanding
- Self care and shared support
- Long-term commitment – several years at a minimum



Urban Institute Project

Olivia Golden, Amelia Hawkins, Tracy Vericker, Jennifer Macomber, William Beardslee, and others.

Home Visitation and Maternal Depression: Seizing the Opportunity to Help Low Income Women

This was a three-year project undertaken with the Urban Institute with the idea of finding the best ways to help low income women with young children. It then evolved into a later two-year project working with federal policymakers to identify the best possible entry points through which to help young children.



Urban Institute – Key Participants

- Director, Office of Special Health Affairs, HRSA
- CMS Center for Medicaid
- Director, IOM Board on Children, Youth, and Families
- WIC Director
- SAMHSA Public Health Advisor
- Health Affairs Department of Defense
- Policy Branch Chief, Supplemental Food Programs Division
- Early Childhood and Parent Programs, Department of Education
- Office of Behavioral Health Equity, SAMHSA
- Home Visiting Specialist, Office of Head Start
- Center for Disease Control
- Housing and Urban Development

Our Approach

- Three site visits
 - Chicago, IL
 - Greensboro, NC
 - Cleveland, OH
- Parent and service provider perspectives
- Many service systems in each community



Mothers' Perspectives: Depression and Treatment

1. Mothers Believe That Depression Is Widespread
2. Many Mothers Would Advise a Depressed Friend to Seek Help
3. Mothers Have No Consensus on a Single Source of Formal or Informal Help
4. Mothers Worry about Child Protective Services, Confidentiality, and Medication
5. Partners and Family Members May Be Supportive or May Hold Mothers Back from Seeking Help
6. Trauma, Loss, and Stress Are Part of the Context for Mothers' Depression in Low- Income Communities

The Opportunity: Home Visiting and WIC

- From a WIC nutritionist: *I try to be an advocate for them and know what their options are and continue to follow through and, if they continue to come, [WIC] is a lot of times where they can get help. They may not go to a doctor as frequently but they want coupons and will be seeing us.*
- From a mother: *They come to your home where you are comfortable. Because I'll tell you right now, they don't come out in suits.It's not going into somebody's office. It's almost like sitting down talking to a friend.*

What It Takes to Serve Depressed Mothers of Young Children

1. Reaching the Mothers Who Most Need Help
2. Identify Depression and Talk to Mothers about Its Implications and Treatment
3. Connecting to, Supporting, and Providing High-Quality Treatment
4. Attending to Young Children's Development as well as Mother's Treatment
5. Offering Ongoing Help



The Challenge: Identify Depression and Talk to Mothers about It

- From a home educator: *What are the signs? How to convince the family to get help and not just the child? All of our trainings are about the child. If we can get the mom emotionally healthy, then the child will be healthier.*

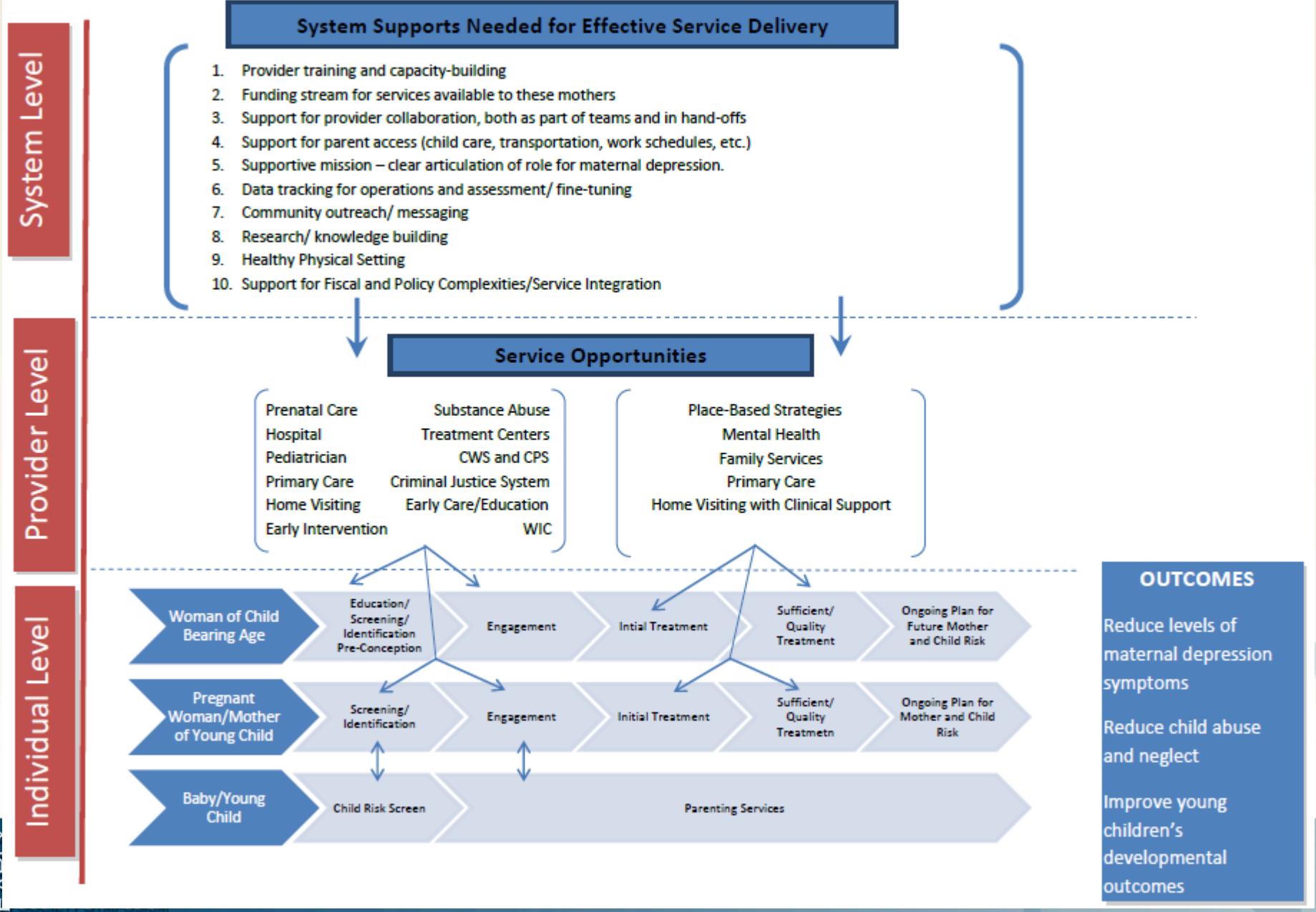


Possible Solutions: Connecting to, Supporting, and Providing High-Quality Treatment

- Develop effective referral and recruitment paths, and keep fine-tuning them
- Develop home-based mental health services
- Have skilled mental health consultation and supervision to enable providers to handle depression and other difficult issues



Improving Outcomes for Young Children of Depressed Mothers: A System and Policy Map





“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.

Recommendations to Policy Makers

1. Embed services for depressed parents within the services they already receive (Head Start, WIC, food stamps).
2. Gather information about the nature and kind of adversities including depression.
3. Use a phase sequential approach. In trying to affect 100 centers, start out to do 5 well, then 25, then 100.
4. Evaluate carefully.

**Think globally; act locally.
Be bold in a vision for the future.**



Web-based training in Family Talk available at www.fampod.org.

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



References

1. Beardslee WR. *When a parent is depressed: How to protect your children from the effects of depression in the family.* Originally published in hardcover under the title, *Out of the darkened room: When a parent is depressed: Protecting the children and strengthening the family*, by Little, Brown and Company, 2002. First paperback edition, 2003.
2. Beardslee WR, Ayoub C, Avery MW, Watts CI, and O'Carroll KL. Family Connections: An approach for strengthening early care systems in facing depression and adversity. *Am J Orthopsychiatry*. 2010, 80(4), 482-95.
3. Beardslee WR, Gladstone TRG, and O'Connor E. Transmission and prevention of mood disorders among children of affectively ill parents: A review. *JAACAP*, 2011, 50, 1098-1109. {On-line] www.jaacap.org.

References (continued)

4. Beardslee WR, Lester P, Klosinski L, Saltzman W, Woodward K, Nash W, Mogil C, Koffman R, and Leskin G. Family-centered preventive intervention for military families: Implications for implementation science. *Prev Sci*, 2011. DOI: 10.1007/s11121-011-0234-S. [On-line] Open source publication: <http://www.springerlink.com/content/8265h1k18u4x77nr/fulltext.pdf>
5. Beardslee WR, Solantaus TS, Morgan BS, Gladstone TR, and Kowalenko NM. Preventive interventions for children of parents with depression: International perspectives. *MJA*, 2012, Open 1 Suppl 1, 23-27.

References (continued)

6. Cuijpers P, von Straten A, Smit F, Miahlopoulos C, and Beckman A. Preventing the onset of depressive disorders: a meta-analytic review of psychological interventions. *Am J Psychiatry*, 2008, 165(10), 1271-80
7. Cuijpers P, Beckman ATF and Reynolds III C. Preventing Depression: A Global Priority. *JAMA*, 2012, 1033-1034.
8. Gladstone TRG, Beardslee WR, O'Connor ER. The prevention of adolescent depression. *Psychiatr Clin North Am.* 2011. 34. 35-52.
9. Golden O, Hawkins A, and Beardslee, W. Home Visiting and maternal depression: Seizing the opportunities to help mothers and young children. Urban Institute. 2011.

References (continued)

10. Hawkins JD, Kosterman R, Catalano RF, Hill KG, and Abbott RD. Effects of Social Development Intervention in Childhood 15 Years Later. *Arch Pediatr Adolesc Med.* 162(12), 1133-1141, 2008.
11. Howell EA, Balbierz A, Wang J, Parides M, Zlotnick C, and Leventhal H. Reducing postpartum depressive symptoms among Black and Latina mothers: A randomized controlled trial. *Obstet Gynecol.* 2012, 119(5), 942-949.
12. Kersten-Alvarez LE, Hosman CM, Riksen-Walraven JM, et al. Long-term effects of a home-visiting intervention for depressed mothers and their infants. *J Child Psychol Psychiatry.* 2010, 51, 1160-1170.
13. Munoz RF, Beardslee WR, and Leykin Y. Major Depression Can Be Prevented. *Am Psychol.* 2012, 67(4). 285-295.

References (continued)

14. National Research Council and Institute of Medicine. *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Committee on Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. Mary Ellen O'Connell, Thomas Boat, and Kenneth E. Warner, Editors. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press. 2009. [On line] http://www.nap.edu/catalog.php?record_id=12480.
15. National Research Council and Institute of Medicine. *Depression in parents, parenting and children: Opportunities to improve identification, treatment, and prevention efforts*. Washington, DC: The National Academies Press. 2009. [On line] http://www.nap.edu/catalog.php?record_id=12565.

References (continued)

16. Sparrow J, Armstrong MI, Bird C, Tatsey R, Grant E, Hilleboe S, Olson-Bird B, Wagner S, Yellow Kidney MA, and Beardslee WR. Community-based interventions for depression in parents and other caregivers on a Northern Plains Native American reservation. In: Spicer P, editor, Fitzgerald HE, Denham SA, series editors. *Child Psychology and Mental Health: Cultural and Ethno-Racial Perspectives*: Santa Barbara, CA: ABC-CLIO. 2011. [On-line] www.abc-clio.com
17. van Doesum KT, Riksen-Walraven JM, Hosman CMH, Hoefnagels C. A randomized controlled trial of a home-visiting intervention aimed at preventing relationship problems in depressed mothers and their infants. *Child Dev* 2008, 79, 437-561.
18. Vericker T, Macomber J, Golden, O. *Infants of depressed mothers living in poverty: Opportunities to identify and serve*. Urban Institute. 2011
19. Yoshikawa H, Aber JL, and Beardslee WR. The effects of poverty on the mental, emotional and behavioral health of children and youth: Implications for prevention *Am Psychol*. 2012, 67(4). 272-284.