DEPRESSION SELF-RATING SCALE FOR CHILDREN

(Birleson 1978)

Instructions:
This self-rating scale was developed for children between the ages of 8 and 14 years of age. Please explain to the child that the scale is a way of getting to know how children really feel about things. Give the scale to the child with the directions below. If children have difficulty in reading any of the items, clinicians may read out the statements in a neutral tone of voice that indicates no preference in what they wish to hear.

Please read these statements and tick the answer that best describes how you have felt <u>during the past week</u>. It is important to answer as honestly as you can. The correct answer is to say <u>how you have really felt</u>.

		Mostly	Sometimes	Never	
1.	I look forward to things as much as I used to..	[ ]	[ ]	[ ]	___
2.	I sleep very well..... ……	[ ]	[ ]	[ ]	___
3.	I feel like crying.....	[ ]	[ ]	[ ]	___
4.	I like to go out to play.....	[ ]	[ ]	[ ]	___
5.	I feel like running away.....	[ ]	[ ]	[ ]	___
6.	I get tummy aches.....	[ ]	[ ]	[ ]	___
7.	I have lots of energy.....	[ ]	[ ]	[ ]	___
8.	I enjoy my food.....	[ ]	[ ]	[ ]	___
9.	I can stick up for myself.....	[ ]	[ ]	[ ]	___
10.	I think life isn't worth living.....	[ ]	[ ]	[ ]	___
11.	I am good at the things I do.....	[ ]	[ ]	[ ]	___
12.	I enjoy the things I do as much as I used to…	[ ]	[ ]	[ ]	___
13.	I like talking with my family.....	[ ]	[ ]	[ ]	___
14.	I have bad dreams.....	[ ]	[ ]	[ ]	___
15.	I feel very lonely.....	[ ]	[ ]	[ ]	___
16.	I am easily cheered up.....	[ ]	[ ]	[ ]	___
17.	I feel so sad I can hardly stand it.....	[ ]	[ ]	[ ]	___
18.	I feel very bored.....	[ ]	[ ]	[ ]	___

Thank you. **Score** ____

DEPRESSION SELF-RATING SCALE FOR CHILDREN (DSRS-C)

INTRODUCTION

The DSRS-C was developed in 1978 as part of a Masters of Philosophy Thesis at the University of Edinburgh. The scale was developed from a longer inventory of 37 items that were described in the literature in association with depressive syndromes in childhood. These items were formed into positive and negative statements, the order was randomised and the final inventory was given to four groups of children aged between 7 and 13 years.

A. A group of children referred to a Child Psychiatry Clinic who met an operational definition of depressive disorder, were not intellectually handicapped and did not suffer from schizophrenia or autism (N=17).

B. A comparison group of children from a Child Psychiatry Clinic population controlled for sex, age and severity of disturbance (N=17).

C. A group of children from a school for maladjusted pupils who were thought likely to be demoralized or have low self-esteem (N=20).

D. A comparison group of normal school children of mean age 12.1 years (N=19).

The operational definition of depressive disorder used the following clinical criteria:-

i) Evidence of recent expressed unhappiness, sadness, misery or crying, with

ii) History of behaviour change lasting over 2 weeks but less than 1 year, with

iii) Evidence of recent impairment in social relationships and/or decline in school performance, with

iv) The presence of two or more of the following symptoms - sleep disturbance, appetite disturbance, loss of usual energy or interest, reduced activity, expressed self-deprecating ideas, suicidal threats or behaviour, increased irritability, new somatic complaints, wandering behaviour, depressive delusions and hallucinations.

A pilot study established that using a list of statements where the child could agree or disagree was more reliable and easier to use than a posting box format. Items were scored in the direction of disturbance as 0 for "non-depressed" or normal responses, 1 for "sometimes" responses and 2 for "depressed" or abnormal responses, i.e. a child who slept well "most of the time" scored 0. A child who felt lonely "most of the time" scored 2.

An analysis of variance was used to determine which of the 37 self-rating items discriminated the depressed group from the other 3 groups. These items were taken to form the DSRS-C.

The test-retest reliability of the Scale on an independent sample showed satisfactory stability (0.80). Individual items had a reliability coefficient of 0.65-0.95. The Scale's corrected split-half reliability was 0.86 showing good internal consistency.

The linearity of Scale items was assessed by factor analysis. A rotated matrix produced 5 factors that together shared 61% of the total variance. These factors were very similar to those found in studies of adults with depressive disorders.

The Scale had adequate face validity and factorial validity (Birleson 1981). It was then tested for clinical validity on an independent population of 155 children aged between 8 and 14 years who were attending a child psychiatry outpatient clinic.

These children were grouped into a depressed population and "others". Children who scored 15 and above on the DSRS-C were significantly more likely to be given a psychiatric diagnosis of Major Depression or Dysthymia. The predictive value of the total DSRS-C score was almost as good as the global score of the history of depression and appearance of depression evaluated at interview by Child Psychiatrists.

RESULTS

	DSRS	History & Appearance of Depression
Sensitivity	66.7%	66.7%
Specificity	76.7%	81.5%
Misclassification Rate	23.9%	29.4%
Positive Prediction	15.0%	18.2%
Negative Prediction	97.4%	97.5%

These figures have assumed a prevalence of depressive disorder of 5% in a clinic population. While those with a depression diagnosis scored highly, it was noted that many other children with dysphoric mood also scored over 15. These children presented with a range of other psychiatric diagnoses including conduct disorder, mixed emotional and conduct disorder and anxiety disorders, e.g. school refusal.

Many of these children had isolated depressive symptoms together with a flat or irritable mood at interview. Most had histories of parental loss or rejection, and came from discordant or conflicted family backgrounds. This is consistent with the observation that that depressive symptoms occur commonly in children in relation to psycho-social stressors and that depressive syndromes occur with a range of severity, extent and duration.

Self-rating scales for depression, observer-rating scales, clinical appearance at interview, history from parents or teachers, history obtained from the child at interview and other information sources are best utilized together, with information about the context of the problem behaviour, to arrive at a well-considered clinical diagnosis. None of these sources alone can ever be regarded as an adequate and sufficient diagnostic tool.

The DSRS-C is simple to use. It is brief and only takes a child a few minutes to complete. Children with poor reading skills or short-term auditory memory difficulties may require help in understanding the longer items, but the scoring patterns of younger children have been found to be very similar to those of their elder peers (Birleson et al. 1987). Children are usually pleased to describe their experience through completing the scale and this communication or sense of being understood may facilitate a therapeutic relationship.

The instrument may be used together with other information from parents, school or other sources to make a clinical diagnosis, to identify children with dysphoric mood in response to environmental stress and to measure change in emotional status. It has been widely used in the U.S.A., Canada, Europe, Japan and China. The DSRS-C may be freely used for clinical or research purposes provided due acknowledgement is made about its origin.

ADMINISTRATION AND SCORING

Children are asked to consider their experience during the previous week and to tick how each item has applied to them. Explain that there is no right or wrong answer and that the important thing is to say how they have really felt. They are asked to choose whether the statement applied to them "most of the time", "sometimes" or "never".

Item responses are simply scored in the direction of disturbance, i.e. depressive items score 2, "sometimes" items score 1, and non-depressive items score 0. For items 1, 2, 4, 7, 8, 9, 11, 12, 13 and 16 'mostly' scores 0, 'sometimes' scores 1 and 'never' scores 2.

For items 3, 5, 6, 10, 14, 15, 17 and 18 'mostly' scores 2, 'sometimes' scores 1 and 'never scores 0.

The item scores are summed to give the total score.

References

Birleson P. (1981) The Validity of Depressive Disorder in Childhood and the Development of a Self-Rating Scale: A Research Report. J. Child Psychology Psychiatry 22, 73/88.

Birleson P. Hudson I, Grey-Buchanan D, Wolff S. (1987) Clinical Evaluation of a Self-Rating Scale for Depressive Disorder in Childhood (Depression Self-Rating Scale). J. Child Psychology Psychiatry 28, 43/60.

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