

Opportunities for the Prevention of Depression in Families

Joint Conference – Maine Chapter, American Academy
of Pediatrics and Maine Council of Child and
Adolescent Psychiatry

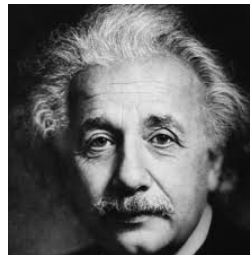
May 1, 2016

Disclosure

William R. Beardslee, MD, has nothing to disclose.
Dr. Beardslee receives NIMH funding, foundation
funding, and serves as a consultant to other
research projects, governmental and
nongovernmental agencies.

*“The pediatrician can regard the family as
carrying the ‘chromosomes’ that perpetuate the
culture and also form the cornerstone of
emotional development.”*

Beardslee & Richmond.
Mental Health of the Young: An Overview



*“If you always do what you’ve
always done, you’ll always get
what you’ve always got.”*

~ Albert Einstein

Health care reform must challenge
existing paradigms and develop new
paradigms.

Extraordinary Collaborators

I have had the privilege of having extraordinary collaborators in all of these studies – first, in the Family Talk work and then in each of the international collaborations and also the other projects. The work is always done by teams of people and I have been privileged to be part of extraordinary teams.

The Triple Aims of the ACA

- Improving the experience of care
 - Improving the health of populations
 - Reducing Costs

Preventive Opportunities Early in Life

Early onset (¾ of adult disorders had onset by age 24; ½ by age 14)
First symptoms occur 2-4 years prior to diagnosable disorder
Common risk factors for multiple problems and disorders

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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

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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
- ❖ Historical trauma

A series of recent meta-analyses demonstrate that in both adults and children, a significant number of episodes of major depression 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.

Across both reports and in a variety of different risk situations, very strong evidence exists for the value of parenting programs.

Depression Prevention Examples: IOM Report

1. Family Talk - Beardslee, et al., 2008
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

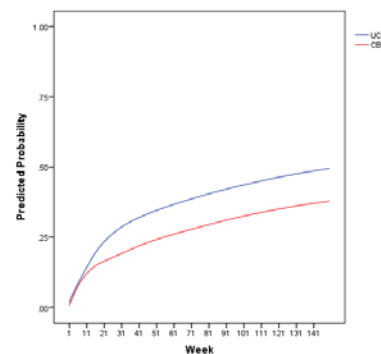
IOM 2009

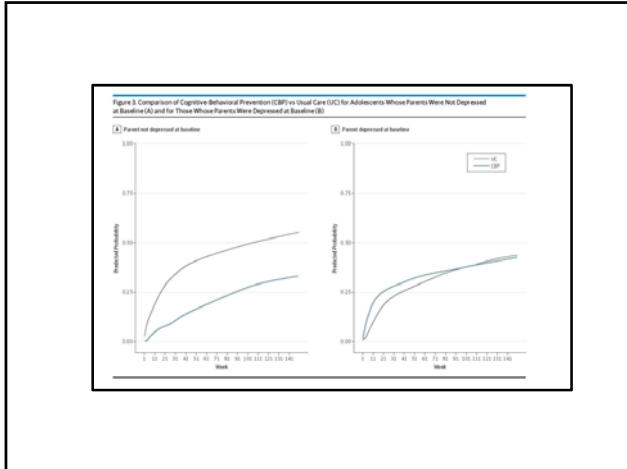
Prevention of Depression Study

Inclusion Criteria: Defining Risk

- At least one biological parent had a current and/or past depressive episode
- Adolescents (13-17 years old) had:
 - Current sub-syndromal symptoms of depression [CES-D \geq 20]
 - A history of a diagnosed depressive disorder
 - Or both
- Both a selective and indicated sample

Risk of Incident Depression by
Intervention Condition





Comparison of Cognitive-Behavioral Group vs. Usual Care Group

- ❖ At 75 months, there is a lower incidence of depressive episodes in the Cognitive Behavioral group vs. the Usual Care group
- ❖ There is continued effect of parental depression

Characteristics of Resilience in Civil Rights Workers

- ❖ Capacity for anger and continuous working
- ❖ Capacity to grieve and keep working
- ❖ Capacity to have a vision for the future and also to work actively in the present
- ❖ Deep commitment to human relationships
- ❖ Long-term commitment to self-understanding, self-reflection, and shared understanding

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

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

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.

Facing the Future: Reflections for Families and Staff

Habits of Self-Reflection
Starting Again
Reconnecting and Communicating

Latino Team



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 día a día" (living day to day)*
- ❖ Not giving up: *"seguir la lucha"*
- ❖ Alternative medicine
- ❖ Humor: *"al mal tiempo buena cara" "yo no lloro, yo me río"*

FAMpod Home Page



Co-location of pediatric and
behavioral health care.

Changes in funding – more
emphasis on covered lives

Pediatric Practice

- ❖ Changes demographics
- ❖ Importance of routines and parenting
- ❖ Attention to parental adversity,
especially depression

ACA Opportunities

- ❖ Expanded continuous coverage for low
income women
- ❖ Mandated coverage of preventative services
including depression screening
- ❖ Integrated care initiatives

Expanded Treatment under Medicaid Could be Cost-neutral or Cost-saving

- ❖ Reduced depression can increase
employment
- ❖ Early treatment can avoid more serious
depressive episodes
- ❖ Treating a mother's depression can reduce
child physical and mental health problems

Emerging Integrated Care Initiatives

- ❖ Accountable Care Organizations
- ❖ Patient-Centered Medical Homes
- ❖ Health Homes
- ❖ Medicaid Managed Care
 - Carve in
 - Carve out

Clinical Implications

- Working with parents who are depressed as *parents first* is essential.
- Elicit the parents' concerns both about himself/herself and about the children.
- Obtaining treatment when treatment is indicated
- Brief parenting interventions and referral of children for evaluation are also helpful.
- Follow-up is essential.
- Many of the same approaches work for parents who have experienced trauma

Family Narrative

- Attention to the family narrative and what has been disrupted is important in helping the family get back on track in re-establishing rituals and having regular conversations and looking to the future.
- A primary care physician is in the best position to provide family-centered preventive care for depression and to facilitate treatment.

Essential in working with families is helping them uncover resilience within themselves individually and collectively.

A focus on strengthening parenting in primary care is essential both through evidence-based programs and more generally through education and support.

Evidence-based programs used in primary care:

Incredible Years – Dr. Ellen Perrin
Triple P (a multilevel parenting program)
and many others

Given the recent U.S. Preventive Services Task Force recommendation about screening for depression, particularly in the peri-partum period integrating an approach to maternal depression in pediatrics and primary care is essential.

IOM Forum on Promoting Children’s Cognitive, Affective and Behavioral Health

A focus on implementation and dissemination of health promotion and prevention strategies.

The first forum dealt with effective parenting interventions.

Co-chairs:

Dr. C. Hendricks Brown
Dr. William R. Beardslee



Workshop I

- A focus on dissemination by intervention developers (Carolyn Webster-Stratton, David Olds, David Hawkins, et al.)
- A focus on larger programs, Invest in Kids, SAMHSA strategic prevention framework, Project LAUNCH, Prosper, New York State Office of Mental Health's Clinical, Technical Assistance Program, Reach Institute, and Washington State Institute for Public Policy

Workshop II

- Systemic approaches (Charles Collins) and the dissemination of principles
- Norway and developing systems of care that deliver multiple interventions throughout the country
- The National Academy of Medicine's Healthy Parenting Collaborative

Core Components and Key Characteristics

- ❖ Core components
 - ❖ Having a successful family conversation
 - ❖ Bringing together different views within the family
 - ❖ Providing psychoeducation
 - ❖ Planning for a family meeting
 - ❖ Follow-up and assessment
- ❖ Key characteristics
 - ❖ Cultural adaptations and different family structures
 - ❖ Delivery of intervention – who does the intervention

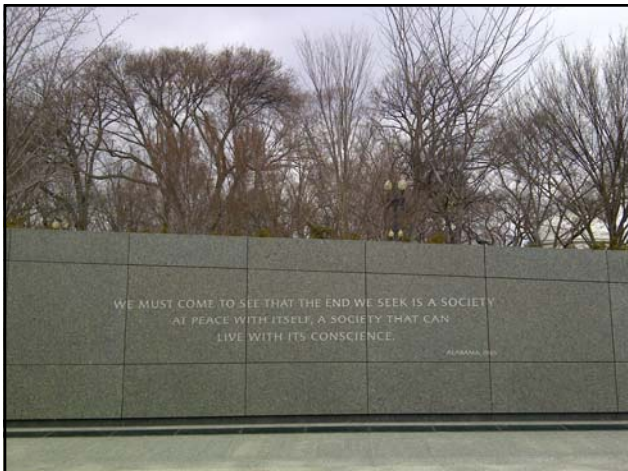
Core Principles Across Projects

- ❖ 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



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

Martin Luther King, Jr.



Thank You ...

- ▶ For more information, please contact:
william.beardslee@childrens.harvard.edu
- ▶ Materials for Head Start parents and teachers about resilience and depression available at
www.childrenshospital.org/familyconnections
- ▶ Web-based training in Family Talk and other resources available at www.fampod.org

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