

# Introduction to Special Issue: Cognitive Vulnerability to Depression in Children and Adolescents

Brandon E. Gibb

*State University of New York at Binghamton*

John R. Z. Abela

*McGill University*

Depression in children and adolescents is a significant public health problem. Major depression affects approximately 1% of children and up to 24% of adolescents (for a review, see Avenevoli, Knight, Kessler, & Merikangas, 2008). Depression during childhood and adolescence is associated with significant impairment, including difficulties in academic and social functioning (Avenevoli et al., 2008), that may have lasting deleterious effects. Depression during childhood also increases risk for suicide, and this increased risk lasts into adulthood (Weissman et al., 1999). Whereas suicide is the eleventh leading cause of death across age groups, it is the third leading cause of death among 10-24 year olds (Centers for Disease Control and Prevention [CDC], 2008). Depressed youth are also at significantly elevated risk for a recurrence of depression later in life (Rutter, Kim-Cohen, & Maughan, 2006), and because the risk of relapse increases with each successive episode (Solomon et al., 2000), depression early in life can set the stage for a pattern of recurrence that lasts throughout life. Even when not meeting criteria for a depressive disorder, subsyndromal levels of depression also increase risk for major depression in adulthood (Pine, Cohen, Cohen, & Brook, 1999). Finally, adolescence is the time during which the 2:1 gender difference in depression first emerges, with women being twice as likely to suffer from depression as men (Hankin et al., 1998). Clearly then, it is important to understand the causes of youth depression so that the likelihood of lifelong negative outcomes can be reduced.

Despite this clear need, the majority of depression research has focused on understanding vulnerability in adults. Much of this work has focused on cognitive models of vulnerability to depression (e.g., Abramson, Metalsky, & Alloy, 1989; Clark, Beck, & Alford, 1999). According to these theories, individuals' characteristic ways of attending to, interpreting, and remembering information may contribute vulnerability to the development and maintenance of depression. Specifically, individuals exhibiting

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Address correspondence to Brandon E. Gibb, Department of Psychology, Binghamton University (SUNY), Binghamton, NY 13902-6000. E-mail: bgibb@binghamton.edu; or to John R. Z. Abela, Department of Psychology, Rutgers University, Tillett Hall, 53 Avenue E, Piscataway, NJ 08854-8040. E-mail: abela@rci.rutgers.edu

a cognitive vulnerability are hypothesized to be more likely to develop depression following the occurrence of negative life events than are individuals without this vulnerability. Though originally developed and tested as models of depression vulnerability in adults, these theories have more recently been evaluated in youth samples. Initial tests of cognitive models of depression in youth yielded inconsistent support for the theories' vulnerability-stress hypothesis (for reviews, see Abela & Hankin, 2008; Gibb & Coles, 2005). Theorists have suggested that these mixed results may have been due to a number of factors, including developmental differences in the conceptualization and measurement of cognitive vulnerability and the use of research designs that focused on nomothetic rather than idiographic relations among cognitions, negative events, and depression (see Abela & Hankin, 2008; Gibb & Coles, 2005).

The articles in this special issue address these concerns in examining cognitive vulnerability to depression in children and adolescents. Specifically, two of the four articles (Heilbron, Prinstein, & Hilt; Abela & Scheffler) focus on how best to conceptualize and measure cognitive vulnerability to depression in youth. In addition, three of the four articles (Uhrlass, Crossett, & Gibb; Hankin, Wetter, Cheeley, & Oppenheimer; and Abela & Scheffler) describe multi-wave prospective studies evaluating idiographic relations among cognitive vulnerability, negative events, and depression. Each of the studies provides support for cognitive vulnerability-stress models of depression in youth, and two of the studies (Uhrlass et al. and Hankin et al.) suggest possible factors contributing to the development of gender differences in depression. In the first article of this issue, Uhrlass and colleagues report the results of a multi-wave study of 8–12 year olds. They found that levels of self-perceived social acceptance moderated the link between experiences of relational victimization and levels of depressive symptoms, but only for girls and not boys. In the second article, Heilbron et al. describe a novel method for assessing cognitive vulnerability in youth. Specifically, they coded the stability and globality of adolescent girls' comments to their friend regarding their performance during a laboratory-based stressor (impromptu speech). The stability and globality of these comments was related to girls' current depressive symptom levels, particularly among girls with a history of peer (relational or reputational) victimization. In the third article of this issue, Hankin and colleagues describe a multi-wave study of 11–17 year olds testing Beck's theory of depression. They found that adolescents' levels of dysfunctional attitudes moderated the link between negative events and symptoms of anhedonic depression. Interestingly, initial levels of depressive symptoms and negative events also predicted prospective changes in dysfunctional attitudes, and these effects were stronger for girls than boys. Finally, Abela and Scheffler describe the results of a multi-wave prospective study of 7–14 year olds using ecological momentary assessments of negative events and depressive symptoms focused on determining how best to conceptualize the various cognitive vulnerabilities that have been proposed for youth. Their findings suggest that different methods of conceptualizing cognitive vulnerability may have implications for predicting the development versus maintenance of depression in children and adolescents.

In summary, the articles in this special issue provide strong support for cognitive models of depression in youth. They also provide excellent examples of the types of research designs that may show the greatest promise for future investigations (e.g., multi-wave prospective studies, focus on vulnerability-congruent negative life events and the assessment of multiple forms of cognitive vulnerability within the same study, and think-aloud methods of assessing cognitive vulnerability).

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