

Summary

Adolescents who are depressed tend to have more conflictual relationships with their parents, and depression and parent-adolescent conflict is thought to have bidirectional association. This thesis presents results from three studies of conflict with parents in adolescent depression. Data was collected as part of a clinical trial comparing Attachment-based Family Therapy to Treatment as Usual for adolescent depression. Analyses were carried out within a Bayesian statistical framework with estimation by Hamiltonian Monte Carlo, and leave-one-out cross-validation and stacking of predictive distributions was used for model evaluation.

The first study analysed outcome data from the trial to evaluate a registered secondary hypothesis of treatment moderation by parent-adolescent conflict, which was partially supported by the results. The overall treatment effect in the trial was small. For adolescent report of conflict with mother, and mother-report of conflict with the adolescent, the data supported a moderator effect in the expected direction. For adolescent report of conflict with father, there was no evidence of a moderator effect. Father-report of conflict with the adolescent was related to substantial differences in the outcome of Treatment as Usual, but not of Attachment-based Family Therapy. The predicted differences in treatment outcome were only of a clinically relevant magnitude in the upper and lower quantiles of the distribution of conflict. Seen together with previous research, this indicates that parent-adolescent conflict may moderate the effectiveness of family- or relationship-focused treatments for adolescent depression when compared with more individually focused treatments.

The second study examined parental characteristics as predictors of adolescent-reported parent-adolescent conflict. Parental depressive symptoms have been found to be associated with increased parent-adolescent conflict. As resolution of conflicts is inevitably an interpersonal situation, an association with parental interpersonal difficulties would also be expected, but this has not previously been studied. Parental depressive symptoms were compared with parental report of interpersonal problems as predictors of conflict. Models with effects varying by parent gender were compared with models with equal effects assumed. Parents who reported problems being too dominant in relationships tended to have adolescents reporting more parent-adolescent conflict, while parents who reported problems with being unassertive and too submissive tended to have adolescents reporting less parent-adolescent conflict. This applied equally for mothers and fathers. For parental depressive symptoms, only a negative association was found for the report of fathers, which was surprising given the existing literature. The findings of the second study suggest that parental interpersonal problems related to dominance and submissiveness is involved in parent-adolescent conflict with depressed adolescents, perhaps by derailing normative processes related to development of autonomy, or by the way these parents respond to the impaired functioning of the depressed adolescent.

The third study compared discrepancy in the report of adolescents and parents about parent-adolescent conflict to the report of either of them as predictors of adolescent hopelessness. As hopelessness is a predictor of suicidal ideation and poor treatment outcomes in adolescent depression, it is important to understand more about what differentiates depressed adolescents feeling hopeless from those who do not. Unfortunately, rather few studies have investigated this in clinical samples. Discrepancy in reporting is assumed to reflect differences in parent and adolescent representations of the state of their relationship. Based on this, the hypothesis was that large discrepancies can lead to adolescents perceiving a state of conflict as persistent, increasing hopelessness. Results gave preliminary support to the hypothesis. Parents reporting less severe conflict than the adolescent was related to

increasing hopelessness, and the absolute level of conflict provided less predictive accuracy than informant discrepancies. The findings warrant attempted replication in a larger sample.

While a small sample size and a large proportion of missing outcome data preclude very strong conclusions, these studies still add to the literature by providing evidence and some new leads for research on conflict with parents in adolescent depression. Discrepant reporting of conflict is shown to be informative and studying change in discrepancy longitudinally may shed further light on its relationship to hopelessness and other clinical characteristics in adolescent depression. Interpersonal theory and the interpersonal circumplex is shown to be a relevant theoretical and measurement framework for studying interaction processes in the family of depressed adolescents. Findings also support further investigation of parent-adolescent conflict as a moderator variable in adolescent depression, adding to existing research suggesting parent-adolescent conflict to be a variable with potential for informing treatment selection.