Parents as Partners: Helping Parents to Help Their Depressed and Suicidal Teen

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Objectives

- Participants will learn how to assess important family characteristics that can promote or impede treatment.
- Participants will learn developmentally appropriate ways to balance the teen’s need for confidentiality with the parent’s need to know.
- Participants will learn about interventions with families that can improve depressed and suicidal teens’ outcomes.
Family Factors Affect Outcome in Adolescent Depression

- Depression/suicidality run in families
- Parental Depression can make it more difficult for depressed youth to recover
- Early childhood adversity can adversely affect child outcome
- Positive parenting, supervision, and monitoring can protect against risk factors for depression and suicidality
Depression and Suicidal Behavior Runs in Families

- Parental Depression associated with increased risk for child depression.
- Genetics explains about 50% of transmission.
- Other factors may include parent-child hostility or neglect, not modeling adaptive coping.
- Suicidal Behavior also runs in families, does not seem to be due to imitation.
Risk of Depression in the Children of Depressed Parents

![Graph showing the proportion of offspring with major depressive disorder by age at onset (years). The graph compares children with no parent having major depressive disorder (N=50) to children with at least one parent having major depressive disorder (N=101).]
Cumulative Proportion of Suicide Attempt Among Offspring of Attempters vs Non-Attempters*

Generalized Savage: $\chi^2 = 7.89$, $p = .005$
OR = 6.2, 97.5% CI, 1.2 to 33.4

*Brent et al., 2002
Number of Years Between Parent and Child Suicide Attempt

![Bar chart showing the frequency of difference in years between parent and child suicide attempts. The x-axis represents the difference in years, with categories from >-5 to >30. The y-axis represents frequency, ranging from 0 to 3. The chart shows a peak in frequency for differences of 1 and 3 years.](image-url)
Suicidal Behavior Transmitted From Mother to Child*

*Lieb et al., 2005*
Parental History of Sexual Abuse and of Suicidal Behavior Both Increase Risk of Attempt in Children*

*Melhem et al., 2007
Factors that Interfere with Recovery

• Current Parental Depression
• Parent-Child Conflict
• Exposure to Domestic Violence
• Bereavement
• History of early adversity (abuse, neglect)
Maternal Depressive Symptoms and Adolescent Depression Treatment Response*

Failure to achieve remission at the end of treatment as a function of self-reported maternal depression (BDI). CBT= cognitive-behavioral therapy; SBFT= systemic-behavioral therapy; NST= nondirective-supportive therapy; BDI= Beck Depression Inventory.

*Brent et al., 1998
Family Conflict Interferes with Recovery

• Adverse predictor of response in TORDIA, TADS

• In TADS, predicted a worse response to CBT relative to medication

• In TORDIA, associated with a higher risk for suicidal events
Exposure to Interpersonal Violence

- A history of exposure to interpersonal violence, even without actual abuse increases the risk for depression.
- Impact on current treatment response has not been studied, but it would be hard to believe it would not have an effect.
- History of exposure to adverse circumstances can influence treatment response.
Bereavement and Depression*

- Parentally bereaved youth have higher rates of mental disorder in their parents and in themselves even prior to bereavement.
- Previous hx of depression increases risk for MDD.
- Other risks for MDD: feeling responsible for the death, blaming others, having a discordant relationship with the deceased.
- Complicated grief will also prolong recovery from MDD and add to impairment.

*Brent et al., 2010
Complicated Grief

- Preoccupation with the deceased
- Avoidance and social withdrawal
- Unable to “move on”
- Bitterness, numbness, “shock”
- Feel that life has lost meaning
Abuse and Treatment of Depression

- Abuse increases the risk for depression, suicidal behavior and other health risk behaviors
- Depressed adolescents with a history of abuse do less well in CBT + medication than in medication alone
Abused depressed teens did more poorly in CBT + meds than in meds alone*

*Brent et al., 2009
Family Protective Factors

- Parent uses consistent discipline
- Parent supervises and monitors
- Positive connection
- Spend time together (eats together, leisure time)
- If bereaved, parent encourages open expression of grief
The Delicate Balance

• Adolescents rarely initiate treatment
• But... adolescents need to “own” treatment for it to be successful
• Adolescent development requires increasing separateness from parents
• Parents pay for treatment and have a right to know what is going on
• Depressed and suicidal adolescents are vulnerable and may require more supervision
Confidentiality: Do’s and Don’ts

• Do NOT promise complete confidentiality to an adolescent
• Do explain the reasons why you would need to share information with parents (threat to life)
• Do indicate that you will collaborate with them about how and when to tell parents
Confidentiality Cont.

- Do explain to parents and patient that you need to keep parents informed, but will speak in terms of treatment goals attained rather than each specific detail brought up in treatment.
- Do meet with parents in presence of the adolescent.
Case Example

• Patient tells physician: “I’ve been cutting myself.” Please do not tell my parents.

• Physician examines patient, superficial cuts, not life-threatening. Gets patient to commit to treatment, indicate that if does not improve will need to inform parents.

• On other hand, if cuts are infected, disfiguring, then the patient is engaging in behavior with irreversible consequences… will need to tell parents.
Parental and Patient Education

• Every step should be collaborative
• Explain depression as a medical illness
• “No one’s fault”
• Explain range of treatments, mechanisms of action, and rationale
• Identify concrete goals that everyone can agree upon
Common Parental Concerns

- **Performance Expectations (school, chores)**
  - May need to lower expectations
  - School meeting may be helpful
  - School homework “payback plan”

- **Behavioral expectations**
  - Should expect same degree of respect and responsiveness
  - Should agree to avoid hot issues that cannot be resolved now anyway, exit strategies
Assessment

- Parent Depressed or otherwise impaired?
- Parent-child conflict
- Current or past abuse or exposure to domestic violence
- Bereavement?
- Positive parenting, monitoring, spending time together
Interventions with Families that Can Improve Child Outcome

• Education about depression as illness—reduces dropout

• Referral of parents for treatment of depression—improves child outcome

• Reduce discord and increase parent-child connection—reduces risk for suicidality, depression, and complicated grief

• History of abuse—if PTSD active issue, need trauma-focused treatment; consider meds only for treatment of depression
IPT-MOMS and Child Treatment Response on BDI*

- 47 depressed mothers whose children were receiving mental health treatment
- Randomized to either IPT-MOMS or TAU
- Youth whose mothers received IPT-MOMS did better

*Swartz et al., 2008
Mothers’ and their Children’s Treatment Responses are Related*

*Weissman et al., 2006
## Attachment-Based Family Therapy (ABFT): Therapeutic Targets*

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<th>Adolescent functioning</th>
<th>Emotion regulation, coping</th>
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<td>Parent-child attachment</td>
<td>Connectedness, repair</td>
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<tr>
<td>Extra-familial contexts (e.g., school)</td>
<td>School, peer group, social activities</td>
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*Diamond et al., 2007*
ABFT for Adolescent Depression*

- 32 teens with MDD
- 69% AA, 69% low-income
- 12 wks ABFT vs. 6 weeks WLC
- Rates of MDD: 19% in ABFT vs. 53% in WLC

*Diamond et al., 2002
ABFT for Suicidal Adolescents*

- 66 adolescents with suicidal ideation and depression
- Randomized to ABFT vs. WLC
- Greater reduction in suicidal ideation and depression in those treated with ABFT

*Diamond et al., 2010
Sandler et al., 2010a,b

- Family Bereavement Program (FBP)
- Promotes parent-child attachment, parental mental health, consistent discipline, adaptive coping for child
- Bereaved youth who received FBP were:
  - Less likely to have a mental disorder
  - Did better in school
  - Less likely to have complicated grief
  - Active ingredients noted above
Summary and Conclusions

- Parents can be potent partners or opponents
- Respect for their views of treatment and depression
- Education about depression as a disease
- Balance need for privacy for the teen with the parents’ need to know and to monitor
Summary Cont.
Assess for:

- Parental depression
- Family conflict
- Exposure to current or past domestic violence or abuse
- Prolonged grief
- Parent-child connection
Summary Cont. Interventions

- Psychoeducation for parent and patient
- Referral for parental depression
- Family interventions to reduce discord and increase attachment (Attachment-Based Family Therapy)
- Family interventions to protect families against harm (Family Bereavement Program)
Thank You for Your Attention

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