Educational & Developmental Intervention Services (EDIS) Personnel Development

KIT

Keeping In Touch

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Inside this edition UNDERSTANDING DEPRESSION

Resource Article

In our series, *Understanding Depression*, we have focused primarily on parent depression and its negative effects on children. But in the final article review of this series, we consider the additional factor of infant temperament.

In their article, 'Early Manifestations of Childhood Depression: Influences of infant temperament and parental depressive symptoms,' Garstein and Bateman examined factors contributing to toddler depression -like symptoms. They conducted a longitudinal study in which infant temperament and maternal depressive symptoms were measured and analyzed to see how they contributed to depression in toddlers and whether or not infant temperament played a role in offsetting and/or predicting toddler depression.

Results indicated that high levels of regulatory capacity/orienting (RCO) in infancy correlated with lower levels of depression-like behaviors during toddlerhood. Maternal depression during infancy was predictive of increased toddler depression-like symptoms. Children with varying levels of negative affectivity (NA) experienced correspondingly high levels of depressive symptoms when parental depression was high. Yet, when parental depression was lower, children with high negative emotionality (NE) continued to experience depressive behaviors. These results suggest that infant temperament, particularly the ability to regulate self, can act as a moderator in the manifestation of toddler depression-like symptoms. Additionally, NE appearing in infancy strongly suggests the likelihood for later developing toddler depression. When NE and maternal depression are both present during infancy, the risk of toddler depression problems is significant.

Resource Article (continued)

We know that parental depression can have deleterious effects on the young developing child, but just as important is consideration of the infant's temperament.

Adult depression is commonly screened for at routine medical visits in military medical facilities, but infant temperament may not be specifically assessed at regular well baby visits. The personal-social skills and abilities of young children referred to early intervention, due to concerns about developmental delay or disability, are screened and evaluated, but this is a relatively small percentage of the population.

Helping parents and caregivers understand temperament can help them tune into the nuances of their infant's temperament, such as activity level, reactions to limitations, cuddliness, soothability, rate of recovery following distress, and more. Additionally, teaching parents how to watch for and respond positively to infant cues may help the infant develop regulatory capacities and decrease negative behaviors thereby decreasing the risk of toddler depression-like behaviors.

Garstein, 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.

For more information on temperament, readers are encouraged to check out the August—December 2011 KIT series on 'Understanding Temperament.' Included in the September 2011 edition of the KIT is an online Infant Toddler Temperament Tool. The tool looks at both parent and child temperament traits, allowing parents/caregivers to consider similarities and differences in temperament and how they may affect the 'goodness of fit.'

The direct link to the tool, developed by the Center for Early Childhood Mental Health Consultation, from Georgetown University Center for Child and Human Development follows.

http://www.ecmhc.org/temperament/IT3.php?toddler

KIT Newsletters are available online at **www.edis.army.mil**

What do the data say?

What is the risk of recurrence with depression?

While depression is a treatable condition it is also highly recurrent. According to Dr. William R. Marchand, an associate professor of psychiatry at University of Utah School of Medicine, the risk of recurrence is 50% for a person with one episode of depression, 70% for persons with two episodes, and up to 90% for persons with three or more episodes of depression.

Burcusa and Iacono (2007), in a National Institute of Health (NIH) publication, reported that recurrent episodes of depression typically occur within five years of the initial episode and individuals with depression have five to nine episodes of depression.

Interestingly, when thinking of recurrence the factors associated with initial onset may not be the same factors associated with the recurrence of depression. One factor, discussed in the Burcusa and Iacono review of literature, was the correlation of gender. While research shows that women have a higher risk of being depressed this gender factor does not significantly correlate to the recurrence of depression, leaving men and women equally susceptible to depression recurrence. The findings for the influence of socio-economic and marital status were similar to that of gender. Individuals with lower socio-economic status and single are more likely to experience depression. Yet, these were not significant associative factors when examining the recurrence of depression. While gender, SES, and marital status are recognized risk factors for initial onset of depression they do not appear to be a significant risk factor for the recurrence of depression.

So what factors are associated with the recurrence of depression?

While the studies examining patterns of recurrence are varied, the age of onset and number of depressive episodes are risk factors associated with recurrence. Severity of depression and comorbid psychopathology are additional markers for the risk of recurrence. Interestingly, comorbid psychopathology was defined as a risk factor in adults and examination of this factor in children was mixed indicating that the presence of conditions such as anxiety and behavioral problems may not be a risk factor for recurrence of depression in children and adolescents. Other associated factors include family history and possibility of genetic predisposition. Stressful live events, such as parental divorce and family violence, are also associated with depression and its recurrence.

To combat the risk of depression and its recurrence it is important for children and families to have social support. One study (Willhelm et al., 1999) found that individuals with recurrent depression reported less social support than those with no or only one depression episode. It is possible that social support may function as a protective factor against the recurrence of depression.

Burcusa, S. L. & Iacono, W. G. (2007). Risk for recurrence in depression. Clinical Psychology Review, 27(8), 959-985. Accessed August 2013 from http://www.ncbi.nlm.nih.gov/pmc/articles/

Consultation Corner

From May through September 2013, we are excited to have Erin Troup, LCC, NCC, CT as our consultation corner expert. Erin will address the topic *Understanding Depression*.

How do I react to things I am not ready to hear?

The feeling of being unprepared is an unwelcome feeling. It is also a feeling that we do not like to admit we are having.

You may not have been expecting a parent to say comments such as "I don't know if I can do this anymore; I don't want to live." "My husband and I had a big fight last night; I'm thinking of leaving him." "I know it's not good, but I started smoking again." And as a reaction, because you want to say something (often to try make things better), you may say something like "you will be just fine - just hang in there- it gets better."

However, such comments do not make things better. Rather they can be regarded as avoiding the comment. Instead of brushing over the comment early interventionists are encouraged to comment on the parent's feelings first, to show that you are listening and acknowledge the parent's trust in you to share their feelings. You can also buy yourself time by saying something like, "Wow, you really are feeling bad - I need a minute to think about this" or simply say- "I am sorry you are feeling this way." It is important to remember that if a parent shares this kind of information with you, they are regarding you as a trusted person to them and you should listen and respond, remembering of course that you may likely not be able to fix the situation. Your response may be offering a resource in the moment. A parent's comment may be relatively simple to address (e.g., "I need someone to take these kids for an afternoon so I can catch up with much needed organization") or it can be as difficult as "I am not sure I want to live anymore." It is important that you are hearing what is said and you can help problem-solve. Often asking the parent, "Have you told anyone else you are feeling this way?" will help you rally more support.

In these days of smartphones and computers it is easy to Google a local resource that may offer help (or at least to get an appointment scheduled with a counselor or doctor). If you are hearing something particularly troubling that you are not feeling well about, call the local crisis hotline with the parent. It is critical that you know your local resources and hotlines and put these numbers in your phone's contact list for easy access when you need it. The likelihood that you will encounter this situation is rare but it is always good to be prepared. The final piece is to follow up. Check in with the parent the next day just to let them know that they are held in your mind. Often times a good night's rest and some time to think about things puts a fresh perspective on the situation.

On the WWW

The link this month is from Head Start and the National Center on Parent, Family, and Community Engagement (PFCE). The actual resource is an online simulation activity highlighting strategies for engaging and building relationships with families. We know relationships are key to effective work with families and applying relationship building strategies is essential. This interactive simulation introduces and provides helpful examples of ways to clearly describe a child's behavior, key components of active listening, methods for encouraging parents to share information about their child, and strategies to support and build parental competence. The simulation takes you to an intake visit and provides opportunities for you to practice the different relationship-building strategies introduced.

To access the link copy the following link into your web browser:

eclk.ohs.acf.hhs.gov/hslc/tta-system/family/center/pfce_simulation

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 Depression*, readers are invited to receive continuing education contact hours for reading the monthly KIT publications (May through September 2013) and completing a multiple-choice exam about the content covered in these KITs.

KIT readers will receive the exam in October 2013. There is no need to register for the CEUs. Rather, if you are interested complete the exam online at www.edis.army.mil Upon successful completion of the exam, you will receive a certificate of non-discipline specific continuing education contact hours.

Thank you for your continued interest in the KIT.
Please share your KIT questions/ideas via email to
EDISCSPD@amedd.army.mil