

*Preventive Family Work in Families  
With Small Children  
Helsinki, Finland  
27 November 2006 (AM)*



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# *Manuscripts*

Weissman, et al. JAMA 2006. Demonstration that successful treatment of mothers' depression to remission improves child functioning compared with mothers not treated for remission.

Garber, et al. Meta-analytic review of prevention. Studies of depression. Is encouraging.

*Beardslee, Hosman, Solantaus, van Doesum, & Cowling.*

Supporting children and families of mentally ill parents: An opportunity for effective prevention all too often neglected. *In C. Hosman, E. Jane-Llopis & S. Saxena (eds.) (2006) Evidence-based Prevention of Mental Disorders. Oxford University Press*

# *Essential Elements of Effective Programs*

1. Employ educational approaches for the family
2. Obtain treatment for ill parent
3. Elicit parents' concerns and address them
4. Provide hope – address the parents' fears about how they may have harmed their children

## *Essential Elements of Effective Programs (continued)*

5. Be willing to address diagnoses in addition to depression and to address non-specific risk factors (i.e., lack of access).
6. Employ a public health strategy involving mental health providers, physical health providers, and family-oriented consumer and self-help organizations (i.e., National Mental Health Association and EUFAMI).
7. Access general parenting resources for families (i.e., health promotion programs, parenting skills).

*Declaration of the Rights of the Child*  
*Proclaimed by General Assembly Resolution 1386(XIV) of*  
*20 November 1959*

**Principle 4**

The child shall be entitled to grow and develop in health; special care and protection shall be provided both to him and to his mother. The child shall have the right to adequate nutrition, housing, recreation and medical services.

**Principle 5**

The child who is physically, mentally or socially handicapped shall be given the special treatment, education and care required by his particular condition.

# *Depression in Parents – Key Factors*

- ❖ Rapidly Developing Knowledge Base
- ❖ Excellent Studies of Treatment
- ❖ Sound Understanding of Mechanisms of Risk and Resilience
- ❖ Promising Prevention Studies
- ❖ Huge Gap Between Knowledge of Treatment and Wide-Scale Implementation

# *Risks for Depression*

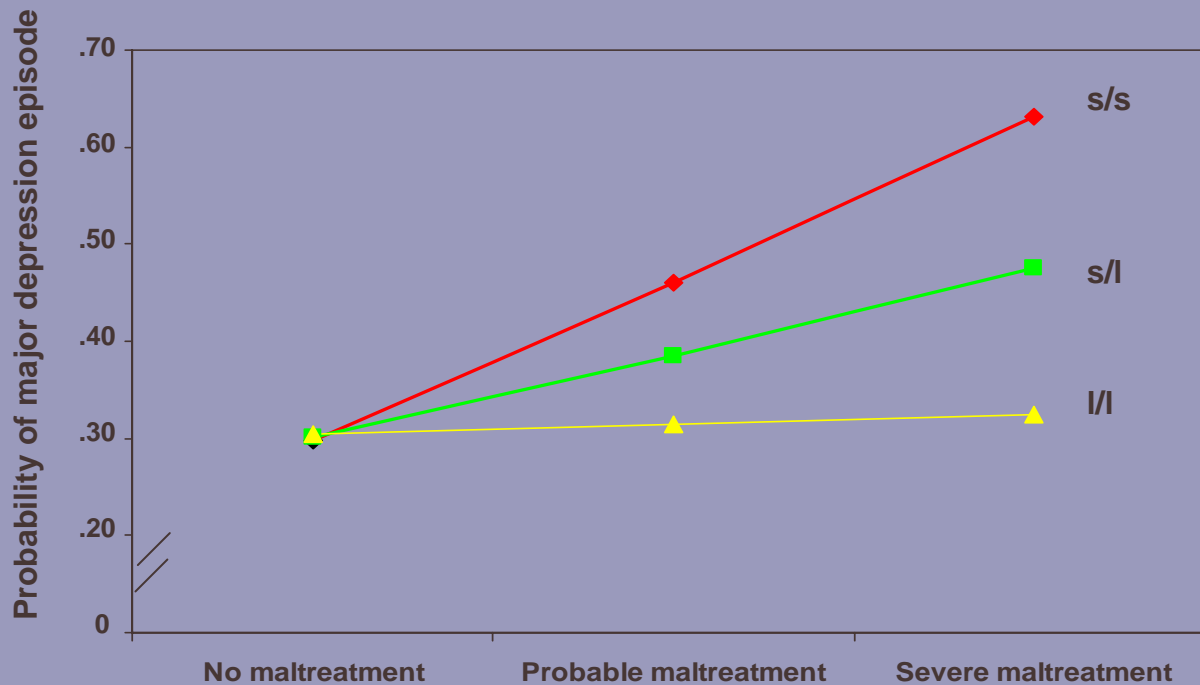
## ***Specific:***

- ❖ 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

# *Effect of Maltreatment in Childhood on Liability to Depression Moderated by 5-HTT Gene* (from Caspi et al., 2003)



**s/s = short allele homozygous**  
**l/l = long allele homozygous**  
**s/l = heterozygous**

# *Six 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. European Collaborations – Holland, Finland, Norway, Nordic Forum
4. Head Start – Program for parental adversity / depression
5. Blackfeet Nation – Head Start
6. Costa Rica

# *Chronology I*

**1996**

Solantaus T & Beardslee WR. When mother or father suffers from depression. Intervention to prevent children's psychiatric disorders. Intervention lasten psyykkisten hairioden ehkasemiseks. Duodeciu 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

2004

New Zealand conference

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

2006

May 2006 – Nordic Forum, Oslo

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

William R. Beardslee, Clemens Hosman, Tytti Solantaus, Karin van Doesum, and Vicki Cowling. *Supporting children and families of mentally ill parents: An opportunity for effective prevention all too often neglected*. In C. Hosman, E. Jane-Llopis & S. Saxena (eds.) (2006) Evidence-based Prevention of Mental Disorders. Oxford University Press.

# *Systematic Countrywide Intervention*

1. Finland
2. Holland
3. Australia
4. Norway

# *The Family Connections Project*

**Promoting Effective Parenting and  
Responding to Parental Depression  
in Head Start**

*Principal Investigators:*

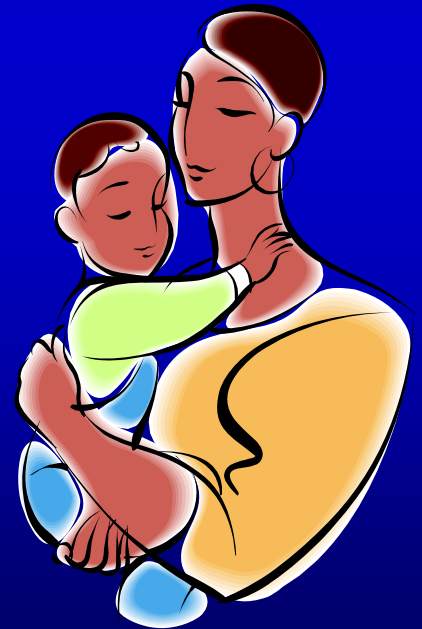
Catherine Ayoub, R.N., Ed.D.

Caroline Watts, Ed.D.

William R. Beardslee, M.D.

*Project Director:*

Mary Watson Avery, M.S.



# *Partnering Organizations*

- ❖ Children's Hospital Boston, Children's Hospital Neighborhood Partnerships
- ❖ Boston ABCD
- ❖ Dimock Community Health Center
- ❖ Associated Early Care and Education
- ❖ Harvard Graduate School of Education

# *Theory of Change*

Knowledge → Meaning → Skill

Training → Reflection → Action

# *What is Head Start?*



# *Objective: Break the Cycle of Poverty*

*Head Start (1964)*

*3-6 year olds*

*comprehensive, center-based*



*Early Head Start (1995)*

*birth to 3 year olds*

*comprehensive, home, center or mixed based*

# *Intensive Two-Generation Programs*

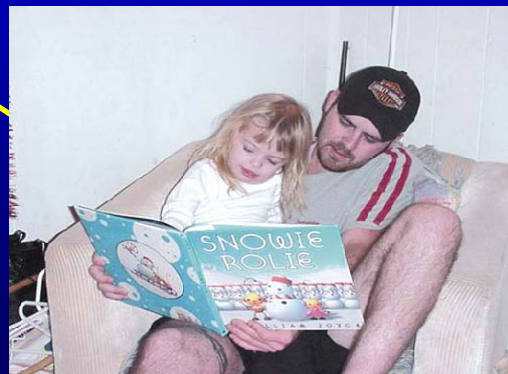
**Self-Sufficiency  
and Healthy  
Families**



**Child  
Development**



**Parenting**



# *Depression in Early Head Start Families*

- ❖ **48% of mothers pregnant or with infants were depressed**
- ❖ **Women who were depressed were much more likely to remain depressed**
- ❖ **Early relationship between maternal depression & child self-regulation**
- ❖ **Early Head Start programs were more effective with depressed mothers**



# *Working in Early Childhood Settings*

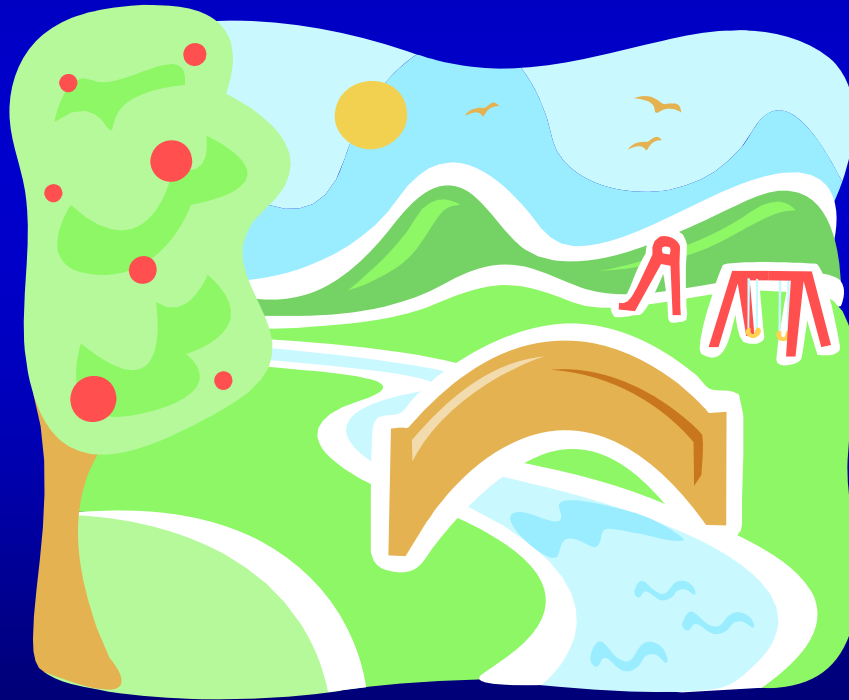


# *Consultation & Intervention with Young Children & Families*

*(2 therapeutic, 3 Head Start, 3 early care centers)*

- ❖ **Ongoing classroom-based mental health & developmental consultation**
- ❖ **Intervention planning, implementation & evaluation for individual children and classrooms**
- ❖ **Preventive interventions for classrooms & centers**
- ❖ **Up-out interventions for children with social relationship issues**
- ❖ **Regular training for staff on working with children & families in distress**
- ❖ **Building connections with parents through groups, educational encounters, and support for referral.**

# *Children's Hospital Neighborhood Partnerships*



# *Community Partnerships*

- ❖ The meaning of cultural competence
- ❖ Building credibility and trust
- ❖ Building common working frameworks and vocabulary
- ❖ Building longevity in individuals and systems
- ❖ Supporting staff internally and externally → reducing burnout, keeping professionals working in the community

# *The CHNP Service Model: Core Characteristics Relevant to Family Connections*

- ❖ **Needs assessment:** Start where system is currently, develop mutual goals over time
- ❖ **Relationally based approach:** Consistent onsite presence using “Two by Two” model, over time, engaging with whole community
- ❖ **Unique continuum:** Consultation/prevention/intervention based on need and readiness of system
- ❖ **Resilience goal:** At the child, staff and systems levels, moving away from crisis
- ❖ **Capacity building:** Promoting expertise & self-reliance in order to sustain practices and impact

# *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
  - referral 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*



**Fostering positive interactions for  
families facing adversity in Early Head Start and  
Head Start centers**

# *The History of Family Connections*

**Dec. 2002:** Region One Head Start contacts Dr. Beardslee regarding the development of program to address parental depression in Head Start families

**Spring 2003:** Family Connections working group created, including Bill Beardslee, Cathy Ayoub, Caroline Watts, and Mary Watson Avery

**Summer 2003:** ABCD Jamaica Plain Head Start is selected as pilot site; Pilot year begins, funded by Boston ABCD contract

**Spring 2004:** Family Connections is awarded DHHS planning grant; Planning Phase begins with three new sites across three agencies

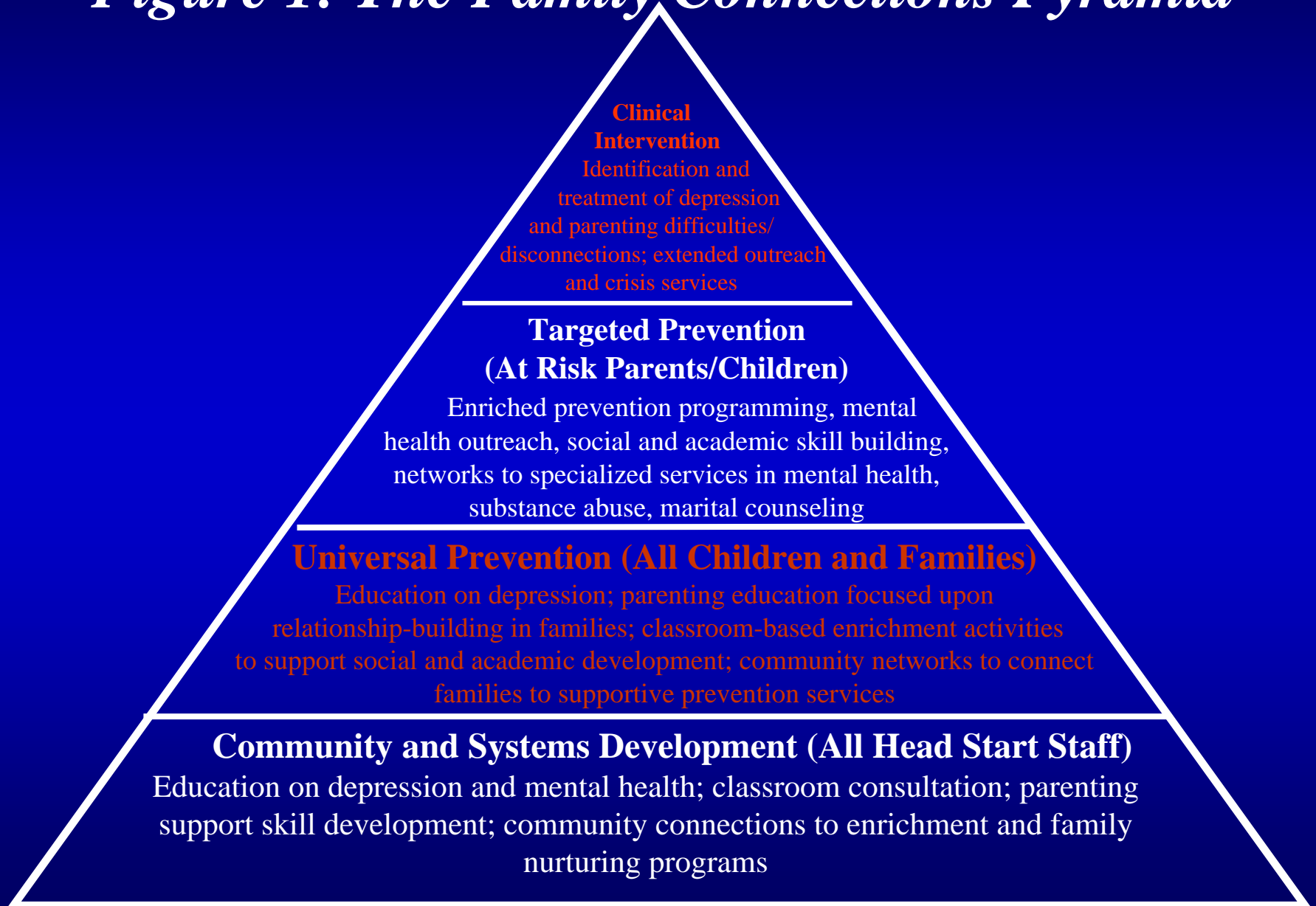
**Summer 2005:** Family Connections is awarded DHHS three-year implementation grant; two agency partners commit continuing contract funds

**Summer 2008:** Family Connections is partnered with eight Head Starts/Early Head Starts in Boston

# *The Family Connections Approach*

- ❖ Every interaction with partnering staff and families is used as an opportunity to build trust and capacity
- ❖ A focus on engagement with the Head Start/Early Head Start staff, providing meaningful training and an emphasis on the importance of reflection and attention to one's own mental health
- ❖ Work through the promotion of stronger relationships and communication between parents, children, and Head Start/Early Head Start staff
- ❖ Knowledge is power: providing information about depression to staff, parents and children
- ❖ Move forward with a program at a rate and manner that reflects its individual needs and culture

*Figure 1: The Family Connections Pyramid*



# *Family Connections Partnership*

- ❖ **Training & support for staff**
- ❖ **Partnerships for referral & networking**
- ❖ **Consultation/intervention in the classroom**
- ❖ **Support groups for parents**
- ❖ **Expanded home visitation & consultation**
- ❖ **Preventive relational friendship building for children**

# *Fostering Positive Relationships: The Preventive Intervention Key*

- ❖ **Staff consultation**
- ❖ **Parent groups & individual support for service acquisition**
- ❖ **Home visitation consultation & support for depressed parents – using the child connection**
- ❖ **Building childhood friendships through classroom & and pair interventions**

# *Tell Me a Story*



# *Lessons Learned*

- ❖ Defining “Readiness”
- ❖ Learning about the culture of the program
- ❖ Using crisis as opportunity
- ❖ Leading with the message of effective parent engagement
- ❖ Promoting the concept of “Mental Health First Aid”
- ❖ Engaging the entire staff and understanding administrator training needs
- ❖ Providing not only information but trainings and consultation that focus on developing & practicing new levels of skill