Author's response to reviews

Title: Comparison of Children's Self-reports of Depressive Symptoms among Different Family Interaction Types in Northern Taiwan

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Author's response to reviews: see over
Dear Reviewers:

Thank you again for your valuable comments. Please refer to the underlined areas in the manuscript which represent the necessary revisions. Attached are our point by point responses.

Yours sincerely,

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Reponses to the comments by Michele Berk

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. Please clarify throughout the manuscript that the dependent variable is “children’s self-reports of depressive symptoms” and not “depressive symptoms” in general. For example, in the “Conclusions” section of the abstract the authors state that family interaction types are related to “children’s expressions of depressive symptoms.” A sentence like this should state “children’s self-reports of depressive symptoms.”

   We have clarified the dependent variable as “children’s self-reports of depressive symptoms” throughout the manuscript including the title. We have also replaced “expression” or “expressed” with “self-report” or “reported” throughout the manuscript. Please refer to the underlined phrases in the manuscript.

2. Similarly, please clarify that family interaction styles are “children’s reports (or perceptions) of family interaction styles” throughout the manuscript.

   We have replaced “family interactions” with “children’s perceived family interactions” or “children’s perceptions of family interactions” throughout the manuscript. Please refer to the underlined phrases in the manuscript.

3. In the Introduction, the authors report prevalence rates of depression (which I assume are in the United States?) ranging from 0.4 to 8.3%. They then say that prevalence rates in Taiwan are 30.5%. Please explain this large discrepancy.

   We have revised the second paragraph of the background to further clarify this discrepancy. Due to different research methods and different methods of measuring depressive symptoms in the cited studies, we cannot compare the rates directly. Hence, we have added some further words in the last sentence to clarify this point.

4. The author’s rationale for how family interaction styles cause depressive symptoms is still unclear. For example, on page 5, they say “Since children learn the skills of developing personal relationships through their interactions with family members, family interactions play a key role in whether or not a child will have depressive symptoms.” This needs more explanation. How do personal relationships relate to
the development of depressive symptoms?

We have revised the underlined sentences in the second paragraph of the background to make this point more clear. As well, we have removed the sentences about personal relationships as they are not a necessary part of the article.

5. The rationale for the present research that a greater number of family interaction scales are needed to improve upon prior work needs more explanation. The authors say they are capturing family interactions in greater complexity than prior work. What particular content do the authors feel is missing from the dimensions used in prior studies and how are their dimensions novel or an extension of prior work? The dimensions they measure in this study appear fairly similar to the prior work they cite.

Most previous researchers cited in the literature review used only two dimensions to describe family interactions, such as care and protection [21], cohesion and adaptability [22,23], acceptance/ involvement and strictness/ supervision [24]. We have used more complex concepts to describe family interactions. The family interaction scale of the CABLE study includes six aspects: family activities, parental discipline, parental support, psychological control, behavioural supervision and family conflict, and it is culturally specific. (We have mentioned this in the Methods section.) The novelty of this measurement is the comprehensiveness of the incorporated underlining dimensions. It has combined together several of the various dimensions of prior researchers rather than just incorporating one or two aspects.

6. Results section: does the measure of depression used have any external validity? If not please address this limitation in the Discussion.

According to our understanding, the external validity of a measure is related to its generalizability. Because of the sampling strategy used in this study, we can only generalize the results to students in public elementary schools of Taipei City and Hsinchu County in Northern Taiwan. We have stated this limitation in the final sentence of the study limitations.

7. Please clarify in the Study Limitations section in the Discussion that because the study relied on children’s self reports of family interactions and depressive symptoms, the authors cannot rule out the alternative explanation that depressed
children may be more likely to perceive their family environment as negative.

We have added: “However, as our study was cross-sectional in nature, we were unable to establish the direction of a possible causal association between family interactions and depressive symptoms. In other words, it may be possible that a child experiencing depressive symptoms will perceive their family environment and interactions as negative as opposed to negative family interactions leading to depressive symptoms.” This is the second last sentence of study limitations and is underlined.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct).

1. In the abstract, the authors talk about 5 types of interactions that are related to depressive symptoms. However, it is my understanding that the correlations with depressive symptoms were based on the 4 factors identified in the cluster analysis.

   Thank you for finding this serious typo. We have corrected it.

2. For studies that were not conducted in Taiwan, please specify what country they were conducted in.

   We have added the country of most of the studies cited in the manuscript. Please refer to the underlined sentences.

3. Pg. 6. Please explain the Circumplex model in more detail.

   The core of the Circumplex Model is the proposition that family systems may range from extremely low cohesion (emotional bonding among family members) to extremely high cohesion, and from extremely low adaptability (the ability of the family system to change its power structure and relationships in response to situational and developmental needs) to extremely high adaptability. It has been proposed that families at the central level of cohesion and adaptability would function better than those who are at the highest and lowest levels of both dimensions [23]. We have added a few sentences on page 6 to further elaborate on the Circumplex Model.
Reponses to the comments by Katherine Shelton

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. Abstract:
Page 3: Delete, ‘On the other hand’. Sentence then begins, ‘Children…’

This sentence has been revised.

2. Abstract:
‘…which are related to children’s (delete ‘expression of’) depressive symptoms.’

We have revised the sentence. According to the comment of reviewer Berk, we have used “children’s self-reports of depressive symptoms” instead of “children’s expression of depressive symptoms”.

3. Results
The pattern of associations between subscales:
It isn’t necessary to include a table showing the associations between the derived subscales. However, it might be good to include a sentence in the results reporting the range of associations between the subscales. I notice that some items have loadings greater than 3.0 on more than one subscale (e.g. Parents shout and swear at you’). It would be interesting, therefore, to get a feel for whether, and how, these subscales are associated.

We have added an underlined sentence in the last paragraph of the section “Factor structure of children’s perceived family interactions”. The range of the associations between the subscale is -0.005~0.009.