

Understanding the Unique Relationships Between Self-Compassion, Mindfulness, and Individual Adolescent Depressive Symptoms: A Network Analysis

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Thank you!



Overview

- Why use network analysis to compare risk/protective factors?
- What does this approach look like in practice?
- How can we interpret these results?

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**DEPRESSION IS A HETEROGENEOUS
SYNDROME**

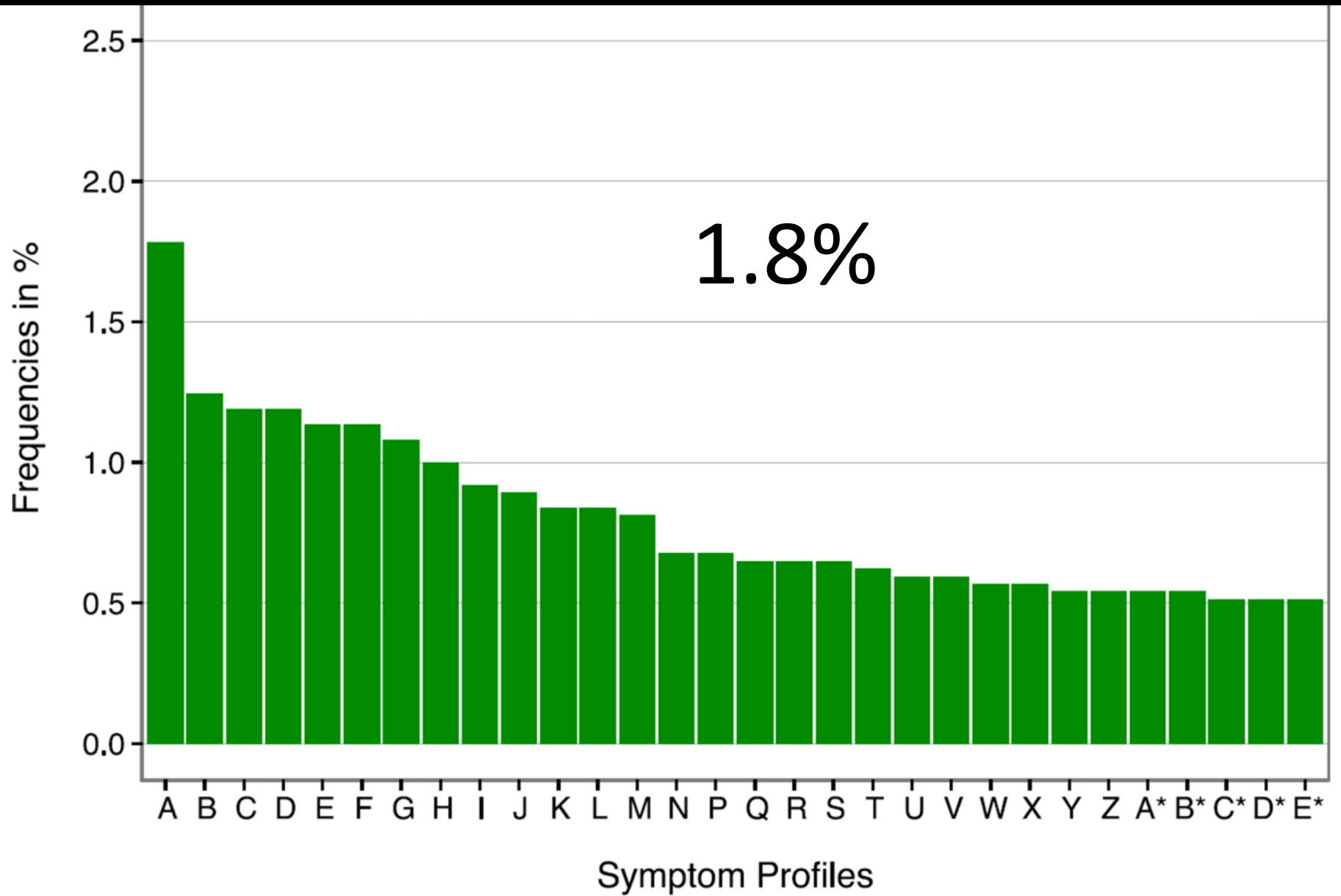


Figure 1.

Frequencies of the 30 most common depression symptom profiles during the beginning of the first treatment stage of the STAR*D study ($n = 3,703$).

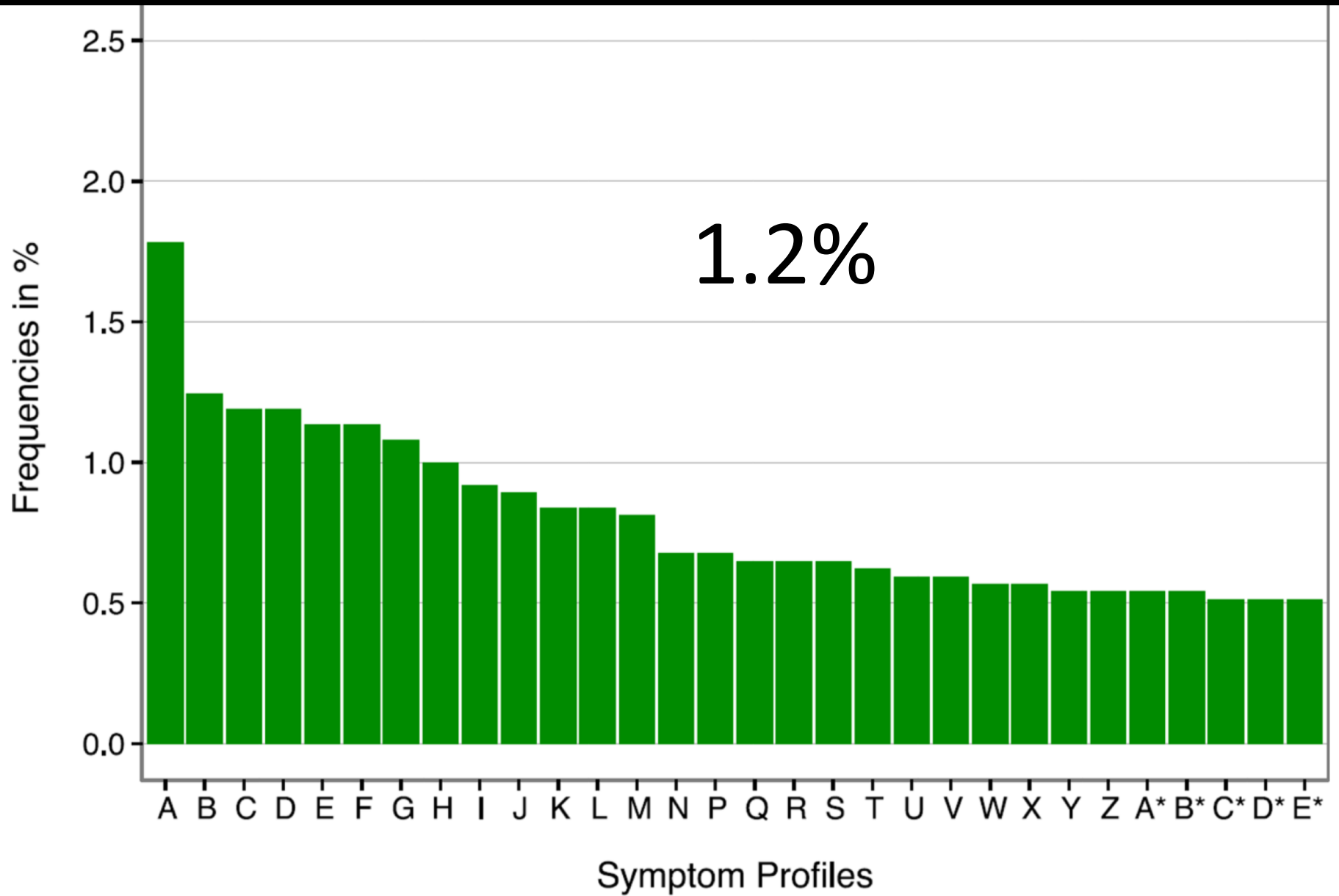


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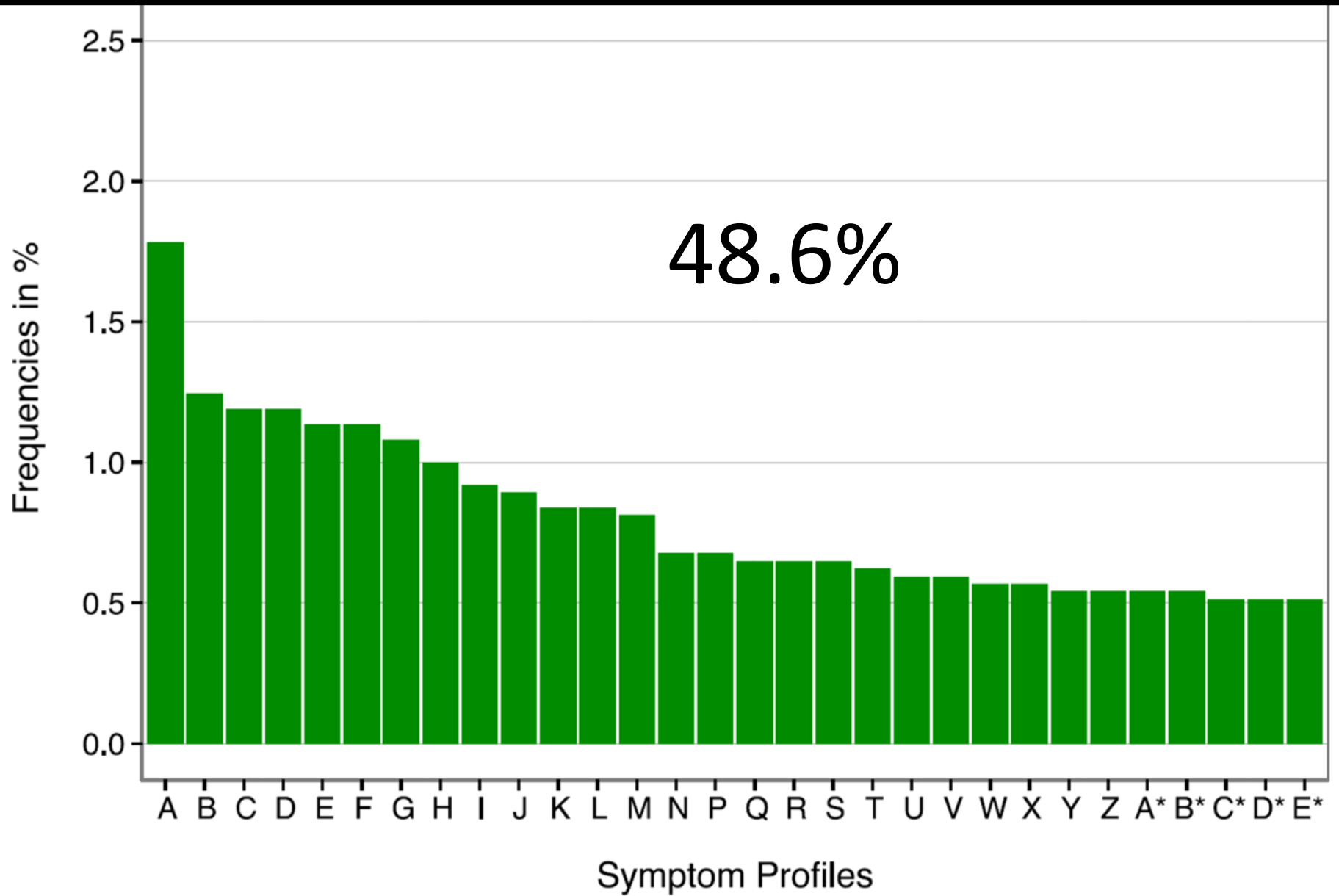
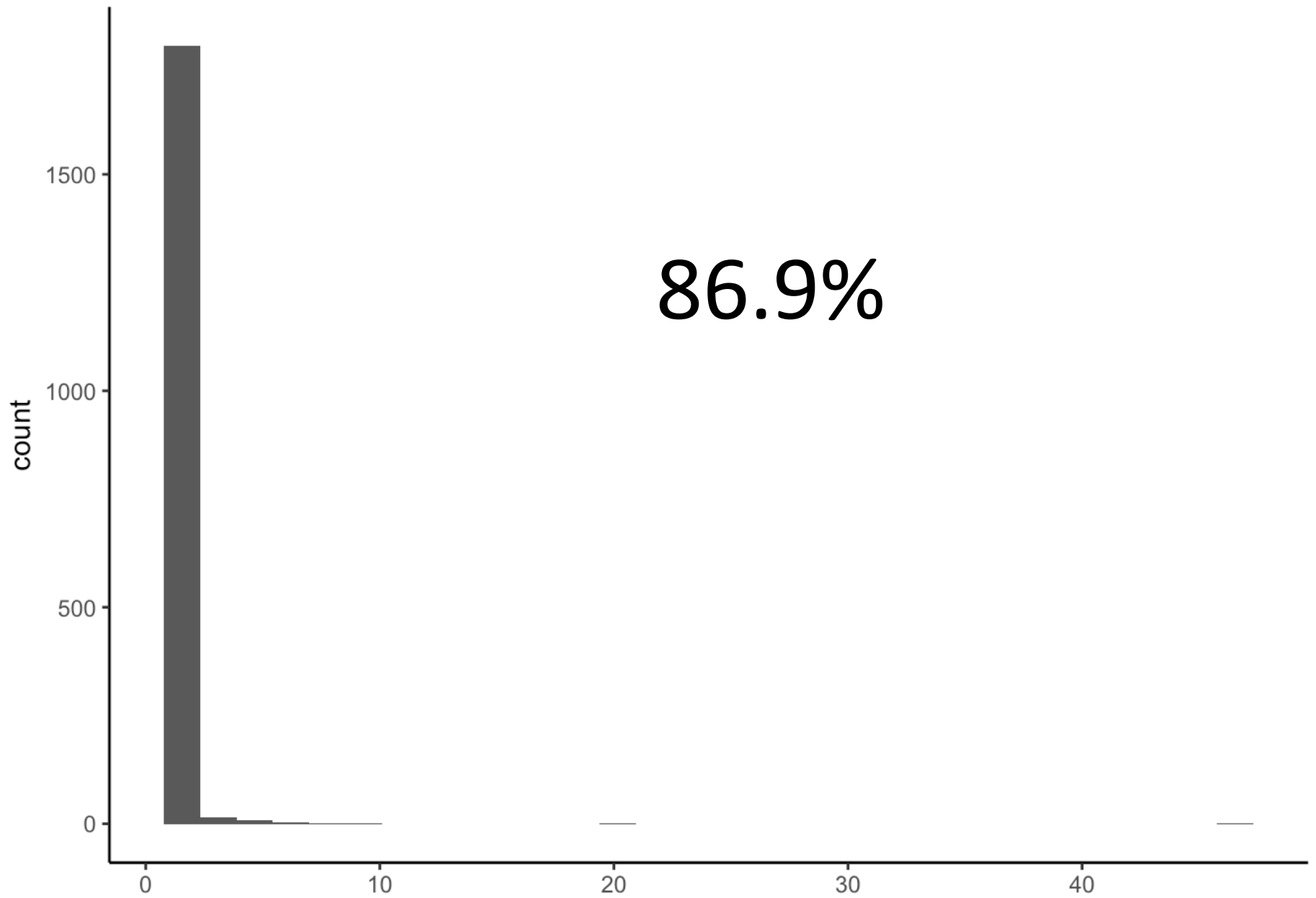


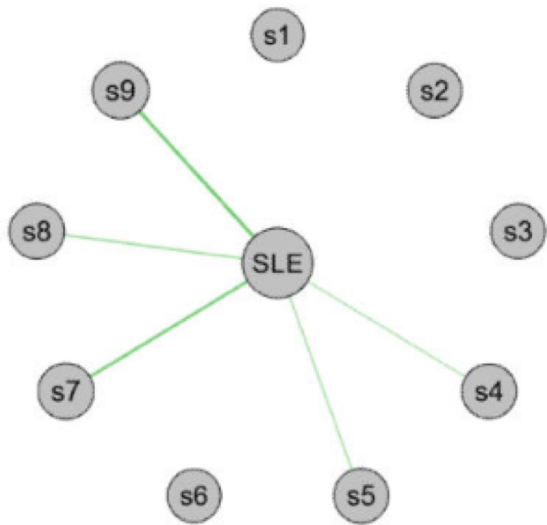
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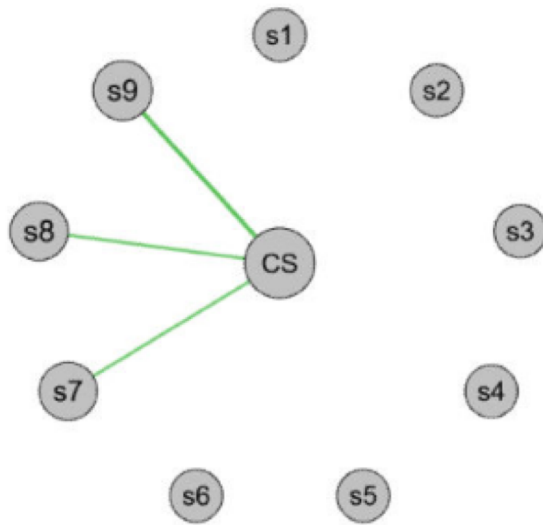


**DIFFERENT SYMPTOMS RELATE
DIFFERENTIALLY TO RISK FACTORS**

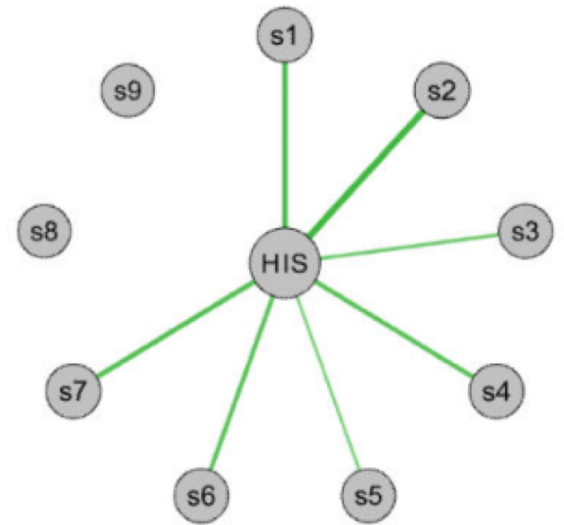
Stressful Life Events



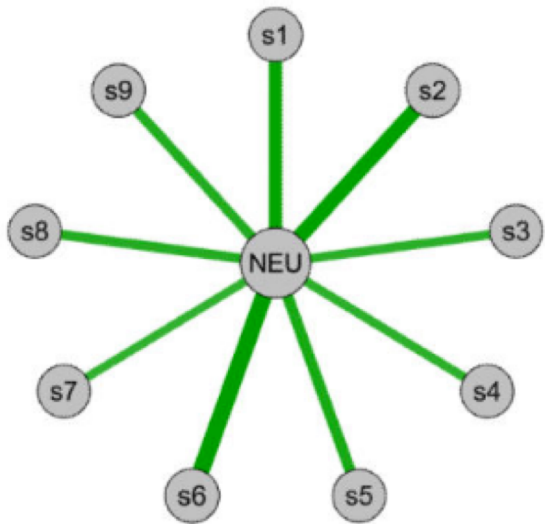
Childhood Stress



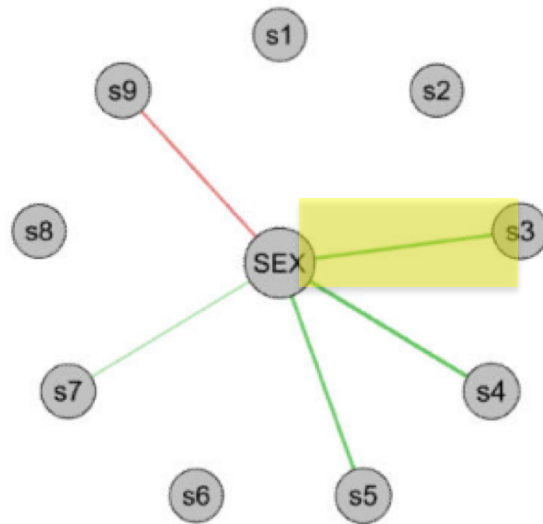
History of Depression



Neuroticism



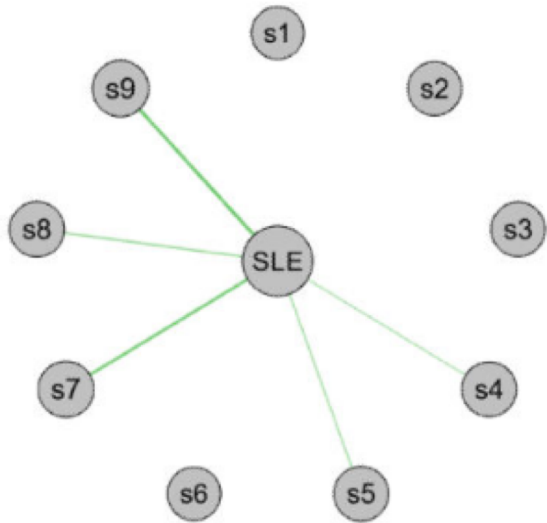
Sex



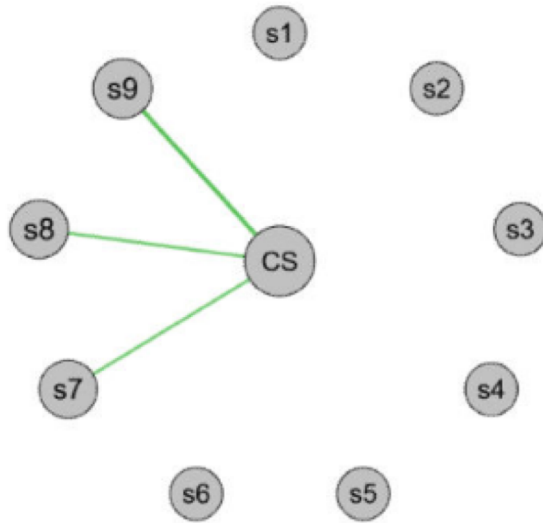
Work Hours



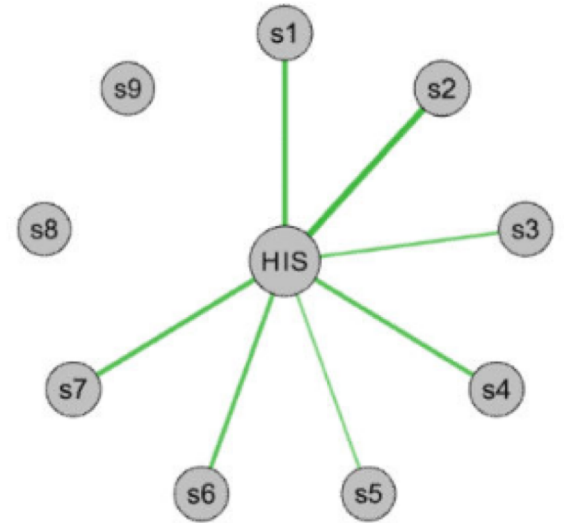
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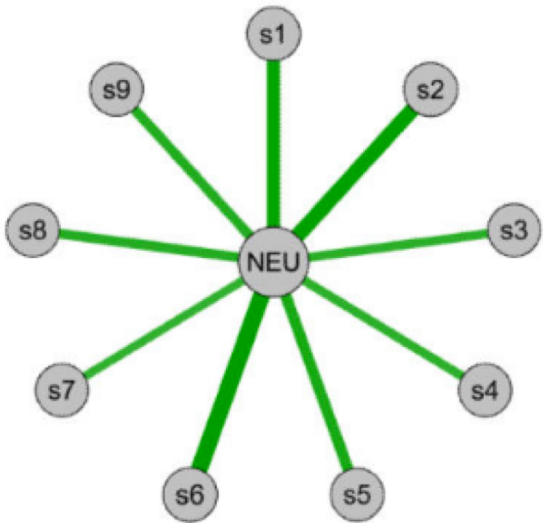
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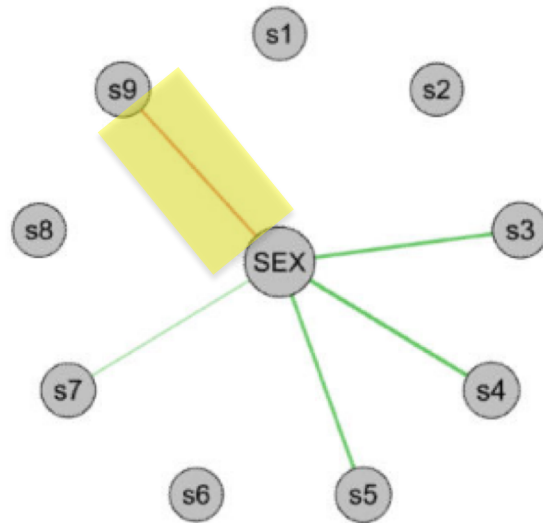
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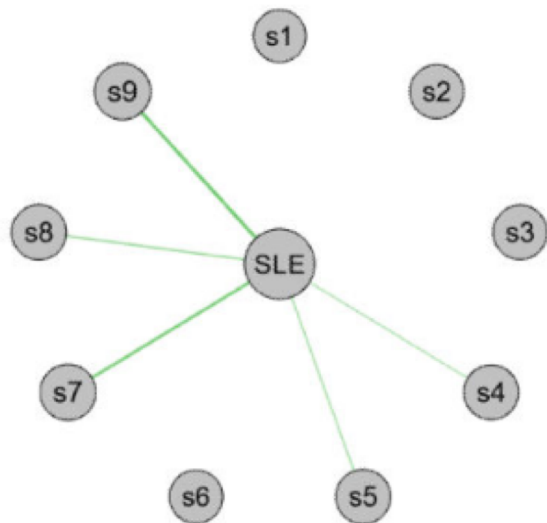
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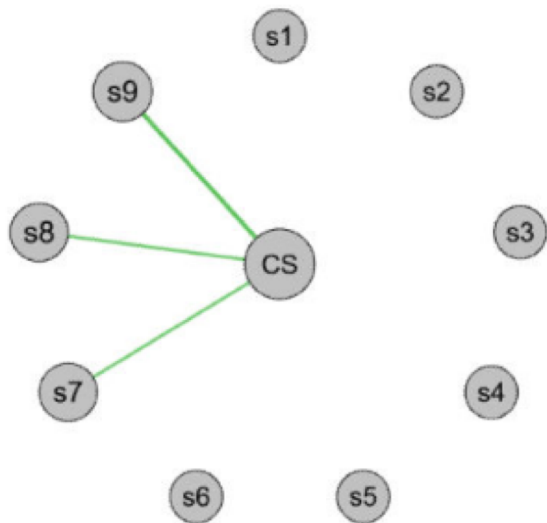
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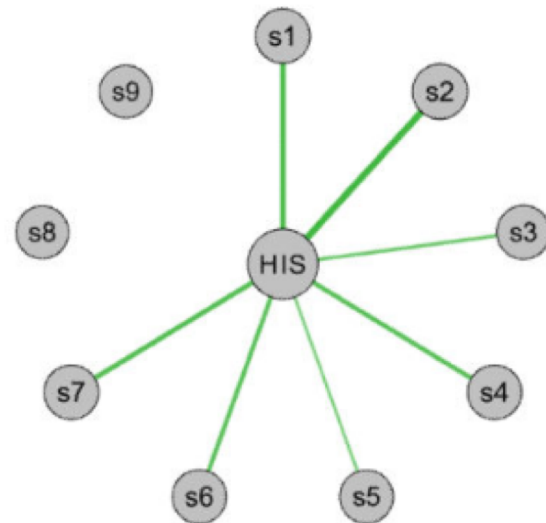
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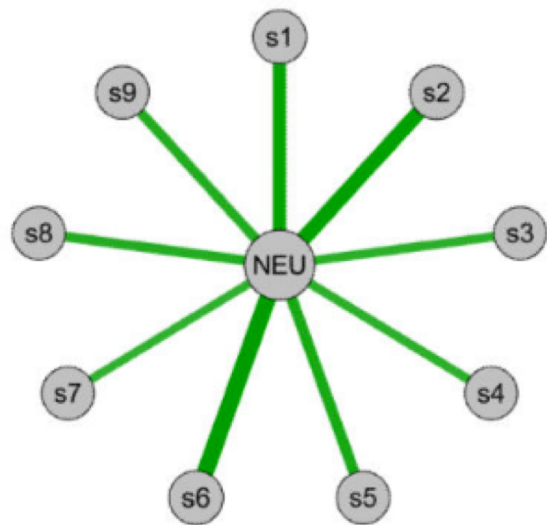
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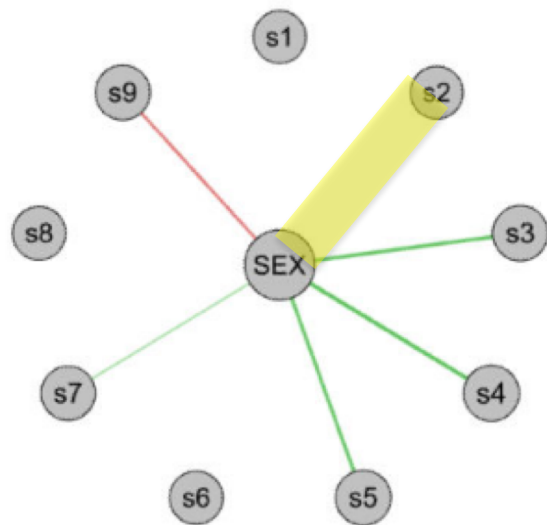
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Work Hours



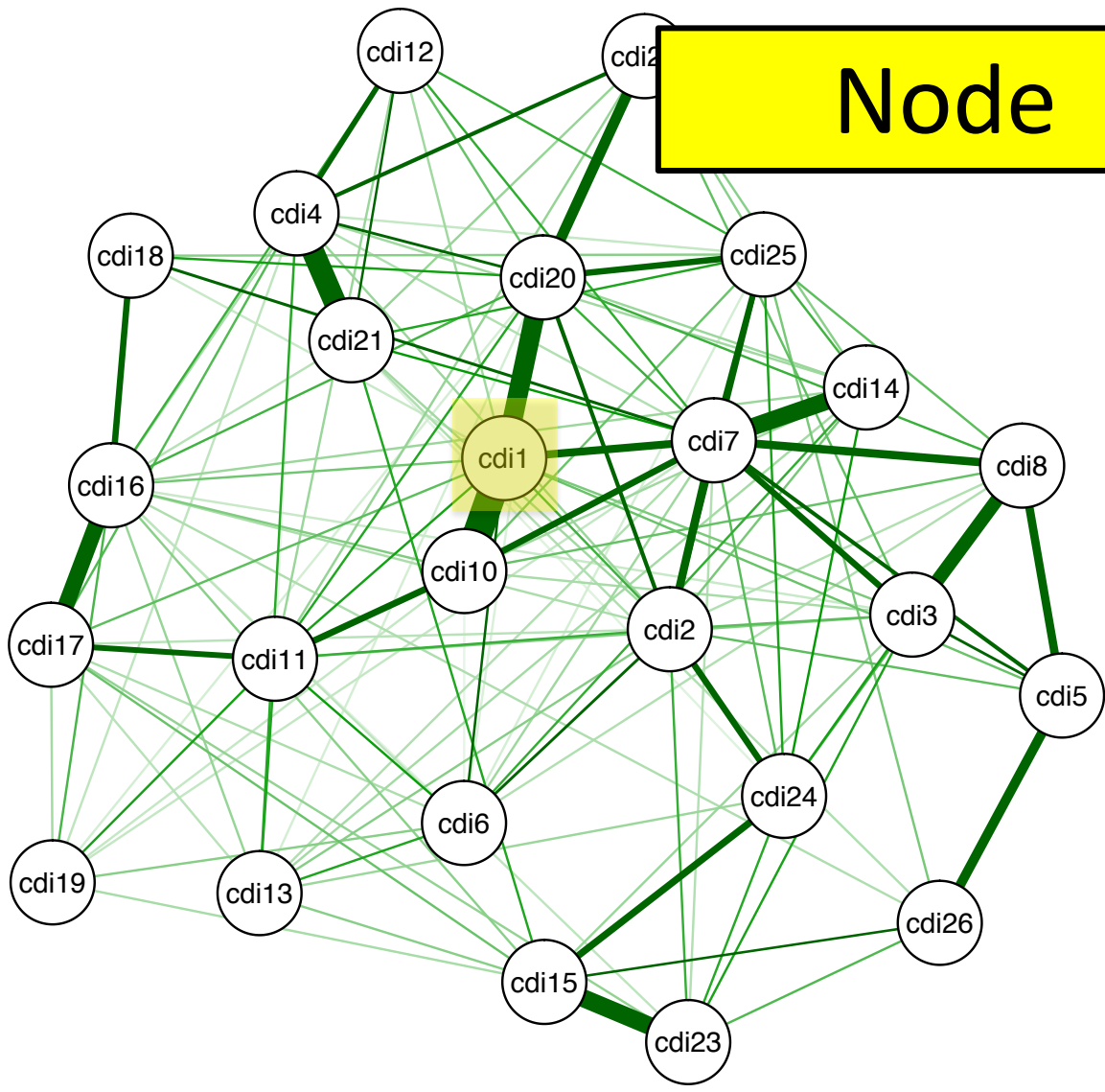
Overview

- **Why use network analysis to compare risk/protective factors?**
- What does this approach look like in practice?
- How can we interpret these results?

**TO TAKE A SYMPTOM-LEVEL APPROACH
TO UNDERSTANDING PROTECTIVE
FACTORS**

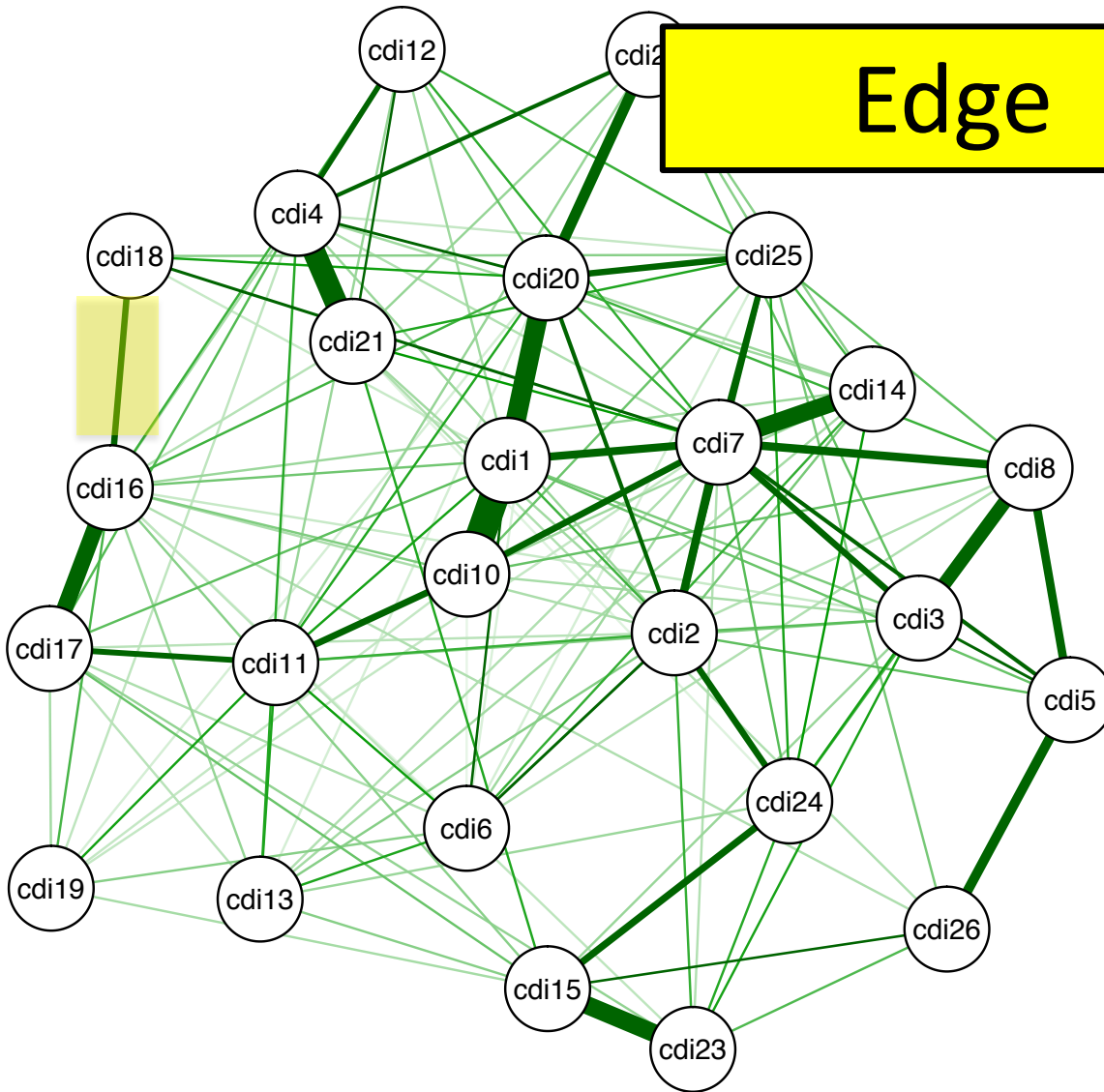
**ESPECIALLY USEFUL WHEN RELATIVE
EFFICACY OF PROTECTIVE FACTORS IS
OF INTEREST**

Node



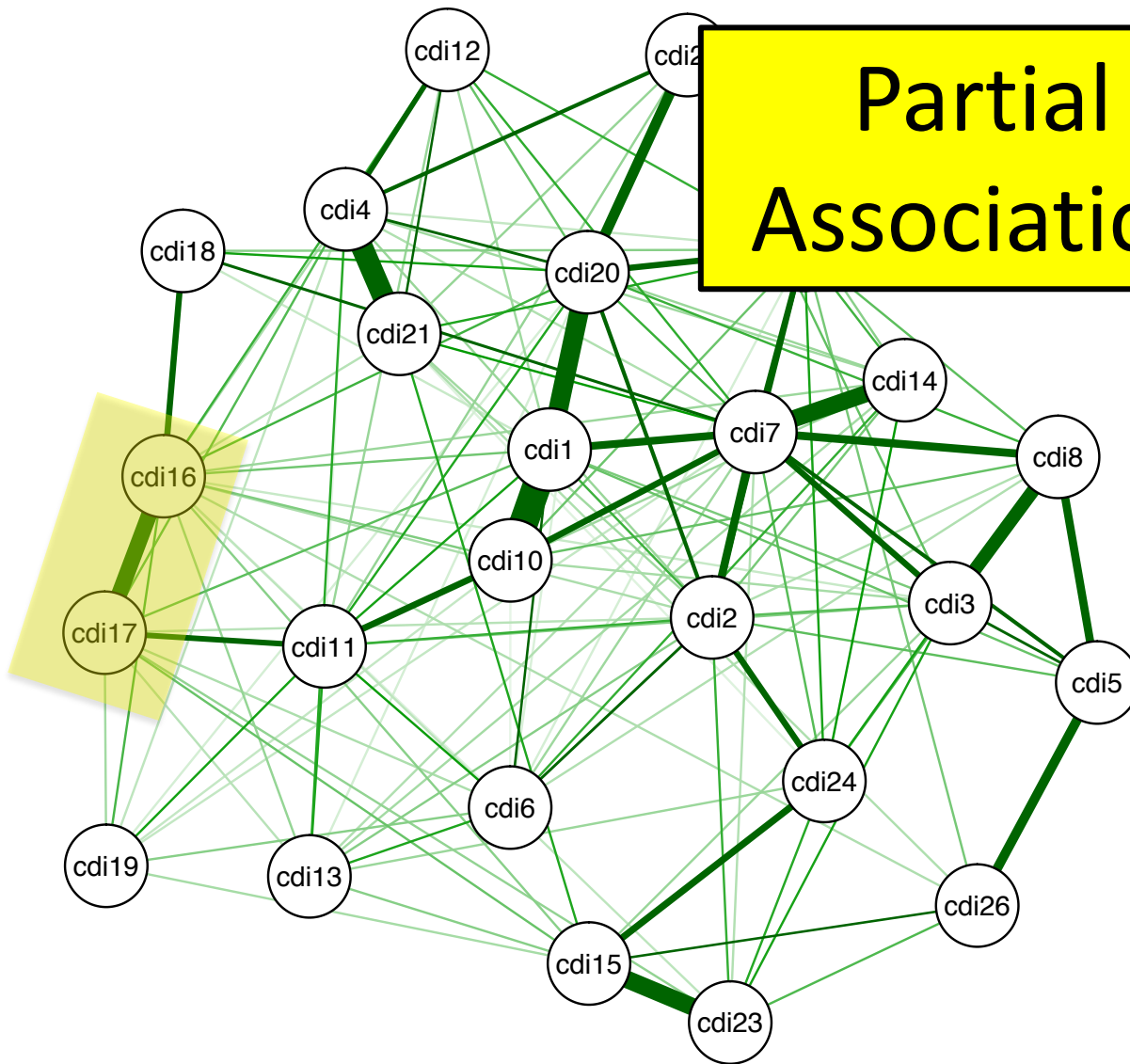
- cdi1: Sadness
- cdi2: Pessimism
- cdi3: Self-deprecation
- cdi4: Anhedonia
- cdi5: Misbehavior
- cdi6: Pessimistic worrying
- cdi7: Self-hatred
- cdi8: Self-blame
- cdi10: Crying
- cdi11: Irritability
- cdi12: Social withdrawal
- cdi13: Indecisiveness
- cdi14: Negative body image
- cdi15: School work difficulty
- cdi16: Sleep disturbance
- cdi17: Fatigue
- cdi18: Reduced appetite
- cdi19: Somatic concerns
- cdi20: Loneliness
- cdi21: School dislike
- cdi22: Lack of friendship
- cdi23: School performance decrement
- cdi24: Low self-esteem
- cdi25: Feeling unloved
- cdi26: Disobedience

Edge

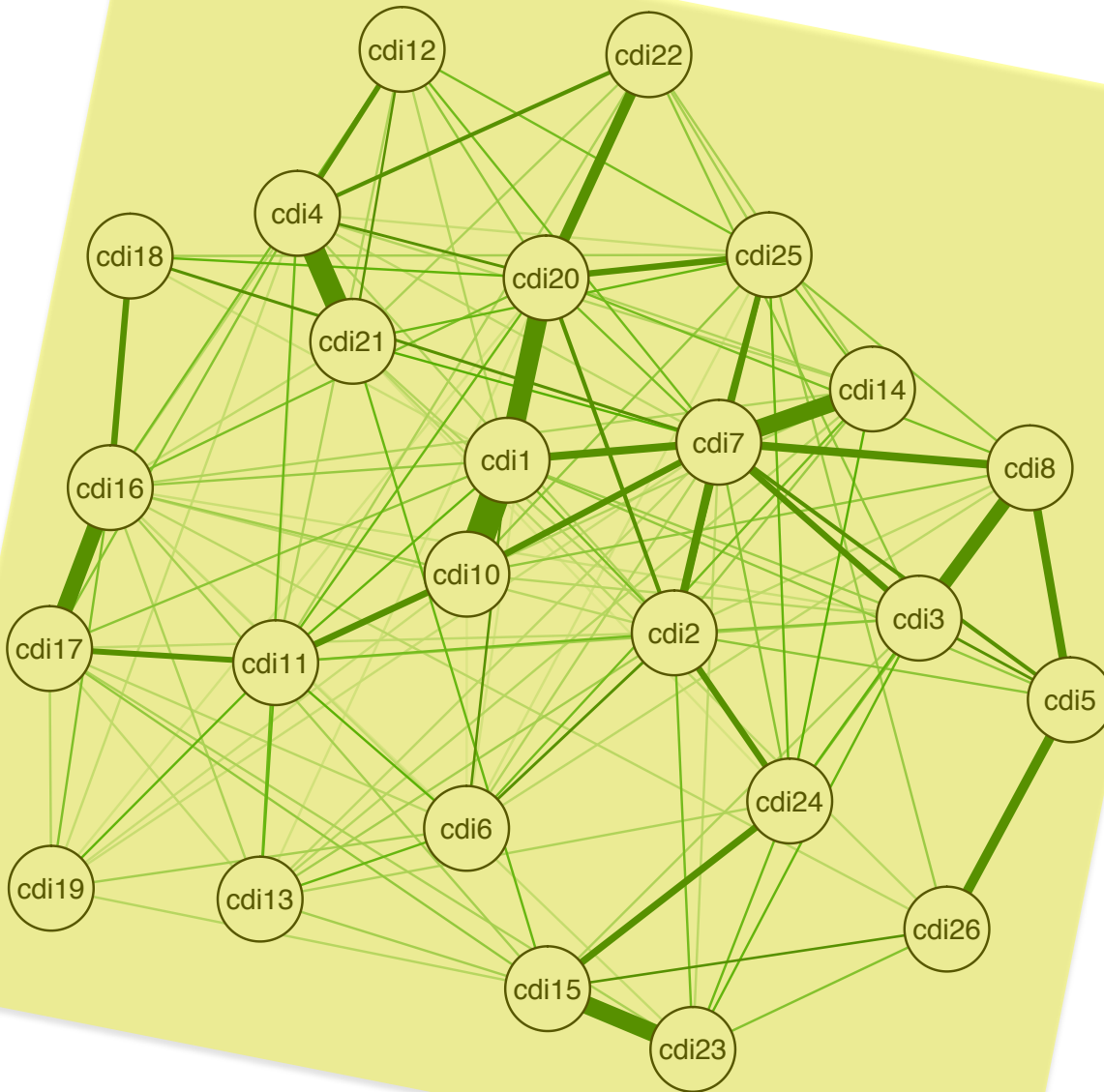


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Partial Association

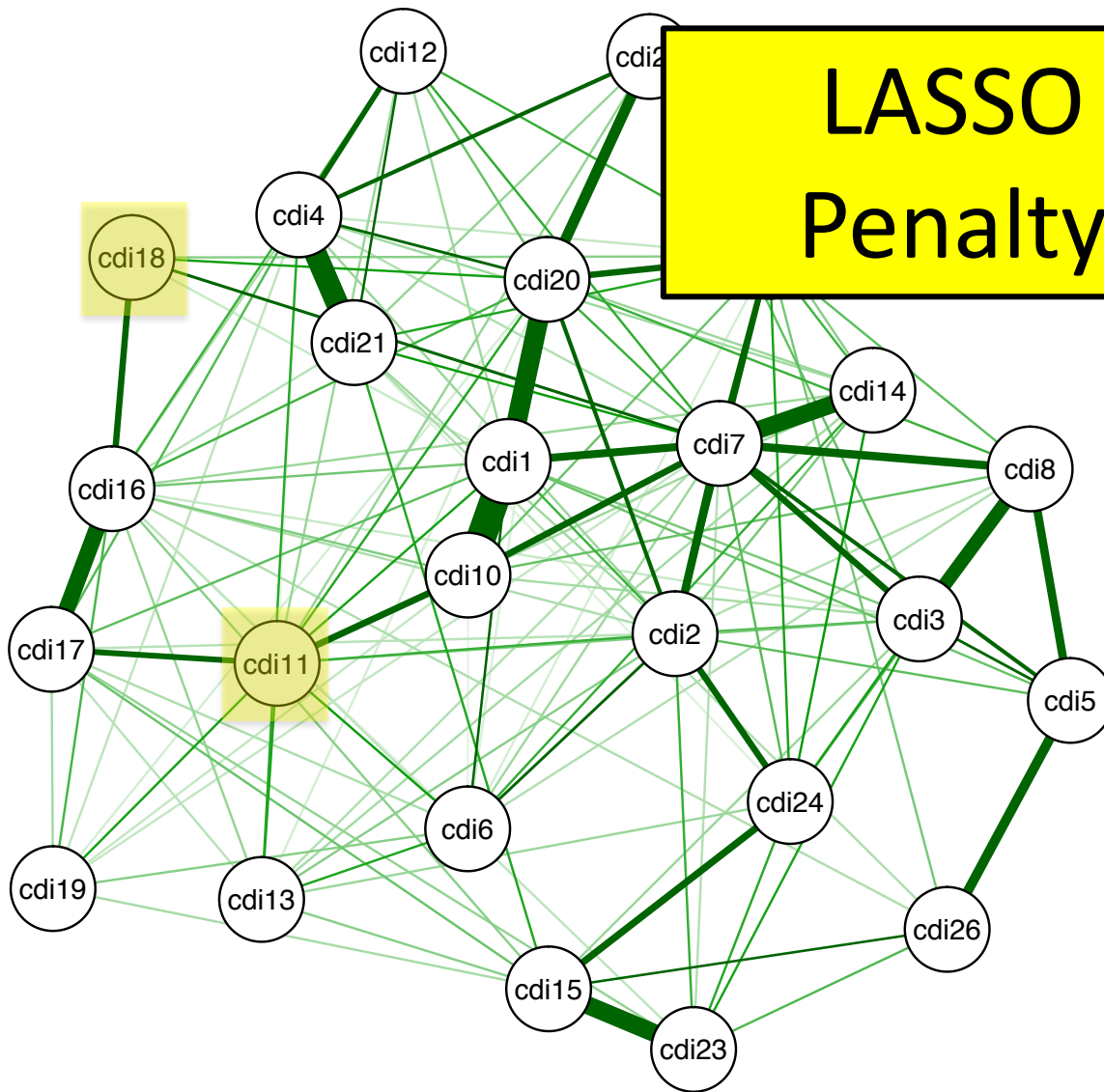


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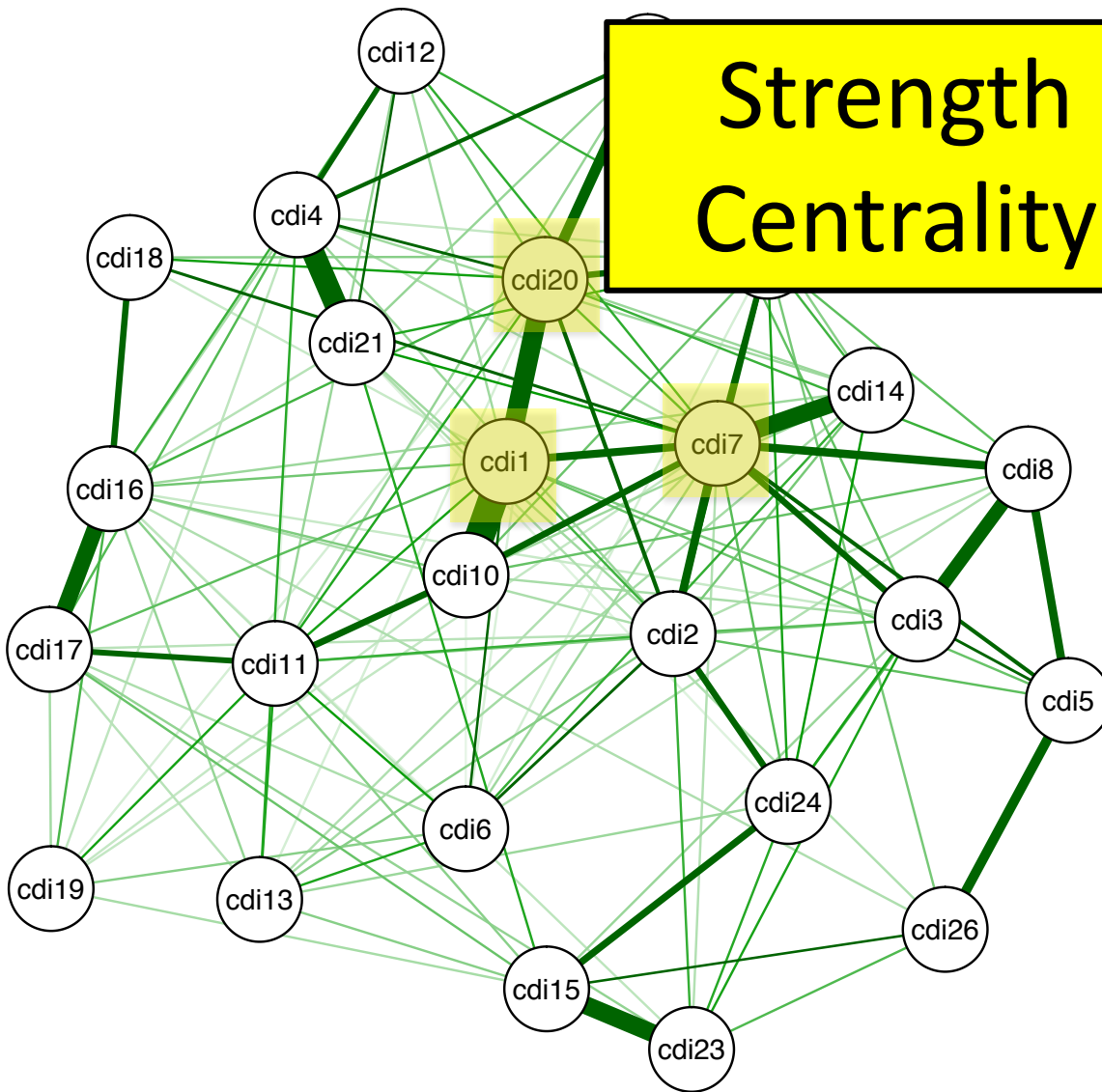
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LASSO Penalty



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Strength Centrality

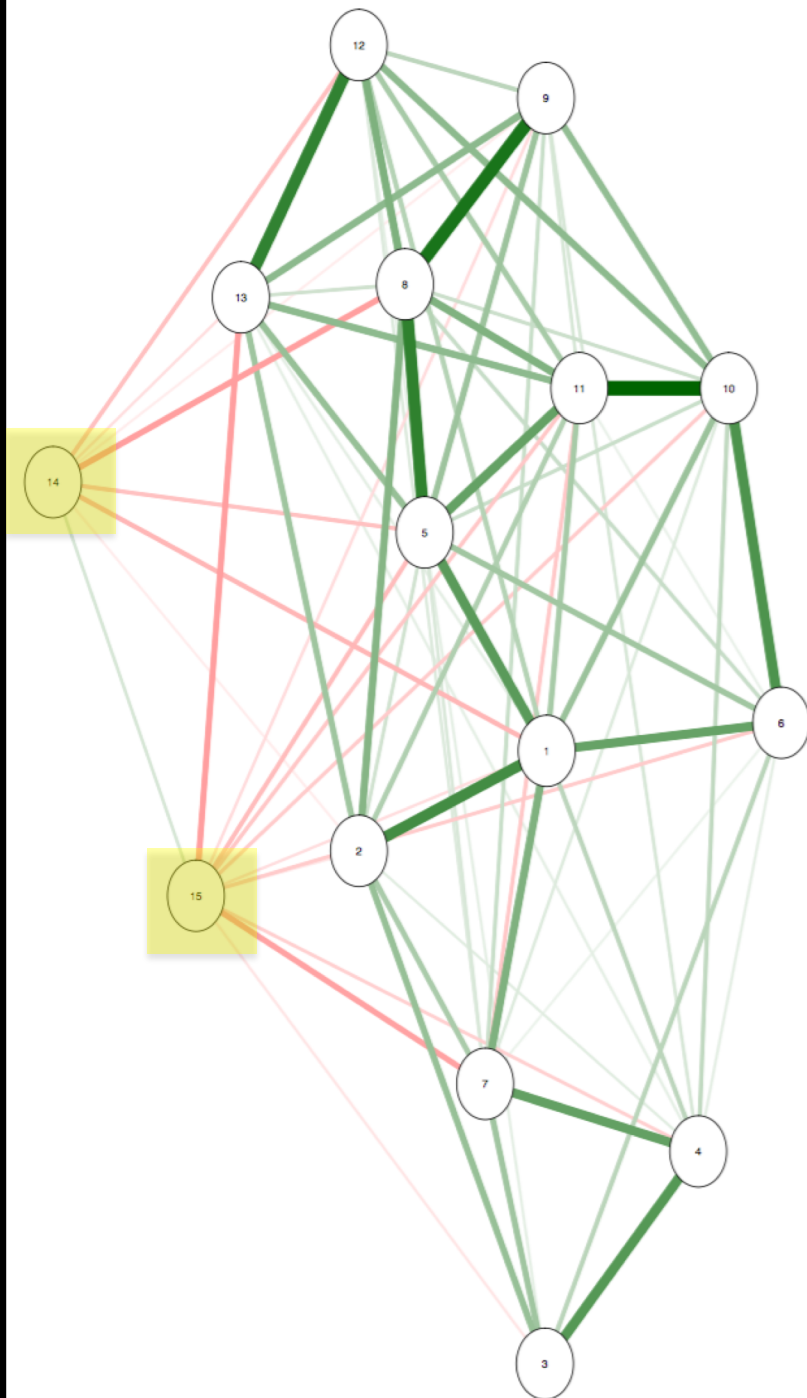


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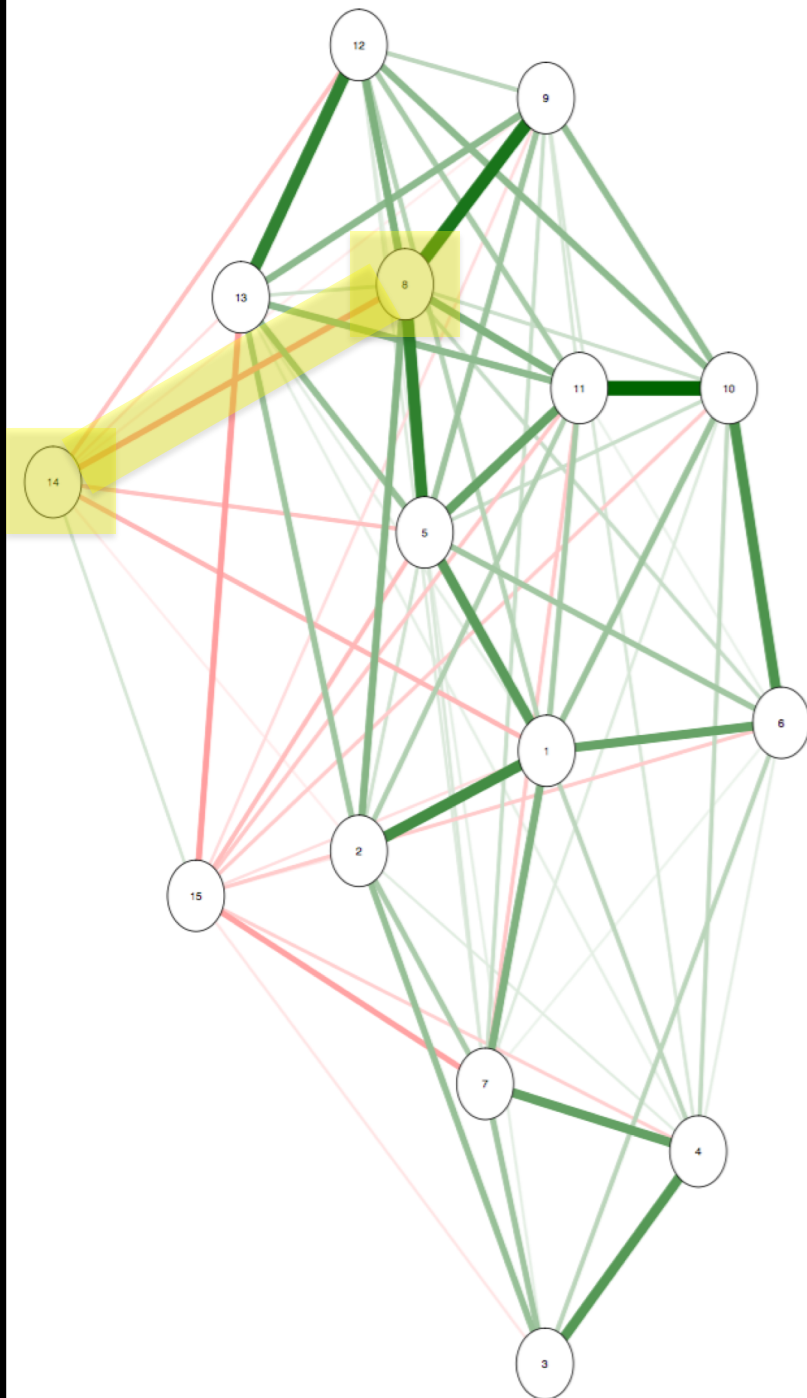
Overview

- Why use network analysis to examine treatment efficacy?
- **What does this approach look like in practice?**
- What are potential future applications?

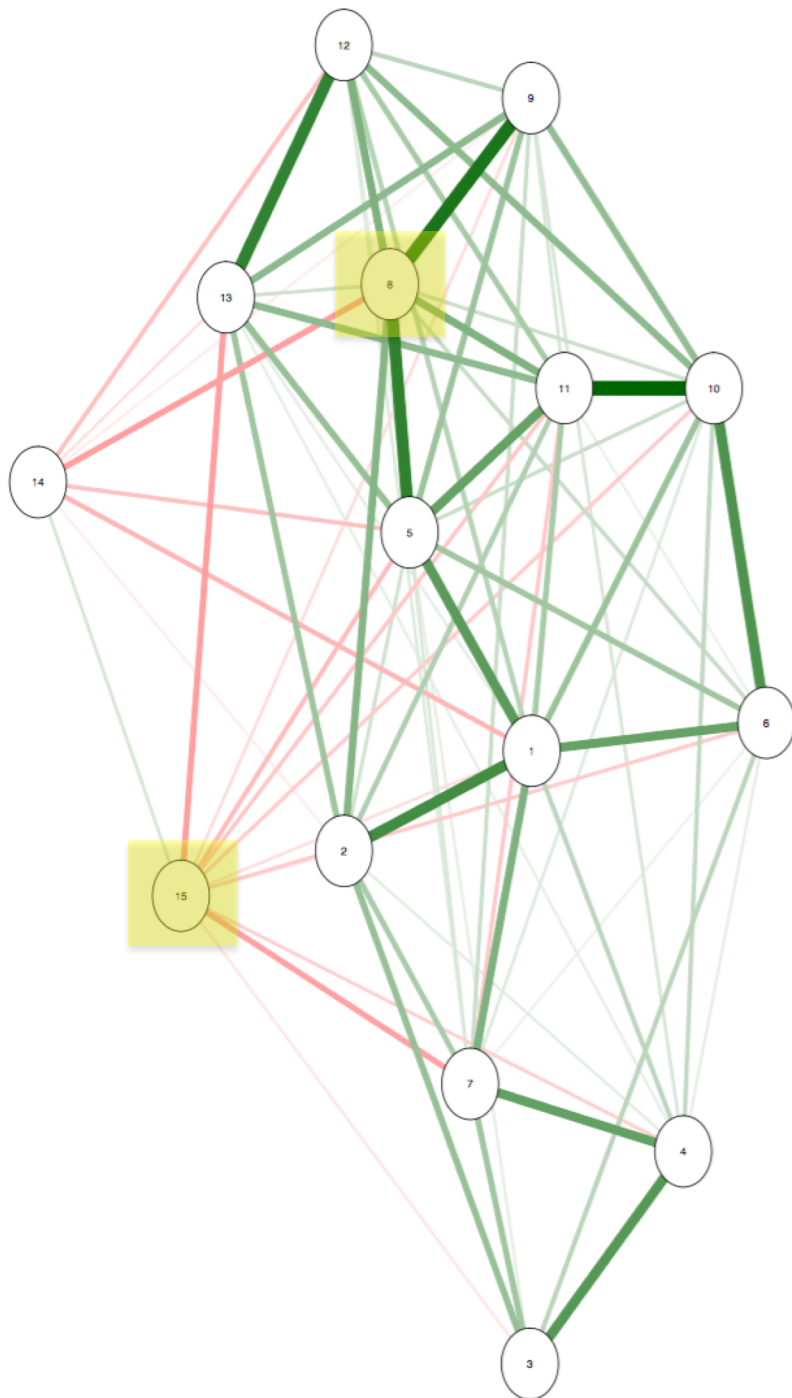
**ADD PROTECTIVE FACTORS TO THE
NETWORK AND EXAMINE UNIQUE
ASSOCIATIONS**



- 1: Sadness
- 2: Anhedonia
- 3: Fatigue
- 4: Restless
- 5: Worthless
- 6: Crying
- 7: Concentration
- 8: SelfHatred
- 9: BadPerson
- 10: Lonely
- 11: Unloved
- 12: WorseOthers
- 13: DidWrong
- 14: SCS
- 15: CAMM



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SADNESS

ANHEDONIA

FATIGUE

FEELING RESTLESS

WORTHLESSNESS

CRYING

CONCENTRATION

SELF-HATRED

FEELING LIKE A BAD PERSON

FEELING WORSE THAN OTHERS

DO EVERYTHING WRONG

LONELINESS

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CAREFULLY!

**SELF-COMPASSION IS MORE STRONGLY
ASSOCIATED WITH
CENTRAL SYMPTOMS**

**MINDFULNESS IS MORE STRONGLY
ASSOCIATED WITH ALL SYMPTOMS**

**PRIORITIZE FACTORS THAT ARE MORE
STRONGLY RELATED TO CURRENT
SYMPTOMS?**

SUMMARY

**BE WARY OF DEPRESSION
SUM SCORES**

**NETWORK ANALYSIS CAN HELP US
IDENTIFY WHICH PROTECTIVE FACTORS
UNIQUELY PROTECT AGAINST
CERTAIN SYMPTOMS**

IT'S EARLY

Thank you for your attention!

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