



RESILIENT YOUTH RESEARCH GROUP

ABSTRACT

Decades of research has established that negative schemas are principal vulnerability factors conferring risk for depression. By comparison, only a handful of studies have examined how positive schemas may provide unique information about emotional functioning among youth.

The present study sought to determine the relative contribution of positive schemas to the longitudinal prediction of emotional functioning among adolescents.

A community sample ($N = 139$) of adolescent girls and boys between the ages of 8 and 13 years participated.

Results indicate positive schemas provide unique information about the longitudinal prediction of depressive symptoms among adolescents, above and beyond information provided by negative schemas alone.

These results highlight the relevance of positive schemas in understanding adolescents' emotional functioning. Conceptualizations of adolescent depression stand to benefit from the inclusion of positive schemas in theoretical models. Upon replication, results suggest that bolstering positive schemas may be important for intervention and prevention of youth depression.

BACKGROUND

Adolescence is a period of developmental transition when rates of depression increase dramatically (Hankin et al., 1998). Understanding factors that put youth at risk for emotional difficulties is essential.

Cognitive theories of vulnerability to depression typically focus on negative cognitive schemas as predictors of depression in adolescents (e.g., Abela & Sullivan, 2003; Lumley & Harkness, 2007).

The unique contributions of positive schemas – positive beliefs about the self such as “I believe in myself” – are largely absent from such theories.

Aligning with positive clinical psychology (Wood & Tarrier, 2010), some researchers suggest a *lack* of positive schemas may better predict youth depressive symptoms than the *presence* of negative schemas (e.g., Keyfitz et al., 2013). However, these findings have yet to be replicated longitudinally (e.g., Friedmann et al., 2016).

PURPOSE

To determine if, over time, positive schemas provide unique information about youths' depressive symptoms *above and beyond* information provided by negative schemas alone.

HYPOTHESIS

Positive schemas will be uniquely associated with adolescent depressive symptoms, contributing unique variance above and beyond negative schemas alone.

Measures

Schema Questionnaire for Children (SQC; Stallard & Rayner, 2005)

15-item self-report measure of negative schema content rated on 6-point Likert scale, 1 (*completely untrue of me*) to 6 (*describes me perfectly*). $T1 \alpha = .83$, $T2 \alpha = .73$.

Positive Schema Questionnaire (PSQ; Keyfitz et al., 2013)

20-item self-report measure of positive schema content assessing Optimism, Trust, Self-Efficacy, Success, and Worthiness rated on 6-point Likert scale from 1 (*completely untrue of me*) to 6 (*describes me perfectly*). $T1 \alpha = .94$, $T2 \alpha = .95$.

Strengths and Difficulties Questionnaire, Emotional Symptoms Subscale (SDQ; Goodman, 1997)

Time 1 measure of emotional functioning. 5 items rated on 3-point Likert scale from 1 (*Not True*) to 3 (*Certainly True*). $T1 \alpha = .75$, adequate correlation with T2 CDI ($r = .66$).

Children's Depression Inventory (CDI; Kovacs, 1981)

27-item self-report measure of depressive symptoms rated on 3-point scale from 0 (*no/low symptoms*) to 2 (*severe symptoms*). $T2 \alpha = .90$.

RESULTS

Descriptive statistics

	M	SD	1	2	3
1. T1 Negative Schemas	34.80	11.13			
2. T1 Positive Schemas	89.17	19.18	-.09		
3. T1 Emotional Symptoms	3.26	2.50	.62**	-.26**	
4. T2 Depressive Symptoms	6.46	7.10	.47**	-.39**	.53**

Note. ** indicates $p < .01$.

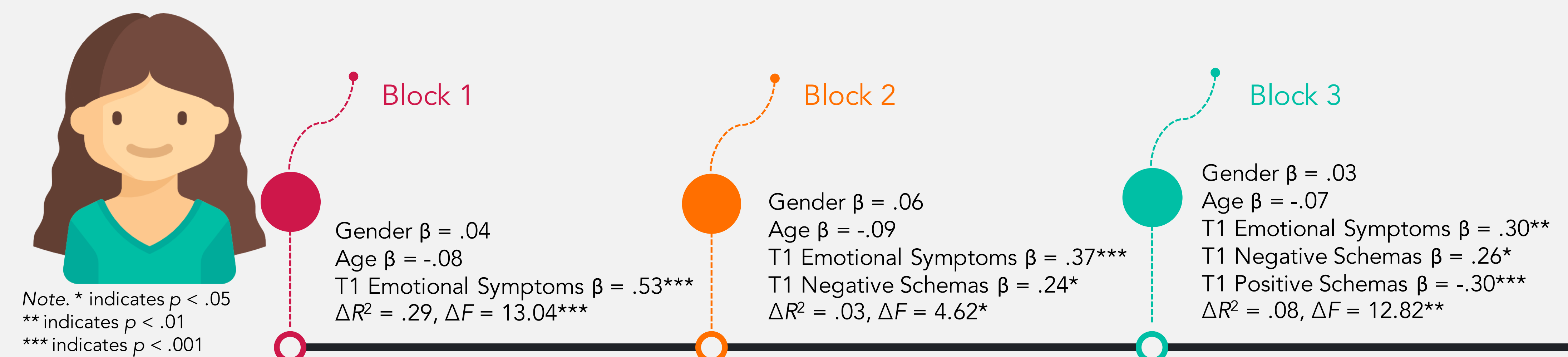
Gender & age analyses

Boys had higher levels of positive schemas at T1 ($M = 92.34$, $SD = 17.55$) compared to girls ($M = 18.65$, $SD = 20.29$) at a trend level, $t(119) = 1.79$, $p = .08$, Cohen's $d = .33$.

Girls had higher levels of emotional symptoms at T1 ($M = 3.73$, $SD = 2.50$) compared to boys ($M = 2.76$, $SD = 2.41$), $t(119) = -2.15$, $p < .05$, Cohen's $d = .37$.

Older adolescences had lower levels of negative schemas at T2 and younger adolescents had higher levels of negative schemas at T2 at a trend level, $r = -.17$, $p = .07$.

Hierarchical regression



CONCLUSIONS

There is an inverse relationship between positive schemas and indices of psychopathology.

Positive schemas provide unique information about youth depressive symptoms, contributing incremental variance above and beyond negative schemas alone.

These findings help clarify extant discrepancies (Friedmann et al., 2016; Keyfitz et al., 2013).

Findings suggest positive and negative schemas exist on related yet separate continua (MacLeod & Moore, 2000).

IMPLICATIONS

Cognitive theories of vulnerability to depression have focused almost exclusively on negative schemas, yet these results call for an integration of positive schemas into such models.

These cognitive findings dovetail well with Clark and Watson's (1991) tripartite model, suggesting the utility of integrating ostensibly positive *and* negative constructs into models of mental health.

These results confer a more nuanced repertoire for cognitive behaviour therapy and intervention agendas.

LIMITATIONS

- Insufficient sample size to explore effects of age, gender, and specific positive schema themes
- No direct measure of depressive symptoms at T1
- Reliance on self-report measures

FUTURE DIRECTIONS

- Incorporate multi-method, multi-informant perspectives
- Examine effects of age, gender, and positive schema themes
- Examine schemas over a longer period with three time points
- Examine schema content *and* organization

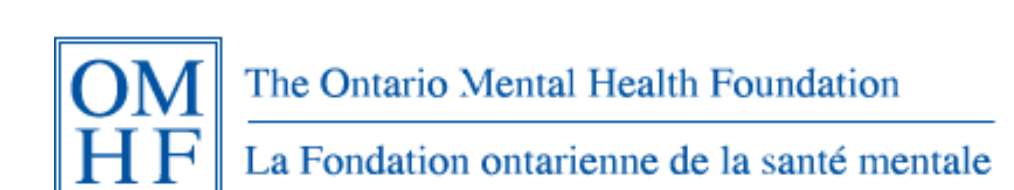
Note. References available upon request.

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