



# Involving Parents in the Treatment of Depression

Rachel Yoder, MD

# Steps for Involving Parents in Their Child's Depression Treatment

1. Understand Your Perspective
2. Understand Parents' (Parent = Adult caregiver) perspectives – *with compassion!*
3. Provide Education
4. Focus on Efficacy
5. Clear tips on approach



# Step 1: Understand Your own Perspective

1. How do you feel about the parent of a depressed child?



# Step 2: Understand Parents' Perspectives

1. How does a parent seeking care for a depressed child feel?



## Step 2: Understand Parents' Perspectives

1. Have a high risk of depression/mental health issue themselves (may be undiagnosed, unrecognized in themselves)
  - Children of parents with depression have 3x higher risk of depression<sup>1</sup>
2. May have varying understandings/cultural perspectives on depression
3. Have a mix of feelings about their child's diagnosis
4. Are living in a stressed household



# Approach when a parent is depressed

1. Clear, private, matter of fact, kind – effort towards destigmatization
2. Express understanding of difficulty in obtaining treatment and stressed household
3. Emphasize important evidence:
  - When a parent with depression gets appropriate treatment, children with mental health issues have better outcomes<sup>1</sup>
  - Assist in obtaining treatment
    - \* *addressing a major risk factor in ineffective treatment*



# Incredibly important to address parents' depression

Depressed parents may display depression-causing parenting behaviors:

1. Critical parenting techniques
2. Have difficulty modeling emotion regulation and coping skills
3. Reinforcing child depressive behaviors



# Understand the stressed household-what it means to a family to have a depressed child

- Self-blame
- Stressful on marriage
- Differences in how family believes the child should be treated
- May avoid support systems/everyone may feel stigmatized and judged
- More disagreements with the irritable depressed child
- May feel frustrated and helpless
- May feel resentful of the depressed child





**Approach their understanding of depression with an open mind – goal to align with parents for best treatment outcome, creates foundational understanding of child’s environment**

1. What is your understanding of depression/what does depression mean to you?
2. What is your understanding of the child’s depression experience?



# Step 2: Provide Education

Explain child and adolescent depression data:

- 8% of adolescents have a major depressive episode in any given year
- 20% experience depression in the teen years

Explain child and adolescent suicide data<sup>3</sup>:

- 8.6% of students attempted suicide in the previous year
- 14.6% of high school students had a suicide plan in the previous year
- 2.8% had made a suicide attempt that required medical attention



# Step 2: Provide Education

What depression looks like in children:

- Somatic complaints
- Reactive affect
- School refusal
- Increase in worrying/need for reassurance
- Irritability/anger/aggression/acting out



# Depression in Adolescents:

- **Irritability**, short-tempered, hard to please – often predominant mood in depressed teens
- **Boredom/apathy**
- Change in weight, sleep, or grades
- Poor concentration, loss of pleasure in activities, and fatigue can affect school attendance and academic functioning
- Feelings of worthlessness can affect self-confidence, which in turn can affect schoolwork, extracurricular activities, and self-esteem, also extremely vulnerable to criticism, rejection, and failure. This is a particular problem for “over-achievers.
- Withdrawing from some, but not all people. While adults tend to isolate themselves when depressed, teenagers usually keep up at least some friendships. However, teens with depression may socialize less than before, pull away from their parents, or start hanging out with a different crowd.
- Aggression/antisocial behavior
- Substance use/high risk behaviors
- More frequent visits to school nurse/somatic complaints



# Step 2: Provide education

Explain course and prognosis:

- Hope: Treatable!
  - Treated depression: regular functioning in weeks – months
  - Untreated depression may last many months or years and is likely to recur



# Step 2: Provide Education

Explain treatment clearly:

CBT/Meds



# Step 3: Focus on Efficacy (what parents can do for the patient)

\* Understand the ask and prioritize\*

1. Safety plan
2. In charge of medications
3. In charge of follow up appointments
4. Support sleep hygiene
5. School advocacy – bullying, accommodations
6. Model self care
7. Part of homework – behavioral activation (enjoyable activities)



# Step 3: Focus on Efficacy (what parents can do for themselves and family members)

- Recognize when a break is needed and arrange to take one
- Take time to go places and enjoy yourselves as a family
- Encourage all family members to continue with regular activities
- Give yourself and your family permission to enjoy an activity, even if the depressed person does not
- Remind yourself that depression is a medical illness, no one, including the depressed child, is to blame
- Consider joining a support group





# Step 3: Focus on Efficacy

Safety planning:

“Depression is a treatable condition and the goal of a safety plan is to ensure the worst outcome does not happen during a time of vulnerability.”

- All ropes cables, guns, weapons, knives, alcohol, medications, poisons removed or locked up
- Suicide check in plan
- Develop an emergency plan – specific people who can be called
- Self harm check in plan



## Step 4: Clear tips for parents on optimizing their relationship with their depressed child

Make gentle and open-ended observations (eg “I have noticed things have been especially hard for you recently, can you tell me about it?”) and then listen to him or her without judgment.

Avoid attempting to talk your child out of how he or she feels or to put a positive spin on his or her painful feelings.

Let your child know that depression is a biological, treatable condition that can happen to anyone.

Emphasize your unconditional support for your child, maintain a positive attitude and applaud him or her for any small step he or she takes to get better.

Avoid punishing your child for symptoms related to depression but set boundaries on his or her behavior if necessary. For example, find ways to encourage your child to spend time out of his or her room and with family rather than punish him or her for withdrawal and isolation.

If someone in your family has had depression, it may be helpful to share this reality with your child so he or she feels less alone.

Check back regularly. Sometimes it takes time for an adolescent to share information.



# Resources for Parents

1. NAMI Family Guide
2. NAMI Wellness Program
3. AACAP Facts for Families – Depression in children and adolescents



# Resources for Providers

1. GLAD-PC Toolkit



# Citations

1. Beardslee W. Master Clinician Review: Parental Depression and Family Health and Wellness: What Clinicians Can Do and Reflections on Opportunities for the Future. JAACAP. Vol 58. No 8. August 2019
2. Garber J et al. Remission of Depression in Parents: Links to Health Functioning in Their Children. Child Development. 2011 Vol 82 No 1 226 – 243
3. CDC Youth Risk Behavior Study

