

Effective Child& Family Programme



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Picture Antonia Ringbom,
in Solantaus&Ringbom, 2002

Tytti Solantaus, THL 2009

The journey

- From epidemiological risk approach
- To resilience and opportunity
- From hopelessness to joy and hope
- From individual families to systems

I Introduction

II Research findings on preventive interventions

III Effective Child&Family Programme in Finland

Documented adverse outcomes for children with parental mental health/drug use disorders

- Attachment problems
- Impairments in socioemotional development and functioning
- Cognitive problems... school failure
- Depressive and anxiety symptoms and disorders
- Externalizing problems and disorders
- Drug and alcohol abuse
- Social exclusion
- During childhood, extending to adulthood

Children of depressed parents

- 40% of children suffered from mental disorder by the age 20 and 60% by age 25 (Beardslee et al, 1998)
- 3-generation studies: 20 year follow-up (Weissman et al 2006): also somatic illnesses
- mental problems start earlier
- are more serious
- more difficult to treat

Aspects of the disorder

- Diagnosis itself not decisive
- chronicity
- severity
- Comorbidity, often mental health and drug use problems
- Impact of the disorder on parent-child interactions and on parenting

Mothers or fathers or both?

- most studies concern mothers only
- the more fathers are studied, the richer the picture becomes
- Ramschandani et al: postnatal depression in fathers impacts on the child, follow-up until 7 years, J Am Acad Child Adolesc Psychiatry 2008
- The role of the parent in the family has not been discussed in the studies

Families have also other issues

- Mental health problems/alcohol and drug use in other family members
- somatic ailments and diseases
- family discord...divorce rate raised
- parenting problems... neglect, violence
- fall in family economy
- unemployment
- poverty
- crowded living conditions
- adverse neighbourhoods
- Isolation, stigma

Genes and environment

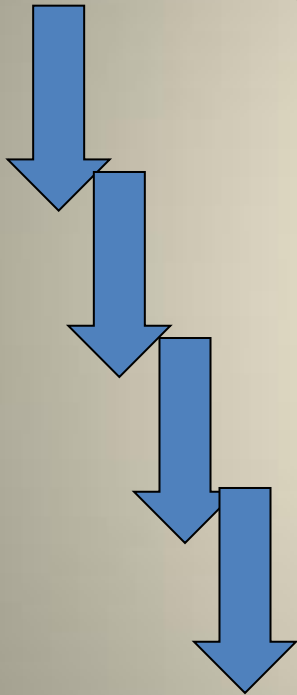
Caspi, Moffit, Meaney, Kendler, Rutter, etc

- Gene-environment **interaction** impacts on the development of disorder
- Kendler: there is no real genetic heredity in mental health disorders
- **neurobiological and psychiatric genetics research creates a call and a stage for prevention**

The Transmission

of mental disorders,
educational deprivation,
social exclusion and
marginalization
from parents to
children

from generation to generation



A public health concern

- Finland:
 - About 20% of adults suffer from mental health problems (Terveys 2000)
 - About one in 3 or 4 psychiatric patients has dependent children (Leijala et al, 2001)
 - Parental mental health problems and substance use, the main reasons for child protection interventions
- Australia, Norway, the Netherlands:
 - over 20% of children live with parents with mental health or drug abuse problems

- an individual and
- a family suffering
- a societal phenomenon

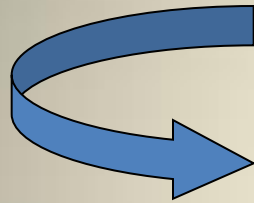
- *A need to alleviate suffering and break the generational chain*
- *A call for prevention and promotion*

Children's needs in services

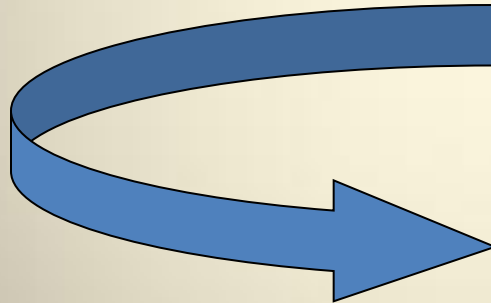
- Child protection needs
- Needs for psychiatric assessment and care
- Needs for developmental support

A paradigm change

Problem based intervention:
Child protection
services



Problem based intervention:
Psychiatric services



Promotion of child
development and
prevention of problems

My own history

- Clinical child psychiatry
 - children's parents have problems
 - mother / parent blaming
- A significant case of an adolescent girl with a mother with alcohol problems
- The Family Talk Intervention (Beardslee et al)
- The Effective Child&Family programme 2001-

What was it about the Family Talk Intervention?

- Respect for parents / the one who has problems
- Importance of open communication and mutual understanding in the family concerning parental problems
- It is the parent who talks with the child
 - The parent *is not talked about* with a child
- The parents are given help and allowed to prepare for discussions with children
- Sense of safety and security for all family members

- Working with families with parental mental illness is based on understanding the impact of mental illness on one's abilities to interact with and to take care of oneself and others
 - understanding the situation and needs of the parent
- and understanding the situation and needs of children
- And to negotiate both

Mental health and drug/alcohol problems

tax parenting capacity

- Problems in sensitivity, responsiveness and engagement
- Less monitoring, guidance and involvement
- Less expression of love, warmth, encouragement
- Inconsistent parenting, parenting dependent on parental moods/states
- Harsh discipline... verbal and physical abuse
- Withdrawn.... neglect
- Marital problems, divorce

But also

- "Depression made me focus more on the family and children"
- "It has made us a team"
- "The family supports each other, including sisters and brothers"
- "We spend more time together"
- "We have realized how important children are"

Resilience

- Opportunity to grow and develop at face of adversity : how are problems tackled?
- Resilient children and families have taught us what is needed

Mechanisms of resilience for children and families

- Positive, responsive parenting
- Functional problem solving
- Sense of security and of coping efficacy
- Experiences of positive activities within family
- Adult-supervised activities outside home
- Social support outside home
- **Understanding and open discussion about parental mental health problems**

Children's experiences might include

- Dad does not want to be with me
- I always cause trouble, Mom does not love me anymore
- If I were different, everything would be fine

Parent's experiences might include

- I am no good as a mother /father
- My children would be better off without me

Practitioner's experiences might include

- Poor children! These parents are no good

OR

- My patient should not be troubled by family worries

Talking with and about children is a strange thought

- Cultural beliefs about mental illness
- Beliefs about what is best for children
- Beliefs about what is best for patients
- Lack of knowledge of one's state



one does not know WHY

one does not know WHAT

one does not know WHEN to talk

Open communication and mutual understanding

- Parents – children
- Practitioners – parents
- Practitioners - children

Mutual understanding?



Open communication?

- Working with families with parental mental illness is based on understanding the impact of mental illness on abilities to interact with and to take care of oneself and others
 - understanding the situation and needs of the parent
- and understanding the situation and needs of children

Understanding between parents, family and practitioner

- the perspective of the practitioner
 - needs and tasks related to the professional setting and responsibilities
- Issues of identification with one partner and of power impact on the practitioner
- Note: prevention and promotion vs. treatment and control

Society related protective factors for children

- high quality treatment services for parents, children and families *and*
- *high quality promotive and preventive services*

Universal child health services

- **Well child clinics and school health services for all families, and children up to adulthood**
- providing families the latest new knowledge
- monitoring child development and family situations
- providing promotion and preventive interventions when needed

II Research on preventive interventions

- Mother-baby intervention
- Family intervention
- Group intervention
- Role of parental treatment

Mother-baby intervention with depressed mothers -1

- van Doesum et al 2005, van Doesum 2007
- focus on maternal sensitivity and mother-child interaction
- 8-10 home visits over 3-4 months
- 84 mother-infant pairs,
- baseline, post-test and a follow-up at 6 months
- 5-year follow-up in progress

Mother-baby intervention with depressed mothers -2

Results

- Mothers' parenting capacity and
- infant's attachment security improved in the intervention group
- but not in families where there was high life stress (marital discord, economic and housing problems, stressful life events etc)

Intervention on mo-baby interaction effective, but multicomponent approaches are needed

Coping with stress: Cognitive -behavioural group programme

- Coping with Stress, Clarke et al, 2001
- To prevent depressive disorder in adolescents with depressed parents and early signs of depression
- by means of helping participants
 - to gain control of negative mood
 - to alter maladaptive thought patterns
 - to resolve conflicts at home and with peers
- 15 group sessions 60 min each

Coping with Stress

Clarke et al, 2001, 2009

- randomised, controlled trial of 94 adolescents
- study vs control group at 12-months:
- fewer symptoms of depression and suicide,
- better overall functioning
- major depression in 9.3% vs 28.8% in the control group



Significant prevention effect,
sustained over 24 months

Family Talk Intervention

Beardslee et al, 1996, 2003, 2007

- Aims: to initiate/support constructive discussion about parental problems within the family, to enable positive parenting and support for children
- 6-8 sessions, involves the whole family, culminates in a family session,
- A randomized trial with a lecture group as a control, N=105 families

Family Talk Intervention

Beardslee et al, 1996, 2003, 2007

Both interventions were associated at 4,5 yrs follow-up with

- positive changes in parents' behavior and attitudes towards their children
- decrease in children's depressive symptoms
- increased use of treatment (75% of those who needed)

The FTI group

- greater improvement in family communication

Parental treatment

Pilowsky et al, STAR*D-Child Study, Am J Psychiatry, 2008

- Depressed mothers entering treatment
- Children between 7 and 17
- assessment at 3 mo interval up to one year
- Results:
- Child internalizing symptoms decreased with maternal recovery
- Most decrease with 3-month remission in mothers, but decrease continued over 12 month remissions

Interpersonal therapy for depressed mothers with children in psych. treatment

Swartz et al, Am J Psychiatry, 2008

- Interpersonal psychotherapy including focus on the mothers' needs on child rearing compared with practice as usual
- Practice as usual: information of depression and referral to a psychiatric clinic
- 26 + 21 mothers and their children receiving psychiatric treatment
- Improved function in mothers and children in study group; maternal change preceded child change

Conclusions

- Prevention of children's problems and disorders is possible
- Good psychiatric care for the parent is essential also for children

The Effective Child&Family Programme 2001 -

a development, research and implementation programme

- Tytti Solantaus, research professor
- Mika Niemelä, project manager
- Marianne Sipilä, project coordinator
- Juulia Paavonen, senior researcher

- Funded by
 - National Research and Development Centre for Welfare and Health
 - Ministry of Social Affairs and Health
 - Finnish Academy
 - National Insurance Office

Aims of the Effective Child&Family Programme

- 1) To provide health and social services evidence based promotive and preventive methods for the children and families of mentally ill, alcohol and drug abusing parents
- 2) To develop, study, train and implement the methods
- 3) To build bridges between adult and child, health and social services
- 4) To strengthen promotive and preventive work in psychiatry

The Effective Child&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?

The aims of the EC&F methods

- to help the family live with the problems
- to support parents to be as good parents as possible in the present situation
- to help parents support their children at home and outside home by using
 - the family's own resources
 - resources of the family's own network
 - resources of different services
- to help the family reach the services they need

- First some questions needed to be answered

Where should this activity happen?

- In services for children or for adults?
- In community based or in specialized services?

Where should this activity happen?

- Where-ever the parent seeks for help
- Otherwise the opportunity for prevention is lost

Who does it? Which professional?

- Doctors – nurses – social workers – psychologists – therapists...?

Who does it?

- All professionals who work with patients need to be able to talk respectfully and constructively about children with their patients

A paradigm change in services for adults

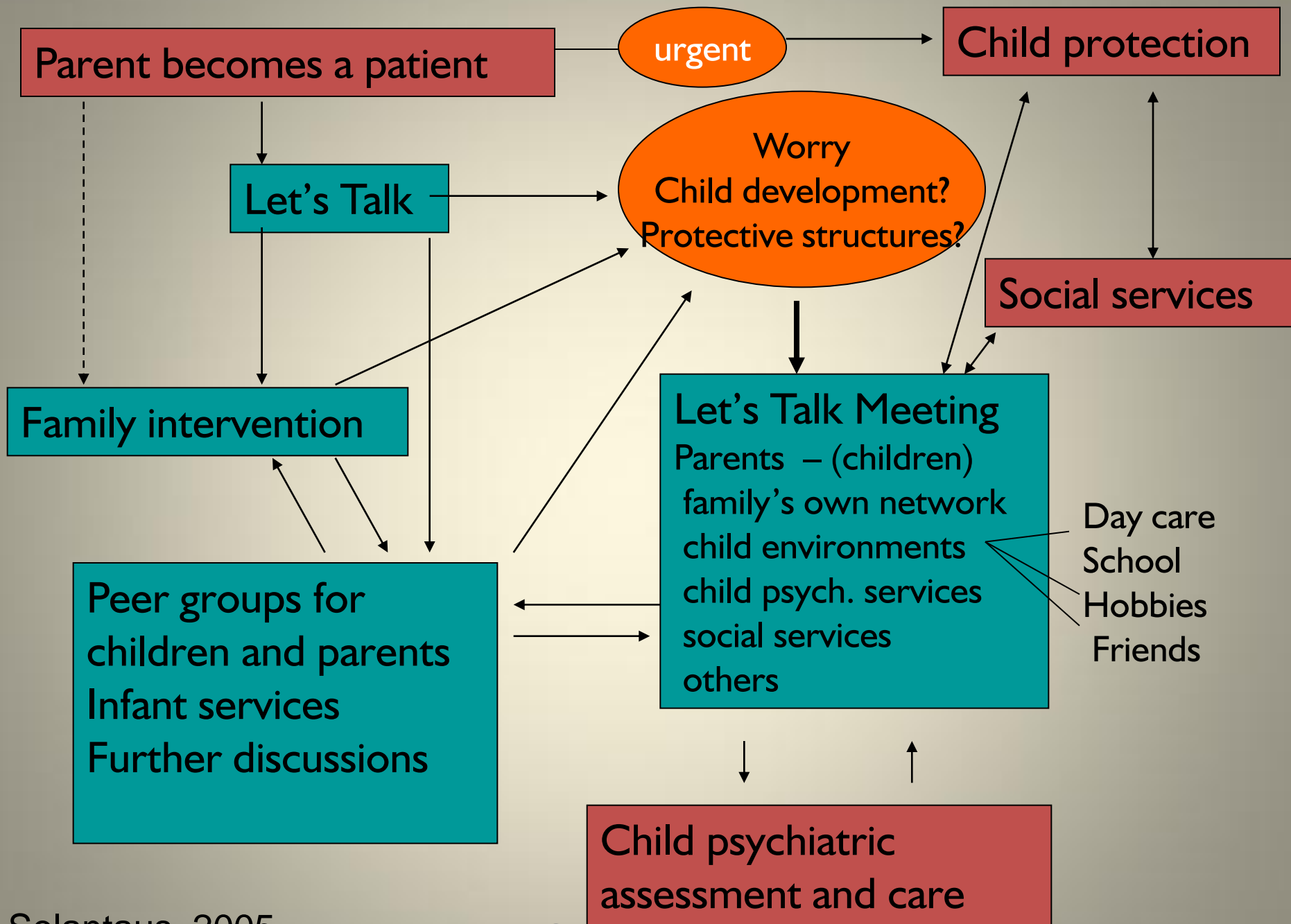
An extension in the services

- from individual to child and family focus
- from treatment to prevention & promotion
- from focusing on problems to building strengths
- from focusing on the past to looking into the future

- From monosectoral work to multisectoral, multiprofessional teams across community based and specialized services

EF -work in progress

- The work started with psychiatric services for adults,
- the work has spread into primary health and social services
- parental cancer & cancer clinics
- other somatic diseases in parents
- drug and alcohol problems & services
- child protection situations & services
- children's mental health problems & serv.
- and other difficult-to-talk problems, for instance to families with transsexual parents, HIV, children in out of home custody



Effective Child&Family Trial: Research findings

- The Family Talk Intervention (Beardslee) and the Let's Talk Intervention
- Are they safe? Do we cause harm?
- Are they feasible?
- Toikka and Solantaus, Int Journal of Mental Health Promotion, 2006, Solantaus et al 2009, in print
- Are they effective? (unpublished data)

Sample Flow

- Informed consent 119 families
- Randomised FTI 60 and LT-1 59 families
- Intervention completed 106 families
 - 76% of LT group parents had one discussion on children

Safety

- Do we increase parents' or children's burden? No, the opposite.
- Parents (LT-FTI)
 - I felt better after the intervention: 45% - 75%
 - Motivation for treatment increased: 40% - 60%
- Do we increase parents' sense of stigma?
No, the opposite.
 - Increase in self acceptance 45-75%
 - Decrease in sense of guilt 65-75%
 - Decrease in prejudices in the family 35-60%

Safety

- Children's burden
 - My worries decreased 50%, one child: increased
- Was there harm done to you or anyone?

Great majority: No

- Two parents said yes
 - One child said yes: I did not know what to say.
- The few negative responses highlight the importance of proper training

Feasibility

Parents: overall satisfaction in their intervention

- A good working relationship 71-86%
- 85% of children would recommend the Family Intervention to others
- Both interventions identified children with problems needing referral equally, (about 20%) but family counselling was recommended more often in the FTI (25% vs 5%)

Perceived benefits

Parents' reports

- Getting new tools for parenting 72-93%
- Confidence in children's future 73-93%

Children's reports of FTI

- 55-60% easier to talk and ask about parental problems

Impact on mutual understanding in the family

Parent report:

- I understand my children better 52% - 81%

Child report:

- My mother understands me better 67%...
- My father understands me better 59%...

- I understand my mother better 33%
- I understand my father better 28%

Clinicians experiences

- the interventions were carried out as expected (logbooks)
- Impact on work stress and coping,
on motivation and joy:

Clinicians' (30) experience of the EF methods

Toikka & Solantaus, 2006 Int J Mental Health Promotion, 8:(4):4-10

	Neg change %	No change %	Pos change %
Work stress	33	33	33
Coping with work load	-	63	37

Clinicians' (30) experience of the EF methods

Toikka & Solantaus, 2006 Int J Mental Health Promotion, 8:(4):4-10

	Neg change %	No change %	Pos change %
Joy at work	-	10	90
Work motivation	-	20	80

Conclusions of safety and feasibility

Effectiveness as compared to baseline

- Effectiveness –follow up at 4 and 10 months

Measures

- Symptoms of anxiety (SCARED)
- Strengths and Difficulties questionnaire
 - Goodman, 1997
 - 25 items; dimensions:
 - Hyperactivity - conduct problems
 - Peer problems - emotional problems
 - prosocial skills

Results

Parental reports on children

- Reduction in emotional symptoms (SDQ)
 - the FTI more effective relative to Let's Talk-1
- Decrease in anxiety in both groups (SCARED)
- A decrease in hyperactivity in both groups
- No change in peer and conduct problems
- Increase in prosocial skills in the FTI

Conclusions

- The interventions are safe. However, proper training is needed.
- They are feasible in the Finnish service and family culture and
- They have impact on the expected direction
- **Implementation of promotive and preventative child mental health methods in services treating adults is possible, even welcomed**



Thank you!