## Journal of Parent and Family Mental Health

Volume 5 Issue 1 FAMILLE+: A Multifamily Group Program for Families with Parental Depression

Article 1

2020-02-13

# FAMILLE+: A Multifamily Group Program for Families with Parental Depression

Genevieve Piche Universite du Quebec en Outaouais

Et al.

## Let us know how access to this document benefits you.

Follow this and additional works at: https://escholarship.umassmed.edu/parentandfamily

Part of the Developmental Psychology Commons, Family, Life Course, and Society Commons, Mental and Social Health Commons, Psychiatry Commons, and the Psychiatry and Psychology Commons

#### **Repository Citation**

Piche G, Villatte A, Habib R, Vetri K, Beardslee W. FAMILLE+: A Multifamily Group Program for Families with Parental Depression. *Journal of Parent and Family Mental Health* 2020;5(1):1014. https://doi.org/10.7191/parentandfamily.1014. Retrieved from https://escholarship.umassmed.edu/parentandfamily/vol5/iss1/1



This work is licensed under a Creative Commons Attribution-Noncommercial 4.0 License This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Journal of Parent and Family Mental Health by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu. Piche et al.: FAMILLE+: A Multifamily Group Program for Families with Parental Depression



# Journal of Parent & Family Mental Health



Vol 5 Iss 1 February 2020 A Publication of the Implementation Science & Practice Advances Research Center A Massachusetts Department of Mental Health Research Center of Excellence



#### **ISSUE BRIEF**

# FAMILLE+: A MULTIFAMILY GROUP PROGRAM FOR FAMILIES WITH PARENTAL DEPRESSION

Geneviève Piché, Ph.D., ps.éd, Aude Villatte, Ph.D., Rima Habib, M.Sc., Kelly Vetri, M.Sc., and William Beardslee, M.D.



### Introduction

A Canadian study reported that 5.1% of children aged 12 and under lived with a parent who had a major depressive disorder in the past year.<sup>1</sup> Decreased parenting ability and family challenges (e.g., poor communication, low family cohesion), which are associated with major depressive disorder, may affect the parent's ability to respond to their child's social, emotional and educational needs. Furthermore, children living with a parent with a depressive disorder are at higher risk of developing mental health challenges themselves.<sup>2,3</sup>

Several countries have developed effective preventive interventions to support child and family mental health and help them develop their ability to adapt to stressful events.<sup>4, 5</sup> Researchers suggest that it is important to adapt the content of programs and interventions for children to the cognitive, attentional and socio-emotional abilities of the children.<sup>6</sup> Also, such interventions should be developed with a child-cen-

Published by eScholarship@UMMS, 2020

tered focus and a plan to promote children's active participation in all steps of implementation. Childcentered interventions can promote children's selfdetermination and reduce stigma,<sup>7</sup> and may help boost the interventions' effects.

## **Key Points**

Some strategies such as using simple words, giving concrete examples, reducing content and offering clear and short instructions can improve 7 to 11 year old children's acceptance and understanding of a program's content. The use of pictograms, games, or cartoons are other examples.<sup>8</sup> The inclusion of books<sup>9, 10</sup> can also help to adapt the content presented to children's developmental abilities.<sup>11</sup> Books allow clinicians to address potentially difficult topics (e.g., parental mental health), to facilitate exchanges on sensitive and emotional content, as well as normalize the child and family experience, and raise self-awareness.<sup>10, 11</sup>

### An Example of an Intervention Adapted the Developmental Abilities of 7 to 11 Year Olds

FAMILLE+ is a targeted preventive group program for 4 to 8 families that have parents with major depressive disorder and their 7 to 11 year old children. FAMILLE+ is based on *Family Talk*<sup>12</sup> and *Play and Talk*,<sup>13</sup> which are two internationally recognized programs and interpersonal psychotherapy.<sup>14</sup> The intervention was developed by Piché and colleagues<sup>15</sup> in Quebec, Canada, in collaboration with Beardslee. Its purpose is to prevent the development of mental health conditions in children and to promote family resilience.

#### FAMILLE+ aims to have parents and children:

- 1. Increase their knowledge about depression;
- 2. Recognize and use their personal strengths;
- **3.** Strengthen the parent-child relationship and family ties;
- **4.** Extend their support network; and
- **5.** Plan for the future.

The seven-week FAMILLE+ program has six weekly meetings (simultaneous separate parent and child group meetings) and one individual family meeting (*See Table 1.*) The individual family meeting allows the family, in a safe space, to discuss their experiences related to depression. A follow-up meeting takes place a month later, with each family, to get an update, discuss progress and challenges with the parents, address some of their concerns, and review key concepts.

Several learning tools and activities were developed for children participating in the FAMILLE+ program, to (1) illustrate complex concepts; (2) facilitate discussion of sensitive and emotional content; (3) normalize and make connections with their experiences; and (4) stimulate interest.

Child-group meetings are based on stories from a storybook entitled Le Trésor de l'île Rouge (*Figure 1*), and include activities such as "take the pulse of your emotions" (with a mood thermometer, emotions and needs posters and cards)<sup>16</sup>, the proximity circle (*Figure* 2), drawing, and body percussion rhythm activities (using the body to make sounds, e.g., by clapping hands; see *Figure 3*). The activates are used in most meetings with children, in parental meetings, and in at-home proposed family activities.

Parent-group meetings include moments of education about mental illness, sharing on different subjects related to their experiences with depression, use of analogies and metaphors as well as exercises in subgroups like active listening role plays. The program provides facilitators with training and a complete facilitation package.

Meetings main topic	Format
1. Introduction to the program and sharing	
2. Depression education	
3. Parent-child relationship and communication	Parallel children and parents' groups
4. Social support	
5. Preparation for the family meeting	
6. Family meeting	1 family at a time
7. Review and plan for the future	Parallel children and parents' groups
Family update and check-in (1-month post)	Parents only

#### Table 1. Structure of the program

*Visit the Implementation Science and Practice Advances Research Center at <u>https://www.umassmed.edu/sparc</u>* 

This is a product of the Journal of Parent and Family Mental Health. An electronic copy of this issue with full references can be found at https:// escholarship.umassmed.edu/parentandfamily/vol5/iss1/1

## **Evaluation Findings**

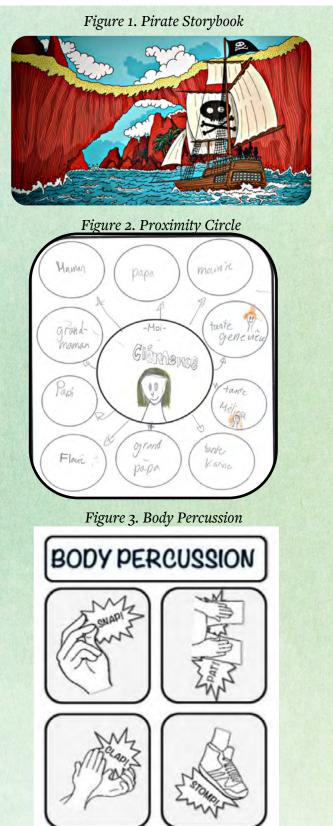
Evaluation of the FAMILLE+ program shows the content and activities were appreciated by parents and children. Four of the activities were particularly enjoyed by participants:

- » Emotions and needs posters and cards,
- » The pirate storybook,
- » Body percussion, and
- » Drawing activities.

After participating in the program, children reported a reduction in anxiety and oppositional symptoms, as well as increased knowledge about mental health. Parents' perceptions of their level of knowledge about depression, its impact on the family, resilience factors, and coping strategies also improved significantly. Both parents and children reported improved family communication, as well as positive impacts on their relationships with one another and their general wellbeing.

## Conclusion

- The FAMILLE+ program may be useful for families with a parent with a major depressive disorder.
- The program promotes knowledge about mental health, better family communication, general well-being and child mental health.
- Learning tools and activities tailored for children help with understanding and discussing sensitive concepts and normalize family experiences.
- The project adds to evidence of the importance of child-centered research by:
  - » Prioritizing the adaptation of the content and modalities of interventions to the abilities and needs of children themselves;
  - » Including children's active participation; and
  - » Directly contributing to the development of services corresponding to child expectations.



#### Financial Disclosure Statement

Research reported in this article was funded through a FRQSC Award (2017-NP-199449).

Acknowledgments

The excellent work of the artist, Isabelle Salmon <u>http://www.numerosept.com</u>/, is acknowledged, as well as the help of members of our research team <u>https://lapproche.uqo.ca/projets/familleplus/</u>.

### References

- 1. Bassani, D. G., Padoin, C. V., Philipp, D., & Veldhuizen, S. (2009). Estimating the number of children exposed to parental psychiatric disorders through a national health survey. *Child and Adolescent Psychiatry and Mental Health*, 3(1), 6. doi:10.1186/1753-2000-3-6
- 2. Bergeron, L., Valla, J.P., Smolla, N., Piche, G., Berthiaume, C., St-Georges, & St-Georges, M. (2007). Correlates of depressive disorders in the Quebec general population 6 to 14 years of age. *Journal of Abnormal Child Psychology*, 35(3):459–474
- **3.** Reupert, A. E., Maybery, D., & Kowalenko, N. (2012). Children whose parents have a mental illness: Prevalence, need and treatment. *Medical Journal of Australia*, 1(1), 7 9. doi:10.5694/mja011.11200
- 4. Niemelä, M., Kallunki, H., Jokinen, J., Räsänen, S., Ala-Aho, B., Hakko, H., . . . Solantaus, T. (2019). Collective impact on prevention: Let's talk about children service model and decrease in referrals to child protection services. *Frontiers in Psychiatry*, 10, 64. doi:10.3389/fpsyt.2019.00064
- Reupert, A. E., Cuff, R., Drost, L., Foster, K., van Doesum, K. T., & van Santvoort, F. (2012). Intervention
  programs for children whose parents have a mental illness: A review. *Medical Journal of Australia*, 199(3 Suppl),
  S18-22. doi:10.5694/mja11.11145
- **6.** Newman, L., & Birleson, P. (2012). Mental health planning for children and youth: Is it developmentally appropriate? *Australasian Psychiatry*, 20(2), 91-97.
- **7.** Crane, S., & Broome, M. (2017). Understanding ethical issues of research participation from the perspective of participating children and adolescents: A systematic review. *Worldviews on evidence-based nursing*, 14(3), 200-209.
- **8.** Garber, J., Frankel, S. A., & Herrington, C. G. (2016). Developmental demands of cognitive behavioral therapy for depression in children and adolescents: Cognitive, social, and emotional processes. *Annual review of clinical psychology*, *12*, 181-216.
- **9.** Sved Williams, A., & Jonsson-Harrison, M. (2018). Using picture-story books to help families understand turbulent parental emotions in families with small children. *Journal of Parent and Family Mental Health*, *3*(3). doi.org/10.7191/parentandfamily.1009
- 10. Grove, C., Melrose, H., Reupert, A. E., Maybery, D. J., & Morgan, B. (2015). When your parent has a mental illness: children's experiences of a psycho-educational intervention. *Advances in Mental Health*, 13(2), 127 138. https://doi.org/10.1080/18387357.2015.1063637
- **11.** Mendel, M. R., Harris, J., & Carson, N. (2016). Bringing bibliotherapy for children to clinical practice. *Journal* of the American Academy of Child & Adolescent Psychiatry, 55(7), 535-537.
- **12.** Beardslee, W. R., Gladstone, T. R., Wright, E. J., & Cooper, A. B. (2003). A family-based approach to the prevention of depressive symptoms in children at risk: Evidence of parental and child change. *Pediatrics*, 112(2), e119-e131.
- **13.** van Santvoort, F., Hosman, C. M., van Doesum, K. T., & Janssens, J. M. (2013). Children of mentally ill or addicted parents participating in preventive support groups. *International Journal of Mental Health Promotion*, 15(4), 198-213.
- **14.** Dietz, L. J., Weinberg, R. J., Brent, D. A., & Mufson, L. (2015). Family-based interpersonal psychotherapy for depressed preadolescents: Examining efficacy and potential treatment mechanisms. *Journal of the American Academy of Child & Adolescent Psychiatry*, 54(3), 191-199.
- **15.** Piché, G., Villatte, A., Habib, R., & Vetri, K. (2019). FAMILLE+: Un programme d'intervention préventive de groupe pour les parents ayant un trouble dépressif majeur et leurs enfants âgés de 7 à 11 ans. Document inédit, LaPProche, Université du Québec en Outaouais, Québec.
- 16. Institute of Social Emotional Education (ISEE). (n.d.). Retrieved from http://www.me-you-us.org/