



**Tool Kit  
for Childhood & Adolescent  
Depression Management**

## **Tool Kit Childhood & Adolescent Depression**

The clinical tool kit is intended to assist the PCP in assessing the needs of the child/adolescent, ranging in age from **8 through 17**, regarding depression and decisions regarding health care services provided by the PCP or subsequent referral to the RHBA if clinically indicated. Tools include:

- The decision making algorithm (used when score is a minimum of 15 on the “Center for Epidemiological Studies Depression Scale for Children” [CES-DC])
- The “Center for Epidemiological Studies Depression Scale for Children” (CES-DC), instructions for use.
- The “Center for Epidemiological Studies Depression Scale for Children” (CES-DC\_ Tool)
- The list of medications universally available **as of 10/1/09** through AHCCCS Health Plans and the Regional Behavioral Health Authority known as the RBHA.

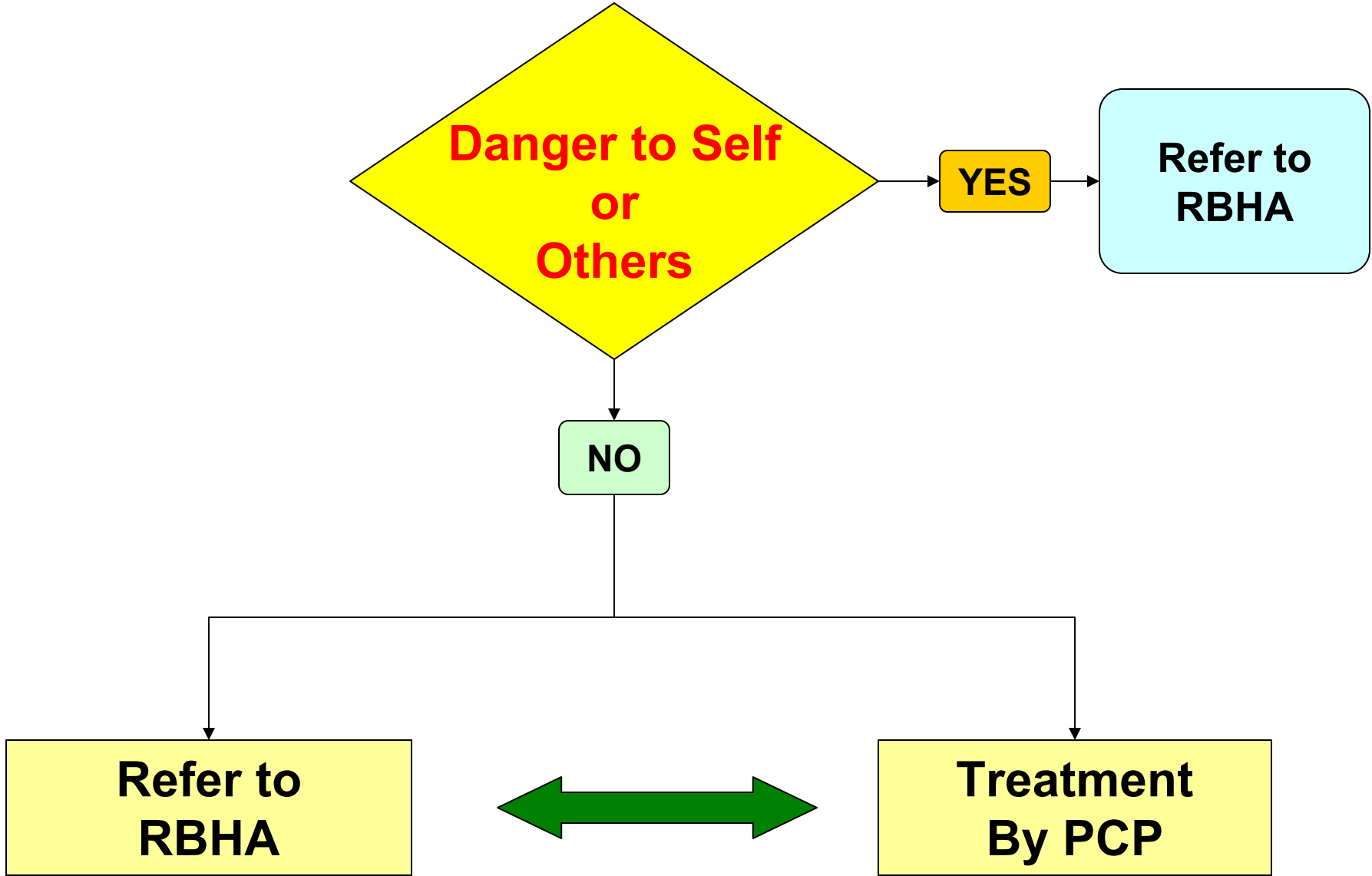
Clinical resources and adaptations of clinical sources are referenced within the individual documents.

### **NOTE:**

- Strongly consider referring children **under 8 years old** to the RBHA for treatment.
- A RBHA consultation is available at any time.

The tool kit was developed by the AHCCCS Tool Kit Workgroup in collaboration with Acute Health Plans and ADHS/DBHS (January, 2008 through January 2009). The tool kit is a resource and may not apply to all patients and all clinical situations. It is not intended to replace clinical judgment.

# Depression



*\*Sole usage of Algorithms is not a substitute for a comprehensive clinical assessment*

# Center for Epidemiological Studies Depression Scale for Children (CES-DC)

(FOR USE IN CHILDREN 8 - 17 YEARS OLD)

The Center for Epidemiological Studies Depression Scale for Children (CES-DC) is a 20-item self-report depression inventory with possible scores ranging from 0 to 60. Each response to an item is scored as follows:

- 0 = "Not At All"
- 1 = "A Little"
- 2 = "Some"
- 3 = "A Lot"

However, items 4, 8, 12, and 16 are phrased positively, and thus are scored in the opposite order:

- 3 = "Not At All"
- 2 = "A Little"
- 1 = "Some"
- 0 = "A Lot"

Higher CES-DC scores indicate increasing levels of depression. Weissman et al. (1980), the developers of the CES-DC, have used the cutoff score of 15 as being suggestive of depressive symptoms in children and adolescents. That is, scores over 15 can be indicative of significant levels of depressive symptoms.

Remember that screening for depression can be complex and is only an initial step. Further evaluation is required for children and adolescents identified through a screening process. Further evaluation is also warranted for children or adolescents who exhibit depressive symptoms but who do not screen positive.

See also

Tool for Families: Symptoms of Depression in Adolescents, p. 126.

Tool for Families: Common Signs of Depression in Children and Adolescents, p. 147.

## REFERENCES

Weissman MM, Orvaschel H, Padian N. 1980.

Children's symptom and social functioning self-report scales: Comparison of mothers' and children's reports. *Journal of Nervous Mental Disorders* 168(12):736-740.

Faulstich ME, Carey MP, Ruggiero L, et al. 1986.

Assessment of depression in childhood and adolescence: An evaluation of the Center for Epidemiological Studies Depression Scale for Children (CES-DC). *American Journal of Psychiatry* 143(8):1024-1027.

# Center for Epidemiological Studies Depression Scale for Children (CES-DC)

Number \_\_\_\_\_

Score \_\_\_\_\_

## INSTRUCTIONS

Below is a list of the ways you might have felt or acted. Please check how *much* you have felt this way during the *past week*.

| DURING THE PAST WEEK   | Not At All | A Little | Some  | A Lot |
|--|------------|----------|-------|-------|
| 1. I was bothered by things that usually don't bother me.                                    | _____      | _____    | _____ | _____ |
| 2. I did not feel like eating, I wasn't very hungry.   | _____      | _____    | _____ | _____ |
| 3. I wasn't able to feel happy, even when my family or friends tried to help me feel better. | _____      | _____    | _____ | _____ |
| 4. I felt like I was just as good as other kids.   | _____      | _____    | _____ | _____ |
| 5. I felt like I couldn't pay attention to what I was doing.                                 | _____      | _____    | _____ | _____ |

| DURING THE PAST WEEK                                      | Not At All | A Little | Some  | A Lot |
|---|------------|----------|-------|-------|
| 6. I felt down and unhappy.                               | _____      | _____    | _____ | _____ |
| 7. I felt like I was too tired to do things.              | _____      | _____    | _____ | _____ |
| 8. I felt like something good was going to happen.        | _____      | _____    | _____ | _____ |
| 9. I felt like things I did before didn't work out right. | _____      | _____    | _____ | _____ |
| 10. I felt scared.  | _____      | _____    | _____ | _____ |

| DURING THE PAST WEEK  | Not At All | A Little | Some  | A Lot |
|---|------------|----------|-------|-------|
| 11. I didn't sleep as well as I usually sleep.  | _____      | _____    | _____ | _____ |
| 12. I was happy.  | _____      | _____    | _____ | _____ |
| 13. I was more quiet than usual.  | _____      | _____    | _____ | _____ |
| 14. I felt lonely, like I didn't have any friends.                                    | _____      | _____    | _____ | _____ |
| 15. I felt like kids I know were not friendly or that they didn't want to be with me. | _____      | _____    | _____ | _____ |

| DURING THE PAST WEEK                         | Not At All | A Little | Some  | A Lot |
|--|------------|----------|-------|-------|
| 16. I had a good time.                       | _____      | _____    | _____ | _____ |
| 17. I felt like crying.                      | _____      | _____    | _____ | _____ |
| 18. I felt sad.                              | _____      | _____    | _____ | _____ |
| 19. I felt people didn't like me.            | _____      | _____    | _____ | _____ |
| 20. It was hard to get started doing things. | _____      | _____    | _____ | _____ |

# Escala de depresión infantil del Centro de Estudios Epidemiológicos (CES-DC)

Número \_\_\_\_\_

Puntaje \_\_\_\_\_

## INSTRUCCIONES

A continuación se entrega una lista de las maneras en las que pudiste haberte sentido o comportado. Marca *cuánto tiempo* te has sentido de esta forma durante la *semana pasada*.

### DURANTE LA SEMANA PASADA

|   | <b>De<br/>ninguna<br/>manera</b> | <b>Un<br/>poco</b> | <b>Algo</b> | <b>Mucho</b> |
|---|----------------------------------|--------------------|-------------|--------------|
| 1. Me molesté por cosas que habitualmente no me molestan.                                       | _____                            | _____              | _____       | _____        |
| 2. No sentí deseos de comer, no tenía mucho apetito.  | _____                            | _____              | _____       | _____        |
| 3. No podía sentirme feliz, aún cuando mi familia o amigos trataban de ayudarme a sentir mejor. | _____                            | _____              | _____       | _____        |
| 4. Sentí que era tan bueno como los demás niños.  | _____                            | _____              | _____       | _____        |
| 5. Sentí que no podía concentrarme en lo que estaba haciendo.                                   | _____                            | _____              | _____       | _____        |

### DURANTE LA SEMANA PASADA

|  | <b>De<br/>ninguna<br/>manera</b> | <b>Un<br/>poco</b> | <b>Algo</b> | <b>Mucho</b> |
|--|----------------------------------|--------------------|-------------|--------------|
| 6. Me sentí deprimido y desdichado.                        | _____                            | _____              | _____       | _____        |
| 7. Me sentí demasiado cansado para hacer las cosas.        | _____                            | _____              | _____       | _____        |
| 8. Sentí que algo bueno iba a pasar.                       | _____                            | _____              | _____       | _____        |
| 9. Sentí que las cosas que hacía antes no resultaban bien. | _____                            | _____              | _____       | _____        |
| 10. Me sentí atemorizado.                                  | _____                            | _____              | _____       | _____        |

### DURANTE LA SEMANA PASADA

|  | <b>De<br/>ninguna<br/>manera</b> | <b>Un<br/>poco</b> | <b>Algo</b> | <b>Mucho</b> |
|--|----------------------------------|--------------------|-------------|--------------|
| 11. No dormí tan bien como siempre.  | _____                            | _____              | _____       | _____        |
| 12. Me sentí feliz.  | _____                            | _____              | _____       | _____        |
| 13. Estuve más tranquilo que lo usual.   | _____                            | _____              | _____       | _____        |
| 14. Me sentí solo, como si no tuviera ningún amigo.  | _____                            | _____              | _____       | _____        |
| 15. Sentí como si los niños a los que conozco ya no fueran amistosos o como si no quisieran estar conmigo. | _____                            | _____              | _____       | _____        |

### DURANTE LA SEMANA PASADA

|   | <b>De<br/>ninguna<br/>manera</b> | <b>Un<br/>poco</b> | <b>Algo</b> | <b>Mucho</b> |
|---|----------------------------------|--------------------|-------------|--------------|
| 16. Lo pasé bien.                           | _____                            | _____              | _____       | _____        |
| 17. Tuve ganas de llorar.                   | _____                            | _____              | _____       | _____        |
| 18. Me sentí triste.                        | _____                            | _____              | _____       | _____        |
| 19. Sentí que no le gustaba a las personas. | _____                            | _____              | _____       | _____        |
| 20. Me costó comenzar a hacer las cosas.    | _____                            | _____              | _____       | _____        |

# Depression

Universally available medications, as of 10/1/09,  
through AHCCCS Health Plans and RBHA Providers\*

| <b>Selective Serotonin Reuptake Inhibitor</b> |
|---|
| Fluoxetine (Prozac)                           |
| Citalopram (Celexa)                           |
| Paroxetine (Paxil)                            |
| Sertraline (Zoloft)                           |

| <b>Serotonin Norepinephrine Reuptake Inhibitor</b> |
|--|
| Venlafaxine (Effexor)                              |

| <b>Norepinephrine Dopamine Reuptake Inhibitor</b> |
|---|
| Bupropion (Wellbutrin)                            |

\* Refer to health plan for prior authorization requirement and medication availability **prior to 10/1/09**.