Family Predictors of Depressive Symptom Trajectories in Adolescents

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BACKGROUND

❖ Family functioning may guard against depression in adolescence, a developmental period marked by increasing rates of the disorder.

❖ The Circumplex model posits that:

- Optimal levels of family cohesion and adaptability provide the support, structure, and boundaries needed for healthy development.

- Communication is thought to facilitate support and closeness, as well as movement across dimensions of the Circumplex model.

❖ Depressive symptoms likely follow heterogeneous courses across adolescence, but research has not investigated how family functioning may predict symptom trajectories from middle to late adolescence.
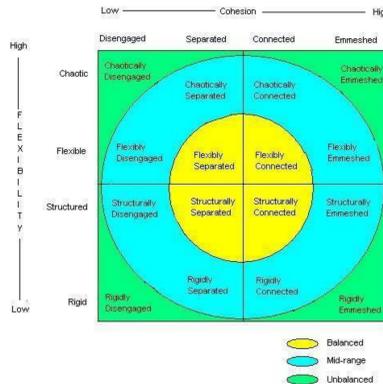
OBJECTIVES

1. To identify latent developmental trajectories of depressive symptoms in adolescent girls and boys.

2. To examine the associations between family functioning at baseline and membership in depressive symptom trajectories.

METHODS

Participants:

❖ 753 10th and 11th grade students recruited from suburban public high schools in the Mid-Atlantic region of the U.S.

❖ 54% girls; 58% non-Hispanic White; Age: M=16.1, SD=0.8 yrs.

❖ 95% lived with 1+ biological parent, and 55% lived with both.

Procedure:

❖ Self-report questionnaires were administered in schools during one class period in the spring of 2007 (Time 1), 2008 (Time 2), and 2009 (Time 3).

METHODS

Measures:

❖ Center for Epidemiological Studies Depression Scale for Children (CES-DC): depressive symptoms in the past week at Times 1-3.

❖ Family functioning measures at Time 1:

- Parent Limit Setting Scale Measure (PLSM): parental discipline style and monitoring of adolescent behavior.

- Family Satisfaction Scale (FSS): level of satisfaction with overall family cohesion and adaptability.

- Parent-Adolescent Communication Scale (PACS): open communication and problems in communication in regard to mothers and fathers, individually.

RESULTS

Figure 1. Growth mixture modeling revealed the presence of 4 latent classes of depressive symptom trajectories.

Fit indices (BIC, cAIC, LMR-LRT, BLRT, entropy) converged to suggest that a 4-class solution provided the best fit. The average posterior probabilities suggested very good classification accuracy (.87-.98).
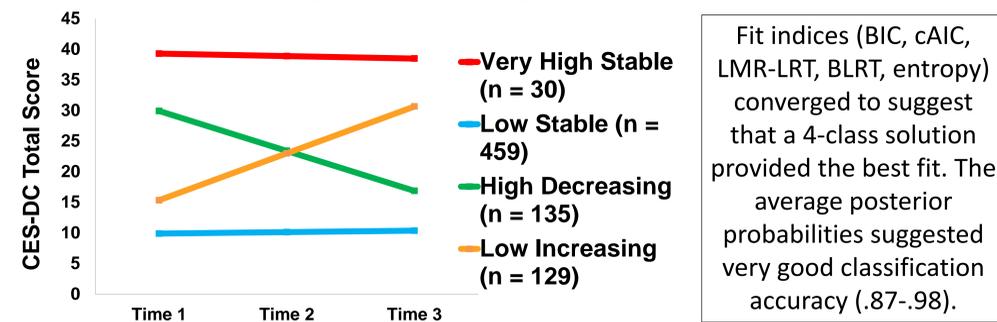
Table 1. Greater parent limit setting was associated with lower odds of being in the high stable trajectory class, whereas higher cohesion and adaptability was linked to decreased odds of membership in the high decreasing trajectory class.

	High Stable	High Decreasing	Low Increasing
Parent Limit Setting	-0.09 ± 0.04*	-0.05 ± 0.03	-0.03 ± 0.03
Family Cohesion	-0.05 ± 0.03	-0.04 ± 0.02*	-0.02 ± 0.02
Family Adaptability	-0.10 ± 0.05	-0.12 ± 0.04**	-0.04 ± 0.03

RESULTS

Table 2. Communication with mothers and fathers were differentially associated with membership in depressive symptom trajectory classes.

	High Stable	High Decreasing	Low Increasing
Mother: Open	-0.02 ± 0.03	-0.07 ± 0.02***	-0.03 ± 0.01**
Mother: Problem	0.18 ± 0.06**	0.05 ± 0.02**	0.01 ± 0.01
Father: Open	-0.01 ± 0.04	-0.04 ± 0.01**	0.02 ± 0.01
Father: Problem	0.08 ± 0.04	0.06 ± 0.02***	0.02 ± 0.01

Table Notes: The "Low Stable" trajectory class served as the reference class in multinomial logistic regression analyses. Analyses adjusted for age, gender, race/ethnicity, and parental education status. No gender differences in associations emerged. * $p < .05$; ** $p < .01$; *** $p < .001$.

CONCLUSIONS

❖ Results indicate that family functioning differentially predicted adolescents' likelihood of membership in high-risk latent depressive symptom trajectories.

❖ Findings highlight the value of parental warmth and flexibility alongside limit setting for decreasing risk of being in trajectories that start with high initial depressive symptoms.

❖ Maternal communication had more consistent and robust relationships for predicting depressive symptom trajectories than father communication. This pattern is consistent with work suggesting that mothers play more of a nurturing or emotionally supportive role than fathers, which may enable mothers to contribute more directly to risk and resilience for depressive symptoms in adolescents.