

Assessing Childhood Depression from Multiple Perspectives via the CDI 2 Toolkit

Maria Kovacs, Ph.D.

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“DEPRESSION” CAN SIGNIFY A:

- **Feeling** (transient subjective aspect of emotion)
- **Mood** (persistent emotional state)
- **Symptom or sign** (some evidence of disorder)
- **Syndrome** (collection of symptoms & signs)
- **Psychiatric disorder** (a specific syndrome with a characteristic course & outcome)

SYMPTOMS & SIGNS OF DEPRESSIVE SYNDROMES

Mood S_x

sad
irritable
blue
“blah”
anhedonic
uninterested

Cognit./Beh. S_x

guilt
worthlessness
concentration ↓
wanting to die
suicidal behavior
self-deprecation
pessimism/hopelessness
social withdrawal

Neuroveget. S

fatigue
appetite (↑↓)
sleep (↑↓)
agitation
retardation

SYMPTOMS/SIGNS CAN BE EXPRESSED IN DIFFERENT WAYS BY DIFFERENT INDIVIDUALS

TYPES OF DEPRESSIVE DISORDERS

- Major depressive disorder (MDD)
- Dysthymic disorder (DD),
“minor” or chronic depression
- Adjustment disorder with
depressed mood (ADDM)

DSM-^{*}IV/^{**}V CRITERIA: DEPRESSIVE DISORDERS

MAJOR DEPRESSIVE D/O

DYSTHYMIC D/O

DURATION

≥ 2 weeks

≥1 year for children

SYMPTOMS

5/9 symptoms, including depressed/irritable mood or loss of interest

Depressed/irritable mood + 2/6 symptoms (not asymptomatic for ≥ 2 mos)

SEVERITY

Distress or functional impairment

Distress or functional impairment

EXCLUSION

Not due to drugs/meds./medical d/o; [*not bereav't/mixed episode]. **not schizophr. spectrum do/.

No MDD in Year 1. Never manic/hypomanic/mixed/cyclothymic; not during psychosis/due to drugs/meds./medical d/o;** can have 2 yr chronic MDD

DSM-IV/IV CRITERIA FOR ADJUSTMENT DISORDER WITH DEPRESSED MOOD

ONSET

Within 3 months of onset of stressor

DURATION

No more than 6 months after stressor, or its consequences have ended

SYMPTOMS

Predominant manifestations are depressive, e.g., depressed mood, tearfulness, hopelessness

SEVERITY

Distress “in excess” of what would be expected, or functional impairment

EXCLUSION

Does not meet criteria for other specific Axis I disorder; not an exacerbation of preexisting Axis I or II disorder; not bereavement

DEVELOPMENTAL ASPECTS OF DEPRESSIVE DISORDERS

- **DSM-IV/V criteria include 2 accommodations for youth: mood can be irritable (MDD & DD), and 1 year is the minimum length of DD/ chronic major depression**
- **Studies show few consistent age-related changes in symptoms: in adolescents (vs. children) hypersomnia is more frequent & the clinical picture is more “physiological” ***

*Baji et al., 2009; Weiss & Garber, 2003

MAJOR DEPRESSIVE DISORDER IN REFERRED YOUTHS

- **Episodic**
- **Average episode length \approx 9 months**
- **High rate of recovery (90+%)**
- **High rate of recurrence (60+%)**
- **High rate of comorbid disorders**
- **High risk of suicidal behaviors**
- **Educational and social problems**

Kovacs et al., 1993, 1994, 1997

DYSTHYMIC DISORDER IN REFERRED YOUTHS

- **Chronic; waxes & wanes**
- **Average episode length \approx 4 years**
- **High rate of recovery (90%+)**
- **High probability of MDD (60%+)**
- **High rate of comorbid disorders**
- **High risk of suicidal behaviors**
- **Educational and social problems**

ADJUSTMENT DISORDER VS. OTHER DEPRESSIVE DISORDERS IN REFERRED YOUTHS

- Few symptoms
- Shorter episode
- Lower rates of comorbid disorders
- Lower risk of suicidal behaviors
- Lower risk of educational and social problems

DEPRESSION IN CONTEXT

- It is frequently unrecognized or misidentified in youngsters
- Depressed children often seem “bad” rather than sad: they may have “an attitude,” be uncooperative & grumpy, & be socially unresponsive
- It is rarely the parent’s primary complaint about the affected child

SOME FACTS ABOUT DEPRESSIVE DISORDERS IN YOUTH: I

- **MDD and DD are familial:* 14%-30% of mothers of referred depressed children are depressed; 59% have sub-threshold symptoms; about 70% have a lifetime history of depression****
- **By the time they are in their 30's, 65% of the offspring of depressed parents will have at least one episode of MDD*****

*Kovacs et al., 1997; Williamson et al., 1995 **Ferro et al., 2000; Hammen et al., 1999; ***Weissman et al., 2006

SOME FACTS ABOUT DEPRESSIVE DISORDERS IN YOUTH: II

- **Rates are similarly low in young boys and girls. But in mid-late adolescence, the rates increase markedly and become consistently higher in females***
- **Episode onset is typically associated with stressful life events (especially 1st episodes)****

*Costello et al.,2006; **Mayer et al., 2009

ASSESSMENT OF DEPRESSION

QUESTION

TOOL

Does this child have
a depressive
disorder? → →

Clinical diagnostic
interview (semi-
structured)

How depressed is
this child? → →

Standardized rating
scales: CDI 2

THE DIAGNOSTIC INTERVIEW: PRO'S & CON'S

“PRO'S”

- Comprehensive view of symptoms, functioning
- life-history based
- covers causal factors
- can rule out false positives (syndrome-no disorder)
- yields diagnoses

“CON'S”

- Requires extensive training and experience
- time consuming
- requires interview with child and parent /adult informant
- resultant data are categorical (yes/no), not quantitative

CDI²

Children's Depression Inventory 2nd Edition

Maria Kovacs, Ph.D. & MHS Staff

TECHNICAL MANUAL

The *Children's Depression Inventory 2nd Edition*™ (CDI 2™) is the latest update to the original CDI. Like its predecessor, the CDI 2 remains a highly valid and reliable comprehensive multirespondent assessment of depressive symptoms in youth aged 7 to 17 years. This update boasts a number of important refinements. The most significant change is the redevelopment of the CDI 2: Self-Report (CDI 2-SR); this updated version now contains several new items that truly center on childhood depression. Other changes include improved score interpretability, updated norms that are representative of the U.S. population, and a modernized design for all form versions.

The CDI 2 is a multi-informant assessment that can be completed by youths, parents, and teachers. Each form covers a wide range of depression-related content areas related to Emotional Problems and Functional Problems. The CDI 2-SR breaks down these content areas further into problems related to Negative Mood/Physical Symptoms, Ineffectiveness, Negative Self-Esteem, and Interpersonal Problems. The CDI 2: Self-Report (Short) form (CDI 2-SR[S]) is also available when time is limited, or when the aim is to determine if a youth might benefit from additional evaluation. When administered to respondent types, a more comprehensive picture of a youth's depressive symptoms can be obtained in various contexts. Available in both paper-and-pencil and computerized (software and online) versions, the CDI 2 is easily administered and scored. The CDI 2 is the perfect tool to accurately assess individuals and groups of youth, as a screener, or to evaluate the effectiveness of an existing treatment program.

This manual describes the CDI 2: its history, steps related to administration, scoring, and interpretation, as well as its development, standardization, reliability, and validity.

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Children's Depression Inventory 2nd Edition™ (CDI 2™)

CDI²

Children's Depression Inventory 2nd Edition

Maria Kovacs, Ph.D. & MHS Staff

TECHNICAL MANUAL

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THE CDI.2 TOOLKIT: PRO'S & CON'S

“PROS”

- easy, economical
- alternate administrations (paper, web-based, PC based)
- computer scored; yields T-score standardized profiles
- allows multiple perspectives (self/parent/teacher)
- items can be used clinically
- low false positive rate

“CONS”

- requires the ability to read and follow instructions
- requires some ability to self-reflect (child version), or accurately observe behavior (parent/teacher versions)
- limited response choices
- does not yield diagnoses
- can yield false negatives (particularly the child version)

PRACTICAL FEATURES OF THE CDI.2 TOOLKIT

<i>Variable</i>	Full-Length	Short	Parent	Teacher
# of items	28	12	17	12
Time needed	15 min.	5 min.	10 min.	5 min.
Format	multiple choice (0-2)	multiple choice (0-2)	Likert (0-3)	Likert (0-3)
Reading level	Grade 1.7	Grade 1.5	Grade 2	Grade 2.2
Scales	Emotional + Functional Problems + TOT	TOT only		Emotional + Functional Problems + TOT
Subscales	Neg. mood/Phys. S _x Neg. self-esteem Ineffectiveness Interpers. Problems			

WHAT IS NEW IN THE CDI.2 TOOLKIT?

- ★ **Extended symptomatic coverage of full length version (e.g., hypersomnia, hyperphagia) + refinement of 3 items**
- ★ **Up-to-date norms using a demographically representative group of 7- to 17-year-olds**
- ★ **Parallel Primary Scales (Emotional/ Functional Problems) across the full-length, parent, & teacher forms**

CHANGES IN THE CDI.2 CHILD VERSION

Changes	Item #	Most symptomatic option
New	26	<i>I fall asleep during the day . . .</i>
	27	<i>. . . I feel like I can't stop eating</i>
	28	<i>. . .very hard to remember things</i>
Edited	5	<i>My family is better off without me</i>
	10	<i>I feel cranky all the time</i>
	25	<i>I get into arguments with friends. .</i>
Removed	[6]	<i>. .terrible things will happen to me</i>
	[26]	<i>I never do what I am told</i>

CDI.2 SCORES & THEIR MEANING

Total Raw Score:	mirrors the number of symptoms endorsed and/or their severity
T-score on a given Scale or Subscale:	mirrors how symptomatic the respondent is, compared to same-sexed, similar age peers in the normative sample (based on mean=50, SD=10)
% rank on a given Scale or Subscale:	mirrors how symptomatic the respondent is, as placing at or above a given %-ile, compared to same-sexed, similar age peers in the normative sample

VERBAL LABELS FOR T-SCOREs, % RANKs

T-Score	% Rank	Classification
70+	98+	Very Elevated (many more concerns than typically reported)
65-69	93-97	Elevated (more concerns than typically reported)
60-64	84-92	High Average (somewhat more concerns than typically reported)
40-59	16-83	Average (typical number of concerns reported)
<40	<16	Low (fewer concerns than typically reported)

CDI.2 T-SCORES ACROSS RESPONDENTS

PARENT (17-items) TOTAL +

EMOTIONAL PROBLEMS

(e.g., looks sad, cranky, trouble sleeping)

FUNCTIONAL PROBLEMS

(e.g., worse school performance, doesn't spend time with friends)

SELF (28-items) TOTAL +

EMOTIONAL PROBLEMS

(e.g. Negative Mood/Phys. Sympt., Negative Self-Esteem)

FUNCTIONAL PROBLEMS

(e.g., Interpersonal Problems, Ineffectiveness)

Subscales

NEGATIVE MOOD/ PHYSICAL SYMPTOMS

(e.g., sad, irritable, crying, fatigue, loss of appetite)

NEGATIVE SELF-ESTEEM

(e.g., feels unloved, negative self-view)

INTERPERSONAL PROBLEMS

(e.g., social avoidance, get into arguments)

INEFFECTIVENESS

(e.g., declined grades, can't do things)

TEACHER (12-items) TOTAL +

EMOTIONAL PROBLEMS

(e.g., looks sad, looks tired, seems lonely)

FUNCTIONAL PROBLEMS

(e.g., has to push self to work, conflicts with others, worse school performance)

Figure 3.2. Sample CDI 2:SR Response Form: Front Page



By Maria Kovacs, Ph.D.

Name/ID: Jennifer K.

Date of Birth: 1994 / 8 / 15
Year Month Day

Age: 16 Grade: 11

Sex: Male Female
Circle one

Today's Date: 2010 / 6 / 4
Year Month Day

Kids sometimes have different feelings and ideas.

This form lists the feelings and ideas in groups. From each group of three sentences, pick **one** sentence that describes you best for the **past two weeks**. After you pick a sentence from the first group, go on to the next group.

There is no right or wrong answer. Just pick the sentence that best describes the way you have been recently. Put a mark like this next to your answer. Put the mark in the box next to the sentence that you pick.

Here is an example of how this form works. Try it. Put a mark next to the sentence that describes you best.

Example:

- I read books all the time.
- I read books once in a while.
- I never read books.

Remember, for each item, pick out the sentence that describes you best in the **PAST TWO WEEKS**.

<p>Item 1</p> <p><input checked="" type="checkbox"/> I am sad once in a while.</p> <p><input type="checkbox"/> I am sad many times.</p> <p><input type="checkbox"/> I am sad all the time.</p>	<p>Item 6</p> <p><input type="checkbox"/> I hate myself.</p> <p><input checked="" type="checkbox"/> I do not like myself.</p> <p><input type="checkbox"/> I like myself.</p>
<p>Item 2</p> <p><input type="checkbox"/> Nothing will ever work out for me.</p> <p><input checked="" type="checkbox"/> I am not sure if things will work out for me.</p> <p><input type="checkbox"/> Things will work out for me O.K.</p>	<p>Item 7</p> <p><input type="checkbox"/> All bad things are my fault.</p> <p><input type="checkbox"/> Many bad things are my fault.</p> <p><input checked="" type="checkbox"/> Bad things are not usually my fault.</p>
<p>Item 3</p> <p><input checked="" type="checkbox"/> I do most things O.K.</p> <p><input type="checkbox"/> I do many things wrong.</p> <p><input type="checkbox"/> I do everything wrong.</p>	<p>Item 8</p> <p><input checked="" type="checkbox"/> I do not think about killing myself.</p> <p><input type="checkbox"/> I think about killing myself but would not do it.</p> <p><input type="checkbox"/> I want to kill myself.</p>
<p>Item 4</p> <p><input type="checkbox"/> I have fun in many things.</p> <p><input type="checkbox"/> I have fun in some things.</p> <p><input checked="" type="checkbox"/> Nothing is fun at all.</p>	<p>Item 9</p> <p><input type="checkbox"/> I feel like crying every day.</p> <p><input checked="" type="checkbox"/> I feel like crying many days.</p> <p><input type="checkbox"/> I feel like crying once in a while.</p>
<p>Item 5</p> <p><input type="checkbox"/> I am important to my family.</p> <p><input checked="" type="checkbox"/> I am not sure if I am important to my family.</p> <p><input type="checkbox"/> My family is better off without me.</p>	<p>Item 10</p> <p><input checked="" type="checkbox"/> I feel cranky all the time.</p> <p><input type="checkbox"/> I feel cranky many times.</p> <p><input type="checkbox"/> I am almost never cranky.</p>

continued on back page...



MHS

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Figure 3.5. Sample CDI 2:SR Response Form: Page 3

By Maria Kovacs, Ph.D.

CDI 2
SELF-REPORT
Profile

Name/ID: Jennifer K.

Date of Birth: 1994 / 8 / 15
Year Month Day

Age: 16 Grade: 11

Sex: Male Female

Today's Date: 2010 / 6 / 4
Year Month Day

Instructions:

1. Circle the Raw Scores from the Scoring Grid for each scale and subscale under the appropriate age column.
2. Follow the row across to find the corresponding T-score and classification for each scale and subscale.
3. Transfer the T-scores to the appropriate boxes at the bottom of the page.
4. Connect the seven circled values with straight lines to form a profile.

Females

T	Total		Emotional Problems		Negative Mood/Physical Symptoms		Negative Self-Esteem		Functional Problems		Ineffectiveness		Interpersonal Problems		T	Classification
	7-12	13-17	7-12	13-17	7-12	13-17	7-12	13-17	7-12	13-17	7-12	13-17	7-12	13-17		
90+	28+	39+	16+	23+	11+	16+	7+	9+	15+	19+	11+	15+	6+	6+	90+	Very Elevated
89	27	38		22		15			14			14	5		89	
88		37			10		6	8		18					88	
87	26		15												87	
86		36		21		14					10				86	
85	25	35							13	17		13			85	
84	24	34	14	20											84	
83		33			9	13				16					83	
82	23							7	12					5	82	
81		32	13	19							9	12			81	
80	22	31		18			5			15					80	
79		30			8	12							4		79	
78	21		12	17					11			11			78	
77		29								14	8				77	
76	20	28		16		11		6							76	
75		27	11						10						75	
74	19				7					13		10		4	74	
73	18	26		15		10									73	
72		25	10							12	7				72	
71	17	24	14			9	4	5	9			9			71	
70		23	9	13	6					11			3		70	
69	16	23							8						69	
68		22													68	
67	15	21		12		8					6	8			67	
66		20	8												66	
65	14			11	5					10				3	65	
64	13	19						4	7						64	
63		18	7	10		7	3			9	5	7			63	
62	12	17													62	
61				9					6	8				2	61	
60	11	16	6		4	6						6			60	
59		15													59	
58	10	14		8				3		7	4			2	58	
57			5			5			5						57	
56	9	13		7											56	
55	8	12			3		2			6					55	
54		11	4	6		4			4						54	
53	7														53	
52		10		5				2		5			4		52	
51	6	9	3	4	2	3							1		51	
50		8								3					50	
49	5	7								4	2	3		1	49	
48			2	3		2									48	
47	4	6							2	3					47	
46	3	5			1		1	1							46	
45		4	1	2								2			45	
44	2					1				2	1				44	
43		3		1					1						43	
42	1	2	0		0							1	0		42	
41		1		0		0								0	41	
540	0	0					0	0	0	0	0	0			540	

T = 24 T = 14 T = 10 T = 4 T = 10 T = 4 T = 6

male profile on the back page...



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By Maria Kovacs, Ph.D.



Child's Name/ID: Jennifer K.
 Parent's Name/ID: Mrs. K.
 Relationship to Child: Mother
 Child's Age: 16 Child's Grade: 11

Sex: Male Female
Circle One
 Date of Birth: 1994 / 8 / 15
Year Month Day
 Today's Date: 2010 / 6 / 4
Year Month Day

Instructions:

For each of the statements below, select one response that best describes your observations of your child in the **PAST TWO WEEKS**.

Indicate your response for each item by **circling** the number that best corresponds to your choice. You may change an item response by drawing an **X** through your original choice and selecting a new response.

Remember, for each statement, pick **one** answer that best describes your observations of your child in the **PAST TWO WEEKS**.

My child...	Not at all	Some of the time	Often	Much or most of the time
1. looks sad.	0	1	2	3
2. has fun.	0	1	2	3
3. does not like himself or herself.	0	1	2	3
4. blames himself or herself for things.	0	1	2	3
5. cries or looks tearful.	0	1	2	3
6. is cranky or irritable.	0	1	2	3
7. enjoys being with people.	0	1	2	3
8. thinks that he or she is ugly.	0	1	2	3
9. has to push himself or herself to do schoolwork.	0	1	2	3
10. has trouble sleeping at night.	0	1	2	3
11. looks tired or fatigued.	0	1	2	3
12. seems lonely.	0	1	2	3
13. enjoys school.	0	1	2	3
14. spends time with friends.	0	1	2	3
15. is showing worse school performance than before.	0	1	2	3
16. does what he or she is told.	0	1	2	3
17. has disagreements and conflicts with others.	0	1	2	3



CDI²

PARENT Profile

Child's Name/ID: Jennifer K.Sex: Male Female Parent's Name: Mrs. KToday's Date: 2010 6 1 4
Year Month DayRelationship to Child: MotherChild's Age: 16 Child's Grade: 11**Instructions:**

1. Circle the Raw Scores from the Scoring Grid for each scale under the appropriate sex and age column.
2. Follow the corresponding row across to find the corresponding T-score and classification for each scale.
3. Transfer the T-scores to the appropriate boxes at the bottom of the page.
4. Connect the three circled values with straight lines to form a profile.

T	Females						Classification	Males						T	
	Total		Emotional Problems		Functional Problems			Total		Emotional Problems		Functional Problems			
	7-12	13-17	7-12	13-17	7-12	13-17		7-12	13-17	7-12	13-17	7-12	13-17		
90+	39+	42+	22+	21+	21+	22+	Very Elevated	39+	37+	20+	17+	23+	22+	90+	
89	38	41	21	21	20			38	36						89
88	37	40	20						19				22	21	88
87		39				21			37	35		16			87
86	36			20	19				36	34					86
85	35	38	19			20					18		21	20	85
84	34	37		19	18				35	33		15			84
83		36	18						34	32			20	19	83
82	33					19					17				82
81	32	35		18	17				33	31		14	19		81
80		34	17			18		32	30	16			18	80	
79	31	33		17				31						79	
78	30		16		16				29		13	18	17	78	
77	29	32				17		30	28	15				77	
76		31	15	16	15			29	28			17		76	
75	28	30				16			27	14	12		16	75	
74	27			15				28	26					74	
73		29	14		14			27				16		73	
72	26	28		14		15			25	13	11		15	72	
71	25	27	13					26	24			15		71	
70	24				13			25	24				14	70	
69		26		13		14		24	23	12	10	14		69	
68	23	25	12		12		Elevated	23	22					68	
67	22	24		12		13			22	21	11			13	67
66		21	11					22	21		9	13		66	
65		23			11		High Average	21	20	10		12		65	
64	20	22		11		12			20	19		8			64
63	19	21	10		10				19	18	9			11	63
62				10		11		18	18					62	
61	18	20	9				Average	17	17		7	11	10	61	
60	17	19			9				17	16	8		10	10	60
59	16	18		9		10									59
58			8						16	15				9	58
57	15	17		8	8	9			15	14	7	6	9		57
56	14	16	7												56
55		15			7				14	13	6		8	8	55
54	13		6	7		8			13	12	5				54
53	12	14							12			5			53
52	11	13		6	6	7							7	7	52
51		12	5					11	11	5				51	
50	10			5			Low	10	10		4	4		50	
49	9	11	4		5	6			9	9		4	6	6	49
48		10							8	8					48
47	8	9		4	4	5			7	7	3	3	5	5	47
46		7	3						6	6					46
45	6	8		3					5	5	3				45
44		7	2		3	4			4	4		2	4	4	44
43	5	6							3	3	2				43
42	4			2	2	3			2	2			3		42
41	3	5	1						1	1		1		3	41
40		4		1				0	0			2		40	
39	2	3	0		1	2		0	0				2	39	
38	1							0	0					38	
37		2			0	1		0	0			1		37	
36	0	1			0	0		0	0			0	1	36	
35		0			0	0		0	0			0	0	35	

T = 26

T = 12

T = 14

T =

T =

T =



Figure 3.12. Sample CDI 2:T Response Form: Page 1

By Maria Kovacs, Ph.D.

CDI² TEACHER	Child's Name/ID: <u>Jennifer K.</u>	Sex: Male <input type="radio"/> Female <input checked="" type="radio"/>
	Teacher's Name/ID: <u>Mr. B.</u>	Date of Birth: <u>1994</u> / <u>8</u> / <u>15</u> <small>Year Month Day</small>
	Child's Age: <u>16</u> Child's Grade: <u>11</u>	Today's Date: <u>2010</u> / <u>6</u> / <u>4</u> <small>Year Month Day</small>

Instructions:

For each of the statements below, select one response that best describes your observations of the student in the **PAST TWO WEEKS**.

Indicate your response for each item by **circling** the number that best corresponds to your choice. You may change an item response by drawing an **X** through your original choice and selecting a new response.

Remember, for each statement, pick **one** answer that best describes your observations of the student in the **PAST TWO WEEKS**.

<i>The student...</i>	Not at all	Some of the time	Often	Much or most of the time
1. looks sad.	0	1	2	3
2. cries or looks tearful.	0	1	2	3
3. is cranky or irritable.	0	1	2	3
4. enjoys being with people.	0	1	2	3
5. has to push himself or herself to do schoolwork.	0	1	2	3
6. looks tired or fatigued.	0	1	2	3
7. seems lonely.	0	1	2	3
8. enjoys school.	0	1	2	3
9. spends time with friends or other students.	0	1	2	3
10. is showing worse school performance than before.	0	1	2	3
11. is cooperative.	0	1	2	3
12. has disagreements and conflicts with others.	0	1	2	3

CDI²

TEACHER Profile

Child's Name/ID: Jennifer K.Sex: Male Female Teacher's Name/ID: Mr. B.Date of Birth: 1994 / 8 / 15
Year Month DayChild's Age: 16 Child's Grade: 11Today's Date: 2010 / 6 / 4
Year Month Day**Instructions:**

1. Circle the Raw Scores from the Scoring Grid for each scale under the appropriate sex and age column.
2. Follow the corresponding row across to find the corresponding T-score and classification for each scale.
3. Transfer the T-scores to the appropriate boxes at the bottom of the page.
4. Connect the three circled values with straight lines to a profile.

T	Females						Classification	Males						T		
	Total		Emotional Problems	Functional Problems		Total		Emotional Problems	Functional Problems							
	7-12	13-17	7-12	13-17	7-12	13-17		7-12	13-17	7-12	13-17					
90+	24+	33+	11+	13+	17+	Very Elevated		33+		12+			90+			
89		32			16								89			
88	23	31						36	32	15				88		
87			10	12			21		35	31				87		
86	22	30			15						11			86		
85		29					20		34	30	14			21	85	
84									33	29				21	20	84
83	21	28		11	14								21	20	83	
82		27	9				19		32	28		10		20	19	82
81	20								31	27	13		20	19	81	
80		26			13	18	Elevated	30						80		
79	19			10						26					79	
78		25	8			17			29	25	12	9	19	18	78	
77	18	24			12				28						77	
76										24			18	17	76	
75	17	23		9		16			27	23	11				75	
74		22			11				26			8	17	16	74	
73	16		7			15			25	22					73	
72		21		8					24	21	10		16	15	72	
71						14		High Average	23						71	
70	15	20			10				23	20		7	15	14	70	
69		19	6			13	Average or Lower				9				69	
68	14			7						22	19			14		68
67		18			9					21	18				13	67
66	13	17				12				20		8	6			66
65			5	5	8	11					17			13	12	65
64	12	16								19	16			12	11	64
63		15								18						63
62	11				7	10				17	15	7	5			62
61		14							16	14			11	10	61	
60	10			5		9									60	
59		13	4					15	13	6		10	9	59		
58	9	12			6			14	12		4			58		
57						8		14				9		57		
56		11		4				13	11	5			8	56		
55	8	10	3		5	7			10					55		
54								12			3	8	7	54		
53	7	9		3		6		11	9	4				53		
52					4				8			7	6	52		
51	6	8				5	Average or Lower	10						51		
50		7	2		3				9	7	3	2	6	5	50	
49	5			2					8		6				49	
48		6				4							5	4	48	
47	4	5							7	5	2				47	
46						3			6			1	4	3	46	
45	3	4	1	1	2					4					45	
44		3				2			5	3	1		3		44	
43	2								4					2	43	
42		2			1				3	2		0			42	
41			0	0		1			1			2	1	41		
340	0-1	0-1			0	0		0-2	0			0-1	0	340		
	T = 12		T = 6		T = 6			T =		T =		T =				



USES OF THE CDI.2

- **As part of a broader functional evaluation**
- **For system-wide screening**
- **To track responses to intervention**
- **Administer to single or multiple respondents, 1 or more times**

MULTI-INFORMANT CDI.2 RESULTS CAN BE USED IN TWO WAYS



**INTERPRET THE
SCALE/SUBSCALE
PROFILES/SCORES**

**USE THE ITEM
RESPONSES
CLINICALLY**

INTERPRETATION OF SCALE/SUBSCALE SCORES CAN FOCUS ON



**COHERENCE OF
RESPONSE PATTERNS
ACROSS INFORMANTS**

**ELEVATED SCORES
IN A PARTICULAR
PROFILE**

MULTI-INFORMANT CDI.2 RESULTS PROVIDE INFORMATION ON

- cross-setting persistence of symptoms (parent vs. teacher CDI 2)
- extent of observable (vs. subjective) depression (parent & teacher CDI 2)
- **parent-child agreement** regarding child's problems (child vs. parent CDI 2)
- **parents' agreement** regarding child's problems (mother's vs. father's CDI 2)
- areas of particular vulnerability (child + parent + teacher CDI 2)

COMPARING SCORES WITHIN & ACROSS RESPONDENTS OR RE-TESTS

REMEMBER:

**TEST SCORES HAVE ERROR
COMPONENTS**

*(REFLECTED IN THE STANDARD ERROR OF
MEASUREMENT)*



**TABLES IN THE MANUAL SPECIFY THE
SCORE DIFFERENCE NEEDED FOR A
“RELIABLE DIFFERENCE”**

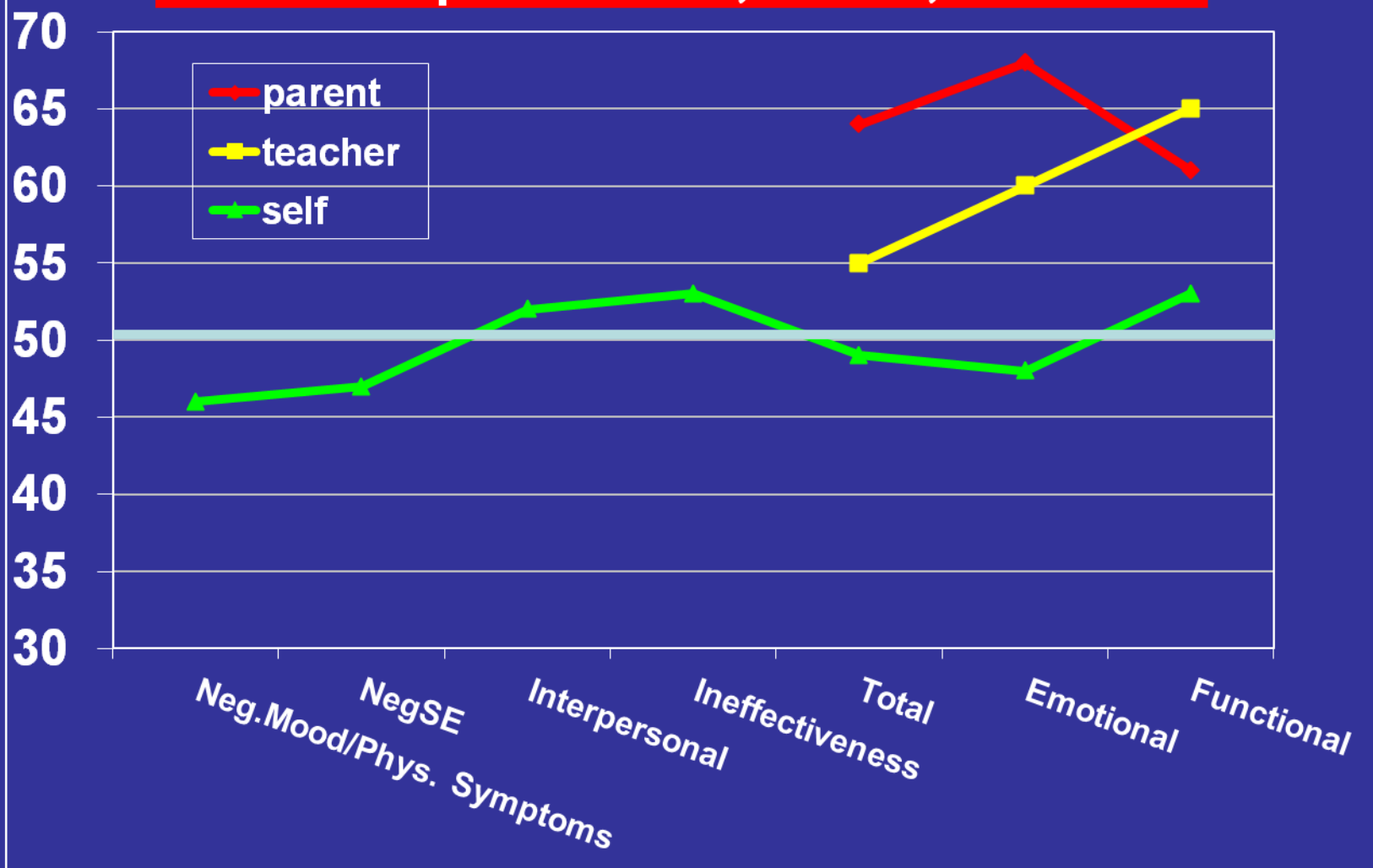
Case Example 1 - Child



Case Example 1 – Child & Parent



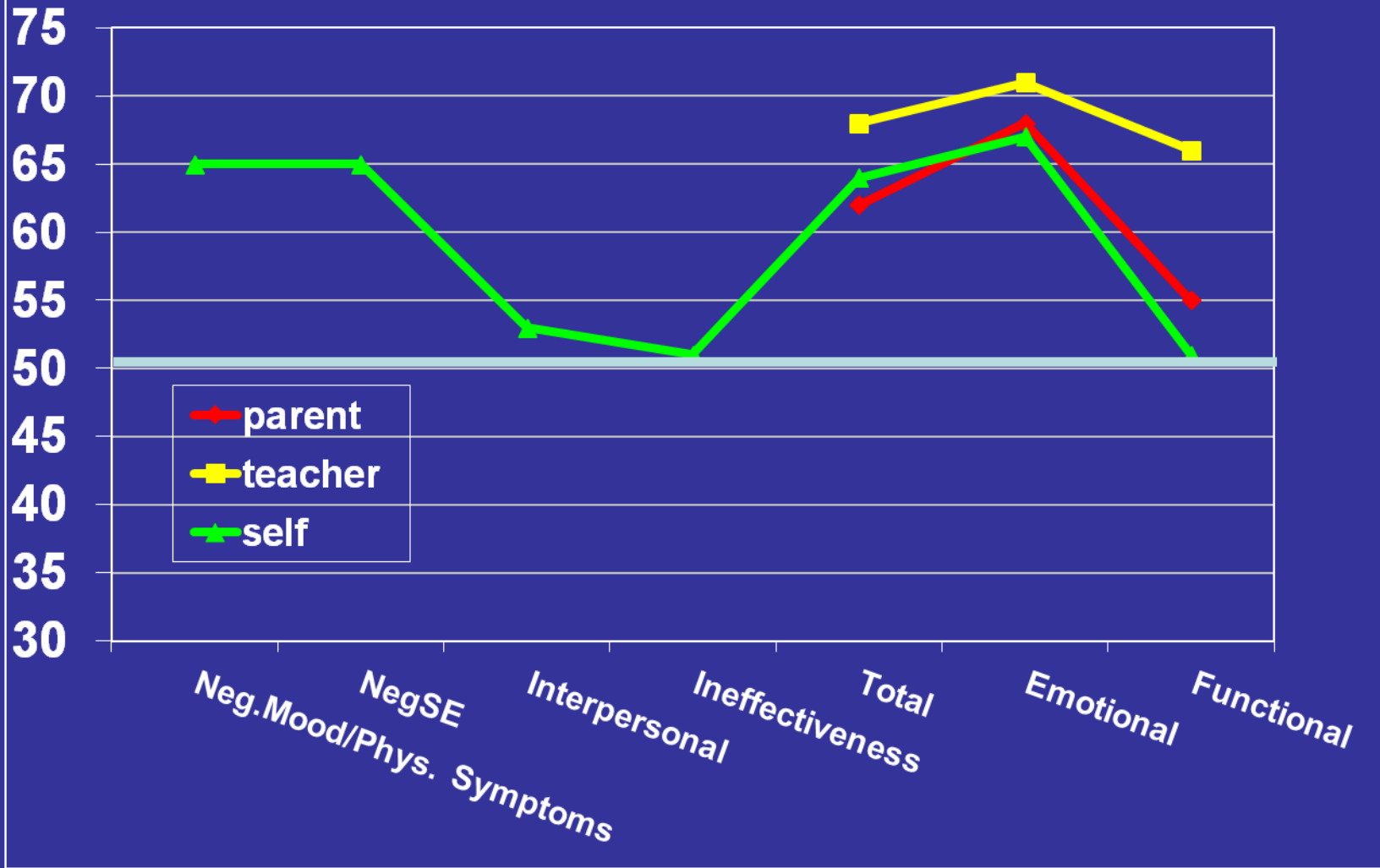
Case Example 1 – Child, Parent, & Teacher



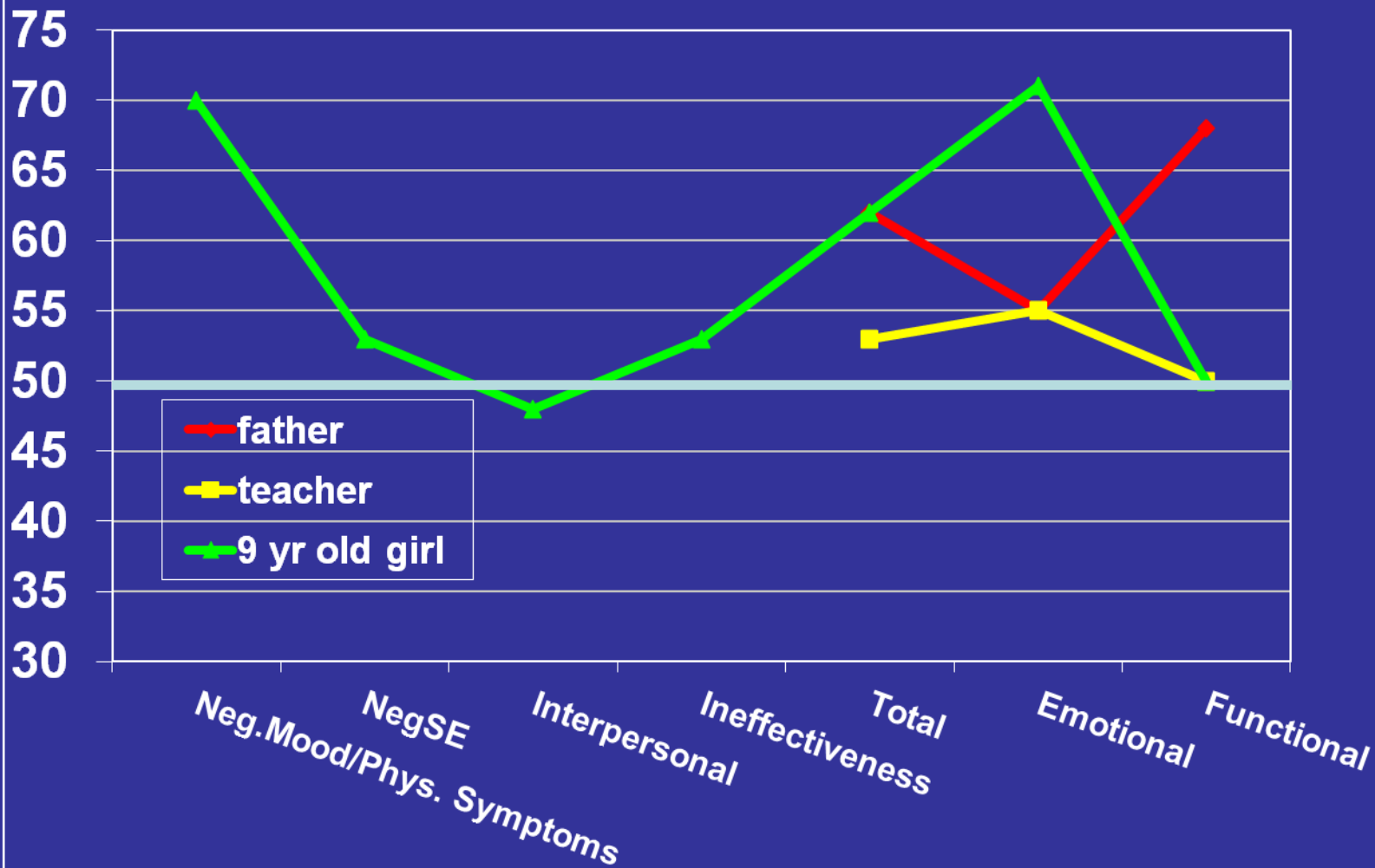
Case Example 2



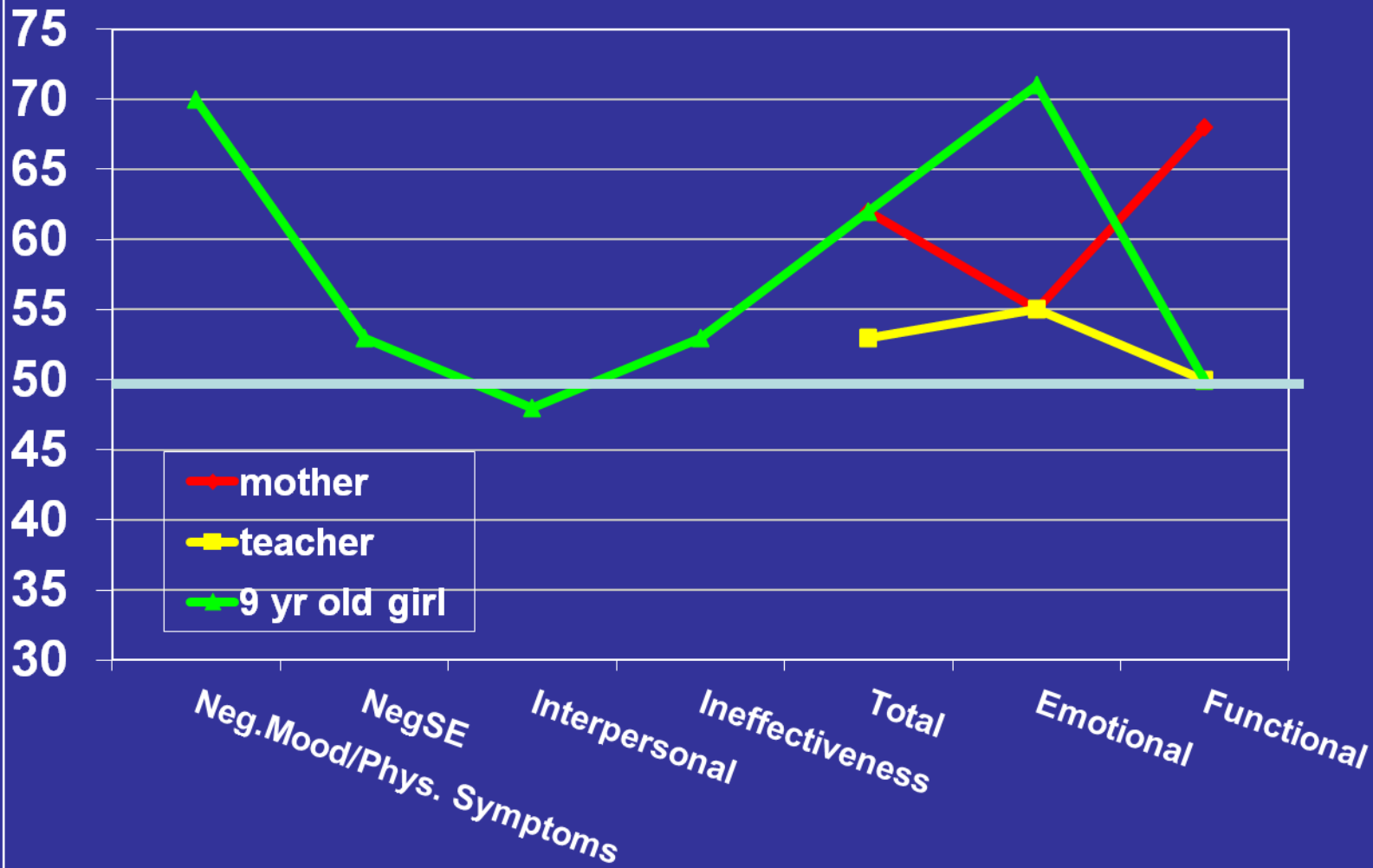
Case Example 3



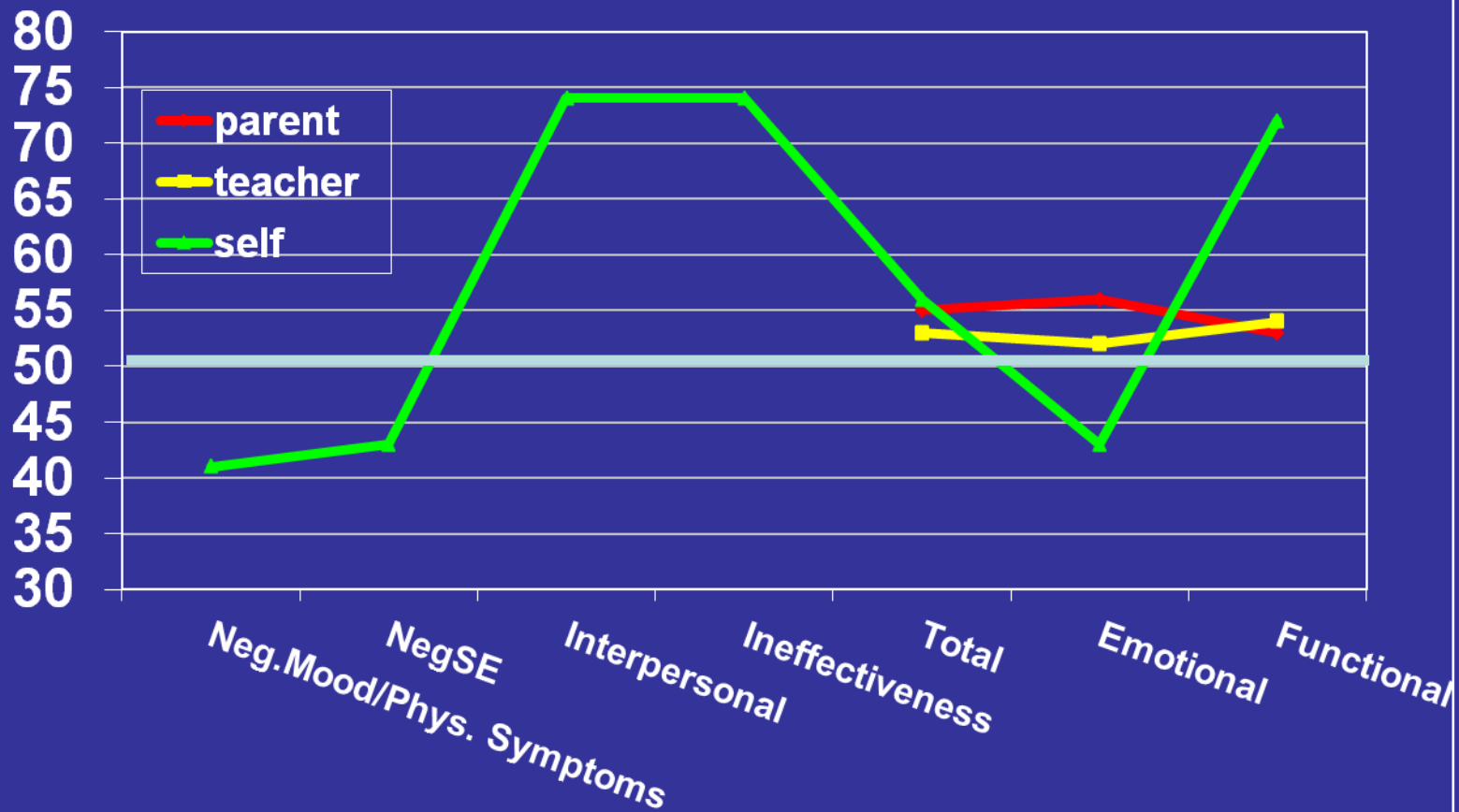
Case Example 4a



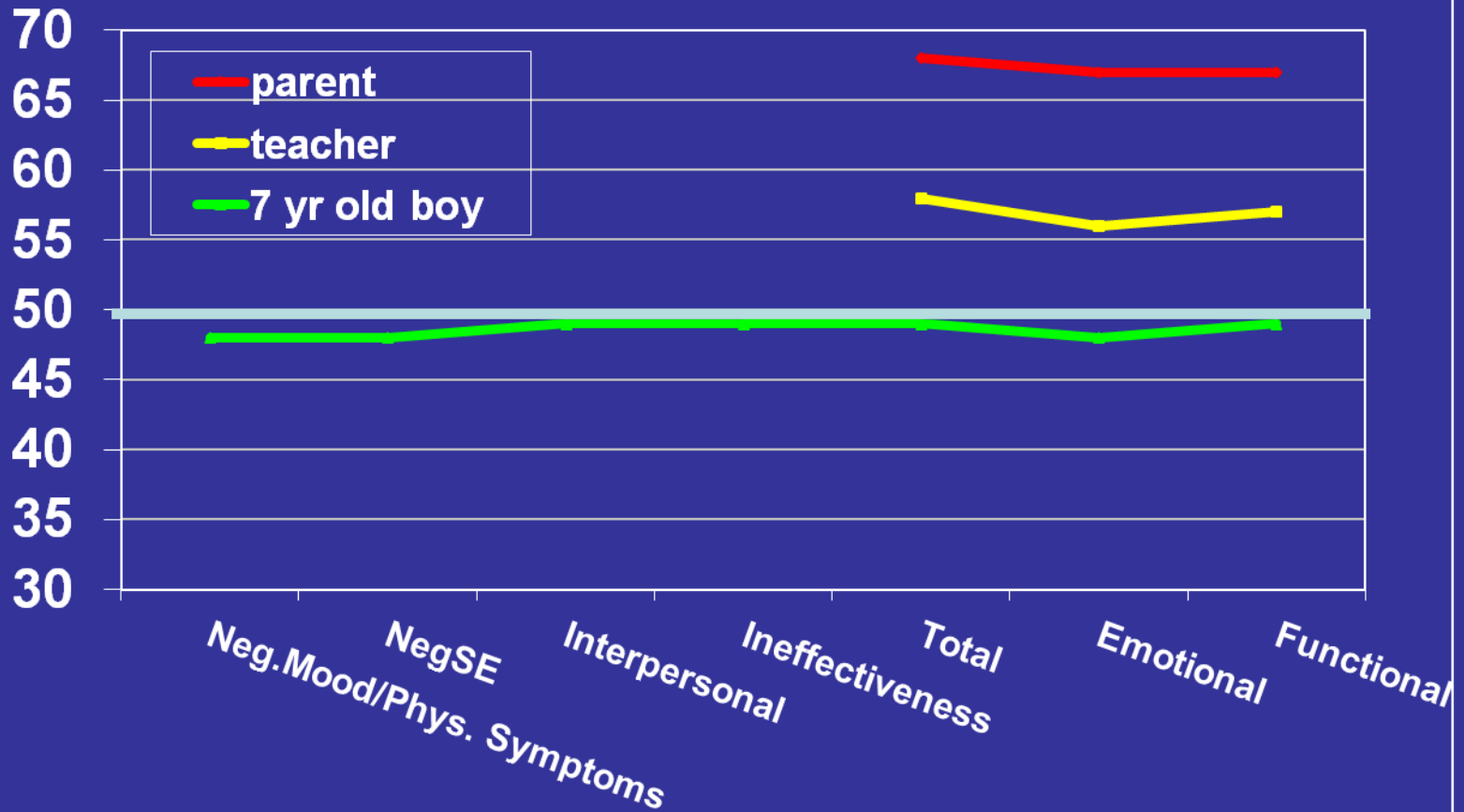
Case Example 4b



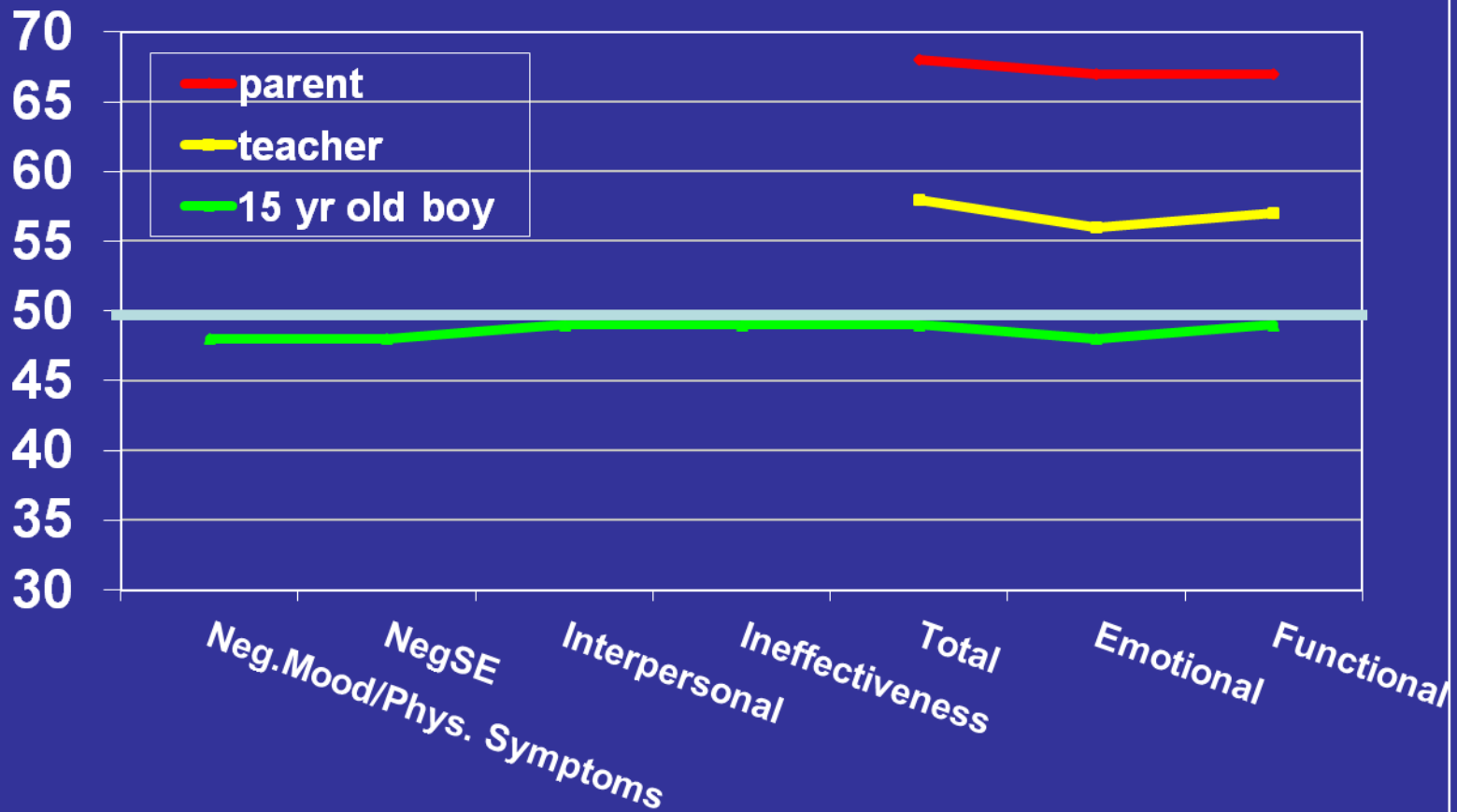
Case Example 5



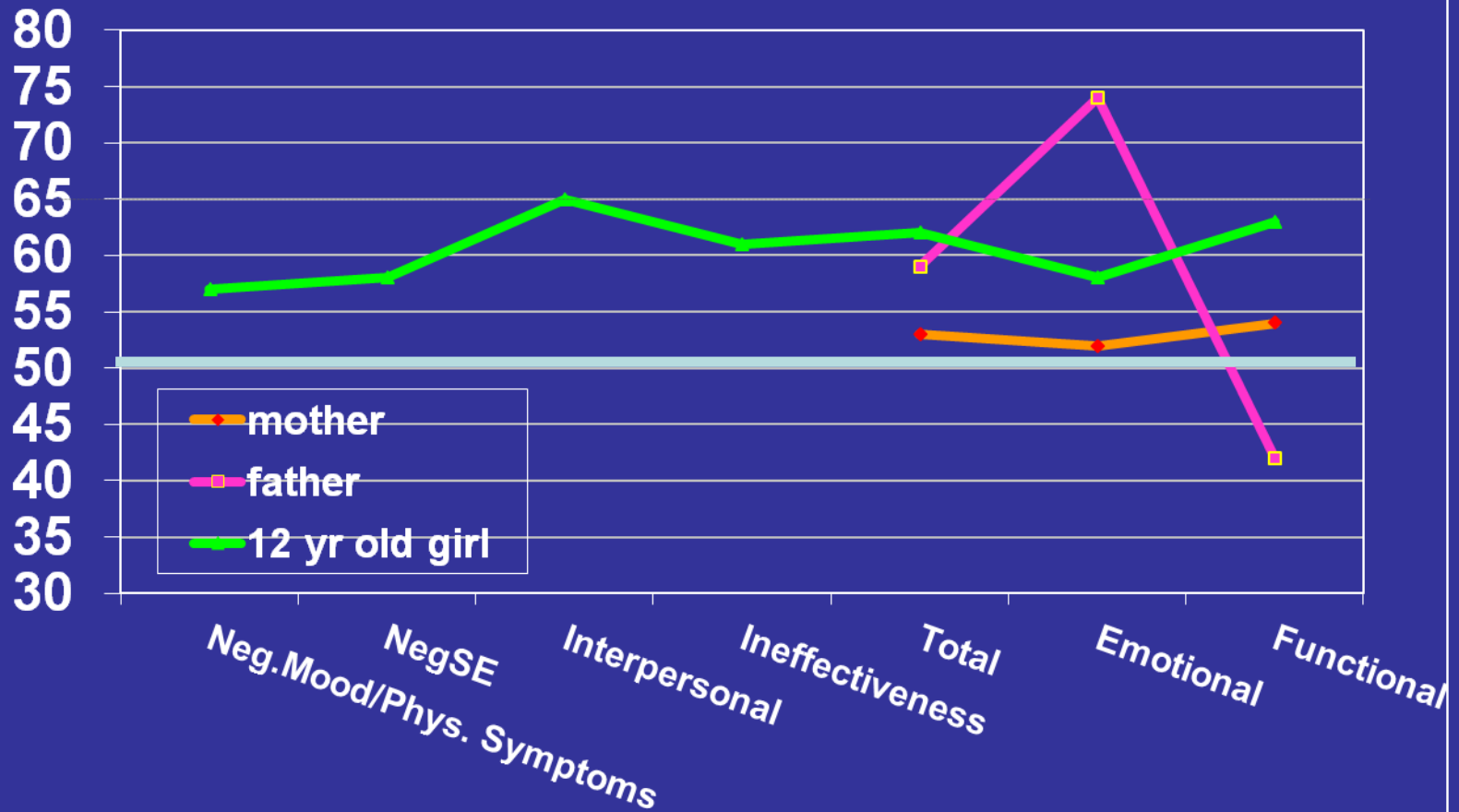
Case Example 6a



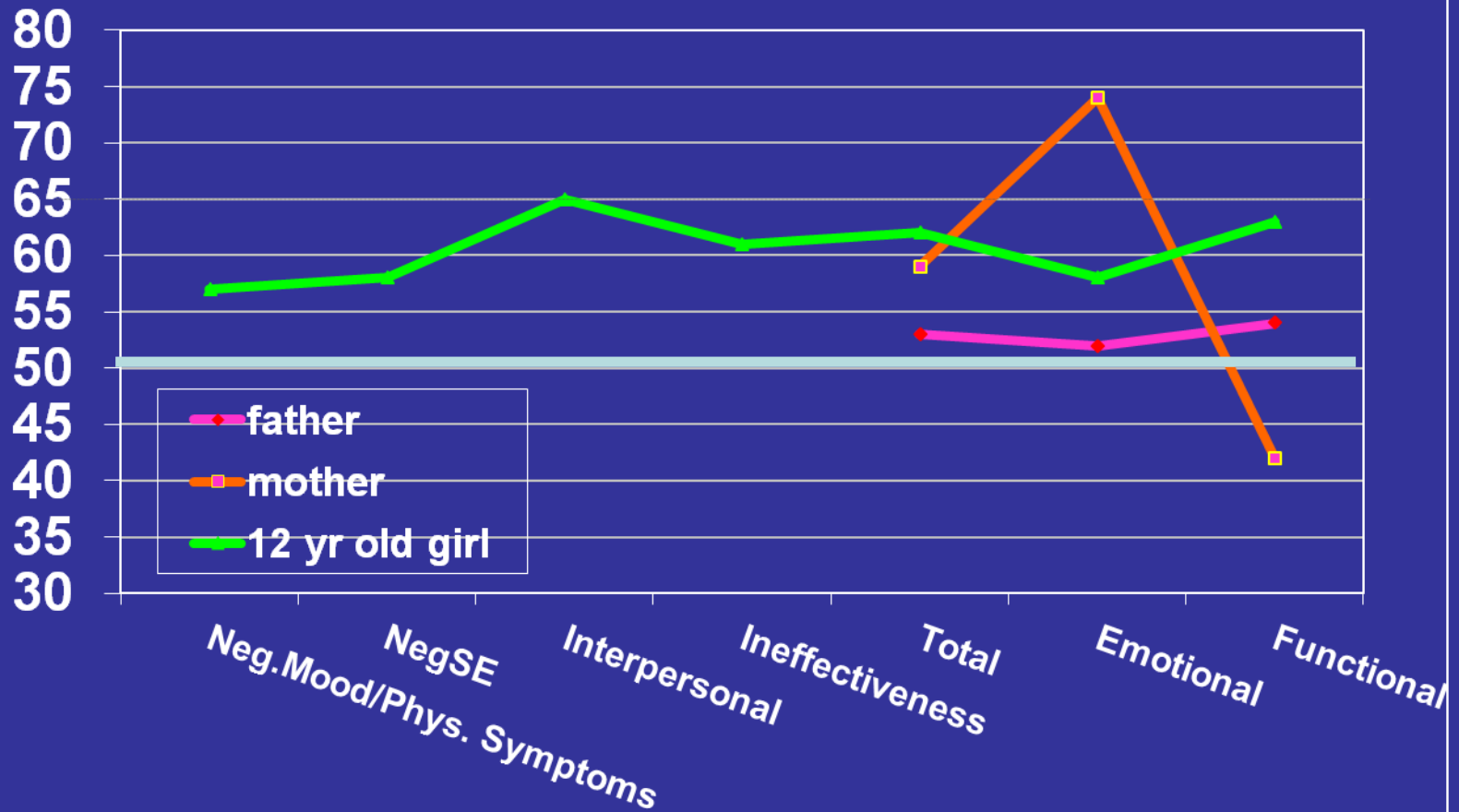
Case Example 6b



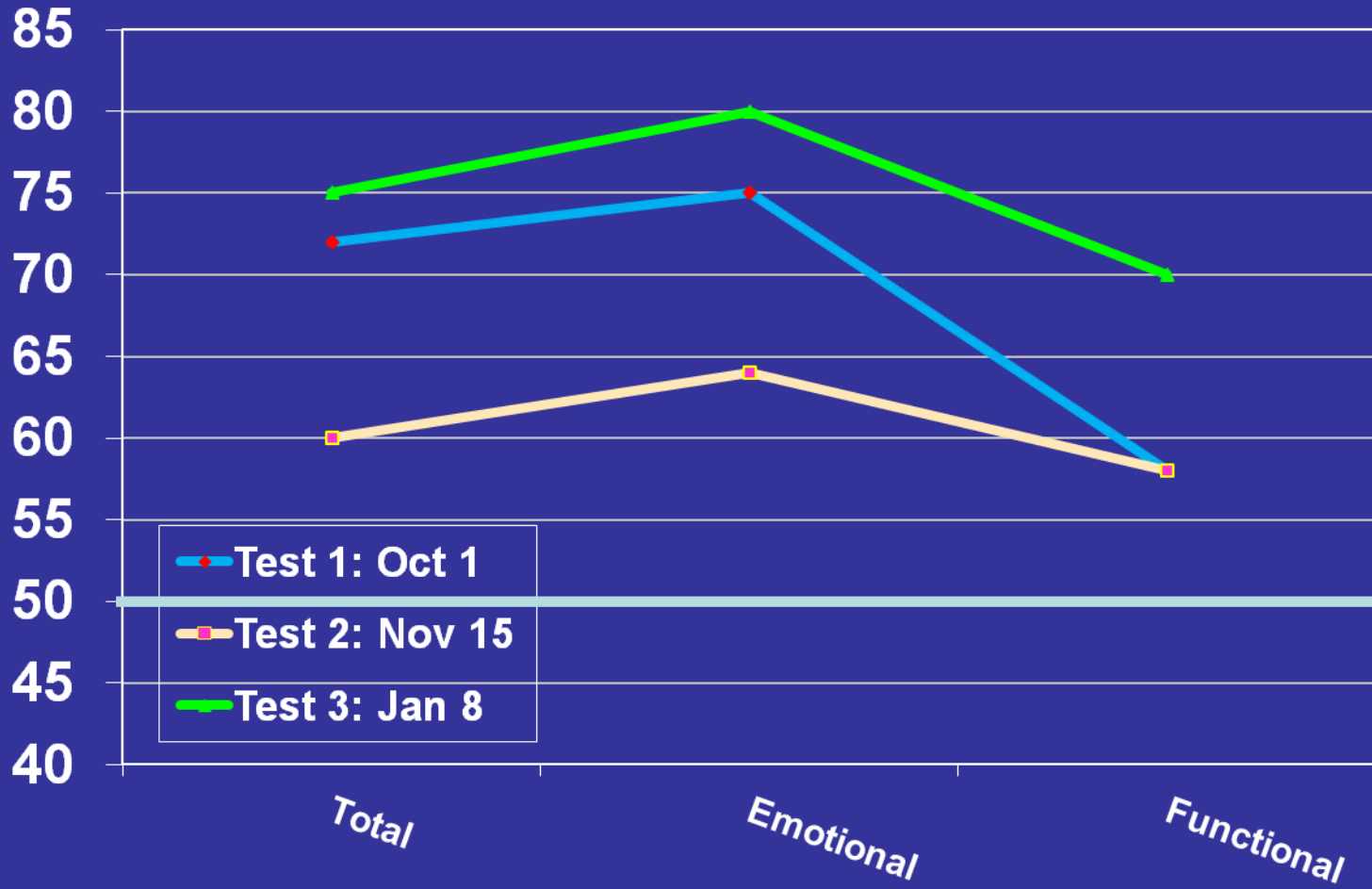
Case Example 7a



Case Example 7b



Case Example 8



CLINICAL USES OF CDI.2 ITEM RESPONSES

- Identify potentially high-risk cases when T-scores are normal or slightly elevated
- Facilitate the assessment interview
- Pinpoint problem areas/treatment targets

ITEMS USEFUL TO IDENTIFY HIGH RISK CASES

Full length form

Parent form

Teacher form

DYSPHORIC MOOD

#1, sadness
#9, crying
#10, irritability

#1, looks sad
#6, cranky
#5, cries

#1, looks sad
#3, cranky
#2, cries

SUICIDALITY

#8, suicidality

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SOCIAL ISOLATION

#19, loneliness
#21, no friends

#7, enjoys people
(reverse)
#14, time with
friends (reverse)

#4, enjoys
people (reverse)
#7, looks lonely

SLEEP PROBLEMS

#15,16, disturbed sleep

#10, disturbed sleep

#6, looks tired

PROBE ITEM RESPONSES TO FACILITATE THE INTERVIEW: Examples

- # 1, sad:** Can anything make it better? How?
- # 4, anhedonia:** Was there a time when you had fun? How were things different then?
- # 7, self-dislike:** Tell me about 2 things you don't like about yourself.
- #16, sleep:** Is there a special reason that you can't sleep?
- #22, friends:** Is there a boy/girl you would like as a friend? Why him/her?

USE ITEM RESPONSES TO PINPOINT PROBLEM AREAS & TREATMENT TARGETS

- **Review with subject the endorsed items:
rank in importance, “biggest problem?”**
- **Rank in desire to change**
- **Rank in perceived reversibility/changeability**
- **Explore discrepancies (e.g., self vs. teacher)**

INTEGRATE THE VARIOUS DATA

CDI 2 self-rating & other test results

+

parent ratings

+

interview results with child/parent

+

school information, teacher ratings



CHILD'S PROBLEMS/STRENGTHS & OVERALL FUNCTIONING

+

family environment AND social context



IMPLEMENT



RECOMMENDATIONS



REFER

WHAT WORKS FOR DEPRESSED YOUTHS?

- In general, psychosocial treatment is better than no treatment (CBT/interpersonal/family Tx versions)
- In general, treatments work better for adolescents than children (**no evidence for younger than age 8**)
- Successful treatment of maternal (but not paternal) depression leads to better child outcomes
- The jury is still out on medication benefits (possibly excepting fluoxetine) alone or in combo

Chorpita et al, 2011; Dubicka et al, 2010; Michael & Crowley, 2002; Pilowsky et al, 2014; Wickramaratne et al, 2011