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# Screening for Rumination and Brooding May Be a Feasible Method of Identifying Adolescents at High Risk for Depression



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The purpose of this study was to explore the usefulness of a standardized measure of rumination and brooding (Ruminative Response Scale [RRS]), to accurately identify adolescents at risk for depression. Participants ( $N = 111$ ; mean age = 13.06 years) completed standardized measures in a cross-sectional study. ROC analyses yielded high area under the curve estimates for the RRS (.94,  $p < .001$ ) and the brooding subscale (.91,  $p < .001$ ), indicating both are excellent at discriminating between adolescents at high and low risk for depressive symptoms. Findings suggest depression prevention may benefit from screening for and targeting rumination or brooding with adolescence.

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ADOLESCENT DEPRESSION IS a highly recurrent, disabling condition that affects as many as one in six adolescents by age 19 years (Costello, Copeland & Angold, 2011; Thapar, Collishaw, Pine & Thapar, 2012). Longitudinal investigations have documented that elevated depressive symptoms during adolescence increase risk for major depressive episodes later in adolescence and adulthood, anxiety disorders, nicotine and/or alcohol dependence, educational underachievement, unemployment, and early parenthood (Fergusson, Boden & Horwood, 2007; Kessler, 2012; Kessler et al., 2005). The most devastating outcome of depression, suicide, is the 3rd leading cause of death for youth ages 15–24 (Murphy, Xu & Kochanek, 2010). Many of the deleterious consequences related to adolescent depression are a result of the high rate of recurrence (Fergusson, Boden & Horwood, 2007). The probability of a second episode of depression has been reported as high as 40% within 2 years and 70% within 5 years of the initial episode (Curry et al., 2011; Dunn & Goodyer, 2006).

As research findings have highlighted the significant short and long-term morbidity and potential mortality resulting from adolescent depression, emphasis has been placed on routine screening of all adolescents 12 – 18 years of age for depression if adequate resources are in place to ensure appropriate follow-up and treatment (Williams, O'Connor, Eder & Whitlock, 2009). While widespread depression screening will improve identification of adolescents in need of further evaluation and treatment, a limitation to this approach is that a “positive screen” indicates that an adolescent is already experiencing distress.

While the recommendation by the USPSTF (2009) to screen all adolescents for depression is commendable, this practice falls short of a preventive approach, as only when symptoms are identified are interventions typically considered. Secondary prevention strategies such as screening for risk factors for adolescent depression would likely improve identification of at risk adolescents and lead to earlier and more effective interventions. This paper will explore the feasibility of screening for cognitive risk factors for depression, namely rumination and brooding, in order to identify at risk adolescents earlier so prevention efforts can be implemented before depressive symptoms create significant distress.

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## Theoretical Framework and Literature Review

Rumination is defined as a tendency to repetitively and passively focus on symptoms of distress and on the possible causes and consequences of those symptoms (Nolen-Hoeksema, Wisco & Lyubomirsky, 2008). Recent research findings demonstrate that rumination in adolescents is associated with onset of depressive symptoms in addition to increased severity and duration of depressive episodes (Abela & Hankin, 2011; Hong et al., 2010). The mechanisms through which rumination increases risk for depressive symptoms during adolescence have been the focus of much recent research. Rumination has been found to (a) increase the negative effects of stressful life events (Abela & Hankin, 2011; Michl, McLaughlin, Shepherd & Nolen-Hoeksema, 2013), (b) prevent adaptive coping mechanisms such as active problem solving (Giorgio et al., 2010), and (c) contribute to poor social functioning and impaired interpersonal relationships (Pearson, Watkins, Kuyken & Mullan, 2010).

As an exemplar, let us consider an adolescent who tries out for a school play but does not get the part he wanted. This understandably would create a significant amount of distress, but if the adolescent is able to cope with that disappointment in positive ways (e.g., decides to focus on playing basketball or seeks out the advice of the director on how to improve his performance for the next audition) the distress may be minimized. This positive approach to coping with disappointment and loss is a valuable life skill that may be utilized in other similar situations in the future. If, however, the adolescent continues to ruminate on this failure, wondering how the situation might have been different, yet not taking positive steps to resolve this dissonance, the effects of the distress will likely be amplified.

Rumination has been conceptualized as containing two types of self-focus, brooding and reflection (Arney et al., 2009; Treynor, Gonzalez & Nolen-Hoeksema, 2003). Reflection is proposed to be an adaptive form of self-focus that facilitates cognitive problem solving through contemplation and introspection. Brooding, conversely, is the maladaptive self-focus characterized by gloomy, moody pondering. Research findings support the two subtype conceptualizations and suggest that both reflection and brooding may be associated with depressive symptoms at a single time point. Tendency to engage in brooding thoughts, however, predicts the development of depressive symptoms over time (Arney et al., 2009; Burwell & Shirk, 2007; Jose & Weir, 2013).

Considering these subtypes within the context of the exemplar provided above, the adolescent's thoughts are consumed by the event immediately following the disappointing news. These thoughts could take the form of self-reflection as he goes over the audition in his mind. He could take note of his strengths and weaknesses, compare his performance with that of his peers, and identify areas where he could improve. Conversely, these thoughts could take more of a brooding quality with thoughts such as, "Why does

this always happen to me?" and "Why am I not good enough?" Rather than weighing the positives and negatives of his performance or reflecting on how to improve in the future, he maintains stuck in a cycle of gloomy thoughts focused on the disappointment.

## Prevention of Depression in Primary Care

Routine screening for depressive symptoms in adolescent patients should be standard practice; however, this approach does not emphasize the prevention focus recommended by the Surgeon General's National Prevention Council (2011), the Institute of Medicine (2009), and the National Institute of Mental Health (2008). Screening for maladaptive ruminative or brooding thoughts would constitute a secondary prevention measure allowing for earlier identification of youth at risk for depression, earlier interventions, and improved outcomes. Screening older children and adolescents for rumination may be useful for several reasons: (a) rumination is a specific cognitive characteristic that could be targeted for intervention, (b) identification of rumination is potentially less stigmatizing than depression, and (c) identification of youth at high risk for depression may lead to earlier intervention and improved adolescent outcomes.

Screening for ruminative response style in adolescents has not been part of standard primary care practice but may be a useful depression prevention strategy. A well validated tool assessing rumination, the Ruminative Response Scale (RRS), has been utilized primarily for research purposes. The RRS is a 22-item measure that takes adolescents approximately 10 minutes to complete. The brooding subscale contains 5-items from the RRS that specifically assess brooding thoughts and takes approximately 2 to 3 minutes to complete. Efficiency and expediency are paramount in a busy primary care setting, yet adequate sensitivity and specificity must be maintained.

## Purpose

The purpose of this study was to explore the potential usefulness of a frequently used measure of rumination (i.e., the Ruminative Response Scale [RRS]) to accurately identify adolescents with elevated levels of depressive symptoms and to suggest potential RRS threshold values that may classify adolescents at high risk for depression. A secondary purpose was to explore the ability of the brooding subscale from the RRS that specifically assesses brooding to accurately identify adolescents with elevated levels of depressive symptoms. Comparison of the threshold values on these two scales will determine whether it may be feasible to utilize the 5-item brooding subscale as a risk screen for depressive symptoms.

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