

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 in the past week. Answer as honestly as you can. The correct answer is to say how you really have felt.

- | | | Mostly | Never | | |
|-----|---|-----------|-------|-----|-----|
| | | Sometimes | | | |
| 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. _____

DEPRESSION SELF-RATING SCALE FOR CHILDREN (DSRS)

INTRODUCTION

The Depression Self-Rating Scale for Children was developed in 1978 as part of a Masters of Philosophy Thesis at the University of Edinburgh. The scale emerged from a longer inventory of 37 items that had been described in the literature as associated with major depressive syndromes in childhood. These items were put 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 weepiness, and
- ii) History of behaviour change lasting over 2 weeks but less than 1 year, and
- iii) Evidence of recent impairment in social relationships and/or decline in school performance, and
- 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, and depressive delusions and hallucinations.

A pilot study had established that a format of a list of statements with which the child could agree or disagree was more reliable and easier to use than a posting box version. Items were scored 0 for "non-depressive" or normal responses, 1 for "sometimes" responses and 2 for "depressive" or abnormal responses. For example a child indicating he slept well "most of the time" would score 0. A child who felt like running away "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 Depression Self-Rating Scale.

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 adult studies.

The Scale had adequate face validity and factorial validity (Birlson 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 over on the DSRS were significantly more likely to have a depressive diagnosis (Major Depression or Dysthymia). The predictive value of the total DSRS 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 assume a prevalence of depressive disorder of approximately 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 were children with a range of other diagnoses including conduct disorder, mixed emotional and conduct disorder and emotional disorders including school refusal.

Many had isolated depressive symptoms and a depressed appearance at interview. Most had histories of parental loss or rejection, and discordant and conflicted family backgrounds. This is consistent with the observation that depressive syndromes occur with a range of severity, from dysthymia to major depression, and that depression commonly occurs with psychiatric co-morbidity.

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 a knowledge of the context of the problem behaviour, to arrive at a considered clinical diagnosis. None of these sources alone can possibly be a complete diagnostic tool.

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

The instrument may be used, with other information, in making clinical diagnoses, to identify children with dysphoric mood and to measure clinical change. It has been widely used in the U.S.A., Canada, U.K. and Europe, Japan and China.

ADMINISTRATION AND SCORING.

Children are asked to tick the column that applies to them over the past week. They are told that there is no right or wrong answer and that the important thing is how they really feel. They choose whether the statement applies to them "most of the time", "sometimes" or "never".

Responses to items are simply scored in the direction of disturbance, i.e. depressive items score 2, "sometimes" items score 1, and non-depressive items score 0. The scores are summed to give the total score.

Key References

Birleson P. (1981) The Validity of Depressive Disorder in Childhood and the Development of a Self-Rating Scale: A Research Report. *J. Child Psychol. Psychiat.* 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 Psychol. Psychiat* 28, 43/60.