

Analysis of the Center for Epidemiologic Studies Depression Scale (CES-D) in Children and Adolescents from the Perspective of the Item Response Theory

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ÖZET:

CES-Depresyon Ölçeği'nin çocuk ve ergenlerde kullanımının madde cevap kuramı ile incelenmesi

Amaç: Depresyon yaygınlığı ve neden olduğu etkiler açısından önemli bir hastalıktır. Birinci basamak sağlık hizmetine başvuranlar arasında oldukça yaygındır. Çocuk ve ergenlerde de yaygın olarak gözlenen depresyonun tanınmasında ölçekler önemli yer tutmaktadır. Bu bağlamda çalışmada, CES-Depresyon Ölçeği'nin (The Centre for Epidemiologic Studies Depression Scale) Türkçe formunun çocuk ve ergenlerde kullanımının mümkün olup olmadığının incelenmesi ve psikometrik özelliklerinin ortaya konulması amaçlanmıştır.

Yöntem: Çalışma, 8-15 yaşları arasında 583 kişi ile yürütülmüştür. Çalışmada maddelerin incelenmesinde klasik kuramın yanı sıra modern test teorisinden de yararlanılmıştır. Maddelerin madde ayırt edicilikleri, madde güçlükleri ve kullanılan iki parametrelili modele uyum düzeyleri hesaplanmıştır. 4, 7 ve 11 numaralı maddeler düşük ayırt edicilikleri ve madde zorluk düzeyleri ile dikkat çekmişlerdir.

Bulgular: Ölçeğin tüm örnekleme 0,74 düzeyindeki elde edilen iç tutarlılık katsayısının farklı yaş gruplarında da 0,60 ile 0,78 arasında gerçekleştiği görülmüştür. Ölçek, yaş düzeyi arttıkça daha yüksek iç tutarlılık ve iki yarım test iç tutarlılık katsayısı ortaya koymuştur. Ölçeğin faktör yapısının bu grupta, yetişkin örneklemeden elde edilen yapıya yakın olsa da daha zayıf olarak ortaya çıktığı belirlenmiştir. Ölçeğin kriter geçerliliği bağlamında birlikte kullanıldığı farklı beş depresyon testi ile de 0,52 ile 0,74 arasında bağlantı gösterdiği gözlenmiştir.

Sonuçlar: CES-Depresyon Ölçeği'nin bu çalışmada elde edilen sonuçları, kullanıldığı yaş grubunda, yetişkin örneklemeden elde edilen sonuçlara oldukça benzer ortaya çıkmıştır. Grubun özelliklerinden dolayı bazı maddeler sorunlu olmasına rağmen ölçeğin bütünü söz konusu olduğunda çocuk ve ergenlerde kullanımında temel bir sorun gözlenmemiştir. Diğer bir ifadeyle ölçeğin Türkçe formunun bu yaş grubunda kullanılabilirliği yönünde bulgular elde edilmiştir.

Anahtar sözcükler: depresyon, CES-Depresyon ölçeği, çocuk, ergen, madde-tepki kuramı

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ABSTRACT:

Analysis of the Center for Epidemiologic Studies Depression Scale (CES-D) in children and adolescents from the perspective of the item response theory

Objectives: Because of its prevalence and the consequences of its impact, depression is a significant health issue. It is strikingly widespread among patients referred to primary health care services. Inventories occupy an important place in the diagnosis of depression, a condition frequently seen among children and adolescents. In this context, the present study has aimed to examine whether the Turkish version of the CES-Depression Scale (The Centre for Epidemiologic Studies Depression Scale) can be used for children and adolescents.

Methods: The study was conducted with 583 children and adolescents between the ages 8-15. Both classical and modern test theories were employed in the analysis of the items in the study. Item discrimination, item difficulty and the level of fit with the two-parameter model were used. Items 4, 7 and 11 attracted attention with their low discrimination characteristics and low difficulty levels.

Results: It was found that the internal consistency coefficient for the whole scale was 0.74 but ranged between 0.60 – 0.78 in different age groups. It was also observed that as age increased, the scale displayed higher internal consistency and split-half coefficients. It was determined that the factor structure of the scale in this group was close to, but weaker than, the factor structure in the adult scale. The criterion validity of the scale in regard to the other scales used together showed correlation coefficients between 0.52 and 0.74.

Conclusion: It was seen that the results of the analysis of the CES-Depression Scale in this age group were similar to those derived from adult samples. Although certain problems appeared in some of the items due to the characteristics of this age group, the scale as a whole did not display a major problem that would prevent its use in children and adolescents. In other words, our findings have shown that the scale can be used in this age group.

Keywords: depression, CES-depression scale, children, adolescents, item response theory

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INTRODUCTION

Depressive problems in children and adolescents occur along with significant psychosocial disorders. Communication with family, school and society deteriorates, and may lead to consequences such as suicide and substance abuse (1). Depression is a health problem that has become increasingly prevalent all over the world and has formed a material and moral burden for society (2). In recent years, the idea that depression is a problem associated only with adults has disappeared; instead, children and adolescents are often diagnosed with depression (3). In order to diagnose depression in children and adolescents, scales for assessment have become useful tools (4). The prevalence of major depression, a chronic problem in adolescents has been reported to be around 3.5% between the ages of 13-17 (3). The prevalence of depression in school-age children has been indicated to be 1.9% in children and 4.7% in adolescents in epidemiological studies conducted in the U.S. (5). It has been observed that the boy and girl ratios are similar before puberty; however, a gender difference occurs by early adolescence, where girls outnumber boys. Some of the studies have also reported that female adolescents had more numerous and severe symptoms than male adolescents (6).

Depression being a prevalent and general disease (27), the diagnosis of it is crucial. It has been reported that there are many scales to measure depression in Turkish (28). However, the number of studies about children and adolescents and the scales developed for them are relatively few. The advantages of the Center for Epidemiologic Studies Depression Scale (CES-D Scale) are its free use (no need to pay copyright), having been translated into many languages, its widespread usage and its allowance for cross-cultural studies. The scale's having been developed for screening purposes, differentiates it from the other scales used in the Turkish language (9).

The CES-D (7) has been developed by the American National Mental Health Institute in Common Diseases Center (8) and adapted into Turkish by Tatar and Saltukoğlu (9). It is suggested

not to be used as a diagnostic tool individually (10). However, the scale is widely used for the assessment of depressive symptoms in general population. It is a short self-report assessment scale that has been developed for screening purposes, is commonly used in scientific studies (11,12), and is described as a sensitive instrument in measuring depressive symptoms (13).

While developing the CES-D scale, valid items of the depression scales in use at that time were used. The basic depressive symptoms of the scale were provided from clinical literature and factor analytic studies (7). Items of the scale include assessments of the past week, and ratings vary between 0 (rarely or none of the time) and 3 (most or all of the time) on a four point Likert-type answer options. The scale consists of 20 items, of which four are scored in reverse order (14). There are many various short forms of the scale (15-19). The score range of the long form ranges between 0 and 60, and high scores indicate depression (20). Although, different cut-off scores are reported in different languages and in different cultures (10), the cut-off point is 16 according to American norms and a score above this point is considered as a sign of clinical depression (11). One of the inadequacies of the Turkish adaptation study of the scale is that the cut-off point has not been determined; the determination of this cut-off point needs a separate clinical study on its own (9). Studies conducted using the scale are rare due to its recent adaptation into Turkish.

Although it has been reported that the adult form of the scale can be used in children (21,22), in adolescents (21-25), and in teenagers (11,21), there is also a separate form that has been developed for children (26). Consequently, the purpose of this study is to test whether the Turkish form of the CES-Depression Scale can be used effectively in children and adolescents.

MATERIAL AND METHOD

Participants

Participant of the study were 583 children 286 girls (49.1%) and 297 boys (50.9%) between the

ages of 8 and 15 (average=12.16±1.85 years) in the 2nd to 8th classes of elementary school. Eighty-five children, out of the total of 538, participated in the test-retest study. This group consisted of 49 girls (57.6%) and 36 boys (42.4%), between the ages of 8 and 15 (average= 12.31±2.45 years) in the 2nd to 8th classes of elementary school.

Tools to Collect Data

The following scales have been used along with the CES-D Scale.

Beck Depression Inventory: The Beck Depression Inventory (BDI) has been used for the criterion validity study along with the CES-D Scale in this study. The inventory developed by Beck et al. in 1961 (27) has been adapted into Turkish by two independent studies (28). The form adapted by Hisli (29,30) has been used in this study. The scale consists of 21 items, scored between 0 and 3.

Zung Self-Rating Depression Scale: The Zung Self-Rating Depression Scale (SDS) developed by Zung in 1965 (31) has been adapted into Turkish by Ceyhun and Akça in 1966 (32). The scale consists of 20 items, scored between 1 and 4.

Hospital Anxiety and Depression Scale: The Hospital Anxiety and Depression Scale (HADS) developed by Zigmond and Snaith in 1983 (33) has been adapted into Turkish by Aydemir in 1997 (34). The scale consists of 14 items, scored between 0 and 3.

Automatic Thoughts Questionnaire: The Automatic Thoughts Questionnaire (ATQ) developed by Hollon and Kendal in 1980 (35) has been adapted into Turkish by Aydın and Aydın in 1990 (36). The questionnaire consists of 30 items, scored between 1 and 5.

Children's Depression Inventory (CDI): The scale developed by Kovacs in 1981 has been adapted into Turkish by Öy in 1991. The scale consists of 27 items, 13 of them scored in reverse order and between 0 and 2 (37).

Procedure

Tests were applied to randomly selected students in their guidance hours in school. All the applications were done under the supervision of psychologists and expert psychologists. Students participated in the study voluntarily and if they wanted they could leave before completing the task. All the students in the study also took a questionnaire consisting of eleven items about their socio-demographic characteristics along with the CES-D Scale.

265 of the participating students filled out one of the depression scales, described under the heading "Tools to Collect Data" along with the CES-D Scale and the questionnaire to conduct the validity study. However, which depression scale each student would fill out was determined completely at random. During data collection, along with the CES-D Scale, 50 copies of each scale, Beck Depression Inventory, Zung Self-Rating Depression Scale, Hospital Anxiety and Depression Scale and Automatic Thought Questionnaire, and 100 copies of the Children's Depression Inventory, were distributed to participants. Out of the forms that were returned, 47 Beck Depression Inventory, 45 Zung Self-Rating Depression Scale, 39 Hospital Anxiety and Depression Scale, 43 Automatic Thought Questionnaire and 91 Children's Depression Inventory were answered validly. The CES-D Scale was distributed to a hundred randomly selected participants 15 days after the first application for the test-retest study and was completed by 85 students. The students, who took the second test for the criterion validity study and the CES-D Scale for a second time after some time had passed, were selected completely at random.

Findings

The findings obtained in this study have been classified according to their content and are presented below. Firstly reliability findings and secondly validity findings of the CES-D Scale are indicated.

Reliability Results

Internal Consistency

In this study, item analysis according to classical test theory and the Cronbach Alpha Internal Consistency Coefficient of the CES-D Scale have been computed. Age being an important variable, the reliability of the scale has been calculated by split-half reliability and item analysis for each of the six age groups of the participants separately and the findings are presented in Table 1 and 2. The internal consistency coefficient for the whole group was found to be 0.74.

Split Half Reliability

The split half reliability of the scale for the first half is 0.56, for the second half is 0.62, While the Gutman and Spearman-Brown coefficients for the equal two halves was 0.72, the correlation coefficient between the two halves is 0.56. Split-half reliability analyzes were conducted separately for each of the eight age groups and are presented in Table 2.

Test-Retest Reliability

Pearson Correlation Analysis was conducted for both total scores and for the items of the scale on 85

Table 1: Item Analysis of the CES-D Scale for All Participants

Items	Mean	Variance	r	Alpha if Item Deleted
Item 1	18.03	60.953	0.377	0.724
Item 2	18.07	63.463	0.208	0.736
Item 3	18.31	61.401	0.404	0.723
Item 4	17.39	63.030	0.144	0.745
Item 5	17.95	60.656	0.368	0.724
Item 6	18.16	59.062	0.516	0.713
Item 7	17.09	66.811	-0.042	0.759
Item 8	17.68	63.649	0.138	0.744
Item 9	18.20	59.924	0.493	0.716
Item 10	18.07	59.863	0.442	0.719
Item 11	16.57	74.609	-0.485	0.786
Item 12	17.78	59.863	0.358	0.725
Item 13	17.76	61.954	0.254	0.734
Item 14	18.04	58.199	0.534	0.711
Item 15	18.06	60.439	0.396	0.722
Item 16	17.67	60.271	0.327	0.728
Item 17	18.17	60.125	0.431	0.720
Item 18	17.97	57.765	0.585	0.707
Item 19	18.02	59.556	0.445	0.718
Item 20	18.02	59.582	0.467	0.717

n=583, k=20, $\alpha=0.74$

Table 2: Reliability and Split-Half Reliability Analysis Results for Age Groups

k=20	N	Cronbach Alfa	Part 1 Cronbach Alfa	Part 2 Cronbach Alfa	r	Spearman-Brown Coefficient-Equal Length	Guttman Split- Half Coefficient
8 age	22	0.60	0.52	0.49	0.26	0.41	0.41
9 age	26	0.63	0.51	0.39	0.47	0.64	0.63
10 age	67	0.63	0.35	0.61	0.37	0.54	0.53
11 age	108	0.70	0.48	0.58	0.55	0.71	0.71
12 age	73	0.77	0.52	0.67	0.68	0.81	0.79
13 age	130	0.78	0.63	0.67	0.59	0.74	0.74
14 age	101	0.78	0.65	0.65	0.61	0.76	0.76
15 age	56	0.73	0.64	0.47	0.62	0.76	0.76
Total	583	0.74	0.56	0.62	0.56	0.72	0.72

subjects who participated in two test applications separated by a two week interval. The correlation coefficient of the total scores between the two applications was $r=0.55$; $p=0.001$. On the other hand, the calculations for each item yielded the highest correlation coefficient for item 10 ($r=0.57$), and the lowest correlation coefficient for item 15 ($r=0.07$).

Investigation of Items by Item Response Theory

The items of the CES-D Scale were examined according to classic test theory on the topics above. Item Response Theory (IRT) is used for the purpose of providing more information than classical test theory provides because it is relatively weaker than IRT in examining the items and the scale (38). IRT is also referred to as “Modern Test Theory”, to distinguish it from classical test theory (39).

In this study, to examine the items of the CES-D Scale, a Two Parameters Logistic Model (2PLM) was used for the purpose of estimating item- and person-parameters and the PARSCALE computer statistical program, version 4.1 was used (44) to determine the compliance of items to the model and to determine

item-measured characteristic level for the reasons stated in relevant studies (9,40-43).

According to the results, items 4 and 7 were found to have weak item-scale correlation coefficients in the item analysis (Table 1). Item 11 did not have a direction problem although it seemed to be in reverse order and had item discrimination at the lowest level as shown by the letter “a”. As the CES-D Scale is intended to measure the level of depression, the discrimination parameter shows how well it discriminates between high and low depression levels of individuals (39). Items 11, 7, 4, and 8 were the lowest discriminative items and items 18, 6, 14 and 9 were the highest discriminative items, respectively.

Item difficulty that is shown by the letter “b”, is a technical specification obtained from the IRT. While an item described as having high “b”, i.e. a difficult item, indicates test subjects with high levels of depression, an item with low “b” indicates subjects with low levels of depression. For this reason, item difficulty is a situation index for the depression level (45). In other words, the “b” parameter shows the location of the item on the depression level. Taking this parameter into account, while items 7, 11, and

Table 3: IRT Item Parameter Estimates and Fit Statistics of the CES-D Scale

Items n=583	Slope (a)	S.E.	Location (b)	S.E.	χ^2	D.F.	p
Item 1	0.830	0.056	1.414	0.119	26.08217	10	0.004
Item 2	0.544	0.033	2.473	0.171	13.08204	10	0.218
Item 3	1.272	0.085	1.607	0.106	14.44210	9	0.107
Item 4	0.261	0.016	0.218	0.355	43.24057	10	0.001
Item 5	0.873	0.055	1.180	0.115	17.62535	10	0.061
Item 6	1.657	0.108	0.977	0.083	32.54160	8	0.001
Item 7	0.107	0.006	-3.530	0.830	24.61786	10	0.006
Item 8	0.323	0.019	1.753	0.297	16.16883	10	0.094
Item 9	1.546	0.103	1.085	0.090	42.26629	8	0.001
Item 10	1.223	0.088	0.885	0.096	51.52382	9	0.001
Item 11	0.026	0.001	0.000	4.088	379.83615	10	0.001
Item 12	0.786	0.051	0.723	0.138	42.06618	10	0.001
Item 13	0.737	0.039	0.957	0.129	28.11165	10	0.002
Item 14	1.635	0.117	0.742	0.081	47.33237	8	0.001
Item 15	1.131	0.071	1.093	0.101	31.81056	10	0.001
Item 16	0.754	0.045	0.689	0.137	62.34660	10	0.001
Item 17	1.531	0.102	1.066	0.088	30.23215	8	0.001
Item 18	2.079	0.126	0.580	0.072	54.59010	7	0.001
Item 19	1.404	0.088	0.899	0.091	40.81990	9	0.001
Item 20	1.368	0.087	0.831	0.085	39.22475	9	0.001
Total					1037.96106	185	0.001

4 function relatively at lower levels on the measured characteristics, items 2, 8, and 3 are the first three items that function relatively at higher levels. Items 2, 3, 5, and 8 are identified as showing model fit.

Validity Findings

Construct Validity

Construct validity of the scale was examined by the use of explanatory and confirmatory factor analysis and is presented below under the same titles.

Explanatory Factor Analysis (EFA)

There is not a recommended factor structure of the scale by the investigators (9); although it is frequently evaluated as one dimensional, it is also evaluated as three or four dimensional (50,73), but, in many studies the four factor structure of the scale has been preferred (8,54,74-76). In our study the four factor structure of the scale was preferred and examined.

The construct validity of the scale was first tested by Explanatory Factor Analysis (EFA). Principle Components Analysis, "Varimax" Rotation was applied to the data of all participants. The scale was examined by EFA as four dimensional and it was found that the "Positive Affect" dimension was fully compliant with the adult sample. Even though some of the items in the "Depressed Affect" dimension were close to or loaded just below the loads of other dimensions, they were still distinctive. On the other hand, the "Somatic Symptoms" and "Interpersonal" dimensions were not as expected. Although some of the items of "Somatic Symptoms" seemed as if they stood together, others seemed to be scattered within other dimensions. Since the "Interpersonal" dimension consisted of only two items, it seemed very weak, and has taken items from other dimensions. The four factor structure of the scale explained 46.46% of the total variance (see Table 4).

Confirmatory Factor Analysis (CFA)

Construct validity of the scale was calculated by

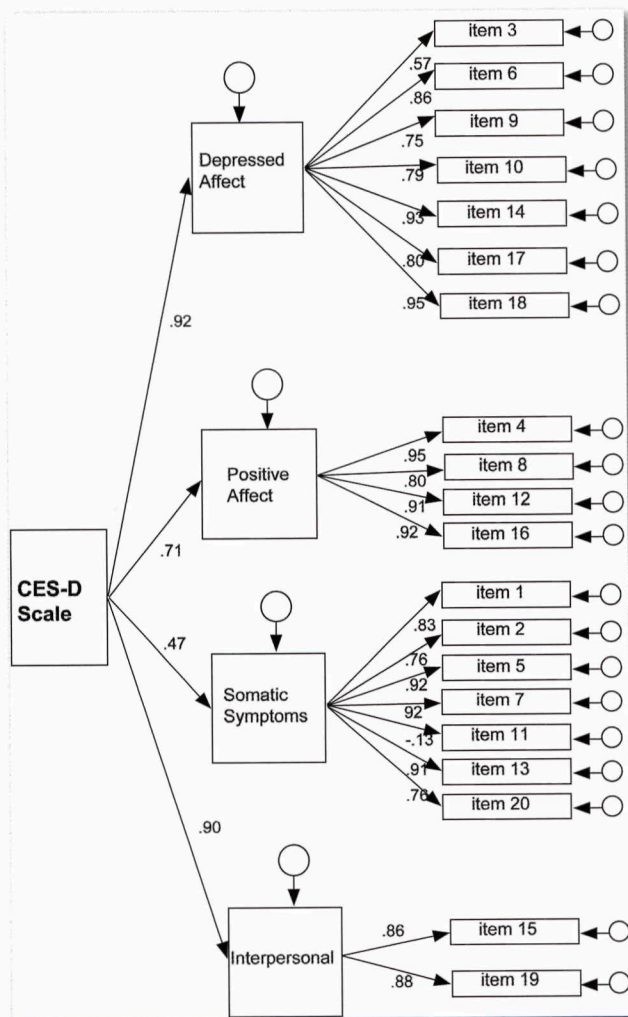
Table 4: Explanatory (EFA) and Confirmatory (CFA) Factor Analysis Results and Factor Loadings of Items for the Four Factor Model

	Depressed Affect		Positive Affect		Somatic Symptoms		Interpersonal	
	EFA*	CFA	EFA*	CFA	EFA*	CFA	EFA*	CFA
Item 3	0.49	0.57					0.32	
Item 6	0.64	0.86			0.21			
Item 9	0.49	0.75	0.22		0.23		0.23	
Item 10	0.66	0.79						
Item 14	0.42	0.93			0.58			
Item 17	0.56	0.80			0.33			
Item 18	0.45	0.95			0.55			
Item 4			0.65	0.95			0.27	
Item 8			0.69	0.80				
Item 12	0.28		0.70	0.91				
Item 16			0.69	0.92	0.23			
Item 1						0.83	0.73	
Item 2						0.76	0.60	
Item 5	0.59					0.92	0.29	
Item 7			-0.61			0.92	0.24	
Item 11	-0.55				-0.21	-0.13		
Item 13					0.71	0.91		
Item 20	0.47				0.35	0.76		
Item 15	0.36				0.37			0.86
Item 19	0.34				0.58			0.83
Eigenvalues	3.347		2.386		2.163		1.397	
% of Variance	16.733		11.929		10.817		6.983	
Cumulative %	16.733		28.661		39.479		46.461	

*Below 0.20 is not shown

AMOS 16.0 and Confirmatory Factor Analysis (CFA) was applied to all participants' data by using a four factor hierarchical model. The dimensions or the factors of the scale as indicated in literature (9) have been considered to be unrelated. One of the widely used fit statistics, Goodness of Fit Index (GFI), was used to test the four factor structure of the scale and was 0.79, while Adjusted Goodness of Fit Index

(AGFI) was 0.76, The Parsimony Ratio (PRATIO) was 0.92, Root Mean Square Error of Approximation (RMSEA) was 0.11 and Root Mean Square Residual (RMR) was 0.11 (χ^2 (276) = 2223.37; $p=0.001$). The factor loadings for each of the items calculated by CFA are presented in Table 4 in order to compare with the results of EFA. In addition, the fit schema of the scale to the four factor structure is presented in Figure 1.



Criterion Validity

In order to determine validity coefficients of the CES-D Scale, the scale was applied to participants in combination with the Beck Depression Inventory, Zung Self-Rating Depression Scale, Hospital Anxiety and Depression Scale, Automatic Thoughts Questionnaire and Children's Depression Inventory. Pearson Correlation Coefficients between the CES-D Scale and the other five scales were between 0.52 and 0.74 (see Table 5).

Comparisons of the Participating Sub-Groups

In this part of the study, the differences between the total scores of the CES-D Scale and various demographic variables such as gender, age and income were examined. Results showed that there were no statistically significant differences between average depression scores of boys and girls ($t(581) = 0.556$; $p=0.577$), and between age groups ($F(7,575) = 1.939$; $p=0.061$). However, there were statistically significant differences between average depression scores and different income groups ($F(2,574) = 6.473$; $p=0.002$). Those who defined themselves as low income-status had higher average scores than those who defined themselves as middle or high.

Table 5: Correlation Coefficients between Total Scores of CES-D Scale and Total Scores of Other Depression Scales

	Beck Depression Inventory	Zung Self-Rating Depression Scale	Hospital Anxiety and Depression Scale	Automatic Thoughts Questionnaire	Children's Depression Inventory
r	0.63***	0.65***	0.67***	0.74***	0.52***
n	47	45	39	43	91

*** $p < 0.001$

DISCUSSION

This study which was about whether the CES-D Scale could be used for children and adolescents has yielded similar results to previous literature, concerning the reliability and the validity of the scale. The scale's internal consistency coefficient was found to be 0.74 for the whole group, and it was between 0.60 and 0.78 for different age groups in this study. The internal consistency coefficient increased with increasing age or decreased with decreasing age showing that the scale was affected significantly by age. This situation shows that the scale loses its effectiveness in younger age groups such as 8. However, there are various studies that report low internal consistency for the scale (46). Therefore, it can be claimed that different age group applications yield different internal consistency results.

In the first published study of the scale (7), the test-retest reliability coefficient with a two week interval was reported to be 0.51. Some subsequent studies stated that the same coefficient was between 0.51 and 0.67 (47,48). As for our study, the test-retest reliability coefficient with a two week interval was found to be 0.55. The values found in this study show that the test-retest reliability coefficient is similar to other studies. According to the results of the comparison of the items one by one in the test-retest application, the lowest correlation (0.45) was on item 1, and the highest correlation (0.95) was on item 4 in one of the studies (49). As to our study, the lowest correlation was found on item 15, and the highest correlation was found on item 10 in the test-retest application with a two week interval. Item 10 ("I felt scared") was the item that showed the highest correlation in the test-retest application with a two week interval in the Turkish adaptation study of the scale (9). It seems as if examination of the items and their content due to changes in the time interval between applications of the scale to different groups might reveal interesting information about depression. However, this subject appears as a detail for this study.

In a study where items of the CES-D Scale were examined by Item Response Theory (IRT), items 4,

7, 8, 13, 15, and 19 were reported as low discriminative items. Items 4, 10, 16, 17, and 20 were the weakest items in model fit (20). Also in this study items 4, 7, and 8 were the lowest discriminative ones. However, item 11 was even less discriminative than others in this study. Model fit in this study seems to be an issue that should be especially considered. In IRT, besides item difficulty and discrimination there is a third parameter, i.e. the factor of "answering by chance". However, for this study answering the scale and the other measuring instruments randomly was not a problem, so this parameter was not used, i.e. a two parameter model was used instead of a three parameter model. The items of the scale in this study have no right or wrong answers that could be answered by chance. However, the fit of the items of the scale to the 2PLM was found low. There is the possibility that the items of the scale were not fully understood by some of the participating children and adolescents, and that they answered randomly. This kind of answering tendency has decreased the model fit. However, a three parameter model cannot be used due to the type of questions of the scale; this is an inevitable consequence for the group studied. It can be stated that the most convenient way to eliminate this problem is to develop a scale that includes questions this age group can fully understand instead of a general scale. In this study, while items 2, 3, 5, and 8 had model fit, other items did not show model fit. It seems that some of the participants have answered items, other than those specified, randomly. For this reason, it might be mentioned that the point specified above is the weakest point of this study investigating the suitability of the scale for children and adolescents.

The results of the EFA and CFA studies conducted for the items of CES-D Scale in this study are similar to the results of the adult sample (9). The four factor structure of the scale explained 46.46% of the total variance. This ratio is 49.90% in the adult sample (9). The four factor structure of the scale measuring "Positive Affect" and "Depressive Symptom" dimensions has emerged distinctively in the EFA. As for "Somatic Symptoms" and "Interpersonal" dimensions, they have emerged

less distinctively, taking and giving items of other dimensions. It is to be mentioned that the scale has not a distinct and widespread factor structure and many research studies do not take these sub-dimension into account; thus, the results of this analysis are given just for the purpose of comparison with some other literature findings. The EFA is affected by the participating groups. Many of the items grouped together in the sub-dimensions are considered as a sign of the factor structure of the scale (9). For this reason, the CFA is often preferred instead of the EFA in the studies using the CES-D Scale (8,16,50-57). These studies have examined the four factor structure of the scale using the CFA's hierarchical model and the GFI has been reported to change between coefficients of 0.89 and 0.95. In this study the GFI was found to be slightly lower (0.79) than other studies. However, the adjusted GFI coefficient, reported to be between 0.56 and 0.88 in other studies, was found to be 0.76 in this study. The Root Mean Square Error of Approximation (RMSEA) coefficient was been found to be 0.11. Even though the results in this study are not very satisfactory, they are quite similar to the results reported in the literature and to the values obtained from the Turkish adult application of the scale. These similar results may be accepted as a sign that the factor structure is not very strong and that the factors originate from the scale not from the sample.

The criterion validity coefficients that various studies have reported between the CES-D Scale and other scales are as follows: 0.58 for MMPI-II Depression Scale (58), 0.82 for Hamilton Depression Inventory (46), 0.73 for Zung Self-Rating Depression Scale (59), 0.77 for Depression Adjective Check List (60), and between 0.67 and 0.81 for Beck Depression Inventory (11,58,61,62). As for this current study, the lowest correlation coefficient was observed for the Children's Depression Inventory (0.52), the correlation coefficient for Beck Depression Inventory was 0.63, for Zung Self-Rating Depression Scale was 0.65, for Hospital Anxiety and Depression Scale was 0.67, and the highest correlation coefficient was 0.74 for Automatic Thoughts Questionnaire.

The results of this study are not significantly different from the results of other studies in the literature; on the contrary they are quite similar. However, there is a point to be considered. All the scales used in this study, except one, have been developed for adults. Due to the lack of scale especially developed for children in Turkish, adult scales have been used to assess criterion validity. There were two ways to assess criterion validity of this study; one was to use just one measuring instrument and the other although not very suitable, to use several measuring instruments. For the purpose of providing more information, adult forms of the previously mentioned measuring instruments have been used as criteria in the study. The results presented above should be assessed in this context.

The comparison of groups in this study showed no differences in gender and age in terms of CES-D total scores. In previous studies, besides the studies that reported age and gender differences in depression levels, there were others that did not report any differences (6,63-66). However, differences have been observed in economic status, and average depression scores were found higher in low income students than in students who described themselves as in middle and high income groups. Many studies have stated that those in lower income groups are at risk, and show higher rates of depressive symptoms or have higher depression score averages (66-72). The result is just general information, which is in accordance with the information above.

The validity and reliability studies, when considered as a whole, demonstrate that the Turkish form of the scale is almost as effective in children as in adults. Unlike similar measuring instrument, the scale's being available for free use and its being suitable for screening purposes can be considered as an important advantage. However, the scale needs to be tested in different groups by validity studies. If we summarize the results of this study, even though the CES-D Scale is not very effective for the purpose of measuring depression in children and adolescents, it can be used as an alternative measuring instrument.

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