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# The relationships between parenting factors and parental sensitivity to the child's depression

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# The relationships between parenting factors and parental sensitivity to the child's depression

## **Abstract**

Parenting, and its effects on a child, has been an area of interest in psychology for many years. By studying parental attachment, parenting confidence, and other parenting aspects, we get a better understanding of how the parent-child relationship functions. This study will utilize children's self reports of their depression and the parents' reports of their child's depression, to examine parental attachment and parenting confidence and how those two factors relate to the parent's sensitivity to their child's depression. The results from this study have possible implications for how to better structure the child's home environment, how to help the child receive early intervention for their depression, and helps us to better understand how the parent-child relationship affects how the parent views their child's behavior.

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**RUNNING HEAD: PARENTAL SENSITIVITY**

**THE RELATIONSHIPS BETWEEN PARENTING FACTORS  
AND PARENTAL SENSITIVITY TO THE CHILD'S DEPRESSION**

**By**

**Sara Thompson**

**A Senior Thesis Submitted to the**

**Eastern Michigan University**

**Honors College**

**in Partial Fulfillment of the Requirements for Graduation**

**with Honors in Psychology**

**Approved at Ypsilanti, Michigan, on this date December 22, 2016**

### Abstract

Parenting, and its effects on a child, has been an area of interest in psychology for many years. By studying parental attachment, parenting confidence, and other parenting aspects, we get a better understanding of how the parent-child relationship functions. This study will utilize children's self reports of their depression and the parents' reports of their child's depression, to examine parental attachment and parenting confidence and how those two factors relate to the parent's sensitivity to their child's depression. The results from this study have possible implications for how to better structure the child's home environment, how to help the child receive early intervention for their depression, and helps us to better understand how the parent-child relationship affects how the parent views their child's behavior.

### Introduction

Many researchers have examined the parent-child relationship and how different parenting factors such as attachment, involvement, communication, relational frustration, and parenting confidence can affect a child's development. However, few studies investigate how accurate parents are at reporting on their child's emotional state and internalizing behaviors. This study investigates the relationship between two parenting factors, attachment and parenting confidence, and how these factors influence how attuned a parent is to his or her child's self-reported depression. While there are some studies that examine how attachment affects the parent's accuracy at reporting his or her child's depression, there are far fewer studies looking at how parenting confidence affects a parent's attunement to their child's depression. There are no studies that examine how both attachment and parenting confidence relate to and affect a parent's attunement to

their child's depression. The results from this study can help us better understand the parent-child relationship, and how different parenting styles affect how the parent views their child's behavior. Additionally, this research can inform clinicians about how they can help parents understand their child's moods and behaviors, how to help structure a child's home environment especially when a child has depression, and how to help the child receive early intervention for his or her depression.

### *Symptoms of childhood depression*

The Center for Disease Control defines depression as, "persistent sadness and sometimes irritability" that can cause disruptions in a person's life (Centers for Disease Control and Prevention, 2016, Overview section, para. 1). The symptoms of depression in children may look different from symptoms of depression in adults. The Diagnostic and Statistical Manual of Mental Disorders-5<sup>th</sup> edition (2013; DSM-5, American Psychiatric Association, 2013) contains a list of some symptoms associated with childhood depression such as depressed or irritable mood, trouble sleeping, fatigue or loss of energy, failure to make expected weight gains, and suicidal ideation. Some other symptoms include somatic complaints (such as headaches or stomachaches), school problems (such as poor academic performance or truancy), trouble concentrating, and negative self-esteem (Koplewicz & Klass, 1993).

Prevalence. It is estimated that between 1-2% of school age children (ages 7-12 years) meet the requirements for a diagnosis of depression (Abela & Hankin, 2008). The National Research Council and Institute of Medicine states that it is important for children who are depressed to receive interventions and treatment as soon as possible because, "earlier age of onset [of depression] is associated with a worse course of

depression with greater chances of recurrence, chronicity, and impairment” (2009, p. 73).

Additionally, according to Abela and Hankin (2008) there is a “high comorbidity of depression with other mental disorders among children and adolescents” (p. 15).

Koplewicz and Klass (1999) have found that parents and teachers often do not notice depression in children who report feeling depressed. Therefore, it is important for parents to be aware of the symptoms of childhood depression because early intervention can prevent future episodes and other mental disorders later in life (Beardslee & Gladstone, 2001).

### *Measures for Child Depression*

Psychologists use many measures that either measure depression or have depression subscales for children. Some well-known measures for child depression are the Children’s Depression Inventory (Kovacs, 2010), the Depression Self-Rating Scale for Children (Birleson, 1978), and the Center for Epidemiological Studies Depression Scale for Children (1980). This study, which is part of a larger study of child stress and parenting, used the Behavioral Assessment System for Children, 2<sup>nd</sup> Edition (BASC-2; Reynolds & Kamphaus, 2004), which has a depression subscale. We used this measure because it measures other psychological problems besides depression that were of interest for the larger study. In addition, there is both a parent form and child self-report form of the BASC-2, and both forms have the depression subscale. Thus, we can compare ratings between parents and the child.

### *Parenting Factors Related to Depression*

Most psychologists agree that depression has a genetic cause, as well as psychosocial and environmental factors. In fact, Abela and Hankin (2008) write,

“Children of depressed parents are approximately four times more likely to have an episode of major depression” (p. 18). However, this study examined environmental factors, specifically parental attachment to the child and parenting confidence. We used the Parenting Relationship Questionnaire (PRQ; Kamphaus & Reynolds, 2006) to measure attachment and parenting confidence, which are two of the subscales of this questionnaire.

### *Parental Attachment*

Attachment is an enduring emotional bond that connects one person to another (Ainsworth, 1973; Bowlby, 1969). There are many ways that attachment can be defined. In the PRQ, attachment is operationally defined as the amount of time the parent spends with their child, and how well a parent can comfort their child in times of distress. Some examples are, “I enjoy spending time with my child,” “When upset, my child comes to me for comfort,” and “I know when my child will become upset” (PRQ; Kamphaus & Reynolds, 2006).

Several studies have demonstrated a relationship between a child’s attachment style and internalizing behaviors. Specifically, a child who is insecurely attached to their parent tends to have more internalizing behaviors (Agerup et al, 2015; Muris, Meesters, & van den Berg, 2003). However, a parent’s attachment to their child and the parental warmth that accompanies attachment can have a positive impact on children with depressive symptoms. When parental warmth is applied consistently over time, it can lessen the severity of depressive symptoms in children (Barrio, Holgado-Tello, & Carrasco, 2016).

In contrast, not enough attachment from the parent or too much attachment can have negative consequences. For example, disengaged family interactions (interactions that lack warmth and affection) have been found to predict depressive symptoms in school-aged children (Jacobvitz, Hazen, Curran, & Hitchens, 2004). At the opposite end of the attachment continuum are parents who are over-attached or enmeshed with their child. This means that the parent attempts to “pull in” the child to meet his or her needs without respecting the child’s personal and psychological space (Jacobvitz, Hazen, Curran, & Hitchens, 2004). Enmeshed parenting has been found to foster dependency and children with a parent who is enmeshed report feeling more depressed than children from more typical households (Jewell & Stark 2003).

Although there is some research demonstrating the positive impact of parental warmth and attachment in protecting the child against depression, no research has examined if warmth and attachment are related to a parent’s ability to accurately identify their child’s depression. By “accurately identify,” we mean that parents’ ratings of their child’s depression are similar to the child’s own rating of their depression. We hypothesize that parents who misjudge their child’s level of depression (either estimating it too high or too low) will report levels of attachment that are higher or lower compared to parents who report moderate levels of attachment.

### *Parenting Confidence*

Parenting confidence can be defined as the degree to which parents perceive themselves as capable of performing the tasks associated with parenting (Coleman & Karraker, 1998). For example, “I make good parenting decisions,” “I am confident in my parenting ability,” and “I remain calm when dealing with my child’s misbehavior” are all



items related to the parenting confidence scale of the PRQ (Kamphaus & Reynolds, 2006). Parenting confidence is related to “the knowledge of the particular behavior(s) that it relates to as well as perceptions of situational contingencies” (Coleman & Karraker, 1998). In the parenting context, this means the parent has knowledge of how to effectively parent, how to handle a child’s misbehavior, and how to make good parenting decisions, along with other factors.

Very little research has been done regarding parenting confidence and the outcomes of the child, and no research has been done regarding parenting confidence and childhood depression. This is one of the reasons we decided to look at the relationship between parenting confidence and how attuned a parent is to their child’s depression. It is important to examine this relationship because it has not been heavily researched and because other parenting factors such as attachment and parental warmth can affect how a parent views their child’s behavior. If other parenting factors can affect how a parent views their child’s behavior, then parenting confidence might have an effect as well. It is logical to think that parents who are confident also understand their children and can accurately identify their moods and problems. If we know parenting confidence is related to knowledge of the child’s depression, therapists can target parenting confidence as a goal of family therapy.

### *Hypotheses*

Our first hypothesis was: 1) parent reports of their child’s depression and the child’s self report of depression will be moderately correlated. This means that we predicted a moderate agreement between parent reports and child reports. Our second hypothesis was: 2) parent and child reports of depression will be negatively correlated

with parents' reports of attachment to their child and parenting confidence. That is, we predicted that the more attached a parent felt towards their child and the more confident they felt in their parenting ability, the less depression the children and parents would report about the child. We assumed that parents' reports of their attachment and confidence would be more strongly related to their own reports of the child's depression than it would be to the child's self report. This is because the same reporter has a stronger relationship between the variables they report on than will a different reporter. Our final hypothesis was, 3a) parents who underreported or over-reported their child's depression would also report parent-child attachment that is significantly different than parents who were accurate in their estimations of their child's depression. Specifically, we hypothesized that parents who underreported their child's depression (compared to the child's own ratings) would also report the least attachment to their child. We hypothesized this because a parent who is not very attached to their child might not recognize the signs of depression in their child because they are not spending as much time with them, or might not be as attuned to their child's moods as a parent who reports more attachment to their child. Additionally, parents who over-reported their child's depression should report high levels of attachment. These parents may be too enmeshed in their child's emotional life and are too sensitive to their child's moods and emotions. Finally, as an exploratory part of this study, we hypothesized that 3b) parents who over-reported their child's depression would report the least parenting confidence and parents who underreported their child's depression would report the most parenting confidence. This might be the case because a parent who is more confident in their parenting skills, might not realize their child is depressed because they are "good parents." Additionally,

parents who report low parenting confidence might think their child is more depressed than they actually are because they are “bad parents.”

### Method

This study used data from Eastern Michigan University’s Child Stress and Parenting Study. The purpose of the Child Stress and Parenting Study was to examine the relationship between stressful life events and a child’s cognitive functioning.

### Participants

For this study, 73 children between the ages of 8-11 years old (36 females, 37 males  $M_{age} = 9.94$  years) and one of their parents participated. Of the 73 parent-child dyads, 80% of the reporting parents were the biological mother to the child participating and 14% of reporting parents were the biological father to the child participating in the study. Participants were recruited with flyers posted around Eastern Michigan University’s campus and the surrounding community, Craigslist ads, and Facebook postings. Participants were compensated with a \$40 Meijer gift card per child participating in the study.

### Procedures

Data collection took place at Eastern Michigan University’s Psychology Clinic. The child and their parent were taken into one of the therapy rooms and a graduate student went over informed consent with the parent and assent for the child. The child stayed with the graduate student and completed various neuropsychological tests and psychosocial questionnaires. The parent went out into the waiting room with an undergraduate student, and the undergraduate student administered the parent

questionnaires that included a demographics form, various questionnaires about their child's behaviors, a parent relationship questionnaire, and a discipline questionnaire.

## Measures

### *Parent measures*

This study used the depression scale of the BASC-2—Parent version. The BASC-2 measures the behaviors and emotions of children as rated by the child or by the parent. There are various subscales of the BASC-2, but this study focused only on the depression subscale. Items are rated on a 4-point scale (N=Never, S=Sometimes, O=Often, A=Almost Always). Some of the items from the depression scale are “My child is easily upset,” “My child says ‘nobody likes me,’” “My child complains about not having friends,” and “My child says ‘I hate myself.’” The mean T-score of the standardized sample was 50 with a standard deviation of 10. Our sample had a mean T-score of 50.1 with a standard deviation of 11.4. The BASC-2—Parent version has moderate to good reliability and validity (Reynolds & Kamphaus, 2004).

This study also used the PRQ Attachment and Parenting Confidence scales. The PRQ is a questionnaire that has various scales that measure different aspects of the parent-child relationship including attachment, involvement, parenting confidence, relational frustration, communication, and discipline practices. Parents rate the items on the questionnaire on a 4-point scale (N=Never, S=Sometimes, O=Often, A=Almost Always). The attachment scale assesses “The affective, cognitive, and behavioral relationship between a parent and child that results in feelings of closeness, empathy, and understanding on the part of the parent for the child” (PRQ; Kamphaus & Reynolds, 2006). Some of the items from the attachment scale include: “When my child is upset, I

can calm him or her,” “I enjoy spending time with my child,” “I know what my child is feeling,” and “I know when my child wants to be left alone.” The mean T-score for attachment for the standardized sample was 50 with a standard deviation of 10. For our sample, the T-score was 49.1 with a standard deviation of 10.7.

The Parenting Confidence scale assesses, “The comfort, control, and confidence of the parent when actively involved in the parenting process and when making parenting decisions” (PRQ; Kamphaus & Reynolds, 2006). Some of the items from the parenting confidence scale include: “I make good parenting decisions,” “I remain calm when dealing with my child’s behavior,” “I am in control of my household,” and “My child and I agree on most things.” The mean T-score for parenting confidence for the standardized sample was 50 with a standard deviation of 10. For our sample, the mean T-score was 50.3 with a standard deviation of 9.5.

### *Child Measures*

This study used the depression scale of the BASC-2—Child self-report. The rating scale for the BASC-2—Child self-report includes true/false items as well as items scored on the same scale that is used for the BASC-2 Parent report. Some items from the depression scale for the self report are “I don’t seem to do anything right,” “I just don’t care anymore,” “I used to be happier,” and “Nothing is fun anymore.” The mean T-score for the depression scale of the standardized sample is 50 with a standard deviation of 10. For our sample, the mean T-score was 46.1 with a standard deviation of 7.8. The BASC-2—Child self-report has moderate to good reliability and validity (Reynolds & Kamphaus, 2004).

## Procedure

The data used for this study were part of the data collected for the Child Stress and Parenting Study at Eastern Michigan University. Data were collected at the Eastern Michigan University Psychology Clinic. Participants would arrive at the clinic and would be taken back into one of the therapy rooms where a graduate student reviewed informed consent with the parent and assent with the child participating in the study. After the parent and child signed the informed consent and assent respectively, the child stayed in the room with the graduate student and the parent went out into the waiting room with an undergraduate research assistant. The child completed various neuropsychological tests and answered psychosocial functioning questionnaires. The parent filled out various questionnaires about family demographics, their child's psychological functioning, and their perception of the parent-child relationship. The undergraduate student explained each questionnaire to the parent before administering it to the parent and answered any questions the parent had while filling out the questionnaire. The child portion of the study took approximately two hours to complete, while the parent portion took approximately one hour to complete. Upon completion of the questionnaires, the parent received a \$40 Meijer gift card. The completed parent questionnaires were kept in a folder separate from the completed child measures, and both folders were de-identified using a number. The questionnaires and neuropsychological measures were later scored by a graduate student, and when scoring was complete, an undergraduate research assistant entered the data into the lab database.

## Results

For Hypothesis 1 and 2, we examined the Pearson Product Moment correlation between the parent and child BASC-2 T-scores, PRQ attachment T-scores, and PRQ parenting confidence T-scores. We were most interested in the correlation between the parent and child measures of depression, as we hypothesized a moderate correlation between these measures (Hypothesis 1). As can be seen in Table 1, there was a positive correlation between the parent BASC-2 scores and the child BASC-2 scores that was significant at the .05 level. This means that parents and children generally agreed on how depressed the child was, but the relationship was modest, as predicted. Both the PRQ attachment scores and the PRQ parenting confidence scores were moderately, negatively correlated with the parent BASC-2 Child depression scores (Hypothesis 2). That is, the higher the level of depression the parent reported for their child, the less attachment they reported toward their child generally, and the less confident they felt about their parenting. Interestingly, the Child's BASC-2 rating of their own depression was not significantly correlated with parent reports of attachment or parenting confidence. Finally, the PRQ attachment scores and the PRQ parenting confidence scores were highly, positively correlated with each other at a .01 significance level (Table 1).

Table 1

Correlations for all variables in the study.

	BASC Parent Rating T-scores	PRQ Attachment T- scores	PRQ Parenting Confidence T- Scores
BASC Child Depression Rating T- scores	.26*	.06	.02
BASC Parent Depression Rating T- scores	-	-.32**	-.38**
PRQ Attachment T-scores		-	.65**

\*. Correlation is significant at the 0.05 level (2-tailed)

\*\* . Correlation is significant at the 0.01 level (2-tailed)

For Hypothesis 3, before the data were analyzed, we created three groups of parents: those who underreported their child's depression, those who were accurate at reporting their child's depression, and those who over-reported their child's depression. To do this, we subtracted the T-score of parents' rating of their child's depression on the BASC-2 from the T-score of the child's self-report of their depression. We then divided the sample into three groups: the bottom 25 percent (underreporting;  $n = 16$ ), the middle 50 percent (accurate;  $n = 35$ ), and the top 25 percent (over-reporting;  $n = 21$ ). The underreporting group different scores that ranged from -30 to -3. The accurate group had different scores that ranged from -2 to 7. The over-reporting group had different scores that ranged from 8 to 46.

We then performed an ANOVA with a Bonferroni Post Hoc test, where the PRQ Attachment T-score was the dependent variable and the three parent reporting groups was



the independent variable (Hypothesis 3a). The overall ANOVA was significant ( $p \leq .02$ ),  $F=4.42$  (2, 69). This indicates that at least one of the parent groups is significantly different in reporting their attachment to their child. The Bonferroni post hoc analyses showed that the underreporting group and the over-reporting group were significantly different from each other at the .05 level in the level of attachment (Table 2). The mean attachment score for the groups was: underreporting group (Mean=54.2, SD=9.4), accurate group (Mean=49.2, SD=10.2), and over-reporting group (Mean=44.3, SD=10.1). In sum, Hypotheses 3a was not confirmed, in that the underreporting and over-reporting were not significantly different from the accurate group. Nevertheless, the underreporting and over-reporting groups were significantly different from each other, with the underreporting group indicating the highest levels of parent attachment and the over-reporting group indicating the lowest levels. The direction of these findings are opposite of what was predicted in our hypothesis.

Table 2

Analysis of Variance for Parent Accuracy Reports: PRQ Attachment T-scores

1 is underreporting, 2 is accurate, 3 is over-reporting	Mean Difference
1                      2	5.02
3	9.85*
2                      1	-5.02
3	4.84

\*. The mean difference is significant at the 0.05 level.

For Hypothesis 3b, we performed another ANOVA using the PRQ Parenting Confidence T-score as the dependent variable and the three parent reporting groups as the independent variable. The overall ANOVA was significant ( $p \leq .01$ ),  $F=4.98$  (2, 69). This indicates that at least one of the parent groups is significantly different in reporting their

parenting confidence. The Bonferroni post hoc analyses showed that the underreporting and the over-reporting groups were significantly different from each other at the .05 level in the level of parenting confidence. The analyses also showed that the accurate and over-reporting groups were significantly different from each other at the .05 level in the level of parenting confidence (Table 3). The mean parenting confidence score for the groups was: underreporting (Mean=54.0, SD=8.3), accurate (Mean=51.7, SD=9.6), and over-reporting (Mean=45.2, SD=8.7). In sum, Hypothesis 3b was partially confirmed. Parents who over-reported their child's depression also report the lowest levels of parenting confidence compared to underreporting and accurate groups. The underreporting group and the accurate group were not significantly different from each other.

Table 3

Analysis of Variance for Parenting Accuracy Reports: PRQ Parenting Confidence T-scores

1 is underreporting, 2 is accurate, 3 is over-reporting		Mean Difference
1	2	2.34
	3	8.76*
2	1	-2.34
	3	6.42*

\*. The mean difference is significant at the 0.05 level.

### Discussion

The purpose of this study was to examine the relationships between parenting factors and the parent's accuracy at reporting on their child's depression. Specifically, we examined how attachment and parenting confidence relate to the parent's accuracy at reporting their child's depression. Our first hypothesis was 1) parent reports of their child's depression and the child's self report of depression will be moderately correlated.

Our second hypothesis was 2) parent and child reports of depression will be negatively correlated with parents' reports of attachment to their child and parenting confidence.

Our third hypothesis had two parts—3a) parents who underreport or over-report their child's depression will also report parent-child attachment that is significantly different than parents who are accurate in their estimations of their child's depression, and 3b) parents who over-report their child's depression will report the least parenting confidence and parents who underreport their child's depression will report the most parenting confidence.

Hypothesis 1 was confirmed—the parent reports of their child's depression and the child self reports were moderately correlated. However, the correlation was not strong, suggesting that there are discrepancies between parent reports and child reports. This could be due to misconceptions about what depression looks like in children. In adults, depressive symptoms include, depressed mood characterized by feelings of sadness, emptiness, or hopelessness, loss of interest or pleasure in activities that used to be enjoyable, fatigue, and inability to concentrate (DSM-5, American Psychiatric Association, 2013). These symptoms are relatively familiar to most people when thinking about depression. However, in children the symptoms of depression can look different. Some examples include, irritable mood, trouble sleeping, fatigue, somatic complaints, social withdrawal, school problems, and trouble concentrating (DSM-5, American Psychiatric Association, 2013; Koplewicz & Klass, 1993). Parents may be unfamiliar with these symptoms and may mistake their child's irritability, school problems, and trouble concentrating as “acting out” behavior. Internalizing behaviors such as depression and anxiety can be more difficult to notice than externalizing behaviors such as

disruptive, aggressive, or hyperactive behavior. This is because externalizing behaviors affect the people around the individual expressing those behaviors, while internalizing behaviors are directed inward to the person expressing those behaviors. It is important for parents to be able to recognize potential symptoms of depression in their child because often times when a child is brought in for evaluation, the parent is asked to describe or rate their child's behavior.

Our second hypothesis was also partially confirmed—parent reports of their child's depression were found to be negatively correlated with parent reports of attachment and parenting confidence. This is only a correlational relationship and does not mean that reports of high attachment and high parenting confidence predict lower levels of depression in children. The only way to know if there is a causal relationship between these factors is to do a longitudinal study where follow-up data is taken at different times over a period of years. Interestingly, child self reports were not correlated with parent reports of attachment and parenting confidence. This could mean that parents' perceptions of their child's depression can become clouded by different factors, and that could affect how accurately a parent can report on their child's depression. A study done by Moretti, Fine, and Marriage (1985) found that parents' ratings of their own depression correlated significantly with their perceptions of depression in their children. Their study and our findings suggest that parents' ability to accurately report on their child's depressive symptoms can become clouded by other factors such as parental depression, attachment to their child, and parenting confidence.

There are many factors that could influence accuracy in parent reporting. Our study focuses on two of these factors—attachment and parenting confidence. Hypothesis

3a was not confirmed because the underreporting and over-reporting groups were not significantly different from the accurate group in terms of how they reported attachment. However, the underreporting and over-reporting groups were significantly different from one another. We hypothesized that parents who underreported their child's depression would report the least attachment to their child, while parents who over-reported their child's depression would report the most attachment to their child. What is interesting is that the direction of our results was the opposite of what we hypothesized. Perhaps a reason why parents who report the most attachment to their child also underreport their child's depression is because they are enmeshed with their child and fail to see the symptoms of depression in their child because they are too focused on other aspects of their child's life. Alternatively, perhaps parents who underreport their child's depression are aware of their child's depressive symptoms to an extent, but they are in denial about their child actually being depressed. The parent cares deeply for their child and, therefore, they cannot imagine or do not want to imagine that their child could in fact be depressed. In contrast, perhaps parents who report the least attachment to their child over-report their child's depression because they are not attuned to their child's moods and emotions and perceive certain behaviors (such as school problems and trouble focusing) more negatively or more problematic than parents who report more attachment to their child.

Hypothesis 3b was partially confirmed. While the underreporting group and the accurate group were not significantly different from each other, the over-reporting group was significantly different from both the underreporting group and the accurate group in terms of parenting confidence. Parents who over-reported their child's depression reported the lowest levels of parenting confidence compared to underreporting and

accurate groups. This makes sense because a parent who perceives their child to be more depressed, might feel like they are not doing a good job parenting their child, which in turn lowers their confidence in their parenting abilities. This could be especially true if we factor in attachment. Parents who over-reported their child's depression also reported the lowest levels of attachment to their child. If a parent who over-reports their child's depression is aware that they are not very attached to their child and believes their child is depressed, this could lower their parenting confidence.

Some limitations to this study include the small sample size, the measure we used for depression, and the correlational nature of the study. Our study only had 71 participants, and most of the adult participants were Caucasian mothers. With only 71 participants, the results from this study might not be an accurate representation of the population. Further, this was not a clinical sample, where we might see high levels of depression in children. Using a clinical sample would increase the variance in depression scores and may have produced more significant results. A larger sample size would include a more diverse set of participants, differing in race and relationship to their child. In addition, our data only show correlational relationships. As mentioned before, the only way we could know if there was a causal relationship between parenting factors and parents' accuracy at reporting their child's depression would be to do a longitudinal study. Finally, the measure we used for depression was a subscale of a larger questionnaire that measures many other problem behaviors such as anxiety, conduct problems, attention problems, hyperactivity, and learning problems. The BASC-2 depression subscale is a more general measure than one designed specifically for

measuring depression in children such as the Children's Depression Inventory (Kovacs, 2010).

### Conclusions

These findings have many implications for clinical practice. First, these results can help us to better understand the parent-child relationship and how different parenting factors affect how a parent views his or her child. Parents are often asked to rate or describe their child's behavior in clinical settings and even in everyday settings, such as conferences with teachers. The amount of attachment a parent feels toward their child or how confident a parent feels in their ability to care for their child could bias their report of their child's depressive symptoms by either over-estimating or underestimating. It is important to note that parents might not be the most accurate raters of their child's depressive symptoms. Additionally, this information could be used by psychologists in clinical settings. A psychologist working with a child who is depressed might also want to interview the parents to find out their feelings toward their child. The psychologist can then target specific factors like attachment or parenting confidence to work on with the parent in family therapy to help the child's home environment be more structured and tailored for the child's well-being. Finally, psychologists can use this information to help parents become more sensitive to their child's depressive symptoms, making earlier intervention possible. Early intervention is important to help treat symptoms of childhood depression because the depressive symptoms could become worse as the child ages.

This study adds to a growing body of research on parental attachment and the accuracy of parents in reporting on their child's depressive symptoms. We also explored the relatively unresearched topic of parenting confidence and how it relates to a parent's

ability to accurately report on their child's depression. We hope that this study encourages future research in both areas, thereby helping to serve children and families more effectively.



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