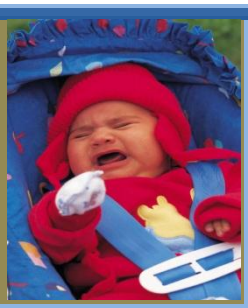
KIT
"Keeping In Touch"
November 2011



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Resource Article

Does infant temperament play a role in the manifestation of depression-like symptoms in toddlers? This month's KIT resource article, "Early Manifestations of Childhood Depression: Influences of Infant Temperament and Parental Depressive Symptoms," addresses this topic. Garstein and Bateman completed a longitudinal study of 83 infants and their parents to determine how infant temperament and parent characteristics contribute to toddler depression-like symptoms. They were principally interested in knowing what factors may predict toddler depressive symptoms and whether or not infant temperament could moderate the effects of maternal depression on toddler depressive symptoms.

Two phases were used to collect longitudinal data. During the baseline phase an equal number of parents with infants ages 3, 6, 9, or 12 months were selected. The Infant Behavior Questionnaire Revised (IBZ-R) was administered to measure infant temperament and parents completed the Parental Stress Index (PSI) to measure maternal depressive symptoms during the infancy stage of their child's development. During the follow-up phase, toddlers ranged in ages from 18-34 months. Toddler temperament was measured using the Early Childhood Behavior Questionnaire (ECBQ) and toddler depression-like symptoms were measured using the Child Behavior Checklist (CBCL).

Results suggested that infant temperament was highly correlated with depression-like symptoms in toddlers. In particular, an infant's capacity to regulate, the level of an infant's negative emotionality, and the level of a toddler's negative affectivity were all found to be contributing temperament factors in toddler depressive symptoms. Infants with a higher capacity to regulate themselves were found to demonstrate fewer depressive symptoms in toddlerhood as were infants with lower negative affectivity. Infants with higher negative emotionality were found to demonstrate higher levels of depressive-like symptoms as toddlers. Those infants with mothers who had depression and/or anxious/depressed syndrome were more likely to demonstrate depression-like symptoms during toddlerhood – regardless of the infant and toddler temperament characteristic. Additionally, maternal depression need not be at clinical levels to predict depressive problems in toddlers. When examined as a whole, negative affect appeared to have the strongest predictive value on a toddler's depressive-like symptoms.

The results of this study reinforce the importance of providers attuning to possible signs of depression in the families early intervention supports. The authors remind us that indicators of possible depression in young children may include children displaying sad

expressions, having sleeping and/or eating problems, demonstrating difficulty attending, being irritable, and crying frequently.

Gartstein, M. A., & Bateman, A. E. (2008). Early Manifestations of Childhood Depression: Influences of Infant Temperament and Parental Depressive Symptoms. Infant and Child Development, 17, 223-248.

On the WWW

The web resource this month comes from the Child Trauma Academy. This site provides a mini course on bonding and attachment in maltreated children. The course is free and includes helpful information that can be used within the context of early intervention. The link to the course follows.

http://www.childtraumaacademy.com/bonding_attachment/index.html

What Do the Data Say?

What is the status of teenage birth rates?

The National Center for Health Statistic compiled information on teenage birth rates in the United States. This eight-page brief highlights birth rate disparities by state and those among racial and ethnic populations. Teenage birth rate is defined as the number of births to women aged 15 – 19 years per 1000 women aged 15 – 19 years.

Since 1991, excluding a two year period from 2005-2007, teenage birth rates have declined each year in the United States. Teenage birth rates ranged from less than 25 per 1000 to more than 60 per 1000, with an average birth rate of 41.5 for the United States. The highest rates of teenage birth rates were found in Southern states; and the lowest rates were found in the Northern and Northeastern states. The table below lists the states with the highest and lowest rates of teenage birth in 2008.

2008 Teenage Birth Rates	
States with Highest	**States with Lowest**
Nevada	North Dakota
Arizona	Minnesota
New Mexico	New York
Texas	Vermont
Oklahoma	New Hampshire *
Arkansas	Maine
Louisiana	Massachusetts
Mississippi*	Connecticut
Tennessee	New Jersey
Kentucky	Rhode Island
**Highest in the country*	**Lowest in the country*

Interestingly, state variation in the composition of teenage population does not appear to fully explain state differences in teenage the birth rate. Birth rates for non-Hispanic white teenagers are highest in the Southeast; birth rates for non-Hispanic black teenagers are highest in Southeastern and upper Midwestern states; birth rates for Hispanic teenagers are highest in the Southeast. Rates for non-Hispanic white and Hispanic teenagers were lower in the Northeast and in California. Even though the United States teenage birth rate is trending lower, it remains substantially higher than for other Western countries.

Mathews, T. J., Sutton, P. D., Hamilton, B. E., Ventura, S. J. (2010). State disparities in teenage birth rates in the Untied States. National Center for Health Statistics Data Brief (46), Hyattsville, MD. Accessed November 2011 from http://www.cdc.gov/nchs/data/databriefs/db46.pdf

Consultation Corner

From August through January 2012, we are excited and honored to have Jennifer Best from Iowa State University in as the KIT consultation corner expert addressing the topic *Understanding and Temperament in Young Children*.

Welcome to November! As the holiday season approaches, this is a perfect time to consider why it is stressful for many of us. The increased demands on us at this time of year can be overwhelming. While this stress can be caused from many different things, one primary cause of stress has everything to do with our temperament.

Meet Jodi:

Jodi is a middle-aged mother of one elementary-aged child. She is married and has extended family living in town. While she has worked full-time, she currently works part-time so she can more easily manage the multiple demands of her career and family. Here are some of her preferences:

- *Jodi likes to relax. She builds "do nothing" time into her schedule, likes television, movies and reading. A nap is one of her favorite ways to spend a weekend afternoon.*
- *Jodi likes to sleep, eat, work and play on a schedule. She likes to know what time it is, and it is irritating to her when her schedule is interrupted. While she enjoys traveling, she likes to get back home to return to her routine.*
- *Jodi is social. She likes meeting people and participating in group events. She enjoys parties, celebrations and social fundraisers – even if she doesn't know very many people.*
- *Jodi is very sensitive to her body. Aches and pains are disruptive to her. She can smell odors and hear noises that others usually don't notice. She prefers certain fabrics and clothing styles that don't pull or bind.*
- *Jodi needs quiet to concentrate. While doing routine activities, she can have the TV or radio on, but when she is thinking she doesn't like activity in the background.*
- *Jodi doesn't like challenges. She prefers to do what she knows. While she likes learning, if something seems like it will require too much effort, then she prefers to not try.*

Now you know something about Jodi. Let's consider how she might feel about situations such as these:

- *Jodi has spent the last ten years having Christmas Eve with her family and Christmas Day with her husband's family. The day before Christmas Eve, her in-laws decide to go out of town for the holiday instead.*
- *Jodi has been asked to help put together an "assembly required" desk at her office. She is reading the instructions and looking for the pieces in the box. They are jack hammering in the parking lot outside, there is a baby crying in the next office and her office mate is listening to the radio.*
- *Jodi is excited to be a part of a friend's bridal party. When she goes to the seamstress for her first dress fitting, she notices that the skirt has several layers of netting under the satin. It scratches.*
- *Someone at Jodi's office has gotten sick and she has to fill in for them. She is working full time this week, her son has a cold, her husband has been out of town for three days, and she is supposed to bake two cakes for an event at her church on Sunday.*

You can imagine how Jodi must feel in these situations. They just don't "mesh" with her temperament. Temperament researchers call this "goodness of fit." Goodness of fit is simply

how a person's temperament interacts with another person or situation. In the example about Jodi, these situations were stressful for her, because of the nature of her temperament. Because she is an adult, she has the cognitive, social and emotional maturity and resources to deal with these kinds of situations, even though it is stressful. However, young children do not. Suppose Jodi was a four-year-old who had a highly sensitive temperament. If someone dressed her in a scratchy dress, too tight shoes and pulled her hair back into tight braids, it is likely she will be grumpy and not last long without a tantrum. Four-year-olds may not have the words to explain why they are behaving in this way, but they know something doesn't feel right.

Likewise, consider if Jodi was a four-year-old and every Saturday she does the same thing: a trip to Walmart, a stop at the library, home for lunch and then to the park with a friend. This Saturday everything changes at the last moment when Mom has to take older brother to the emergency room for stitches in his forehead from skateboarding. Imagine how Jodi is likely to react. Because she has a high need for regularity, she is probably not going to adapt well to this change of schedule. This is a goodness of fit issue.

We also have goodness of fit with others' temperaments. Jodi has a low need for activity. Suppose her son has a high need for activity. How do you think this will affect the way they perceive each other and their relationship? Jodi has a "high approach" temperament. She likes social events, meeting people and talking with others. Suppose her son has a "high withdrawal" temperament. New situations make him very anxious and uncomfortable. He hates to go into areas with many people, doesn't want to speak to anyone, and wants to be right beside her the entire time. How do you suppose this will impact the family system?

As you can see from this vignette, temperamental goodness of fit can make life quite complicated. It is easy for us to think "that person is wrong", rather than recognizing "we are just made differently." For parents, this means learning to understand and respect their children's temperaments, while also helping them learn and grow in their ability to deal with situations and people that may stretch their preferences as part of the process of maturity. This will be our topic for next month.

For the remainder of this month, consider those situations and interactions in your own life and "rub you the wrong way". How much of these annoyances could really be a goodness of fit issue?

Continuing Education for KIT Readers

The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for KIT readers.

In line with the focus on *Understanding Temperament in Young Children*, readers are invited to receive three continuing education contact hours for reading the monthly KIT publications (August through December 2011) and completing a multiple-choice exam about the content covered in these KITs.

If you are interested, take the exam online at www.edis.army.mil and upon successful completion, you will receive a certificate of non-discipline specific continuing education contact hours.

Please send your Consultation Corner questions and KIT ideas via email to
ediscspd@amedd.army.mil