



Beck's cognitive theory and the response style theory of depression in adolescents with and without mild to borderline intellectual disability



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ARTICLE INFO

Numbers of reviews completed is 3

Keywords:

Mild intellectual disability
Adolescent
Depression
Cognitive behavior
Response styles
Cognitive theory

ABSTRACT

Aim: This study tests the validity of Beck's cognitive theory and Nolen-Hoeksema's response style theory of depression in adolescents with and without MBID.

Methods: The relationship between negative cognitive errors (Beck), response styles (Nolen-Hoeksema) and depressive symptoms was examined in 135 adolescents using linear regression.

Results: The cognitive error 'underestimation of the ability to cope' was more prevalent among adolescents with MBID than among adolescents with average intelligence. This was the only negative cognitive error that predicted depressive symptoms. There were no differences between groups in the prevalence of the three response styles. In line with the theory, ruminating was positively and problem-solving was negatively related to depressive symptoms. Distractive response styles were not related to depressive symptoms. The relationship between response styles, cognitive errors and depressive symptoms were similar for both groups.

Conclusion: The main premises of both theories of depression are equally applicable to adolescents with and without MBID. The cognitive error 'Underestimation of the ability to cope' poses a specific risk factor for developing a depression for adolescents with MBID and requires special attention in treatment and prevention of depression.

What this paper adds?: Despite the high prevalence of depression among adolescents with MBID, little is known about the etiology and cognitive processes that play a role in the development of depression in this group. The current paper fills this gap in research by examining the core tenets of two important theories on the etiology of depression (Beck's cognitive theory and Nolen-Hoeksema's response style theory) in a clinical sample of adolescents with and without MBID. This paper demonstrated that the theories are equally applicable to adolescents with MBID, as to adolescents with average intellectual ability. However, the cognitive bias 'underestimation of the ability to cope' was the only cognitive error related to depressive symptoms, and was much more prevalent among adolescents with MBID than among adolescents with average intellectual ability. This suggests that underestimating one's coping skills may be a unique risk factor for depression among adolescents with MBID. This knowledge is important in understanding the

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<http://dx.doi.org/10.1016/j.ridd.2017.07.015>

Received 24 January 2017; Received in revised form 18 June 2017; Accepted 18 July 2017

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causes and perpetuating mechanisms of depression in adolescents with MBID, and for the development of prevention- and treatment programs for adolescents with MBID.

1. Introduction

Depression is one of the most prevalent mental health disorders among adolescents (Merikangas et al., 2010). It is associated with disability and dysfunction on multiple aspects of life, including academic performance, peer and family functioning (Birmaher et al., 1996; Gotlib, Lewinsohn, & Seeley, 1995) and suicide (Bridge, Goldstein, & Brent, 2006). As compared to adolescents with average intellectual ability, adolescents with mild to borderline intellectual disability (MBID; IQ between 55 and 85) are particularly at risk for depression; they have a 4- to 6-fold higher risk to develop a depressive disorder at adult age (Cooper, 1996; Meins, 1993; Richards et al., 2001). Moreover, depression tends to run a chronic course in people with MBID (Richards et al., 2001) and suicidal behavior is more common than in people with average intellectual ability (Merrick, Merrick, Lunsky, & Kandel, 2006). Despite its prevalence and impact, little is known about the etiology and treatment of depression in this specific population. This knowledge is important however to better understand the risk and perpetuating factors, and to develop effective treatment strategies. The present study aimed to contribute to that knowledge by testing the core tenets of two of the most important and widely studied cognitive-behavioral theories of depression in an adolescent MBID population: Beck's theory of depression (1967), and Nolen-Hoeksema's response style theory of depression (1991). A second aim was to examine structural differences in these explanatory models for depression between adolescents with MBID and adolescents with average intellectual ability.

1.1. Beck's cognitive theory

Beck's cognitive theory states that emotional disturbances, such as anxiety and depression, emerge from dysfunctional information processing. Through interaction between their individual vulnerabilities and stressors in the environment, children may develop negative cognitive structures or 'schemata'. In the presence of new life stressors, these schemata are activated and generate automatic and erroneous negative thoughts about the self, the environment, and the future (Beck, 1967). These persistent negative thoughts and beliefs, maintained by the underlying maladaptive cognitive structures, eventually lead to the affective and behavioral symptoms of depression such as sadness, hopelessness, motivation problems and regressive behavior. Regarding the biases in information processing, five typical cognitive distortions or errors are hypothesized to play a role in depression: (a) arbitrary inference (drawing a specific negative conclusion from no or insufficient evidence, or evidence that opposes the conclusion); (b) selective abstraction (focusing exclusively on negative aspects of the situation, thereby ignoring other, more salient aspects); (c) overgeneralization (drawing a general conclusion about the self or the world based on a single event); (d) minimizing/maximizing (exaggerating or minimizing the significance of an event); and (e) personalizing (relating negative external events to oneself). Although these cognitive errors may also occur in healthy individuals; in people with depression the cognitive errors continually result in persistent negative conclusions about the self (Clark & Beck, 1991).

The key notion of Beck's theory, the concept of structural negative cognitive errors that cause depressive symptoms, has received wide empirical support. Cognitive distortions are related to depressive symptoms in children (Kendall, Stark, & Adam, 1990; Rudolph & Clark, 2001) and predict depressive symptoms in adolescents (Carter & Garber, 2011; Garber, Keiley, & Martin, 2002; Kingery et al., 2009; Schwartz & Maric, 2015). Youth diagnosed with major depression endorse significantly more cognitive errors than non-depressed youth (Kendall et al., 1990; Stevanovic et al., 2016). Depressed girls show more cognitive errors than depressed boys (Kingery et al., 2009), but cognitive errors seem independent of age (Kingery et al., 2009). To the best of our knowledge, no studies have examined Beck's theory among adolescents with MBID to test whether the same cognitive errors contribute to depression.

1.2. Nolen-Hoeksema's response style theory of depression

The response style theory of depression posits that children and adolescents respond to their depressed moods in a stable and structured manner (a 'style'), and that the way they respond affects the severity and duration of depressive moods (Nolen-Hoeksema, 1991). Nolen-Hoeksema (1991) distinguished three response styles: a ruminative, distractive and problem-solving response style. A ruminative response style, in which an individual focuses on his or her own negative emotions and their cause, without making any effort to find relief or to tackle the underlying problem, would lead to a more severe and longer duration of depressed moods (Nolen-Hoeksema, 1991). A distractive response style, in which a person engages in distracting and reinforcing activities in response to a depressed mood, would decrease the duration and severity of a depressed mood. A problem-solving response style, in which a person displays behavior aimed to solve problems, would also alleviate depressive symptoms. Problem-solving skills may, however, be hampered by the negative cognitive biases associated with a depressed mood. Thus, a distractive response style may be a better preliminary strategy to cope with depressed moods.

In support of Nolen-Hoeksema's theory, several studies have shown that a ruminative response style predicts increases in self-reported depression among children (Abela, Bronzina, & Haigh, 2002; Aldao, Nolen-Hoeksema, & Schweizer, 2010; Broderick & Korteland, 2004) and adolescents (Burwell & Shirk, 2007; Grabe, Hyde, & Lindberg, 2007; Muris, Fokke & Kwik, 2009;

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