COGNITIVE VULNERABILITIES, NEGATIVE LIFE EVENTS, AND DEPRESSIVE SYMPTOMS IN HISPANIC YOUNG ADOLESCENTS

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Purpose: Adolescent depression is highly prevalent, with Hispanic adolescents reporting higher levels of depressive symptoms than their non-Hispanic peers. Despite this, most stress-depression adolescent research has been conducted with non-Hispanic adolescents. Adolescents may develop cognitive vulnerabilities through negative thinking patterns when experiencing negative life events, putting them at risk for developing depressive symptoms. Little is known about the relationships between cognitive vulnerabilities, negative life events, and depressive symptoms in Hispanic young adolescents. This study examined the relationships among three key cognitive vulnerabilities, negative life events, and depressive symptoms in a sample of underserved 12-15 year old Hispanic adolescents (n=59) in central Texas.

Methods: A cross-sectional correlational design was used. Participants completed the Adolescent Life Event Questionnaire to assess negative life events, the Center for Epidemiologic Studies Depression Scale for Children to assess level of depressive symptoms, the Dysfunctional Attitudes Scale to assess dysfunctional attitudes, the Adolescent Cognitive Style Questionnaire to assess negative inferential style, and the Ruminative Response Scale to assess ruminative response style. Participants and parent/legal guardian demographic information was obtained at the time of consent/assent.

Findings: The sample consisted of 36 females (61%) and 23 males (39%), ranging in age from 12 to 15 years. Over 90% of the participants fell into the two lowest socioeconomic classes (i.e., Class IV and Class V). All three cognitive vulnerabilities were positively correlated with depressive symptoms (all p<.05) and negative life events (all p<.05); however, rumination had the most robust relationships with depressive symptoms (r=.807, p<.001) and negative life events (r=.639, p<.001). A three-step hierarchical linear regression analysis indicated, at step one, that gender contributed significantly to depressive symptoms (β=0.261, p=.05). In step two, negative life events was the only unique contributor (β=0.629, p<.001) to depressive symptoms. Step three included all independent variables and explained almost 70% of the variance in depressive symptoms (R²=.696, p<.001), with rumination accounting for 45% of this variability (β=.674, p<.001).

Conclusions: A unique finding of this study was that gender had some influence with females having more depressive symptoms than males. This is unique in that most studies indicate gender differences usually do not emerge until after the age of 13. The fact that 45% of depressive symptom prevalence could be attributed to rumination alone highlights the detrimental impact of ruminating in response to negative life events. These findings support the need for early intervention programs that target rumination in order to reduce the development of depressive symptoms. Future longitudinal research is needed to disentangle the temporal relationship of rumination as a cause or product of depressive symptoms.