

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.¹ 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.^{2,3}

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.^{4,5} 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.⁶ Also, such interventions should be developed with a child-

tered focus and a plan to promote children's active participation in all steps of implementation. Child-centered interventions can promote children's self-determination and reduce stigma,⁷ 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.⁸ The inclusion of books^{9,10} can also help to adapt the content presented to children's developmental abilities.¹¹ 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.^{10,11}

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*¹² and *Play and Talk*,¹³ which are two internationally recognized programs and interpersonal psychotherapy.¹⁴ The intervention was developed by Piché and colleagues¹⁵ 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)¹⁶, 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 activities 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 sub-groups like active listening role plays. The program provides facilitators with training and a complete facilitation package.

Table 1. Structure of the program

Meetings main topic	Format
1. Introduction to the program and sharing	Parallel children and parents' groups
2. Depression education	
3. Parent-child relationship and communication	
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

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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.

Figure 1. Pirate Storybook



Figure 2. Proximity Circle

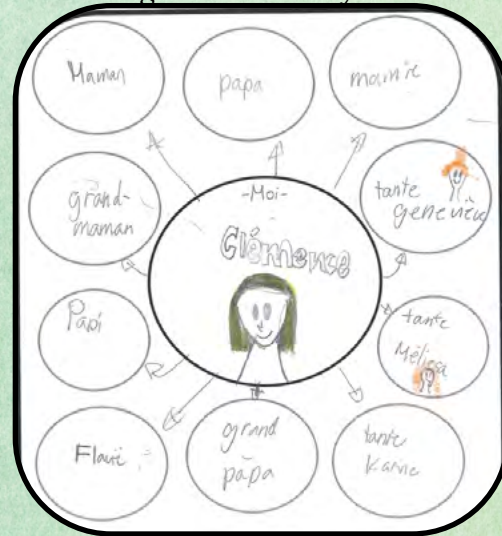
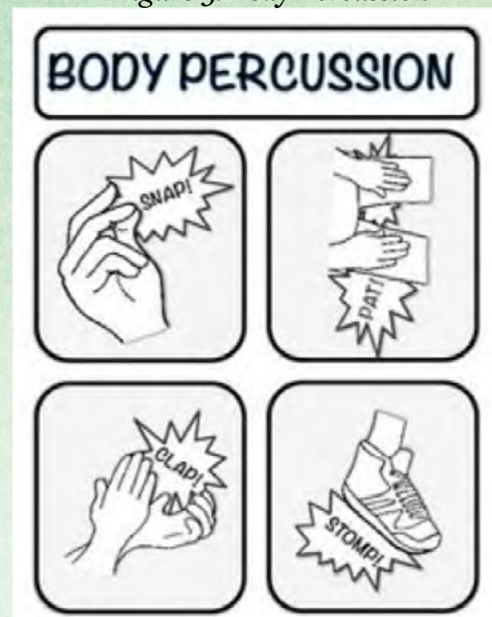


Figure 3. Body Percussion



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