

*Children's Negative Cognitive Triad as a Vulnerability to Depression:
Associations with Parents' Depression, Children's Attributions, and
Parents' Attributions for Events in the Child's Life*

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Abstract

This study drew upon Beck's (1967) cognitive theory of depression and the attributional reformulation of the learned helplessness theory (Abramson, Seligman, Teasdale, 1978). Associations were considered between children's negative cognitive triad and each of the following variables: the children's attributional style, parents' depression, and parents' attributions for events in the child's life. Each variable's association with a child's cognitive vulnerability (risk) for depression was evaluated. Data were gathered from children assessing their negative cognitive triad and attributional style, and from parents on their levels of depression and attributions for events in their child's life. Children's cognitive triad was related to children's attributional style, parental depression, and parents' attributions for events in their children's lives. Boys' cognitive triads were inversely related to mothers' depression and positively correlated with both mothers' and fathers' attributions for events in the child's life. Girls' cognitive triads were related to their attributional style and to fathers', but not mothers', attributions for the child's life events. Girls' cognitive triads were not related to either mothers' or fathers' depression. Results, implications, limitations, and future directions are discussed.

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Chapter 1

Literature Review

It is fairly well known that children of depressed parents have a greater risk of developing depression themselves. The magnitude of this risk depends on several factors. Genetic vulnerabilities can play a role, but many other theories have been proposed, researched, and supported as well. This project focused on cognitive vulnerabilities to depression, as shown through Aaron Beck's cognitive theory of depression and the attributional reformulation of the learned helplessness theory. Further, parental aspects that could contribute to a child's vulnerability to depression were considered. These parental influences include parents' depression and the attributions that parents make for events in the child's life.

Theoretical Framework

Beck's cognitive theory of depression.

Aaron Beck has played a revolutionary role in today's understanding of depression. Beck (1963) studied the associations between depression and thinking processes. He terms these thinking processes as cognitions, which are defined as "a specific thought, such as an interpretation, a self-command, or a self-criticism. The term is also applied to wishes (such as suicidal desires) which have a verbal content" (Beck, 1963, p. 326). This study found that cognitions do have unique associations with depression. Of these cognitions, low self-regard, ideas of deprivation, self-criticisms, and suicidal wishes were found to be significantly related to depression in individuals in comparison to the control group (Beck, 1963). One striking finding in this study is that for a depressed individual, these negative cognitions seemed to be involuntary and automatic because these individuals could not identify a thought process leading to the negative cognition (Beck, 1963). This lack of control seems to imply that if the causes of

depression do lie in these *uncontrollable* negative thoughts, nothing can break the cycle of depression once it has begun (see Figure 1). However, other theories have elaborated upon this cyclical problem.

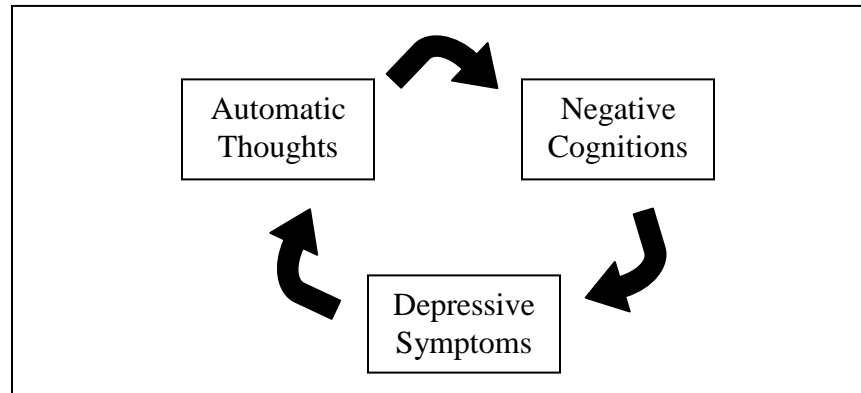


Figure 1: Cyclical Role of Automatic Thoughts in Depression

Further, Beck (1964) presented a theory that involves the inclusion of the schema, which is defined as “a structure used for screening, coding, and evaluating impinging stimuli” (Beck, 1964, pg. 562). According to the thesis stated in this study, negative schemata become more activated as a response to negative life events. Thus, the filtering of automatic thoughts through this negative schema then leads to cognitive distortions and negative cognitions which can exacerbate depressive symptoms (Beck, 1964). This process is illustrated in Figure 2.

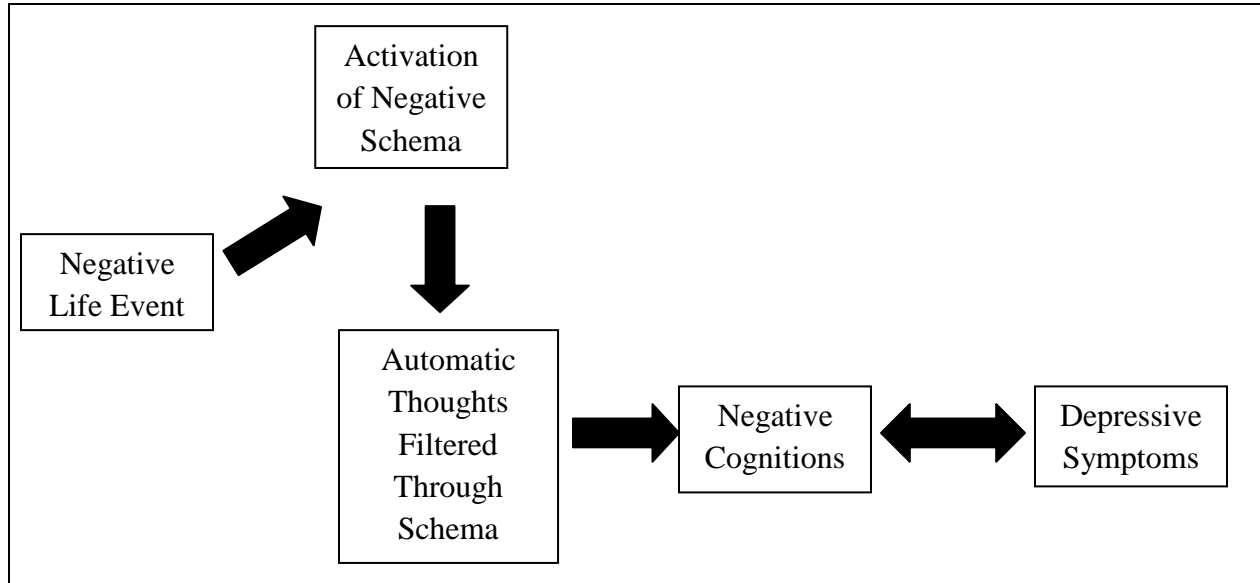


Figure 2: Function of Schema in Depression

In viewing depression in this manner, a schema can, in fact, be altered, and the cycle of depression can be broken. Beck (1964) proposed that in order to reconstruct a negative schema, the psychotherapist can make the depressed individual aware of the lack of truth in these automatic thoughts which will then alter the schema itself. Beck gives the example of a prominent researcher who feels he is unsuccessful; when this researcher was asked to cite a single example of failure, he could not indicate any instance of actually being unsuccessful as he had felt. This inability to provide support for the negative cognitions then allowed him to realize the inaccuracy of his automatic thoughts of being a failure. This realization could lead to a more accurate and positive schema to be formed that would eliminate the negative automatic thoughts entirely.

Beck (1967) further developed his cognitive theory of depression by elaborating on the idea of the schema. He explains that a person's schema is composed of thoughts and feelings about his or her *self*, the *world*, and the *future*. These three components of the schema are

collectively referred to as the “cognitive triad.” When someone sees these three areas (self, world, and future) in a negative manner, the individual possesses what is called a “negative cognitive triad.” The terms schema and cognitive triad will be used interchangeably hereafter. The individual components of the cognitive triad are important when considering the attributional reformulation of learned-helplessness theory which will be discussed hereafter.

Many researchers have considered Beck’s theories in relation to depression. In a review of empirical findings concerning Beck’s cognitive theory of depression in adults, Lakdawalla, Hankin, and Mermelstein (2007) found that most of the evidence supports Beck’s theory, but that some studies do find mixed support or no support for it, which shows that Beck’s cognitive theory of depression should still be researched more thoroughly.

Attributional reformulation of learned-helplessness theory.

Another theory of cognitive vulnerability to depression is the attributional reformulation of learned helplessness theory (Abramson, Seligman, & Teasdale, 1978). This reformulated theory attempts to correct inadequacies in the learned helplessness theory, which claims, “learning that outcomes are uncontrollable results in three deficits: motivational, cognitive, and emotional” (Abramson et al., 1978, pg. 50). The reformulated theory includes the aspect of attributions, which is how someone attributes the causes of a situation. A person attributes characteristics of situations on three separate axes — an *internal* or *external* cause, a *stable* or *unstable* likelihood of recurrence, and a *global* or *specific* area affected (Abramson et al., 1978). The terms internal and external mean that a person can either determine the cause of a life event to be because of internal qualities of his or her self or of some other external cause. The terms stable and unstable pertain to how the person views a particular event in terms of the future. Someone making a stable attribution of an event would think that that event is likely to recur in

the future. An unstable attribution would be just the opposite—the likelihood of a recurrence is slim. An attribution can also be either global or specific. A global attribution would mean that the person believes the cause of the event affects at least one other area, if not all areas of his or her life, while a specific attribution would mean that the person believes that cause will not affect any other aspect of life.

Abramson et al.'s (1978) theory claims that certain types of attributions lead to a feeling of helplessness, low-self esteem, and depressive symptoms. Of these, *stable* (likely to recur), *internal* (due to the self), and *global* (affecting other areas of life) attributions about a *negative* event are more likely to lead to helplessness and a cognitive vulnerability to depression. For instance, if someone failed a math test, that person might make attributions such as: I failed this test because I am stupid (internal attribution); I failed this test, so I will continue to fail all math tests (a stable attribution); I failed this math test, so I will fail my English and history tests as well (global attribution). However, it is also a cognitive vulnerability for depression if someone makes *external* (due to outside forces), *unstable* (unlikely to reoccur), and *specific* (limited to one area of life) types of attributions about a *positive* life event. Keeping the first example, if someone made an A on a math test, he or she might think: I did well on this test because it was really easy, not because I am smart (external); I did well on this test, but it probably won't happen again (unstable); or I performed well on this test, but I probably won't do well on my English or history tests anyway (specific). When individuals think this way, it can also lead to feelings of helplessness and a cognitive vulnerability to depression. These types of attributions that lead to a cognitive vulnerability to depression are displayed in Table 1. Again, external, unstable, and specific attributions for positive life events and internal, stable, and global

attributions for negative life events indicate a negative attributional style, which is a cognitive vulnerability to depression.

Table 1

Types of Attributions Leading to Cognitive Vulnerability to Depression

	Positive Life Event	Negative Life Event
Causes	External	Internal
Possibility of Recurrence	Unstable	Stable
Area of Influence	Specific	Global

Hopelessness Theory.

The hopelessness theory elaborates on the attributional reformulation of learned helplessness theory. Hopelessness theory (Abramson, Metalsky, & Alloy, 1989) claims that a negative attributional style results in hopelessness, which is defined as an expectation that negative events will certainly occur and positive life events will not. A key component of hopelessness is the belief that a person can do nothing to change the negative (or lack of positive) things to come. Feelings of hopelessness have been found to be significantly related to depression and hopelessness depression, a subtype of depression, in children (Abela, Gagnon, & Auerbach, 2007).

Children’s Depression, Cognitive Triad, and Attributions

The literature presented previously focuses predominantly on an adult population. In considering children and adolescents, it is important to confirm that the same theoretical framework applies. Several researchers have attempted to rectify this lack of literature on depression, the cognitive triad, and attributions in younger populations. Similar to adults, children’s negative cognitive triads are associated with the severity of depression symptoms

(Stark, Schmidt, & Joiner, 1996). Research indicates that children's cognitive triads are related to their mother's, but not father's, cognitive triad, and are also related to parental messages concerning the aspects of the cognitive triad (Stark et al., 1996). Further, Kaslow, Stark, Printz, Livingston, and Tsai (1992) find that depressed children from the fourth grade through seventh grade report a more negative cognitive triad than children without this psychological disorder. Children's cognitive triads do not precede depression, but adolescents' cognitive triads do (Timbremont & Braet, 2006); Timbremont and Braet (2006) note that depressive symptoms in youth produce changes in cognitive style, which then places the adolescent at greater risk for continued depression. As the cognitive triad is not as defined in young children, it does not necessarily predict depression in children younger than the sixth grade. LaGrange et al.'s (2008) longitudinal study of three years did find that the cognitive triad predicted depression in children in the sixth grade and older. Blount and Epkins (2009) find that children's attributional style is significantly related to children's cognitive triad ($r=.46$). This finding means that as a child possesses a more negative cognitive triad, his or her attributional style is more negative as well, and vice versa. On the other hand, LaGrange et al. (2008) find that children's cognitive triad is not significantly related to attributional style. Since the relation between children's cognitive triad and attributional style seems to vary among studies, it is important to research this correlation further.

Also, Gladstone and Kaslow's (1995) meta-analytic review of studies confirms that depressed children and adolescents do, in fact, make the same types of attributions as depressed adults. This review highlights that maladaptive attributional styles (as illustrated in Table 1) are also related to depression in children. However, Gladstone and Kaslow's (1995) review was unable to infer the direction of causality between children's depression and attributions. The

negative attributional style could have caused depression, or depression could have resulted in a more dysfunctional attributional style. Seligman et al. (1984) did find that a child's maladaptive attributional style indeed predicts subsequent depression. This study was performed in two stages. Children who had a negative attributional style during the initial report experienced more symptoms of depression in the second stage. Indeed, this finding shows that a child's negative attributional style precedes depression. Therefore, attributional style can be considered a cognitive vulnerability to depression in children as well as adults.

Further, Abramson and Alloy (2006) discuss in their book chapter that a child's negative attributional style results in later depression more frequently than children without this cognitive vulnerability. These children also suffered from more suicidal thoughts, feelings, and behaviors later in life relative to their peers without a cognitive vulnerability to depression. Distinct from other children with different psychological disorders, depressed children experience more hopelessness and a more depressive attributional style (McCauley, Mitchell, Burke, & Moss, 1988). Therefore, hopelessness and a negative attributional style are distinct to depression.

Other evidence is available that attributional style does not always predict depression in children. Cole et al. (2008) found that while children as young as seven years old can have a clear and specific attributional style, these attributions do not necessarily precede depression until middle to late adolescence. They found that beginning around age fourteen or fifteen, a negative attributional style predicts later depression. Similarly, Nolen-Hoeksema, Girgus, and Seligman (1992) find that correlations between explanatory style and depression increase with age. Gender also influences whether or not attributional style interacts with life events and then predicts depression. Relative to boys, girls have a stronger association with a negative cognitive

style and stress actually predicting depression over time (Mezulis, Funasaki, Charbonneau, & Shibley Hyde, 2010).

Parental Influences on Children's Cognitive Vulnerabilities to Depression

Parenting styles. Parenting styles are extremely important to consider in the development of a child's negative cognitive style. Inadequate parenting, as characterized by unresponsiveness and inconsistency, is associated with a child's cognitive vulnerability to depression (Goodman & Tully, 2008; Garber & Flynn, 2001). Mezulis, Hyde, and Abramson (2006) find that there is stronger support for an association between mothers' (relative to fathers') negative parenting and the child's cognitive vulnerability to depression. This association is likely explained by the fact that the mother is generally the primary caregiver. If a child is exposed to the mother more, then the mother's negative parenting practices would likely have a greater effect on the child's cognitive style. Nonetheless, a father has unique contributions to the child's cognitive style development as well. Fathers' negative parenting practices, lack of warmth and caring, and excessive criticism are all significantly related to a child's negative cognitive style (Abramson & Alloy, 2006). Out of these influences, lack of warmth from fathers is highly associated with children's cognitive vulnerability to depression (Abramson & Alloy, 2006). Further, father-child conflict is associated with children's behavioral problems and impaired emotional development (Kane & Garber, 2004); this relationship is mediated by fathers' depression, meaning that fathers' depression can explain higher levels of conflict and children's subsequent vulnerability to depression (Wilson & Durbin, 2010).

Parental depression, cognitive styles, and attributional styles. Parental depression has many effects on a child. Even when the child is as young as infancy, parental depression has

notable influences on the child. An infant does not have the cognitive ability to regulate emotions; therefore, parents have a great role in the child's regulation of negative emotions during this time (Joormann, Eugene, & Gotlib, 2009). Joormann et al. (2009) note that parental depression, especially for mothers, is associated with emotional disturbances in infancy which are due to an inability to manage negative emotions. Further, infants of mothers with postpartum depression exhibit less cognitive development than those raised by mothers without postpartum depression (Joormann et al., 2009). Unfortunately, these deficits that begin during infancy are generally stable throughout childhood. Continued exposure to parental depression is associated with increasingly adverse consequences on the child. As a result of early life experiences and interactions with depressed parents, a child is more likely to form a negative cognitive schema, and thus an increased cognitive vulnerability to depression (Joormann et al., 2009). Blount and Epkins (2009) found an association between mothers' negative cognitive triad and children's negative cognitive triad ($r=-.36$). A relation between mothers' depression and children's negative cognitive triad was also found ($r=-.33$); the relation between mothers' depression and children's negative cognitive triad was partially mediated by mothers' negative cognitive triad (Blount & Epkins, 2009).

In trying to explain the causes of a child possessing a cognitive vulnerability to depression, many researchers suggest developmental origins including modeling parents' cognitive styles (Abramson & Alloy, 2006; Goodman, 2007; Alloy et al., 2001). Modeling is a social learning mechanism in which an individual (especially a child) observes a behavior and subsequently incorporates it into his or her own behaviors. When a parent has a negative cognitive style, a child could easily imitate this style and have it develop into his or her own cognitive vulnerability to depression. Abramson and Alloy (2006) discuss that modeling

mothers' cognitive styles is especially significant for children. Children modeling mothers' cognitive styles is probably especially significant due to the fact that mothers are usually the primary care-giver, and a child would have more exposure to her than to the father. Indeed, mothers' cognitive triads are significantly related to children's cognitive triads (Blount & Epkins, 2009; Stark et al., 1996), but those of fathers' are not (Stark et al., 1996). The relationship between mothers' and children's cognitive styles is moderated by the amount of time the child spent with the mother, which supports a modeling theory of cognitive vulnerability to depression (Blount & Epkins, 2009). Mothers' negative attributional style and depression are related to depressive symptoms and negative attributional styles in children (Seligman et al., 1984; Garber & Robinson, 1997; Lau, Rijksijk, Gregory, McGuffin, & Eley, 2007), but this relationship is not true for fathers (Seligman et al., 1984). Children of mothers with chronic depression report a more negative attributional style and increased depressive symptoms than is reported by children without this risk (Garber & Robinson, 1997).

Parents' attributions for their child's life events. Abramson and Alloy (2006) suggest that children learn their cognitive styles (and thus a possible cognitive vulnerability to depression) through inferential feedback from parents. Parents might verbally communicate their own attributions for events in their child's life. For instance, if a child performed poorly on a test, the parent might say that it was because the child was not as smart as the other students. The more this type of feedback is given, the more likely a child is to develop this same type of attributional style. Further, mothers with depression make attributions for their child's negative experiences in the same negative attributional style they use for their own life events (Geller & Johnston, 1995). So for instance, if a depressed mother attributes the cause of her not being invited to a birthday party as "no one likes me," if her child was not invited to a peer's birthday

party, she would attribute it as “no one likes my child.” Mothers’ depression creates an increased risk for childhood depression in numerous ways. It is therefore important to study this relationship in the context of childhood depression and cognitive vulnerabilities to depression.

Some research in this area has found that the attributions that parents make about their children’s negative life events are not related to a change in children’s attributional style (Gibb et al., 2006) ($r=.27$). Gibb et al. (2006) explains that the reason they did not find a relation between children’s attributional style and parents’ attributions for their child’s life events could be because parents do not always verbally communicate these attributions to the children. A parent could make a negative attribution about an event in his or her child’s life without ever directly expressing this to the child; therefore, a more accurate way of assessing verbally communicated attributions is needed. While Gibb et al. (2006) did not find a causal relation between parents’ attributions for the child’s life events and children’s attributional style, Garber and Flynn (2001) did find a concurrent relation between these variables. Specifically mothers’ attributions for events in their children’s lives were significantly and positively correlated with children’s attributions for the same life events (Garber & Flynn, 2001) ($r=.27$). Alloy et al. (2001) find that college-aged young adults’ negative attributional styles are influenced by both mothers’ and fathers’ negative feedback for events in the child’s life.

Chapter 2

Introduction of Thesis

Hypotheses

Hypothesis 1.

My first hypothesis is that each of the following components: the children's attributional style, mothers' and fathers' depression, and mothers' and fathers' attributions for events in children's lives, will be correlated to the child's schema, or negative cognitive triad. This hypothesis is based on past literature on depression (personal communication, Catherine Epkins, July 29, 2010). Although past research on depression has influenced my hypothesis, I will be examining the negative cognitive triad as a vulnerability to depression. The thinking behind my hypothesis is that the parents' depression could affect their attributions for their child, and that parents' attributions for their child's life events could then affect the child's own attributions, which would finally result in the child having a negative schema. Because this sort of causal relationship is impossible to find in a correlational study, what I hope to find is that all three of these components are correlated to the child's cognitive triad.

Hypothesis 2.

I also hypothesize that both *mothers'* depression and negative attributional style for their child's life events will be significantly correlated with *girls'* cognitive triad. Similarly, my last hypothesis is that *fathers'* depression and negative attributional style for their child's life events will be significantly correlated with *boys'* cognitive triad. These hypotheses are based on past research dealing with the parent-child relationship that found that children's emotional responses vary according to the gender of both the parent and child (i.e. mothers' emotional responses have

unique relations with those of daughters, and fathers' emotional responses have unique relations with those of sons) (Eisenberg, Cumberland, & Spinrad, 1998).

Importance

My project is quite important to the field of psychology and psychotherapy. As Jacobs, Reinecke, Gollan, and Kane (2008) identify, when researching children's cognitive vulnerabilities to depression, it is necessary to consider more than one vulnerability factor as each one does not fully cover the subject. This study considers several cognitive vulnerability theories. Also, most research dealing with these variables has looked at depression, whereas I will look beyond that to the cognitive triad as a vulnerability to depression.

If my hypothesis that there will be a relation between children's cognitive triad and parents' depression and attributions for their child's life events is supported, therapy for childhood depression would really need to include therapy for the parent as well, as other researchers have noted (Feeny et al., 2009; Restifo & Bogels, 2009). Feeny et al. (2009) found that parent-child conflict decreased the efficacy of therapy for depressed children and address the importance of assessing for and treating this conflict in order to maximize the benefits of treatment for the child. The child's symptoms would be eliminated or diminished most effectively if the parent were aware of his or her influence in the child's schema formation, and family therapies do prove to be effective for treating depressed children of concurrently depressed parents (Compas et al., 2009; Compas et al., 2010). Compas et al. (2009) found that family treatments were more effective at treating both the child's and the parents' psychological problems, including depression, and Compas et al. (2010) found that the greater efficacy of family group therapy also applies to depressed adolescents.

One strength of this study is that data on fathers' depression and attributions for their children's life events will be included. Since mothers are usually more likely to be available for participation in research studies, information from fathers is often not available. Because fathers are included far less than mothers in studies involving children's cognitive vulnerabilities to depression, there is consequently much less known about variables involving fathers than those of mothers. Since relations of fathers' depression and attributions for their children's life events are primarily unknown, it is important to examine how data from fathers' are unique from mothers' reports.

Chapter 3

Method

Design

This study is correlational in design; I analyzed correlational associations and relations between the child's negative cognitive triad and each of the following variables: the child's attributional style, parents' attributions for events in the child's life, and parents' depression symptoms. I also examined separately the associations for boys and girls. This data are part of a larger data set that was collected from 1995 to 1997 by Dr. Catherine Epkins. The original data set includes participants recruited from local community events. The original data were used to examine various cognitive factors associated with children's depression and anxiety. For the current study, I analyzed correlations among variables from this data set that were previously not examined in relation to each other.

Measures

Cognitive Triad Inventory for Children (CTI-C), (Kaslow et al., 1992). This self-report questionnaire measures all three aspects of the cognitive triad (self, world, and future) in children. It was developed as a revision to the CTI for adults. In comparison to the original measure, this questionnaire features simplified wording, a removal of double negatives, and an emphasis on content relevant for children (i.e. school, play, family). The measure includes 36 items, with each aspect of the cognitive triad being measured by 12 individual items. These items are based on those found in the original adult questionnaire. Of the 36 items, 18 are worded positively while the other 18 are worded negatively. The child is instructed to answer whether he or she is or is not currently thinking the thought specified, such as "I do well at many different things" or "I can't do anything right." In the current study, this measure had a good

level of internal consistency reliability ($\alpha=.84$). It is important to note that the CTI-C can yield varying results depending on age; results seem to be unstable until children are older than the fourth grade (LaGrange et al. 2008). As addressed by other researchers (Zauszniewski, Panitrat, & Youngblut, 1999) the instability of results for younger children that could be due to their limited cognitive development, and that the CTI-C, and ultimately Beck's cognitive theory of depression, are not as applicable to children as for adults.

Children's Attributional Style Questionnaire-Revised (CASQ-R), (Thompson, Kaslow, Weiss, & Nolen-Hoeksema, 1998). This self-report questionnaire was used to measure the child's attributional style as it is the main measure of attributional style for children. This measure is a revision of the original CASQ, which is a 48-item scale used to assess causal attributions. The original CASQ proved to be quite lengthy for a child's attention span, so the CASQ-R was shortened by half. The CASQ-R contains 24 of the original items. Of these items, 12 measure attributions for positive events, and the other 12 measure attributions for negative events. For the items pertaining to positive events, two measure the internal/external attributions, seven measure the stable/unstable attributions, and three items assess the global/specific attributions. For the items considering negative events, three items address the internal/external attributions, six items assess the stable/unstable type of attributions, and three items assess the global/specific attributions. With this measure, positive and negative scores are derived, as well as an overall-composite score of the difference between the positive and negative scores. A low positive composite score, high negative composite score, and low overall composite score are all indicative of a depressive attributional style. For each scenario listed, the child is instructed to indicate the reason why the event happened. For example, when the event "A good friend tells you that he hates you" is given, the child can choose between "My friend

was in a bad mood that day,” or “I wasn’t nice to my friend that day.” This measure has shown a poor level of internal consistency reliability in previous studies such as $\alpha=.61$ (Thompson et al., 1998), and in the present study, this measure had a very poor level of internal consistency reliability of $\alpha=.22$.

CASQ-Parent (CASQ-P), (Garber & Flynn, 2001). This self-report questionnaire was used to measure the parents’ attributional style for the child’s life events. This measure is adapted from the CASQ-R. It is composed of 24 questions that are identical to those on the CASQ-R, except that parents respond on their own attributions toward the child’s life events and behavior. An example of this would be, “Your child gets an A on a test.” The parent could either choose “my child is smart” or “my child is good in the subject that the test was in.” This particular example would exhibit a global or specific attribution for the child’s life event. This measure greatly resembles the structure of the CASQ-R as well and has shown a fairly poor level of internal consistency such as $\alpha=.57$ (Garber & Flynn, 2001). In the current study, this measure also had a poor level of internal consistency reliability with $\alpha=.34$ for mothers’ and $\alpha=.33$ for fathers.

Beck Depression Inventory (BDI), (Beck & Steer, 1993). This measure was used to evaluate parents’ depressive symptoms. The BDI is a self-report measure of depression that assesses 21 depressive symptoms in adults such as hopelessness, irritability, and guilt. Respondents are instructed to report on whether they have experienced each symptom within the past two weeks, as depression is defined as lasting for at least two weeks. This scale has acceptable levels of reliability and validity.

Participants

The participants included in this study were children from two-parent families, aged 8-12, with one or both of their parents. Participants are from a local community sample and were recruited from newspaper and other local advertising media, community groups, and PTA meetings. Data was collected from 178 children, 174 mothers, and 155 fathers from 1995 to 1997. Of the 178 children included in the study, 88 are girls and 90 are boys. The average age of the children is 9.94 with a standard deviation of 1.48 years.

Chapter 4

Results

Means and standard deviations for each measure are displayed in Table 2. The average score derived from the CTI-C (62.74) is a relatively high score given that the maximum score on this measure is 72 points. Higher scores on the CTI-C correspond with a more negative cognitive triad. Both mothers' and fathers' mean scores on the BDI indicate that the parents in this sample reported a minimal amount of depressive symptoms. Scores on the BDI that range from 0 to 13 points represent the minimal range of depression (Beck & Steer, 1984). For the CASQ-R, a lower score indicates a more negative attributional style. A child with a low score on the CASQ-R would be more likely to make internal, stable, and global attributions for negative life events and external, unstable, and specific attributions for positive life events. The CASQ-P scores can be read in the same manner as those from the CASQ-R; lower scores correspond with parents' more negative attributional style events in the child's life.

Table 2

Means and Standard Deviations on Measures

Measure	M	SD	N
CTI-C	62.74	7.36	176
Mothers' BDI	7.53	6.94	176
Fathers' BDI	6.95	6.23	154
CASQ-R	5.10	2.92	175
Mothers' CASQ-P	7.08	2.95	174
Fathers' CASQ-P	6.75	3.07	155

Note. CTI-C = Cognitive Triad Inventory for Children; BDI = Beck Depression Inventory; CASQ-R = Children's Attributional Style Questionnaire-Revised; CASQ-P = Children's Attributional Style Questionnaire-Parent

Children’s Cognitive Triad and Parents’ Depression Symptoms

As shown in Table 3, many significant correlations were found in this study. This study was focused on correlations between the cognitive triad and other variables; each of these correlations can be found in the first column of numbers.

Table 3
Correlations Among Study Variables

Measures	1.	2.	3.	4.	5.
1. CTI-C	-				
2. Mothers' BDI	.15*	-			
3. Fathers' BDI	-.16*	.19**	-		
4. CASQ-R	.47**	.07	.00	-	
5. Mothers' CASQ-P	.18**	-.28**	-.32**	.08	-
6. Fathers' CASQ-P	.24**	.07	-.30**	.21**	.24**

Note. CTI-C = Cognitive Triad Inventory for Children; BDI = Beck Depression Inventory; CASQ-R = Children’s Attributional Style Questionnaire-Revised; CASQ-P = Children’s Attributional Style Questionnaire-Parent
Higher scores on CTI-C, CASQ-R, and CASQ-P indicate more positive cognitions. Higher scores on the BDI indicate higher levels of depression.

* $p \leq .05$, one-tailed.

** $p \leq .01$, one-tailed.

Interestingly, children’s cognitive triad was positively correlated with mothers’ depression, meaning that as mothers’ depression levels increased, children reported a more positive cognitive triad, which is the opposite of my hypothesis that mothers’ depression would be related to children’s cognitive triad. In contrast, fathers’ depression was negatively associated with the child’s cognitive triad, which means that as the fathers’ depression increased, a more negative cognitive triad for children was reported, so this finding supports my first hypothesis that each study variable would be related to children’s cognitive triad.

Children's Cognitive Triad and Attributional Style

Children's cognitive triad and attributional style had a strong and positive correlation with each other. This association means that as reports of the cognitive triad increased (a more positive view was endorsed), the scores of attributional style (more positive attributions were made) increased as well. Therefore, if a child had positive feelings about his or her self, world, and future, he or she also made positive attributions for the causes of events in his or her life. This finding makes logical sense and supports the hypothesis that each variable would be related to the cognitive triad. As other researchers have addressed, the direction of causality cannot be distinguished in a correlational study such as this.

Children's Cognitive Triad and Parents' Attributions for Events in the Child's Life

Results from this study indicated a significant relationship between both mothers' and fathers' attributions for events in their child's life and children's cognitive triad. For both mothers and fathers, this was a positive correlation, meaning that as the parents' made more positive attributions for the events in their child's life, children endorsed a more positive cognitive triad and vice versa. For example, if parents attributed the cause of their child not being invited to a peer's birthday party as the invitation was lost in the mail rather than the child was not liked by his or her peers, the child would have a more positive schema. Interestingly, this correlation was also significant for fathers' attributions as well as mothers', which seems to go against literature that claims that a children's cognitive style is influenced more by mothers than fathers (Blount & Epkins, 2009; Seligman et al. 1984; Abramson & Alloy, 2006).

Comparison of Boys' and Girls' Scores

To compare the means of scores for boys and girls, independent t-tests were conducted. There were no significant differences in means between boys and girls. The results of these t-

tests can be seen in Table 4. The mean scores on each measure are shown for boys and for girls. A t-test assesses the difference between two means, and as shown in Table 4, there was no significant difference in scores on any measure for boys and girls.

Table 4
Means for Study Variables for Boys and Girls

	Gender		<i>t</i>	<i>df</i>
	Boys	Girls		
Cognitive Triad	62.84 (7.05)	62.64 (7.70)	.18	174
Mothers' Depression	7.92 (7.22)	7.14 (6.67)	.75	174
Fathers' Depression	6.40 (4.43)	7.48 (7.55)	-1.09	152
Child's Attributional Style	4.78 (3.09)	5.41 (2.74)	-1.42	173
Mothers' Attributions for Child Events	7.28 (2.81)	6.89 (3.09)	.88	172
Fathers' Attributions for Child Events	6.84 (2.89)	6.66 (3.25)	.37	153

Note. Standard Deviations appear in parenthesis below means.

Table 5 features the correlations among each of the study variables for only boys. As with Table 3, the main data to focus on in this table are displayed in the first column which indicates correlations between each variable and boys' cognitive triad. As shown in Table 5, boys' cognitive triad was significantly related to mothers' reports of depression, but as with the overall correlation between mothers' depression and children's cognitive triad, this relation is in the opposite of the direction expected. Again, this finding means that as mothers' depression levels increased, boys reported a more positive cognitive triad. Fathers' depression was not significantly related to boys' cognitive triad. Boys' cognitive triad was significantly related to both mothers' and fathers' attributions for events in their sons' lives. This finding partially supports my hypothesis that boys' cognitive triad would be significantly related to fathers'

depression and attributions for events in boys' lives. Finally, boys' cognitive triad was significantly related to their own attributional style.

Table 5

Correlations Among Study Variables for Boys

Measures	1.	2.	3.	4.	5.
1. CTI-C	-				
2. Mothers' BDI	.20*	-			
3. Fathers' BDI	-.17	.06	-		
4. CASQ-R	.47**	.19*	-.07	-	
5. Mothers' CASQ-P	.20*	-.34**	-.36**	.04	-
6. Fathers' CASQ-P	.22*	.04	-.33**	.17	.29**

Note. CTI-C = Cognitive Triad Inventory for Children; BDI = Beck Depression Inventory; CASQ-R = Children's Attributional Style Questionnaire-Revised; CASQ-P = Children's Attributional Style Questionnaire-Parent
Higher scores on CTI-C, CASQ-R, and CASQ-P indicate more positive cognitions. Higher scores on the BDI indicate higher levels of depression.

* $p \leq .05$, one-tailed.

** $p \leq .01$, one-tailed.

Correlations for specifically girls are shown in Table 6. Similar to Table 3 and Table 5, the main data to focus on in this table are displayed in the first column which indicates correlations between each variable and girls' cognitive triad. My hypothesis that mothers' depression and attributions for events in their daughters' lives would be significantly related to girls' cognitive triad was not supported. Girls' cognitive triad was not significantly related to mothers' or fathers' depression or mothers' attributions for the events in their daughters' lives. However, girls' attributional styles were significantly correlated with their cognitive triad. Interestingly, fathers', but not mothers', attributions for events in their daughters' lives were significantly related to girls' cognitive triad.

Table 6*Correlations Among Study Variables for Girls*

Measures	1.	2.	3.	4.	5.
1. CTI-C	-				
2. Mothers' BDI	.11	-			
3. Fathers' BDI	-.16	.30**	-		
4. CASQ-R	.47**	-.05	.04	-	
5. Mothers' CASQ-P	.16	-.23*	-.30**	.13	-
6. Fathers' CASQ-P	.26**	.10	-.29**	.25*	.20*

Note. CTI-C= Cognitive Triad Inventory for Children; BDI= Beck Depression Inventory; CASQ= Children's Attributional Style Questionnaire-Revised; CASQ-P= Children's Attributional Style Questionnaire-Parent
Higher scores on CTI-C, CASQ-R, and CASQ-P indicate more positive cognitions. Higher scores on the BDI indicate higher levels of depression.

* $p \leq .05$ level, one-tailed.

** $p \leq .01$, one-tailed.

In comparing boys' and girls' correlations separately, some interesting findings arise. Boys', but not girls', cognitive triad was significantly related to mothers' depression. The direction of the relation between boys' cognitive triad and mothers' depression was opposite of what would normally be expected, and boys' more positive schema was associated with higher levels of mothers' depression. The correlation between both boys' and girls' cognitive triad and fathers' depression was in the expected direction; however, this relation was not significant. Both boys' and girls' attributional style was significantly related to their cognitive triad. Mothers' attributions for events in their child's life were significantly related to boys' cognitive triad, but not girls'. Finally, fathers' attributions for events in their child's life were significantly related to both boys' and girls' cognitive triad.

Chapter 5

Discussion and Conclusion

This study had many important findings. Parental depression, attributional style, and parents' attributions for events in their children's lives were all significantly correlated with children's cognitive triads. While these results support the main hypothesis of this project, there are some interesting implications of these relations. It seems very odd that mothers' depression was inversely correlated with children's cognitive triads, since past literature indicates that depression in mothers' is positively associated with more negative cognitive triads in children (Blount & Epkins, 2009; Seligman et al., 1984; Stark et al., 1996). On the other hand, fathers' depression was related to a more negative cognitive triad in children. As fathers' reported higher levels of depression, children reported a more negative schema. This relation makes more sense and adheres to findings from previous research.

The results concerning parents' attributions for events in their children's lives are also noteworthy. Past literature has noted varying associations between children's depression and/or cognitive triad and parents' attributions for their children's life events (Gibb et al., 2006; Alloy et al., 2001; Garber & Flynn, 2001). The results from the present study indicate that children's cognitive triad is related to mothers' and fathers' attributions made for events in the child's life. This relation was significant for both fathers and mothers, which again proves to be interesting considering previous research that indicates mothers have more of an influence on children's depression and cognitive triad than fathers do (Blount & Epkins, 2009; Seligman et al., 1984; Abramson & Alloy, 2006).

Results concerning differences between boys and girls are also noteworthy. The fact that boys' cognitive triads were only related to their own attributional style and not fathers'

depression or parents' attributions for events in their sons' lives seems to indicate that boys' cognitive vulnerability to depression is not related as much to parental factors. Girls' cognitive triads, on the other hand, were significantly related to their own attributional style and fathers', but not mothers', attributions for events in their daughters' lives. The relation between fathers' attributions for their daughters' life events and girls' cognitive triad is interesting given that previous research indicates that children's vulnerability to depression is more influenced by their mothers than fathers (Blount & Epkins, 2009; Seligman et al., 1984; Abramson & Alloy, 2006). Perhaps in the future, the father-daughter relationship should be studied more closely in order to examine this unique relation between girls' negative cognitive triad and fathers' attributions for events in their daughters' lives.

Since fathers' depression was significantly related to children's negative cognitive triad, when treating a child for depression or a negative schema, it might be necessary to include fathers in the treatment process as well. Also, given that both mothers' and fathers' attributions for events in their children's lives were related to the child's cognitive triad, it is also important to address the parents' attributional style for children's life events when treating a depressed child. By including parents in therapy for their depressed children, they could likely benefit from the process, too, and help to eliminate their own depressive symptoms and maladaptive attributional styles for their children's life events. There is even a chance that parents might be unaware of the negative attributions they make for their children; by including parents in the therapeutic process, parents could possibly alter this maladaptive attributional style that might be contributing to their child's vulnerability to depression.

This study has helped to develop existing research concerning children's depression by considering the cognitive triad as a vulnerability to depression. By looking beyond depression

itself to the cognitive triad, we can see what is related to children's risk of depression. When these risks are identified, they can also be eliminated before the child actually has to suffer from any depressive symptoms.

Limitations

While this study had many important findings, there are several limitations of this research that need to be addressed. First, a mood induction, in which participants would be instructed to think about a sad life event which would activate a negative cognitive triad, was not used in this study as they became more widely used after the data set had already been collected. Reports of all variables would be more accurate if participants' negative cognitive triad was determined to be active through a mood induction. As Beck's (1964) cognitive theory of depression states, a negative life event precipitates the negative schema; therefore, if the child had not experienced a negative life event, the cognitive triad would not be activated. For example, if a child's pet had recently died, he or she would have an activated negative schema, but for a child who did not experience a negative life event, the negative schema would still remain inactive.

Second, as this sample was derived from the community, results could be drastically different had participants been from a clinical sample instead. Had more participants shown clinical levels of depression symptoms, the relations discussed previously could possibly change. Perhaps if more mothers reported high levels of depression, the relation between mothers' depression and children's cognitive triad would be reversed so that higher levels of mothers' depression would be associated with a more negative schema in children.

Third, all of the evaluative procedures involved in this study were self-report measures. Self-report measures can often be inaccurate due to social desirability, meaning that participants sometimes report what they think would be desirable to others rather than their true feelings.

Also, a causal relation is impossible to determine from a correlational study such as this. For instance, it cannot be determined if parental depression caused children's negative cognitive triad, or if having a depressed child caused the parent to become depressed.

Finally, the CASQ-R and the CASQ-P both had fairly poor levels of internal consistency reliability. Even though this study found that there were correlations between the variables assessed by these measures and the child's cognitive triad, the accuracy of these results must be considered in light of the poor reliability of the questionnaire. Future research of children's attributional style and of parents' attributions for their child's life events must develop more reliable measures of these variables.

Future Directions

In future research, it would be crucial to include a mood induction to ensure that participants' possible negative schemas are activated. Given the absence of a relation between boys' cognitive triad and parental depression and attributions for their sons' lives, it would be interesting to look at other parental variables for boys to see if they were related to their cognitive triad, such as discipline styles and parent-child conflict. Perhaps boys' cognitive triads are more related to these outward expressions of parents. Future research should also be aware of the importance of children's age and cognitive development when studying the cognitive triad. As LaGrange et al. (2008) address, the cognitive triad seems to be unstable until children are in the fourth grade (around age 10). The current study used a sample of children from age 8 to 12, which according to LaGrange et al.'s (2008) findings, could have been too wide of an age range.

Future research on children's cognitive triad should focus on a narrower and more applicable age range. Finally, it will be important for future studies of this nature to include longitudinal data. It would be very interesting to see how the relations between children's cognitive triad, attributional style, parental depression, and parental attributions for children's life events changed over time.

While this correlational study was unable to conclude causal relationships, it still showed that children's attributional style, parents' (specifically fathers') depression, and parents' attributions for events in their child's life each have associations with children's cognitive triad. Now that it has been concluded that a relation does, in fact, exist between these variables, future research can now examine which, if any, variables predict and follow the others

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