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# *The Impact of Family Support and Conflict on Adolescent Depression*

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***Abstract.*** The incidence of depression in adolescence has become a major global public health concern increasingly, with family functioning being a critical component in causation and course. This study examines the effects of family support and conflict on adolescent depression systematically, using both recent empirical data and longitudinal datasets and analyses. The results suggest that emotional, practical, and informational support from members of the family significantly reduces the risk of depressive symptoms in adolescents, with different protective benefits associated with paternal and maternal support. In contrast, parent-child conflicts and parent-parent conflicts significantly increase the risk of depression and may be perpetuated intergenerationally through negative cognitive and behavioral processes. The study also evaluates the effects of family interactions on cognitive models, emotional processes, and social skills, which, in turn, influence the vulnerability to depression. Evidence-based intervention procedures for emotional feedback training, conflict resolution skill training, and cognitive restructuring in family therapy are thus recommended as effective ways to enhance protection and reduce risk. The study finally fills gaps in the available literature, including cultural differences and long-term outcomes of interventions, and recommends an interdisciplinary approach to developing comprehensive networks for the prevention of depression in adolescents.

***Keywords:*** Adolescent depression, Family conflict, Parental roles, Intervention strategies

## 1. Introduction

In recent years, adolescent depression has become a public health problem of global concern. According to the National Survey on Drug Use and Health (NSDUH) data, nearly 20% of American adolescents were diagnosed with predisposition to depression at or below 18 years old. At least 5 million American adolescents aged 12-17 had major depression in 2021 and accounted for 20.1% of this age group. There are many complex reasons behind this situation, such as psychological, physiological and social environment factors.

Physiological factors are mainly reflected in the dramatic changes in adolescent hormone levels, which directly affect the emotional regulation center of them. In addition, due to the development of prefrontal cortex is relatively lagging behind, adolescents' ability to cope and deal with stress is also quite immature.

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Psychological factors are not only influenced by the personality and behavioral patterns of adolescents, but also by the social environment in which they live, especially the family environment. Specifically, adolescents are at a critical stage of self-identity formation during adolescence, and being in a negative family environment will greatly increase their possibility of suffering from depression. The family atmosphere that adolescents feel in such an environment is often inharmonious or even bad, such as parents always quarrel at home or lack of companionship with their children. This can easily lead adolescents to form a negative cognitive triangle of "self, world, future", which is a specific manifestation proposed by psychologist Bake. It is embodied in a series of negative cognitive patterns formed by individuals in a negative emotional state, such as depression and anxiety about themselves, the world around them and the future. When adolescents are in this state of cognition, the three forms of negative cognition will reinforce and aid each other, which will keep them experiencing negative feelings. This will significantly increase the threat of depression among adolescents [1, 2].

Being the most important place in the social context where adolescents grow up, family support and conflict between parents are the determining issues in the occurrence and course of adolescent depression. Poor family settings, such as parental tension or indifference to sport development by adolescents, have a close association with the probability of depression among adolescents. But proper family surroundings, for example, persistent encouragement and support from parents to adolescents' action or suitable guidance for development, can efficiently suppress or alleviate adolescent depression [3, 4].

The influence of family relationship on adolescent depression has been supported by a large number of studies. For example, the 6-year longitudinal study [4] confirmed that the impact of family support and conflict on adolescent depression is opposite, that is, family support can reduce the risk of adolescent depression, while conflict can cause adolescents' depressive symptoms. This effect is more obvious when adolescents gradually develop their emotional experience, cognitive model and problem-solving ability [4]. This paper will systematically analyze the types, mechanisms and intervention strategies of family support and conflict, and explore the impact of family support and conflict on adolescent depression.

## 2. Inhibition of family support on adolescent depression

### 2.1. Relationship between types of family support and depression risk

Family support can be divided into three kinds: emotional support, practical support and information support. Lack of any kind of support will increase the risk of depression in adolescents [5].

#### 2.1.1. Lack of emotional support

Parents always overlook teens' emotional needs. If teens are excessively stressed by study or have unsatisfactory social relationships, they will be extremely isolated and helpless unless they are offered good and sufficient emotional support from their parents, that is, comfort and encouragement. The research shows that the incidence of depressive symptoms in adolescents with emotional support deficiency is 2.3 times higher than that in adolescents with sufficient support [3, 5]. This defect may be caused by the parents' own depressive symptoms. For example, if a mother has depression, her emotional expression ability may be very poor, which will also increase the risk of depression in her children by 40% [4].

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#### 2.1.2. Lack of practical support

It is mainly manifested in the lack of basic life care for adolescents, such as living in unstable areas or providing adolescents with inadequate and little nutritious food. In families with high economic pressure, parents may reduce the life intervention for adolescents because of busy work, which making adolescents feel abandoned and have negative emotions. A study on single parent families showed that adolescents with insufficient practical support had a 1.8 standard deviation higher score of depression than the control group [6].

#### 2.1.3. Lack of information support

This is reflected in the difficulty for adolescents to obtain effective guidance and advice from their parents when facing choices or confusion. When adolescents encounter problems and feel confused during their growth process, if their parents ignore this situation and do not provide effective advice and guidance, they may feel panic about the future and have difficulty making decisions. It will ultimately lead to fear, anxiety, and frustration. Long term accumulation of these negative emotions greatly increases the likelihood of developing adolescent depression.

### 2.2. The unique role of maternal support in adolescent depression: bidirectional and staged

Maternal support shows a significant correlation in alleviating adolescent depression. The longitudinal study [4] found a bidirectional negative correlation between maternal support and adolescent depression symptoms, with an increase of 1 unit in maternal support and a decrease of 0.21 units in adolescent depression symptoms. On the contrary, for every 0.1-unit reduction in adolescent depression symptoms, maternal support increases by 0.15 units. The bidirectional feature becomes more pronounced in mid to late adolescence (15-18 years old), which may be related to the increased emotional dependence of adolescents on their mothers during this stage.

From different developmental stages, the data trend of maternal support in reducing the risk of depression in adolescents shows a U-shaped curve:

Early adolescence (11-13 years): Proactive emotional support of the mother can significantly weaken depression tendencies caused by excessive academic pressures in adolescents with the effect size of $r=-0.32$ ($p<0.001$).

Mid adolescence (14-16 years): As the requirement for adolescent friendship increases significantly, the direct effect of maternal support on their development decelerates a little but indirectly continues to lower their vulnerability to depression by potentially enhancing their self-identity ($\beta=-0.18$, $p<0.05$);

Late adolescence (17-18 years): Active maternal support's defensive function is once more strengthened, especially in reacting against external social and academic pressures.

Compared to adolescents without support, adolescents with sufficient support have a 58% lower risk of developing depression [2].

### 2.3. Gender differences in parental support: Different effects of maternal and paternal support on adolescent depression

There is a significant difference in the impact of maternal and paternal support on adolescent depression. Mother's support focuses more on meeting the emotional needs of adolescents, while father's support focuses on guiding their behavior correctly [2, 3].

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The emotional buffering effect of maternal support: In a multi method evaluation study on family relationships, it was found that for every level of improvement in the quality of interaction between mothers and adolescents, their tendency towards depression decreases by 0.25 units. This effect is more pronounced in girls (β=-0.31, boys β=-0.19) [2]. This can be explained through the observation that mothers are more sensitive in keeping an eye on the emotional transformations of adolescents and discussing with them in a timely and efficient manner. Comfort and support of mothers can directly reduce depression and anxiety levels among adolescents.

The shaping effect of father's support on adolescent behavior: Father's support often manifests as setting effective rules and cultivating independence of adolescents in their life. A study found that if fathers are more involved in the growth of adolescents, such as providing regular companionship and providing correct interventions and guidance for their thoughts and behaviors, these adolescents will exhibit better problem-solving abilities when facing conflicts, with statistics showing a 37% increase compared to the group lacking positive father involvement in their growth process. This ability can also significantly reduce the risk of depression in adolescents [7]. It is worth noting that the effect of father support requires high-quality positive parent-child interaction as a prerequisite. If the parent-child interaction pattern tends towards extreme control or negative guidance, it may increase the risk of depression in adolescents [8].

## 3. The exacerbation of adolescent depression caused by family conflicts

### 3.1. Types of family conflicts and their association with adolescent depression

Family conflicts can be divided into parental conflicts and parent-child conflicts, both of which affect adolescent depression in different ways.

The potential and persistent impact of parental conflict on adolescent depression: Frequent arguments between couples can seriously disrupt the family atmosphere, leading to a decrease in adolescent happiness and security. Research shows that the incidence rate of adolescent depression is 4.1 times higher in families with more than three conflicts per week [9]. Frequent conflicts between parents can cause adolescent self-attribution bias with nearly 72% of adolescents attribute their parents' arguments to their own shortcomings, resulting in self-blame and inferiority complex [10].

The direct impact of parent-child conflict on adolescent depression includes mother son conflict and father son conflict. There is a bidirectional positive correlation between mother child conflict and adolescent depression symptoms: for every 1 unit increase in conflict, adolescent depression symptoms increase by 0.23 units; The worsening of depressive symptoms can increase conflict frequency by 0.18 times per week [4]. Father's son conflicts are more reflected in the psychological development and maturity of adolescents, who begin to feel dissatisfied with their father's authority and confront them. If adolescents in the rebellious phase continue to engage in extreme power struggles with their fathers, their risk of developing depression increases by 62% [11].

### 3.2. Intergenerational inheritance and dynamic upgrading of the impact of family conflicts

The impact of family conflicts on adolescent depression is not static, but presents intergenerational inheritance and dynamic upgrading characteristics.

Intergenerational inheritance mechanism: Parents who frequently experience intense conflicts in childhood families have a significantly increased risk of developing depression, making them more likely to have conflicts with their children in the future. Longitudinal data shows that parents with a

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history of childhood family conflicts increase the risk of depression in adolescents by 31%, creating a negative cycle of intergenerational conflict and depression [12, 13].

Dynamic upgrading process: Minor family conflicts during the early stages can increasingly become worse due to parents' inappropriate handling. For example, when adolescents rebel against parental authority for the first time, if they are exceedingly scolded or unjustly punished by their parents, easily, they can feel isolated and helpless, which can exaggerate depressive signs; Depression can cause adolescents to be more sensitive and tense, being more inclined toward aggressive behavior.

This will trigger more intense family conflicts and form a vicious cycle [14].

### 3.3. The interaction between conflict and support: the buffering effect of protective factors

Family support can significantly weaken the negative impact of conflict on depression. When parents provide sufficient positive emotional support, the risk of depression among adolescents in families with frequent conflicts can also be reduced by 47% [15]. This buffering effect is usually achieved in two ways.

Direct emotional regulation: Adolescents who have grown up in supportive families for a long time can quickly and effectively self-regulate when facing conflicts, minimizing the accumulation of negative emotions.

Cognitive restructuring effect: Good family support makes adolescents more likely to attribute family conflicts to situational factors (such as emotional distress caused by parental work pressure) rather than their own shortcomings, thereby avoiding self-doubt and developing depressive tendencies [16].

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## 4. The mediating effect of family interaction on depression

### 4.1. The shaping of cognitive patterns: from conflict to negative cognition

Family support and conflict affect depression in adolescents by altering their cognition.

The formation of negative cognition: In families lacking support and frequent conflicts, adolescents are prone to feeling inferior, believing that the surrounding environment is indifferent to them, leading to a loss of hope for their future life. This will create an extremely negative perception among adolescents. For example, continuous criticism from parents towards adolescents can lead them to develop the idea of "I can't do anything well" and begin to frequently self-doubt in their daily lives. The correlation coefficient between this cognition and depressive symptoms is $r=0.58$ ($p<0.001$) [17].

Differences in Attribution Propensity: Adolescents from families with frequent conflicts are more likely to attribute negative events to their own factors. When they fail an exam, they are more likely to attribute it to internal factors, such as thinking they were born stupid, rather than external factors,

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such as finding the problem too difficult. This attribution tendency increases the risk of depression in adolescents by three times [18].

### 4.2. Impairment of emotional regulation ability: from stress to emotional loss of control

The quality of family interaction directly affects the emotional regulation and neural development of adolescents.

Overactivation of the hypothalamic pituitary adrenal axis (HPA axis): Adolescents from families with frequent and intense conflicts had basal levels of stress hormone cortisol 28% higher than the control group. This sustained state of stress can impair the ability of the prefrontal cortex to adapt and regulate emotions [19].

Defects in emotional regulation strategies: Adolescents with insufficient family support often repeatedly recall painful experiences without seeking solutions, which undoubtedly exacerbates their depressive symptoms. The data shows that the correlation coefficient between this strategy and depressive symptoms is r=0.41. On the contrary, adolescents with sufficient family support are more inclined to adopt problem-solving strategies and generally have lower tendencies towards depression [20].

### 4.3. Hindered development of social abilities: from interaction defects to social isolation

The family interaction mode will have a significant impact on the development of adolescents' social skills and indirectly affect their risk of developing depression.

The social learning effect of parent-child interaction: Adolescents who have been in negative conflict families for a long time lack effective guidance and education from role models with mature social skills, and are therefore more likely to exhibit aggressive or withdrawal behavior in their interactions with peers. Research has shown that peer acceptance among these adolescents is 53% lower than that of the control group, and peer rejection increases the risk of depression for these adolescents by 49% [21].

Intergenerational inheritance of attachment patterns: Unsafe attachment patterns, such as avoidant or ambivalent attachment, are more common in high conflict families. This pattern makes it difficult for adolescents to establish positive supportive interpersonal relationships, leading to a vicious cycle of depression caused by improper handling of social relationships [22].

## 5. Evidence based intervention strategies for adolescent depression

### 5.1. Family support enhancement intervention: providing different solutions based on actual family situations

Emotional support intervention: For families lacking emotional support, bidirectional emotional feedback training can be used. This training requires parents to engage in active communication with their children three times a week for 20 minutes each time. They need to retell and respond positively to the emotional expressions of adolescents, such as using a gentle and encouraging tone to express' I understand how sad you feel because you failed the exam ', which enhances the positive emotional resonance of adolescents. Randomized controlled trials have shown that this intervention can reduce depressive symptoms in adolescents by 34% [23].

Practical support intervention: For families with insufficient practical support, they can be guided to effectively utilize community resources, such as finding volunteers for adolescents who can take

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care of them when their parents are not at home, in order to alleviate the caregiving pressure on parents. A study targeting low-income families showed that the program reduced depression symptoms in adolescents by 27% within 6 months [24].

### 5.2. Mediating family conflicts: intervening and breaking the vicious cycle

Parent Conflict Management Training: This training requires parents to promptly prevent and resolve malignant family conflicts, shift the focus of conflict from mutual emotional blame to calm down, and actively solve problems. Specifically, it includes:

identifying the root causes of conflicts, such as children's homework issues;

Replace accusatory language with reasonable expressions of needs, such as' I'm worried about my child's grades' instead of 'You never care about your child';

Jointly develop solutions. This intervention reduced the frequency of conflicts between parents by 42%, and correspondingly reduced depression symptoms in adolescents by 29% [25].

Parent child conflict mediation skills: For families with frequent outbreaks of negative parent-child conflicts, a two-way compromise negotiation strategy can be adopted. Parents and adolescents need to have a 30-minute conflict negotiation once a week, and both parties propose two compromise points on this issue. If adolescents agree to increase their study time by 1 hour and parents agree to reduce nagging by 2 times. Tracking data shows that this strategy reduced parent-child conflict by 51% and depression symptoms by 36% [26].

### 5.3. Family intervention from cognition to behavior: reshaping the mediating mechanism

Cognitive restructuring family therapy: Combining individual cognitive-behavioral therapy (CBT) with family therapy to help adolescents rebuild negative cognition. The specific steps include:

the family's recognition of negative perceptions of adolescents, such as "I will never do well in exams";

Provide appropriate rebuttal through positive family interactions, such as parents listing their child's past successful experiences;

Develop a positive cognitive replacement plan, such as' This failure is due to the need to adjust review methods. This intervention reduced depression symptoms in adolescents by 41% within 12 weeks [27].

Emotional regulation family training: By using a family emotional log, daily emotional events and their handling methods in the family are recorded, and weekly family discussions are conducted. The focus is on training adolescents to manage emotions correctly and improve their problem-solving abilities, while parents learn how to manage emotions correctly and provide emotional regulation support for adolescents. Research has shown that this training improves the emotional regulation ability of adolescents by 39% and reduces depressive symptoms by 32% [16].

## 6. Conclusion and prospect

The impact of family support and conflict on adolescent depression presents multidimensional and dynamic characteristics: family support plays a protective and inhibitory role in adolescent depression through emotional resonance, practical protection, and cognitive guidance, while family conflict exacerbates the risk of adolescent depression by disrupting security, distorting cognition, and damaging social abilities. Current research has elucidated the mechanisms of action of both, but there are still unresolved issues as follows:

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Insufficient research on cultural specificity: Existing evidence mainly comes from Western families, and there is relatively little research on the unique model of authoritative support in Chinese families, such as the coexistence of strict family discipline and emotional support;

The transformation of family interaction in the digital age: whether the use of social media weakens the effectiveness of face-to-face family support still needs longitudinal data verification;

Long term effect tracking of intervention measures: Most existing intervention studies have a tracking period of 6-12 months and lack long-term data on whether the risk of depression changes in adolescents as adults.

Future research can combine neuroimaging techniques such as fMRI to explore the impact of family interactions on the emotional regulation network of adolescents' brains, providing biological evidence for precise interventions. At the same time, interdisciplinary cooperation should be strengthened, combining family intervention with school and community support systems to establish a comprehensive network for preventing adolescent depression.

## References

[1] Sheeber, L., Hops, H. & Davis, B. (2001). Family processes in adolescent depression. Clinical Child and Family Psychology Review, 4(1), pp.19–35.

[2] Sheeber, L. & Sorensen, E. (1998). Family relationships of depressed adolescents: A multimethod assessment. Journal of Clinical Child Psychology, 27(3), pp.268–277. Available at: https: //doi.org/10.1207/s15374424jccp2703_4

[3] Sheeber, L., Hops, H., Alpert, A., Davis, B. & Andrews, J. (1997). Family support and conflict: Prospective relations to adolescent depression. Journal of Abnormal Child Psychology, 25(4), pp.333–344.

[4] Hale III, W.W., Nelemans, S.A., Meeus, W.H.J. & Branje, S.J.T. (2020). A 6-year longitudinal study of adolescents and mothers depression symptoms and their perception of support and conflict. Child Psychiatry & Human Development, 51(3), pp.407–415. Available at: https: //doi.org/10.1007/s10578-019-00952-y

[5] Gariépy, G., Honkaniemi, H. & Quesnel-Vallée, A. (2016). Social support and protection from depression: systematic review of current findings in Western countries. The British Journal of Psychiatry, 209(4), pp.284–293. Available at: https: //doi.org/10.1192/bjp.bp.115.169094

[6] Forehand, R., Brody, G., Slotkin, L., Fauber, R., McCombs, A. & Long, N. (1988). The role of family stressors and parent relationships in depression among adolescents. Journal of Abnormal Child Psychology, 16(5), pp.649–663.

[7] Hammen, C., Burge, D., Burney, E., & Adrian, C. (1987). Predictors of maternal depression: Child's temperament, marital stress, and other factors. Journal of Abnormal Child Psychology, 15(1), pp.55–71.

[8] Ge, X., Conger, R. D., Lorenz, F. O., Shanahan, M., & Elder, G. H. (1994). Mutual influences in parent and adolescent psychological distress. Developmental Psychology, 30(4), 633–647. https: //doi.org/10.1037/0012-1649.30.4.633

[9] Cummings, E. M., & Davies, P. T. (1994). Children and marital conflict: The impact of family dispute and resolution. Guilford Press.

[10] Grych, J. H., & Fincham, F. D. (1990). Marital conflict and children's adjustment: A cognitive-contextual framework. Psychological Bulletin, 108(2), 267–290. https: //doi.org/10.1037/0033-2909.108.2.267

[11] Stafford, M., Kuh, D. L., Gale, C. R., Mishra, G., & Richards, M. (2011). Parent-child relationships and offspring's positive mental wellbeing from adolescence to early older age. Journal of Positive Psychology, 6(4), 323–334.

[12] Hammen, C., Burge, D., Burney, E., & Adrian, C. (1987). Predictors of maternal depression: Child's temperament, marital stress, and other factors. Journal of Abnormal Child Psychology, 15(1), 55–71. https: //doi.org/10.1007/BF00916468

[13] Hammen, C., Brennan, P. A., Keenan-Miller, D., & Herr, N. R. (2012). Intergenerational transmission of depression: Relationship quality and stressful life events. Journal of Consulting and Clinical Psychology, 80(2), 252–259. https: //doi.org/10.1037/a0027041

[14] Stice, E., Ragan, J., & Randall, P. (2004). Prospective relations between social support and depression: Differential direction of effects for parent and peer support? Journal of Abnormal Psychology, 113(1), 155–159. https: //doi.org/10.1037/0021-843X.113.1.155

[15] Rueger, S. Y., Malecki, C. K., & Demaray, M. K. (2010). Relationship between multiple sources of perceived social support and psychological and academic adjustment in early adolescence: Comparisons across gender. Journal of

DOI: 10.54254/2753-7048/2025.ND34313

Youth and Adolescence, 39(1), 47–61. https: //doi.org/10.1007/s10964-008-9368-6
[16] Garber, J., Braafladt, N., & Weiss, B. (1995). Affect regulation in depressed and nondepressed children and young adolescents. Development and Psychopathology, 7(1), 93–115. https: //doi.org/10.1017/S0954579400006350
[17] Beck, A. T. (1967). Depression: Clinical, experimental, and theoretical aspects. Hoeber.
[18] Seligman, M. E. P., Abramson, L. Y., Semmel, A., & von Baeyer, C. (1984). Depressive attributional style. Journal of Abnormal Psychology, 93(3), 303–314. https: //doi.org/10.1037/0021-843X.93.3.303
[19] Walker, E. F., Walder, D. J., & Reynolds, F. (2008). Developmental changes in cortisol secretion in adolescence: Implications for the emergence of depression. Development and Psychopathology, 20(2), 509–528. https: //doi.org/10.1017/S0954579408000247
[20] Nolen-Hoeksema, S. (1991). Responses to depression and their effects on the duration of depressive episodes. Journal of Abnormal Psychology, 100(4), 569–582. https: //doi.org/10.1037/0021-843X.100.4.569
[21] Bell-Dolan, D. J., Reaven, N. M., & Peterson, L. (1993). Social skills deficits and peer rejection in childhood depression. Journal of Clinical Child Psychology, 22(1), 10–18. https: //doi.org/10.1207/s15374424jccp2201_1
[22] Kobak, R. R., Cole, H. E., Ferenz-Gillies, R., Fleming, W. S., & Gamble, W. (1993). Attachment and emotion regulation during mother-teen problem solving: A control theory analysis. Child Development, 64(1), 231–245. https: //doi.org/10.2307/1131448
[23] Hops, H., Lewinsohn, P. M., Andrews, J. A., & Roberts, R. E. (1990). Parent-adolescent problem-solving interactions and depression. Journal of Abnormal Child Psychology, 18(6), 577–592. https: //doi.org/10.1007/BF00911238
[24] McLoyd, V. C. (1989). Socialization and development in a changing economy: The effects of paternal job and income loss on children. American Psychologist, 44(2), 293–302. https: //doi.org/10.1037/0003-066X.44.2.293
[25] Patterson, G. R. (1982). Coercive family process. Castalia.
[26] Robin, A. L., & Weiss, J. G. (1980). Criterion-related validity of behavioral and self-report measures of problem-solving communication skills in distressed and nondistressed parent-adolescent dyads. Behavioral Assessment, 2(3), 339–352.
[27] Lewinsohn, P. M., Clarke, G. N., Hops, H., & Andrews, J. (1990). Cognitive-behavioral treatment for depressed adolescents. Behavior Therapy, 21(4), 385–401. https: //doi.org/10.1016/S0005-7894(05)80353-3