

Childhood Depression and Conduct Disorder: I. Behavioral, Affective, and Cognitive Aspects of Family Problem-Solving Interactions

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1.1 Aim

We assessed the family interactions of depressed, conduct-disordered, mixed depressed-conduct-disordered, and non-clinic children, ages 7-14 years, during a standardized family problem-solving discussion in the clinic. The child's and the mother's problem-solving proficiency, aversive behavior, and associated affective behavior (depressed and angry-hostile) were observed. The child and mother also rated each other's affect during the interaction. Their cognitive constructions about the interaction were assessed using video-mediated recall.

2.1 Hypotheses

1. Depressed children display greater levels of dysphoric affect and lower levels of angry-hostile affect during conflictual interactions with parents than conduct-disordered children, whose predominant affect is hostile-aggressive. 2. Children with mixed depression-conduct disorder show both depressed and angry-hostile affect. 3. Depressed children are more likely to cognitively distort their parents' affect and engage in higher levels of negative cognitions than conduct-disordered children. Conduct-disordered children have more externally directed negative cognitions about their family during problem solving than depressed children.

3.1 Results

Children with conduct disorders showed lower levels of effective verbal problem solving and higher levels of aversive verbal content than did non-conduct-disordered children. As predicted, conduct-disordered children displayed elevated levels of angry affect; however, contrary to our predictions, they also showed elevated levels of depressive affect. In contrast, both groups of depressed children (as predicted) tended to display distressed nonverbal affect rather than openly hostile or combative behavior. Contrary to our predictions, children with mixed depression-conduct disorder were characterized by depressive rather than by both angry and depressed affect. There was no evidence to support our hypothesis that depressed children would be more likely to cognitively distort their parents' affect and to have more negative self-referent cognitions than would conduct-disordered children.

4.1 Findings

There was some evidence that mothers of depressed children engaged in more negative thinking than did mothers of mixed or comparison children, whereas mothers of conduct-disordered children also had lower levels of family-referent positive cognitions than did mothers of nonconduct-disordered children. Mothers of depressed children also tended to perceive their child's affect as sad and angry, whereas mothers of conduct-disordered children focused primarily on their child's anger.

5.1 Implications

In future research it may be better to position the camera for the video-mediated recall to more accurately represent subjects' actual experience during the interaction, thus providing cues that facilitate the recall of cognitions during the interaction. Future research needs to examine whether patterns of family interaction are related to the course of depression and, more specifically, whether changing patterns of family interaction are associated with changes in depressive symptomatology. Another important issue for future research is the extent to which family interaction patterns are related to gender and age differences. Finally, further research is needed that assesses family interaction patterns associated with childhood depression and conduct disorder in naturalistic settings.

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