

## IV. Intervention Strategies/Model Programs

### A. The Prevention of Depression in Youth

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...A review of these prevention programs and our experience developing and implementing a family-based preventive intervention program reveal six key points that we believe may prove helpful in treating children at risk for depression.

#### **Resilience**

Resilience refers to competence despite adversity (Luthar et al., in press) and provides an important foundation for the treatment of children with depression. Treatment of children at risk for depression must focus on identifying children's strengths and resources and on encouraging the development of factors that may protect children from the onset of illness. Our work with at-risk pre-adolescents has indicated that resilient children remained active in school and social activities outside of the home, maintained a view of themselves as separate from their parents' illness, and developed relationships with adults outside of the family (Beardslee and Podorefsky, 1988). Treatment with mildly depressed or at-risk children must focus on enhancing these characteristics.

#### **Psychoeducation**

In our work with families with parental depression, we found that adults knew little about this disorder and that children frequently did not have a name for their parent's depressed mood or irritability. Providing at-risk children with information about depression, identifying symptoms as an illness rather than as difficult behavior, and defining depression as a highly treatable mental illness will help reduce children's feelings of guilt or fear about their parents' or their own symptoms. In addition, providing children with information about causes, symptoms and risk factors for depression may assist them in identifying their own symptoms and seeking help when necessary.

#### **Family-based Approach**

Depression influences marital and family functioning (Keitner and Miller, 1990), and family members reinforce depressive behaviors in each other (Kaslow and Racusin, 1994), thus supporting the use of a family-centered approach in preventing the onset of depression in children at risk for depression. Parental involvement in treating at-risk children is crucial to successful prevention in this population, as parents may provide support and encourage resilience so that children are better able to negotiate developmental challenges successfully.

We have found that families with parental depression are characterized by poor cross-generational communication, poor understanding of disorder by children and feelings of guilt among children for any role they may have played in their parent's illness (Beardslee et al., 1997). Family meetings and family involvement in treatment may address these concerns and promote understanding and communication in families with depression. The principles of family-based prevention recently have been presented in a format that families themselves can use (Beardslee, 2002).

#### **Developmental Perspective**

Intervention for children at risk for depression must attend to developmental issues as well as emotional concerns. In fact, the risks for depression, and the valence of those risks, shift over the life span, and the expression of symptoms of depression varies developmentally. Thus, an intervention approach that is appropriate for a 4-year-old may be quite different from one that is appropriate for a 14-year-old. For example, parental involvement in intervention is appropriate for early adolescents, but a peer focus group may be more useful with young adults as they make the transition from home to college or the work force.

#### **Address All Risks**

Research tells us that depression in parents or children often signals a constellation of risk factors that, when considered together, puts children at risk for poor outcomes. In fact, social adversity predicts poor mental health outcomes in children, even beyond the effects of parental mood disorder (Rutter, 1986 as cited in Beardslee et al., 1996). Thus, comprehensive concern for the prevention of childhood depression must be based on all the risks a child faces, and treatment must attend to the range of risks present in any child, particularly in children who face social disadvantage.

#### **Treatment**

Although primary prevention programs aim to reach youth before they are ill, an essential precondition for prevention involves competent treatment for all those who experience illness. It is crucial that adequate treatment for children and adults who already suffer from illness be incorporated into any prevention approach. In fact, illness cannot be prevented in children at risk for depression until their parents who suffer from mental illness receive appropriate treatment services.

## Conclusions

Successful preventive interventions offer great benefit to families because they can relieve the enormous burden of suffering caused by mental illness. The study of prevention requires new, nontraditional ways of thinking, however; and scientific advances in neuroscience and developmental epidemiology have provided an empirical knowledge base from which to mount prevention efforts.

In addition, prevention programs targeting children at risk for disorder must consider the plasticity of development and the multiple influences on children's development. Current research in neuroscience emphasizes the capacity of individuals to change and grow. Knowledge of what influences plasticity at the molecular, individual and familial levels, even in the face of significant adversity, is needed to guide the development of preventive interventions across the life span.

Finally, advocates for the study of the prevention of depression must recognize the need for comprehensive programs to prevent risk factors for depression, including exposure to violence, social isolation and discrimination. Indeed, from a public health point of view, those concerned about the prevention of depression can find common ground with others in advocating for adequate health care for all children and all caregivers.

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