

Source: Duggal, S., Carlson, E. A., Sroufe, L. A., & Egeland, B. (2001). Depressive symptomatology in childhood and adolescence. *Development and Psychopathology*, 13, 143-164.

This longitudinal project contributes to previous research suggesting that the origins of childhood-onset depression may differ from adolescent-onset depression—even though symptomatology may appear similar. According to the authors, very little longitudinal data exist on early life experiences between caregiver and child and their relation to depression in youth. This study contributes significantly to that research, while also enriching our understanding of the relationship between early family environment and depression among children and adolescents.

The sample consisted of 168 children who came from families with low socioeconomic status. Children were between the ages of 0-17, and mothers ranged in age from 15-34 ($M = 21$). Well over half (63%) of the mothers were single, and 35% had not completed high school at the time of their child's birth. Most families were Caucasian (84%), followed by African American (11%), and American Indian or Latino (5%).

In this study, the authors utilize a variety of instruments, checklists, and diagnostic interviews involving mothers, teachers, and the child. The study also provides a “major methodological advance” (p. 146) by using an observational approach to determine the degree of emotional support provided by the mother during the first 3.5 years of the child's life. Adolescent interactions with mothers were also observed with a similar goal in mind.

Findings indicate that almost one-third (32%) of youth were found to have depression in childhood, adolescence, or both. Of these youth, 24 showed depressive symptomatology in childhood only (13 males, 11 females), 22 were found to be depressed during adolescence only (10 males, 12 females), and 8 youth (3 males and 5 females) were depressed during both childhood and adolescence. Gender ratios for depression supported previous findings, in which males were less likely to be depressed during adolescence than females. For example, depression was found in 18% of male children and in 21% of female children, but by adolescence, those figures had changed to 14% and 22%, respectively. Furthermore, 16% of females developed depression in adolescence, compared to 11% of males. Finally, 31% of females depressed in childhood showed depression in adolescence as well, while this was true for only 19% of the males.

Results also suggest that, among children, depression significantly correlated with general family environment (i.e., maternal depression, lack of supportive early care, lack of parenting support, abuse, and early maternal stress, p. 154). However, adolescent-onset depression only correlated with maternal depression and lack of supportive early care. Among these adolescents, it should be noted that maternal depression was highly correlated with depression in adolescent females, while early care seemed particularly predictive of depression among adolescent males.

Overall, 19% of the youth studied showed significant levels of depression during childhood, and 18% began to show symptoms in adolescence. The authors suggest that these figures must be interpreted in light of the high risk status of the sample. They indicate that, “the instability in family circumstances and considerable number of stressors experienced by this sample are likely to have affected the overall emotional climate in the family, increasing the likelihood of depressive disorder in childhood and resulting in a rate of childhood depression toward the upper end of the range generally observed in epidemiological studies.” (p. 157).

To conclude, the authors indicate that there may be multiple pathways to depression that involve a wide variety of antecedent factors. They note that interventions aimed at deficiencies in family supportiveness in the early years, interventions targeting clear cases of physical or sexual abuse, and interventions to address maternal depression are all likely to benefit children as well as mothers.