The purpose of this study is to evaluate the relationship between mothers' ability to regulate their emotions and the emotional availability of their children. We hypothesize that children's emotional reactivity will be lower among mothers who are less depressed and have a higher observed emotional availability to their children. This suggests that parents' reports of higher child emotional reactivity, observed differences in child emotional availability, and greater emotional dysregulation in response to the aversive play situations can be attributed to differences in mothers' depressive symptoms.

Findings presented here also help confirm the usefulness of looking not only at the quality of the relationship in the first five minutes of the DPICS assessment, but also at the parent's emotional reactivity to children's responses to the shift in activity to parent-led play and finally to clean-up. The degree to which the therapist observes a shift in children's responses to the parent will inform them about the children's difficulties with emotional regulation.

RESULTS cont.

As maternal control increases from CDI to PDI to Clean up, children of both depressive and non-depressive mothers showed less emotional reactivity. F(1, 249) = 4.281, p < .05

DISCUSSION

The purpose of this study is to evaluate the relationship between mothers' self-reported depressive symptoms and their clinic-referred children's emotional availability to increasingly aversive play situations as a way of demonstrating their level of emotional regulation.

SUMMARY OF RESULTS

Maternal depressive symptom severity correlated with their ratings of their children's Emotional Reactivity on the CBCL.

Children's Emotional Reactivity was significantly negatively correlated with their observed emotional availability.

Child responsiveness decreased more sharply among children of depressed than non-depressed mothers as maternal control increased from CDI to PDI to Clean up.

Increases in emotional reactivity related to greater decreases in child involvement from CDI to PDI to Clean up, particularly among children of mothers with high levels of depressive symptoms.

CLINICAL IMPLICATIONS

Children's emotional dysregulation is a traumatic symptom. Increasing regulation should be incorporated into a child's treatment goals; and parents should be coached to be aware of impending dysregulation and develop strategies to help soothe and regulate.