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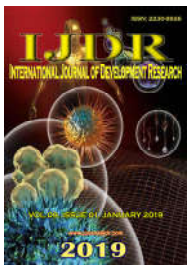

ORIGINAL RESEARCH ARTICLE OPEN ACCESS

RISK FACTORS FOR DEPRESSION AND EARLY MALADAPTIVE SCHEMAS IN ADOLESCENTS

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ABSTRACT

We conducted a research on risk factors for depression supported by Young's Early Maladaptive Schemas (EMSs) theory on secondary school students in Mérida, Yucatan. It was carried out using a mixed methodology, having as a general objective to design, implement, and evaluate an intervention program aimed at weakening the risk factors for depression in adolescents. It was performed in three phases, first a quantitative measurement was made on a sample of 325 students using the Children's Depression Inventory (CDI), the questionnaire of Risk Factors for Depression and the EMS Questionnaire. It was found that 34.8% had significant symptoms and 12% reported risk factors for depression. In the second phase, the intervention program was implemented on a student. The information received from the intervention was qualitatively analyzed, observing changes in emotion recognition and expression. Finally, a post-test was carried out using the same instruments on said subject to compare the pre- and post-intervention scores. It was concluded that there may be a link between the risk factors for depression considered on this research and the EMS.

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INTRODUCTION

On recent years, depression has become a disorder with a rapidly growing frequency: on 2015, 322 million people were reported, which represents an 18% increase on the last 10 years (W.H.O., 2017). The current problem concerning depression on adults is grave, nevertheless, depression on children and adolescents is even more concerning, as statistics concerning this disorder show a constant rise inside and outside Mexico (INEGI; ibid). Stress, depression and their consequences increasingly affect the child population, subjected in an indirect, yet progressive way, to the inordinate desire for improvement and competition that dominate the behavior of parents and adults in general (CONACYT, 2006). Children and adolescents can be especially vulnerable to the risk factors that lead to depression, factors like individual strategies in the face of environmental factors (social circles where they develop), problem resolution, resilience capacity, and searching for help, among others (Restrepo, Vinancia and Quintero, 2011). Children and adolescents face a series of circumstances which produce great tension in them, considering that these go beyond their control. Furthermore, they can have limited comprehension to realize that undesirable situations can change and often do (Arenas, 2009). According to Block and Gjerde (1990), the psychological causes of depression point in two directions: vulnerability factors and precipitating factors. The probability for the precipitating factors to develop a depressive episode increases when vulnerability factors exist alongside them, however, the precipitating factors are usually necessary, if insufficient. Vulnerability factors refer to situations, either biological and/or psychological, that have been established much earlier than the depressive episode and precipitating factors (Hoyos, Lemos and Torres, 2012; Rolf, Masten, Cicchetti *et al*., 1990). On recent years, depression has been detected inside the ten main causes for global mortality (Deudor and Espinal, 2016) and the prognosis for the year 2020 is that it will occupy second place (Esquivel, Gámez, Villa, Martínez Aguirre and Velasco, 2009). In Mexico, depression is a disorder with a documented increasing frequency (INEGI, 2015). It is relevant to point out the importance of depression prevention on adolescents as a priority for health professionals. Within cognitive behavioral therapy one can find Young's theory of EMS as an alternative for the treatment for depression. This model combines elemts of the cognitive-behavioral schools, attachment theory, gestalt, constructivist and dynamics, which can be highly useful for the comprehension of depression's etiology, from the earliest

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stages, and thus be able to act on a preventive manner (Young, Klosko and Weishaar, 2003). On studies made in Yucatan depression has been found as the psychiatric disorder most commonly diagnosed on suicide cases. Although depression and affection disorders are the main factors associated with suicide, not all cases are a result of depression (Serrano, 2003 and Balán-Marín, 2007). A study made by Zamora on 2000 with students from state high schools on Merida City showed that 20.3% of the participants presented moderate depression. Peña-Gonzáles and Yon-Valencia (2009) conducted an investigation on high school students in the city of Merida. Among their findings, it was found that this disorder was latent in almost 25% of this city's adolescents.

It is important to study and develop strategies for diagnosis and early attention of depression. Thus, intervention for this problem can be carried out in childhood and adolescence. This work's objective is to identify the risk factors for depression and the most frequent Early Maladaptive Schemas on a sample of secondary school students on the city of Merida. A second objective is to design, implement, and evaluate an intervention program focused on debilitating the risk factors for depression on the adolescent subjects. The proposed hypotheses are: a) There is a relation between some of the EMS and the risk factors for depression on adolescents, b) There is a significant difference between the risk factors for depression and the EMS on adolescents before and after and intervention.

MATERIALS AND METHODS

Subjects: This study used a sample of 325 adolescents between 12 and 14 years old, with an age average of 13.31 years. 56.7% of the total sample was comprised of women (183), withthe rest being 140 men. Concerning the school grade, 41.5% (135) of the sample was on their first year of secondary school, 22.5% (73) were second-graders, and 36% (117) third-graders. Lastly, 194 (59.7%) of the subjects were from public schools, while 131 (40.3%) were from private schools. On the second phase of the investigation 27 subjects, with significant scores according to the cut-off point of each scale, were selected alongside their parents or guardians for intervention. However, only one of the adolescents accepted to participate on the program.

Instruments

Kovacs' Children's Depression Inventory (CDI): consists of 27 items enunciated gradually. A score above 19 points on the general population is considered as an indicator of depression. Del Barrio (2001) reports that the inventory has a Cronbach's alpha of 0.82, a temporal stability index of 0.70 equating to 1 month on children from 7 to 16 years old, as a concurrent validity of 0.73 on a signification level of 0.01.

Risk factors for depression questionnaire: It consists of a 54 item Likert scale, constructed based on the risk factors of for depression proposed by Block and Gjerde (1990), Patterson and Capaldi (1990), Del Barrio and Pinillos (2007), Hoyos *et al* (2012). As this instrument is still on a validation process, for the effects of this study descriptive statistics were obtained, which were used to consider the subjects significant scores.

Young's EMS Questionnaire (YSW-SF): Reduced version consisting of 75 items, which correspond to 15 schemas, selecting the 5 items with greater weight from each of the original questionnaire's components. According to studies conducted with different populations, the YSQ-SF has been found to have a good internal consistency, with a Cronbach's alpha between 0.76 and 0.93 for the 15 components (Londoño and Coll., 2012).

Procedure: For the first phase, 7 secondary schools from the city of Merida were selected to perform the sampling and the application of the questionnaires. Once the schools were chosen, each of the directors was asked for authorization to perform and investigation with the students. Subsequently, the authorization was secured for four of the seven selected schools, and the application was conducted on an agreed date and time. On the second phase, the selected participants received a letter on a sealed envelope addressed to their parents or guardians, inviting them to a private interview with the investigator. These interviews were conducted on a private psychological practice, where weekly therapeutic sessions with an hourly duration were conducted. A post-test was conducted with the subject who received intervention two weeks after concluding the therapeutic process, to evaluate the effects of the intervention and the generalization of the results on the subject's life.

Data Analysis: A data analysis was conducted with the results obtained through the post-test and the results of the different phases of the investigation were integrated. The quantitative data analysis on the pre-test and post-test phases was made through the SPSS program on its nineteenth version. The interviews made to the subjects and their parents were audio-recorded and the information obtained was synthetized on a case conceptualization square. The therapeutic sessions were also audio-recorded and documented on reports for each session and a qualitative analysis was made from the EMT theory and the risk factors for depression.

RESULTS

First Phase of the Investigation: As a result of the first instrument, Kovacs' Children's Depression Inventory,it was found that 113 (34.79%) of the subjects presented depression symptoms at the moment of answering the instrument. Of these 113 subjects with depressive symptomatology, 61.6% (69) are women and 38.4%(43) are men. 40.7% (46) of the sample were third grade students, while 39.8% (45) were first-graders and 19.5% (22) were second-graders. Moreover, 53.1% (60) belonged to public schools, while 46.9% (53) to private schools. Lastly, the age of the adolescents with a score above 19 points was distributed in this way: 26.8% (30) is 12 years old, 25.95% (29) is 13 years old, 25% (28) is 14 years old, 21.4% (24) is 15 years old, and 0.9% (1) is 11 years old. Regarding the Risk Factors for Depression Questionnaire it was found that the subjects' scores were located in a range between 59 to 199 points, with a mean of 95.06 points, where 12% (39) of the secondary school students who answered the instrument show risk indicators for depression. Of these 39 subjects who obtained high scores on the Risk Factors for Depression Questionnaire, 74.5% (29) are women, and 23% (9) are men; 43.6% (17) are third-grade students, 41% (16) are first-graders, and 15.4% (6) are second-graders; regarding the typo of school they belong to, it was found that 56.4% (22) attend private school, while 43.6% (17) attend public school. Lastly, the ages of the adolescents who scored above 119.4 points were distributed in the following manner: 33.3% (13) is 12 years old, 25.6% (10) is 15 years old, 23.1% (9) is 14 years

Table 1. Qualitative Analysis of the Psychotherapeutic Sessions

Session	Risk Factors	Symptoms of Depression	EMS	Referred Emotions
Interview with the mother	Economic difficulties, change of school and housing, symptoms of depression in parents, recent loss of significant persons, history of bullying.	Apathy, sadness, loneliness, loss of interest.	Alienation, unrelenting standards, self-sacrifice, abuse, emotional inhibition.	The mothers makes reference that the participant has difficulty expressing his emotions.
1	Economic difficulties, change of school and housing, symptoms of depression in parents, recent loss of significant persons, nullifying or self-deprecating thoughts.	Sadness.	Self-sacrifice, unrelenting standards.	Sadness, worry, anguish, guilt.
2	Self-doubt, little trust in own abilities.	Emotional flattening	Self-sacrifice, emotional inhibition.	Sadness, anger, frustration.
3	Family relationships affected by stress.		Subjugation, self-sacrifice, unrelenting standards.	Anger, sadness, helplessness, irritability, indignation.
4	Did not attend the session.			
5	Stress, negative thoughts, little trust in own abilities.	Evasion when faced with stressful situations. Sadness, apathy, negative vision of things.	Emotional inhibition, self-sacrifice.	Sadness, joy, anger, worry, peacefulness.
6	Recent situations of loss and stress, difficulty with family relationships (sister)	Not reported	Self-sacrifice, subjugation.	Surprise, joy, enthusiasm, fun, relaxation, pride,happiness.
7	Recent situations of loss and stress. Sadness in parents.	Sadness.	Unrelenting standards, self-sacrifice.	Tiredness, worry, fun, sadness, guilt, relaxation, anger, fortitude, pride.
8	Good family resources, affection, personal resources.	Sadness.	Self-sacrifice, emotional inhibition, unrelenting standards.	Worry, sadness, anger, acceptance.
9	Self-deprecating or nullifying thoughts.	Low self-esteem.	Subjugation, self-sacrifice.	Enthusiasm, joy, fun, worry, sadness, peacefulness.
Interview with the mother.	Little trust in own abilities, stressful situations.	Isolation, self-doubt, sadness.	Alienation, emotional inhibition, self-sacrifice.	Joy, sadness, peacefulness, enthusiasm.
10	Self-deprecating or nullifying thoughts vs. personal resources.	Self-doubt.	Self-sacrifice, subjugation, unrelenting standards.	Joy, pride, surprise, anguish, peacefulness, enthusiasm.

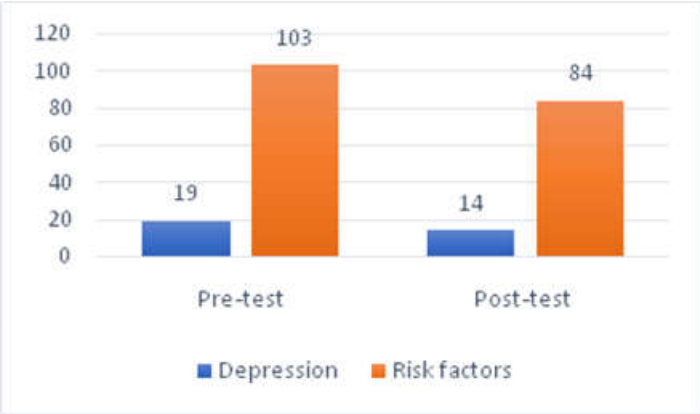

Figure 1. Results from the pre-test and post-test of Children's Depression Inventory (CDI), and the Risk Factors for Depression Questionnaire on the investigation subject

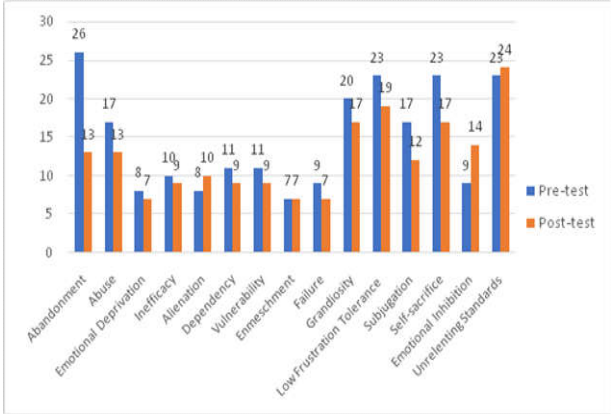

Figure 2. Pre-Test and Post-Test results from the EMS Questionnaire on the investigation subject

old and 18% (7) is 13 years old. It was found that 10.45% (34) of the total sample obtained scores above 19 points on the CDI and higher than 119.4, thus qualifying for an invitation to participate on the intervention program. From Young's Maladaptive Schemas Questionnaire, we obtained the frequencies and percentages of the schemas that showed scored above 20 points (theoretical mean) of the total sample (325 students), as well as the significant indicators of risk for depression, meaning a score superior to 19 on the CDI and above 119.4 on the Risk Factors for Depression Questionnaire. After conducting the previous analysis, 27 subjects were selected to participate on the intervention process and, through the school, they were sent an invitation addressed to their parents. Three of the subjects confirmed their attendance for the first interview, but only two turned up. In both cases the mothers confirmed that the teenagers showed symptomatology associated to depression and were experimenting moments of familial and social crisis for different causes, thus manifesting interest in receiving the offered psychological attention. After the interviews conducted with the mothers of the selected adolescents they were informed of the date and time of the start of the group intervention. However, one of the young people assisted, so it was necessary to modify the intervention plan and conduct an individual psychotherapeutic intervention with a cognitive behavioral focus.

Second Phase: Psychotherapeutic Intervention with Cognitive Behavioral Approach and Qualitative Analysis of the Information.

Once the therapeutic process was concluded, a qualitative analysis of the therapeutic sessions was conducted, considering this study's variables (risk factors, depression, and EMS) and the subject's emotion recognition and expression. The data concentrate referring to each of the sessions can be found on Table 1. As one can observe on the table, the subject showed a higher capacity to recognize and express his emotions, as well as recognizing a greater diversity in them. On another hand, some slight symptoms of depression; like sadness, loss of interest on some activities, and low self-esteem; were observed. Among the significant risk factors found for depression were the impact the changes on the subject's family had on his emotional state, as well as the symptoms of depression on the parents, and his irrational thoughts on his own value and capacities; therefore, the intervention was mainly focused on the resulting thoughts and emotions, favoring the cognitive restructuring, and specially recovering his resources. Thus, the subject showed himself as more secure in the last sessions, with a strengthened self-esteem. This was confirmed by the subject's mother on the last session, as she commented that the subject had begun verbalizing his emotions, sharing some family experiences, and had increased his socialization. Lastly, referring to the EMS, the subject's most frequent behaviors were associated to the self-sacrifice, subjugation, and emotional inhibition schemas; so, even if there were evidences of other schemas, the intervention was focused mainly on the previously mentioned ones. Near the end of the sessions it was observed that the subject showed more recognition of his own tendency to put the needs and emotions of other before his, as well as some actions oriented to modify this behavior.

Third Phase of the Investigation: Quantitative Analysis of the Pre-Test and Post-Test Results: To evaluate the intervention's impact on the subject a post-test was conducted, using the same evaluation instruments employed on the sample, to compare the scores obtained by the subject before and after the intervention program. The post-test application was conducted one month after the last psychotherapeutic session. Here is presented a comparison between the results obtained from Kovacs' Children's Depression Inventory (CDI) and the Risk Factors for Depression Questionnaire (See Figure 1). As one can observe on the graphic, there was 5-point difference between the Depression scores before and after the intervention (19 and 14 points), however, this does not represent a statistically significant difference. On another hand, on the Risk Factors for Depression Questionnaire, the obtained scores were 120 points on the pre-test and 84 points on the post-test, which result as statistically significant. Figure 2 shows the results obtained by the subject on the Pre-Test and the Post-Test on the EMS Questionnaire, which permits the observation of the changes on those schemas, and the carrying out of a comparative analysis. On figure one can observe lower scores in the post-test on the schemas of abuse (17/13), abandonment (26/13), emotional deprivation (8/7), inefficacy (10/9), dependence (11/9), vulnerability (11/9), failure (9/7), grandiosity (20/17), low frustration tolerance (23/19), subjugation (17/12), and self-sacrifice (23/17). While the alienation (8/10), emotional inhibition (9/14), and unrelenting standards (23/24) showed higher scores on the post-test. The enmeshment score remained the same (7).

On the previous scores, the differenced obtained by the abandonment schema results as statistically significant, with the second score distancing itself by more than a standard deviation from the first one, as shown on the table.

DISCUSSION

It was found that 113 (34.79%) of the participating subjects presented symptoms of depression at the moment of answering the instrument. For the present study, scores above 19 were considered as indicators for this disorder on the 325 student sample. It is important to consider that this percentage finds itself below the results obtained by other studies conducted on adolescents in Merida. Zamora (2000) reports that 20.3% of teenagers presented moderate depression, Tuyú (2002) found that 41% had some degree of depression, and Peña-Gonzáles and Yon-Valencia (2009) obtained that nearly 12% of adolescents presented depression on some degree. The risk factors most frequently found on secondary school students who had high scores could be grouped in the following way: a) low self-esteem and little trust on self-sufficiency b) difficulties in social or familial relationships. The previously mentioned results adhere to those obtained by Peña-Gonzáles and Yon-Valencia (2009), who utilized the same instrument and concluded that low self-esteem, identity crisis, relationships with peers, and a poor sense of self-perception, alongside thoughts of helplessness are factors that can lead an adolescent to present depressive symptoms.

The results obtained in this investigation reinforce and detail said findings. It was found that the EMS were present on the total sample with the following frequency: abandonment 25.5% (83), abuse 28.9 (94), emotional deprivation 18.5% (60), inefficacy 16% (52), alienation 16% (52), dependency 15.4 (50), vulnerability 25.5 (83), enmeshment 15.7% (51), failure 21.8% (71), grandiosity 34.1 (111), low frustration tolerance 22.7 (74), subjugation 16.3% (53), self-sacrifice 42.1% (137), emotional inhibition 25.8% (84), and unrelenting standards 59.4% (193). Additionally, more than 70% of the adolescents at risk of developing depression obtained elevated scores on the abandonment, failure, self-sacrifice, emotional inhibition, unrelenting standards, and low tolerance frustration schemas. Similarly to the study conducted by Agudela-Vélez, Casadiegos, Goicochea and Lozano (2009), the findings do not indicate the presence of differential schemas by the way of the presence of depression, however, it is possible that the presence of certain a cognitive pattern in the depression that provokes the subject to focus their attention on the negative stimuli and respond to them according to the schema they possess. Young *et al* (2003) propose that some of these schemas, especially those resulting from toxic experiences from childhood, can be the center of personality disorders, lighter characterological, and many Axis 1 disorders, such as depression. Regarding the most frequent risk factors for depression present on the subjects participating un the intervention plan, the only reported factors were those manifested by the single participating adolescent, before and after the intervention. In this case, the risk factors with the highest scores were difficulties in social and familial relationships, as well as the devaluation of his own abilities and the capacity to resolve present, past, or future problems. This can be supported by Beck's (2009) proposal regarding depression on childhood and adolescence. The author mentions that some people suffer painful experiences, and as a response to these situations a negative self-concept is developed, a

feeling of incompetency o lack of value that has little to do with reality, that nevertheless persists because a distorted and illogical interpretation of real events, which can generate depression on adolescents. On another hand, Block and Gjerde (1990) indicate that a prolonged surge of negative or stressful situations can increase the risk of depression. On children and adolescents, a difficulty to bond with the peer group leads to the loss of support from said group. The child's acceptance and their status in the peer group are determining factors relating to its positive or negative experiences. Veytia, González, Andrade and Oudhof (2012) relate the symptoms of depression in adolescents with stressful life events, like recurring stressful events relating to family and school, as well as those relating to the social, partner, health, and economic areas. As a hypothesis it was stated that there are significant differences between the risk factors for depression and the EMS on adolescents before and after intervention. To that effect, a 36 point difference was found between the pre-test (120) and the post-test (84), which results as statistically significant. Regarding the EMS, the only statistically significant score obtained was on the abandonment schema (26/13).

The previous occurrence may be associated to the intervention program's impact on the subject's dysfunctional cognitions, his capacity to recognize and express his emotions, as well as his EMS, however, other variables that were not contemplated may have exerted some influence. On synthesis, it was found that 39% of adolescent secondary school students possess a certain level of depression and 12% find themselves at risk of developing said disorder. The mentioned population's most frequent risk factors are related to low self-esteem and difficulties on social and familial relationships. It bears repeating that the origin of the schemas is found on individuals' early experiences, which can act as risk factors, as they construct a system of repetitive thoughts and behaviors that activate when faced with new experiences that can be associated with the development of emotional disorders like depression. During their development, these thoughts are also act as risk factors by generating an impact on self-esteem, the sense of self-efficacy, and the abilities to relate and solve problems. It is advisable to conduct the therapeutic intervention on a greater number of subjects to be able to obtain broader and more diverse information from each one of the subjects to enrich the results of future investigations.

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