



International Journal of Clinical and Health Psychology

www.elsevier.es/ijchp



ORIGINAL ARTICLE

Parental and individual predictors of trajectories of depressive symptoms in Chilean adolescents



Patricio Cumsille^{a,*}, M. Loreto Martínez^a, Viviana Rodríguez^b, Nancy Darling^c

^a Pontificia Universidad Católica de Chile, Chile

^b Universidad de Valparaíso, Chile

^c Oberlin College, USA

Received 19 February 2015; accepted 24 June 2015

Available online 1 August 2015

KEYWORDS

Depressive symptoms;
Adolescence;
Trajectories;
Growth mixture modeling;
Ex post facto study

Abstract Depressive symptoms are prevalent in adolescence, but not all adolescents experience the same level or evolution of symptoms, suggesting the need to identify differences in trajectories of symptoms. We used Growth Mixture Modeling to analyze different trajectories of depressive symptoms in a sample of 1,072 Chilean adolescents (12–15 years old, 54% female). First, a baseline model was selected and then adolescent irritability, maternal warmth, demandingness and disrespect were introduced to the model as predictors of class membership. Four latent class trajectories of depressive symptoms were identified: high persistent (12%), low stable (56%), high decreasing (15%) and low increasing (17%). Low stable was the most prevalent class, and was characterized by higher maternal warmth and lower maternal disrespect and adolescent irritability while high persistent was characterized by the opposite maternal characteristics. Significant gender differences in class membership were observed. The results highlight the importance of identifying different trajectories of depressive symptoms and specific predictors of each trajectory. The association of parenting dimensions with trajectories of persistent depressive symptoms provides evidence that parenting can serve as both a protective and risk factor for adolescent adjustment.

© 2015 Asociación Española de Psicología Conductual. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

PALABRAS CLAVE

Síntomas depresivos;
adolescencia;
trayectorias;

Predictores individuales y familiares de diferentes trayectorias de sintomatología depresiva en adolescentes chilenos

Resumen La sintomatología depresiva es prevalente durante la adolescencia, pero no todos los adolescentes experimentan el mismo nivel y evolución de esta sintomatología, lo que sugiere la necesidad de identificar diferencias en las trayectorias de los síntomas. Usando Growth

* Corresponding author: Escuela de Psicología, Pontificia Universidad Católica de Chile, Vicuña Mackenna 4860, Santiago, Chile (Chile).
E-mail address: pcumsill@uc.cl (P. Cumsille).

clases de crecimiento latentes; estudio ex post facto

Mixture Modeling analizamos diferentes trayectorias de síntomas depresivos en 1.072 adolescentes chilenos (12-15 años, 54% mujeres). Primero, se seleccionó un modelo basal y luego se utilizó la irritabilidad del adolescente, la calidez, demanda y falta de respeto de la madre como predictores de la pertenencia a las clases. Se seleccionó un modelo con 4 clases latentes de síntomas depresivos: alta persistente (12%), baja estable (56%), alta decreciente (15%) y baja creciente (17%). La clase baja estable fue la más prevalente y se caracterizó por alto nivel de calidez maternal y bajo nivel de falta de respeto materna e irritabilidad del adolescente, en tanto que la clase alta persistente presentó características opuestas (baja calidez y alta demanda materna e irritabilidad del adolescente). Se observaron diferencias en la prevalencia de clases por sexo. Estos resultados resaltan la importancia de identificar diferentes trayectorias de síntomas depresivos y sus predictores. La asociación entre las dimensiones parentales y las trayectorias de síntomas depresivos persistentes provee evidencia de que los comportamientos parentales pueden servir, tanto como factores protectores como de riesgo.

© 2015 Asociación Española de Psicología Conductual. Publicado por Elsevier España, S.L.U. Este es un artículo Open Access bajo la licencia CC BY-NC-ND (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Depressive symptoms in adolescence are of concern because of its association with long-term health outcomes (Costello, Swendsen, Rose, & Dierker, 2008; Keenan-Miller, Hammen, & Brennan, 2007; Ramiro, Teva, Bermúdez, & Buela-Casal, 2013), the emergence of major depressive disorders (Georgiades, Lewinsohn, Monroe, & Seeley, 2006), and their overall developmental significance. Poor mental health in adolescence impedes the development of social, cognitive, and psychological competencies that predict adaptation in young adulthood (Diamantopoulou, Verhulst, & Van der Ende, 2011; Zappitelli et al., 2013). Findings from studies in diverse samples (i.e., North American, European and South American) consistently reveal a high prevalence of depressive symptoms in adolescents (Abela & Hankin, 2011; Cumsille & Martínez, 1997; De la Barra, Vicente, Saldivia, & Melipillán, 2012; Roberts, Lewinsohn, & Seeley, 1995). In Chile, depression is a highly prevalent and disabling condition, ranked the second most common cause of disease burden (Vicente, Saldivia, de la Barra et al., 2012). Comparison of prevalence rates in adulthood suggested that depression is more common in Chile than in European or other South American countries, a finding usually attributed to rapid changes in socio-political context and lifestyles in Chile (Stapinski et al., 2013). However, it is not the presence of depressive symptoms at a single moment of time that is of concern but the persistence of symptoms over time. Cross-sectional analyses of depressive symptoms may capitalize on measurement error (lead to misinterpretations) as adolescent mood is both more volatile and shows more extreme high and lows than that of adults (Larson & Csikszentmihalyi, 1980). Because depressed mood may be transient in adolescence, it is important to distinguish between temporary highs and lows in mood from depressive symptoms that persist over time.

Early studies in adolescents examined subtypes of depression as states rather than as processes that unfold over time (Stoolmiller, Kim, & Capaldi, 2005). Timing of pubertal events (Angold & Costello, 2006; Hamilton, Hamlet, Stange, Abramson, & Alloy, 2014), changes in the brain system that regulates affect and behavior around puberty (Paus, 2005; Steinberg, 2005), and contextual factors associated to depressive mood in adolescence (Balluerka, Aritzeta, Gorostiaga, Gartzia, & Soroa, 2013) call for a

dynamic analysis of variation of depressed mood symptoms over time. Findings based on cross-sectional analyses implicitly assume stability of symptoms. In contrast, designs with repeated assessments of the same adolescents are keen to model changes in patterns of depressive symptoms (Brendgen, Wanner, Morin, & Vitaro, 2005; Costello et al., 2008; Diamantopoulou et al., 2011; Wickrama, Wickrama, & Lott, 2009) and to examine how individual and contextual factors predict trajectories.

Preliminary evidence of heterogeneity in the course of depressive symptoms during adolescence comes from studies with U.S. adolescents. In a sample of 206 males ages 15-24 years, Stoolmiller et al. (2005) identified four classes of depressive symptoms (i.e., very low, moderate decreasing, high decreasing and high persistent). Membership in the high persistent class was predicted by low family income, low childhood academic achievement, high childhood depressive symptoms, high negative life events, and high number of changes in parental figures during childhood. Members of the high decreasing and high persistent classes displayed elevated rates of lifetime major depressive disorders in emerging adulthood when compared to members of the moderate and low classes.

Based on a sample of 11,500 youth (ages 12-19) from the National Longitudinal Study of American Adolescent Health, two separate studies examined trajectories of depression. Costello et al. (2008) modeled four distinct classes of depressed mood trajectories from 12 to 25 years, namely *no depressed mood*, *stable low*, *early declining*, and *late escalating*. Predictors of membership in any of the three trajectories of depressed mood included gender (female), ethnic minority status, delinquent behavior, and adolescent substance use. Higher socioeconomic status, residing in a two-parent household, higher perceived social connection (to parents, peers and school), and higher self-esteem were associated with a greater likelihood of belonging to the no depressed mood trajectory compared to the depressed mood trajectories (Costello et al., 2008). Similarly, Wickrama et al. (2009) modeled four depressive symptoms trajectories in adolescents from 13 to 23 years that they labeled *chronically high*, *consistently low*, *increasing*, and *decreasing*. Controlling for demographic characteristics, adolescents following different depressive mood trajectories differed in

Download English Version:

<https://daneshyari.com/en/article/879931>

Download Persian Version:

<https://daneshyari.com/article/879931>

[Daneshyari.com](https://daneshyari.com)