

The role of negative thinking in the onset and maintenance of depressive symptoms in children and adolescents

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The aim of the current research proposal is to fill a gap in our knowledge of the role of negative thinking in the development of depressive symptoms in children and adolescents. 1. To what extent does stress-reactive rumination, attributional style...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Other condition
Study type	Observational non invasive

Summary

ID

NL-OMON31809

Source

ToetsingOnline

Brief title

Negative thinking and depression

Condition

- Other condition

Synonym

negative thinking

Health condition

geen, onderzoekspopulatie bestaat uit in principe normale proefpersonen

Research involving

Human

Sponsors and support

Primary sponsor: Universiteit Maastricht

Source(s) of monetary or material Support: Veni-beurs (NWO)

Intervention

Keyword: adolescents, children, depression, negative thinking

Outcome measures

Primary outcome

Depressive symptomatology and anxiety

The relative contribution of stress-reactive rumination and emotion-focused rumination in predicting respectively the onset and maintenance of depressive symptoms

Secondary outcome

Perceived control, neuroticism, attachment, parental rearing styles, worrying, age, pubertal status, and gender will be examined in the prediction of depressive complaints and (in separate analyses) in the prediction of anxiety.

Study description

Background summary

Since Beck (1967; 1976), cognitive approaches have become highly influential in the conceptualization and treatment of depression.

In the past decade, rumination, defined as self-focused, persistent, recyclic, negative thinking, has been linked to depression. In the Response Styles Theory (Nolen-Hoeksema, 1991), two ways of coping with depressive complaints are posited: rumination and distraction. Emotion-focused rumination has been implicated in the severity and prolongation of depressive moods, while distraction seems to elevate depressive mood. A good deal of research had provided support for this theory of depression, in adults, as well as in children and adolescents.

A conceptual extension of the response styles theory has been proposed to link

rumination to the onset of depressive symptoms (stress-reactive rumination). In this extension, Robinson and Alloy (2003) found that stress-reactive rumination interacts with negative attributional style in the prediction of the onset of depression scores in healthy undergraduates. It is unknown whether these results generalize to children and adolescents.

Another form of negative thinking is worrying, which has originally been linked to anxiety, but also has shown to be related to depression. Unknown is which form of negative thinking, rumination or worrying, is the strongest predictor of depressive complaints.

Study objective

The aim of the current research proposal is to fill a gap in our knowledge of the role of negative thinking in the development of depressive symptoms in children and adolescents.

1. To what extent does stress-reactive rumination, attributional style and life events separately and in combination with each other predict the onset of depressive symptoms in children and adolescents, correcting for worrying, perceived control, neuroticism, parental rearing styles, attachment to parents and peers, pubertal status, age and gender?
2. To what extent is emotion-focused rumination a predictor of the maintenance of depressive symptoms in children and adolescents, correcting for worrying, perceived control, neuroticism, parental rearing styles, attachment to parents and peers, pubertal status, age and gender?

The specificity of rumination in predicting depressive symptoms will be examined by conducting the same sequence of analyses with anxiety as dependent variable.

Increasing our knowledge of the role of negative thinking in the prediction of depressive symptoms in children and adolescents may lead to more effective prevention programs and treatments.

Study design

A three-year longitudinal study will be performed, including a baseline and three follow-up assessments. The sets of questionnaires will be placed on a specially designed website. Subjects who agree to participate will receive a username and password, with which they gain access to the website. The measurements used in this study are the CRRS, SRRS, PSWQ, CDI, STAI-C, RCADS (short version), CSQ, CLES, IPPA-C (short version), EMBU-C-40, PCS, EPQ-N and PDS for the children and adolescents.

The parents of the subjects are also asked to participate in our investigation. Following the same procedure, they will complete the SRRS, RSQ, EMBU-A, STAI and BDI each year for a three year-period.

When subjects do not have access to internet, they will receive paper version

questionnaires.

Study burden and risks

It concerns a longitudinal study with a three-year follow-up. The children and adolescents will complete a set of about 15 self-report measures once a year. Each fill-in session will take them about an hour. The parents will be asked to participate in this investigation as well. Their participation consists of completing a set of five short self-report questionnaires, which will take about 30 minutes of their time. There are no risks involved.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adolescents (12-15 years)
Adolescents (16-17 years)
Adults (18-64 years)
Children (2-11 years)

Elderly (65 years and older)

Inclusion criteria

10-18 years old

Exclusion criteria

insufficient proficiency in the Dutch language

Study design

Design

Study type: Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Basic science

Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 20-02-2007

Enrollment: 800

Type: Actual

Ethics review

Approved WMO

Date: 23-01-2007

Application type: First submission

Review commission: METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)

Approved WMO

Date: 07-06-2007

Application type:	Amendment
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)
Approved WMO Date:	03-10-2007
Application type:	Amendment
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)
Approved WMO Date:	16-01-2008
Application type:	Amendment
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL14081.068.06