Center for Family Intervention Science

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Center for Family Intervention Science: Goals

- Develop, evaluate, and disseminate empirically tested, family-based treatments for depressed and suicidal adolescents
- Develop and implement web-based mental health screening for adolescents in ambulatory care (ED and Primary care)

Why Family Treatment? Family as Protective Factor

- The family is the most potent developmental and protective context of child development (American Academy of Pediatrics, 2000).
- As with young children, a combination of parental warmth and monitoring are associated with better adolescent functioning, less suicide, and lower depression.

Family as Risk Factor

- Parental depression and drug use, low family cohesion, and poor adolescent attachment are strong risk factors for youth suicide and depression.
- Family conflict often precipitates suicide attempts, preceding 20% of completed suicides and 50% of non-fatal suicidal episodes (Brent et al., 1988).

Family As Safety Net

- We don’t blame families, we strength them
- Family as the medicine
- Improving communication and trust
  - Decreases risk for suicide
  - Increase parents’ ability to monitor safety

Attachment-Based Family Therapy

- ABFT is a brief (~16 week) treatment
- Aims to reestablishing the normative attachment fabric of safety, protection, and availability
- Provides experiential context to learn:
  - new communication skills
  - affect regulation skills
  - interpersonal problem solving skills

Phase One: Strengthen Attachment

- Help adolescent identify what gets in the way of going to parents for support when they feel depressed or suicidal
- Help adolescent communicated these barriers to parents in a reasonable and regulated manner
- Help parents coach their child though these emotionally charged, problem solving conversations.

Phase One Goals

- Trust and communication reemerge
- Family members feel more confident that they can work though difficulty problems together
- Parents work more as a team
- Adolescent feels safe turning to parents for help

Phase Two: Promoting Competency

- Help adolescent get back on developmental track
- Return to school and social activities
- Parents remain a secure base, providing an appropriate balance of support and challenge

From an Attachment Perspective

- Children internalize beliefs about self and expectations of others through the early attachment relationships
- These become internal working models that influence how we see ourselves and what we expect from others

Earning Security

- Helping adolescents identify and articulate avoided content and affect, and getting validation and new information about past and current experiences, allows adolescents to assimilate new, more coherent views of self and other.

Earning Security

- Having these conversations with ones parents may have more existential potency than doing it with a therapist alone.
- Provides opportunity to more directly revise internal working models.

From an Exposure Perspective

- Helping family members have a sustained, emotionally aroused, intimate, experience of successful interpersonal problem solving is a potent learning context.

Five Treatment Tasks

- Relational reframe
- Alliance with the adolescent
- Alliance with the parent
- Reattachment task
- Promoting competency task

Relational Reframe

- Shifting from patient as problem to family relationships as solution
  - “When your daughter becomes suicidal, why doesn’t she come to you for help?”
  - This shift the focus of therapy from behavior management to relationship development

Building Alliance With Adolescents

- Bond: Getting to know the teen
- Goals: Identifying core conflicts
  - Identifying breaches of parental trust
  - Linking depression to family conflict
  - Amplifying entitlement to address felt injustice
- Task: Commitment to and preparation for reattachment task

Building Alliance With the Parent

Bond: Understanding current stressors.

Exploring parent's own history of attachment failures

- Goals: Empowering parents to protect adolescent from another generation of abandonment
- Task: Commitment to reattachment task.

Learning emotional coaching skills

Reattachment Task

- Adolescent disclose and discuss of core conflicts
- Parents offer empathy understanding and acknowledgement
- Mutual responsibility and commitment to change emerge

Competency Promoting Task

- Self esteem as a buffer against stress
  - Identifying appropriate challenges
  - Rebuilding the adolescent's social world
- Parents as a secure base: support & expectation

Results of the first study

- Open trial showed marked decrease in both depression and suicidal ideation in 15 adolescents.

First Randomized Clinical Trial

- NIMH R34 treatment Development grant.
- 32 patients, ABFT or wait list control
- Significant reductions in depression diagnosis and symptoms, suicidal ideation, and anxiety. Increase in family attachment.
- Published in *Journal of the American Academy of Child and Adolescent Psychiatry.*

Second Randomized Clinical Trial

- Preventing Youth Suicide In Primary Care:

  A Family Safety Net Approach

  Center for Disease Control

Youth Suicide Treatment and Prevention Research

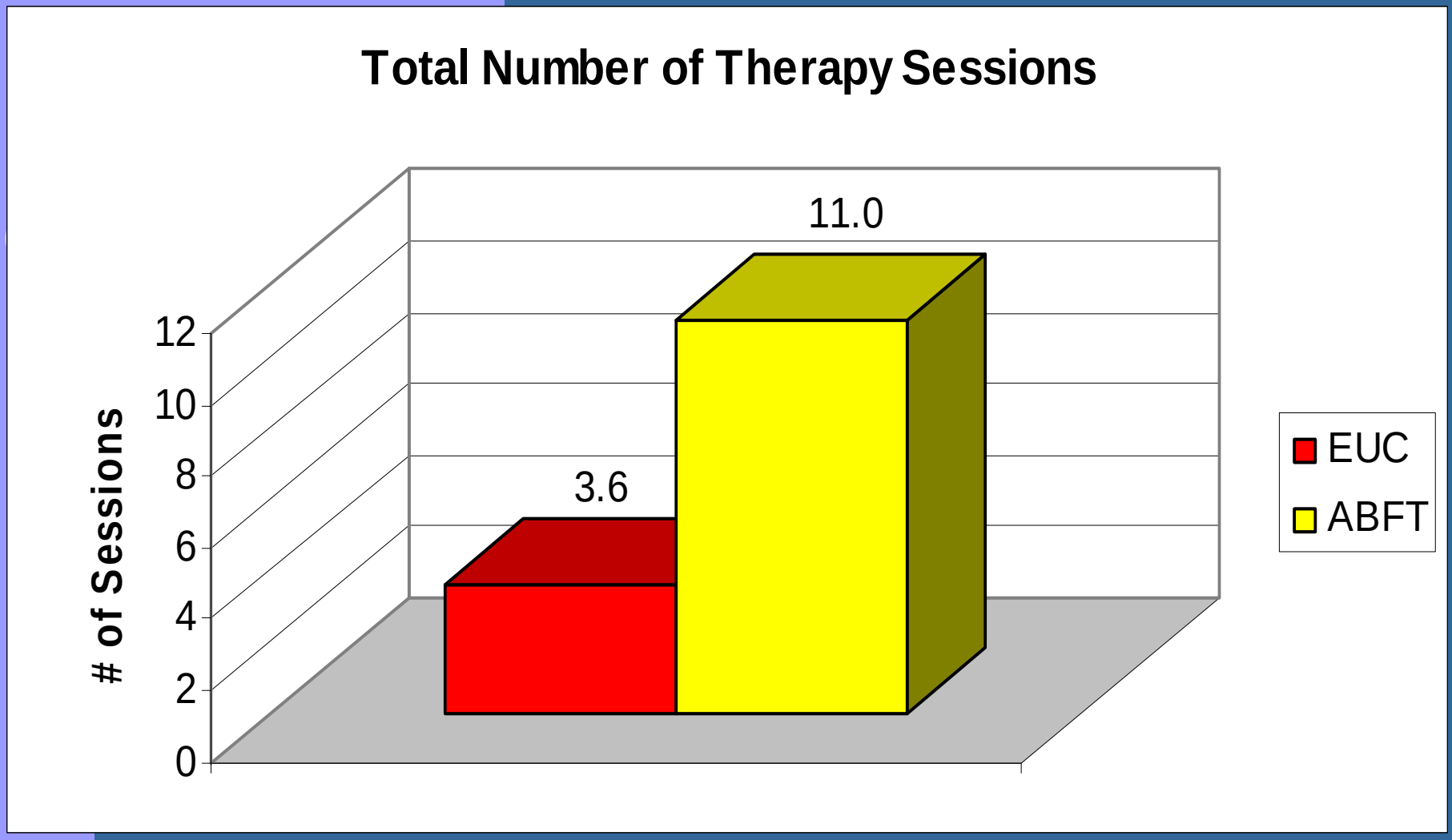
- Only 7 published treatment studies.
- Prevention work is mostly
  - School based
  - Fire arm removal and Community Crisis Centers (Hot lines)
- Very few prevention programs evaluated. When it exist, data is equivocal.

Project Aims

- Commingle mental health services with medical services
- Increase identification and treatment of high risk suicidal adolescents presenting in primary care settings
- Compared 12-16 weeks of Attachment-Based Family Therapy to Enhanced Treatment as Usual (EUC)
- Assessed outcomes at 6, 12, and 24 weeks

Sample

- 66 adolescent randomized to ABFT or EUC
- 70% female, 80% African American
- 50% had previous attempts
- 30% MDD, 80% Anxiety
- 50% reported a history of sexual abuse

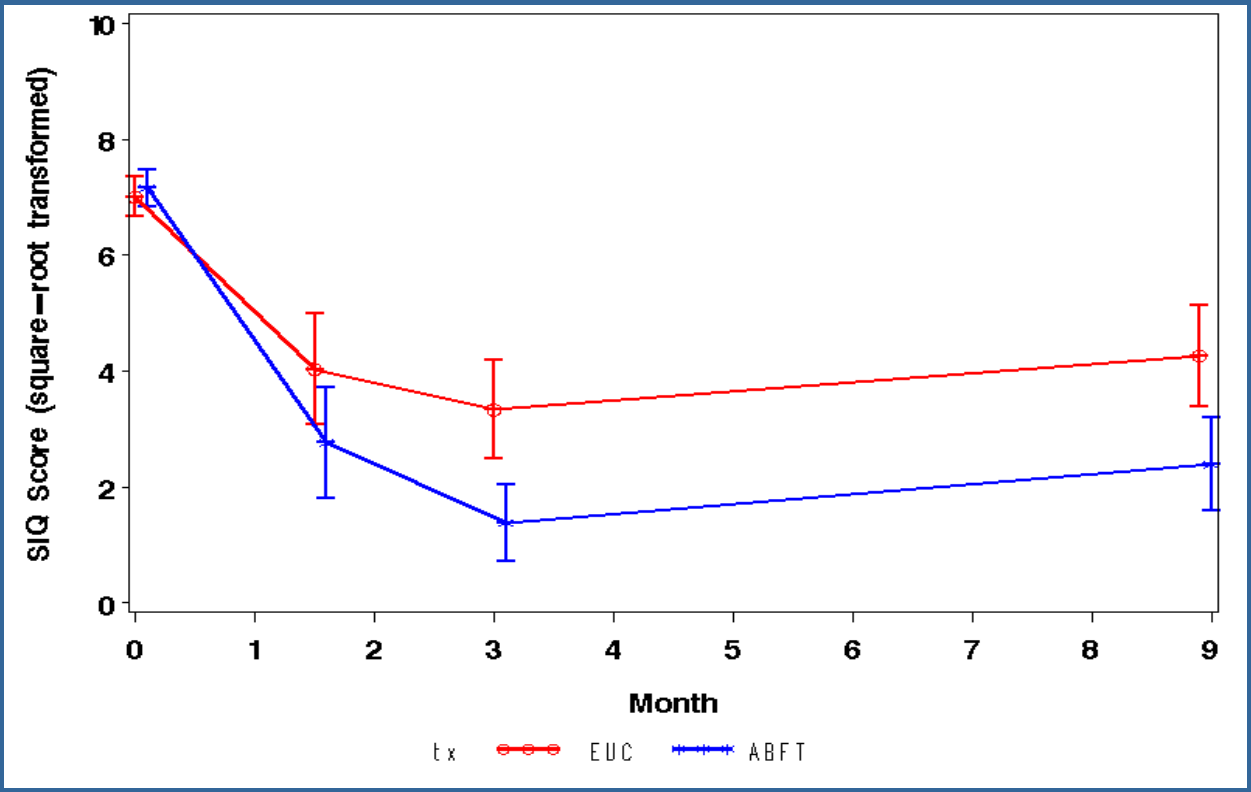


Standard Deviations: 4.1 EUC; 4.2 ABFT
***p* < .001**

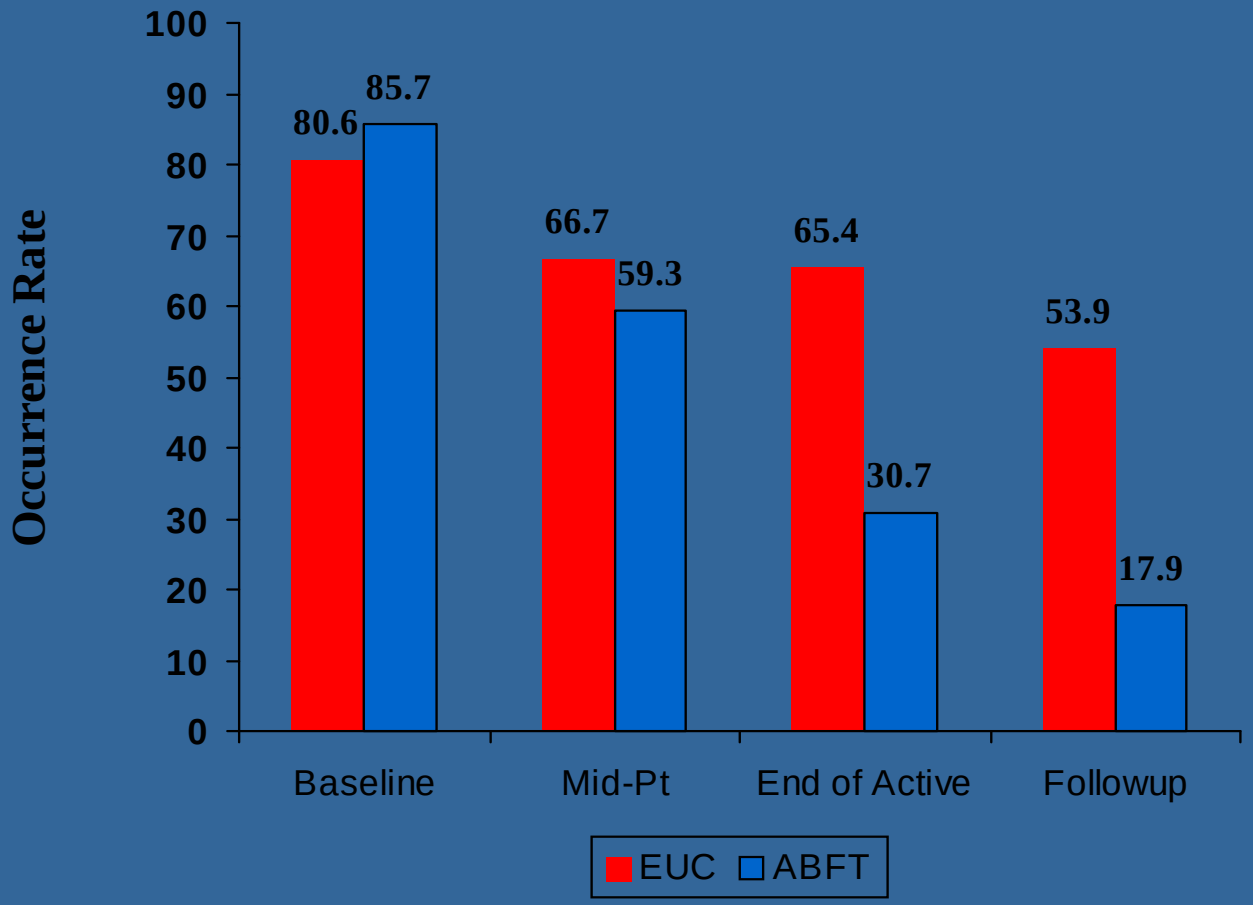
Impact of commingled services on ED referrals

- 82% decrease in referrals to the ED for suicide risk assessment ($\chi^2 = 20.31$, $df = 3$, $p < .001$).
- Of adolescents sent to the ED, an increase from 51% to 100% hospitalized ($\chi^2 = 4.67$, $df = 1$, $p < .05$)

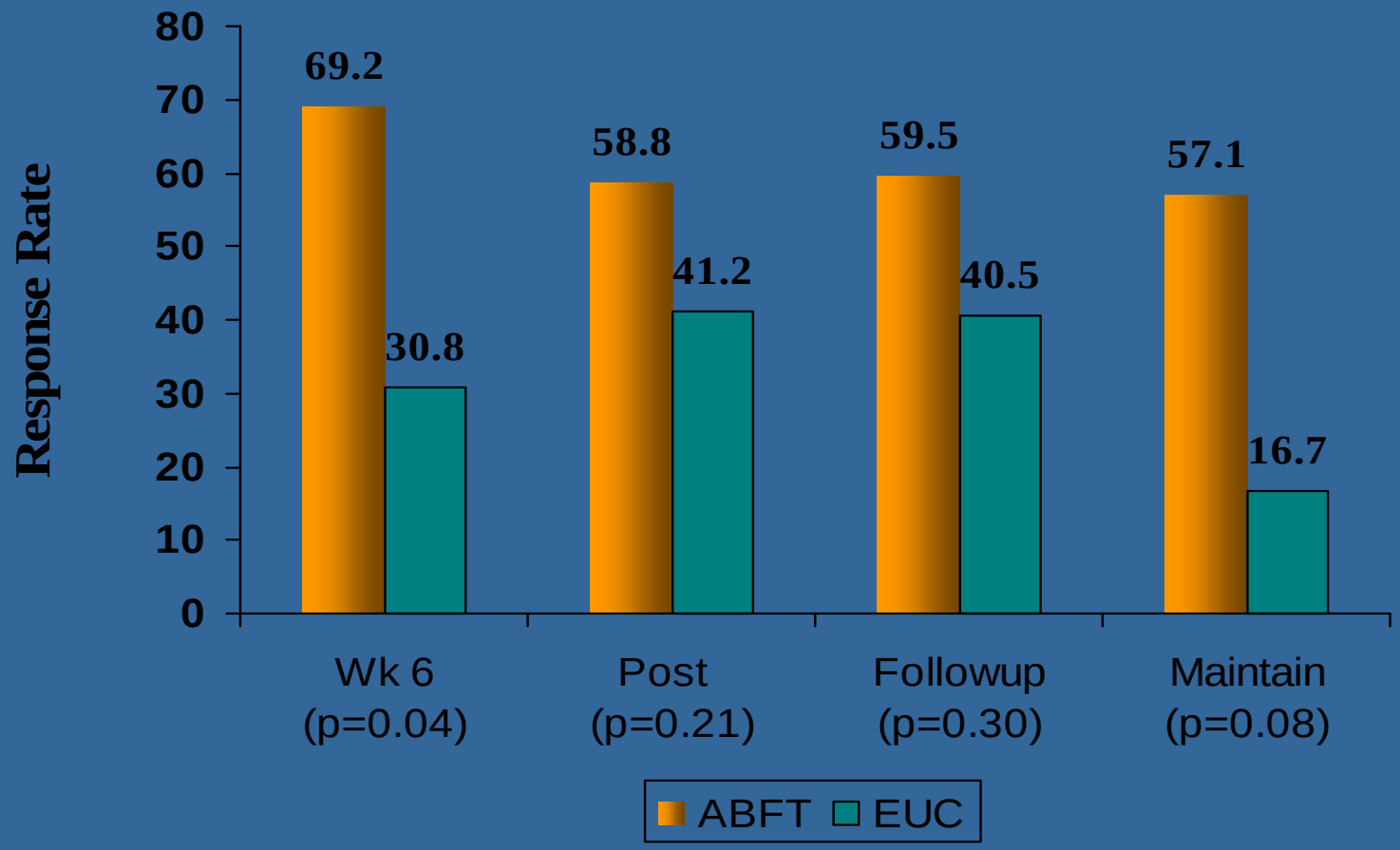
Suicide Ideation (SIQ)



Clinical Recover (SIQ below 12)



BDI Response, 50% Reduction from Baseline



IMPACT!

- First study to show that an experimental treatment is better than treatment as usual for youth suicide.
- Most rigorous study (of three) to show that family treatment maybe an important approach to helping suicidal youth
- Findings published in the *Journal of the American Academy of Child and Adolescent Psychiatry, Feb 2010.*

Current Studies

- ABFT for suicidal youth after discharge from a psychiatric hospital
- ABFT for Gay and Lesbian Suicidal Youth

End