

Opinion-Editorial
**Parents and Caregivers: Protecting Children and Adolescents from
Adult Depressive Disorder through Wise Coping Training**
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On February 3, 2014, I wrote an Opinion Editorial in the *Richmond Times-Dispatch* advocating that Virginia add a prevention strategy to its efforts to “fix” our broken mental and physical health care system. I argued that our present “reactive health care model in Virginia” (i.e. “When you get sick, we’re ready to treat you.”) has significant limitations and is missing a *prevention strategy* that could teach our citizenry to use self-care strategies to prevent getting sick – both mentally and physically. I also proposed ways we could utilize our strong base of existing healthcare personnel, both practitioners and academics, to disseminate and implement a prevention strategy program. I want to go one step further here and propose four prevention strategies to parents and caregivers that are well documented in the psychological research literature and that will protect-buffer children and adolescents from having to face the ravages of Adult Depressive Disorder. These four prevention strategies do not represent new insights. What I’ve realized in my 42-year career is that these strategies are notably *absent* in the learning-developmental histories of most Adult Depressive Disorder patients I’ve treated. Regrettably, Adult Depressive Disorder patients often report that they never learned these prevention tactics during their growing-up years. Here’s what I suggest parents do to enable their children and adolescents to avoid the tribulations of Adult Depressive Disorder.

1. Teach your youth that their behavior (what they do) has specific consequences on everyone they’re around. “To be alive is to have effects on others – everything one does matters!” is an awareness that every child and adolescent must learn. Having effects on others is not a choice anyone has. Rather, the issue is, “What effect on others does one want to have?” A specific awareness of one’s interpersonal effects is also not

automatically learned in most families and school environments. It must be specifically taught or children/adolescents will have little to no awareness of their interpersonal effects. Adult Depressive Disorder is an operational definition of the lived-out pattern: “It doesn’t matter what I do.” Like heck it doesn’t!

2. Teach your children and adolescents that daily living (for everyone) brings unavoidable stress challenges. Every child and adolescent’s life (as is the life of every adult) can be tough, difficult, hard, and sometimes disastrous and next to impossible to cope with. Children and adolescents must be repeatedly taught this lesson and in addition, they must be taught assiduously **HOW TO COPE** with the stress challenges they face. Training begins in the nursery and must continue in the family through high school. Notice I didn’t say, “Life is impossible to cope with” – though sometimes this extreme statement is tragically the case. Children and adolescents must learn *to expect* the stress challenges they confront and learn to cope with the challenges in whatever form they take. The good news about effective coping training is that good coping results in an increased sense of “personal control” which is a major protective-buffer against the felt helplessness that often characterizes Adult Depressive Disorder.
3. Teach your children and adolescents to live a goal-oriented life. Such training must start in the nursery where children learn to pick up their toys. Goals organize and direct behavior. Parents who teach such strategies help their youngsters to begin thinking in *means-end* ways. Means-end thinking denotes that children and adolescents spend a moment considering what their desired outcome goal is in a situation before they do anything – they **STOP, TARGET THE GOAL**, and only then **BEHAVE**. Once again, such a strategy involves long-term teaching; however, such strategies maximize the possibility that youth will be able to recognize the effects of their behavior be it on- or off-target. Adult Depressive Disorder patients have difficulty thinking in goal-directed

terms; thus, they are besieged with hopeless-despair feelings and often conclude that what they do doesn't matter. Many report having never learned how to organize their behavior in goal-directed ways nor learned that their behavior had specific effects on others.

4. Teach your children and adolescents to constantly evaluate the effectiveness of their coping efforts. They must learn to look at "What happened when I did this?" and then learn to correct the mistakes that precluded goal-attainment. Being aware of the consequences of one's behavior directs attention to the *what-I-did-and-what-happened-next* domain which is exactly where one's attention needs to be. Adult Depressive Disorder patients frequently don't know how to evaluate and correct coping mistakes; hence, they orbit endlessly in a "stuck in a rut" lifestyle that's patently ineffective and destructive.

What's ironic here is that some of the athletic coaches who consistently turn out the best teams have taught these learning-coping strategies for years. Similarly, healthy children and adolescents who are trained to cope effectively vis-à-vis difficult stress challenges will be the long-term winners and spend less future health care dollars compared to Adult Depressive Disorder in- and out-care patients who accrue annual direct and indirect medical costs in the neighborhood of 75 billion dollars. Inserting Depression Disorder prevention and other prevention strategies into our Virginia health care model of practice and training may also reduce some of our fears about the escalation of future medical costs. Enlightened parent/caregiver citizens who maintain the quality of their general mental and physical health will also teach children and adolescents to avoid many of the miseries and expenses of getting sick. We know too much today about illness and its prevention to do less.

James P. McCullough, Jr.