The Multiscore Depression Inventory for Children (MDI-C) is a self-report measure of depression and of features related to depression. Standardized for ages 8 through 17, the MDI-C allows children to indicate their own feelings and beliefs about themselves. It is the first test of depression for children that was written by children in their own words. The simple wording of the test turns the reporting of depressed mood and related problems into a valuable child's-eye view of his or her emotional world. Consequently, the MDI-C is useful both as a screening instrument to identify high risk children and as an aid in clinical assessment. Together with information from parents and teachers, the MDI-C can be useful in identifying both clinically important problems and less severe emotional reactions (Achenbach, 1991).

Several features contribute to the utility of the MDI-C. The instrument benefits from being an adaptation of the adult Multiscore Depression Inventory (MDI; Berndt, 1986). Like the adult version, it measures several features of depression, providing separate measures of widely recognized depression-related symptoms. It is so easy to read that children who can read at a second-grade level should have no difficulty comprehending the items. The MDI-C has national norms presented by age level and sex. Lastly, the instrument is unique because it is written in the language of the children who are being assessed; with the assistance of the authors, a dozen children actually established the wording of the items.

**Description**

The MDI-C consists of 79 items in the form of brief sentences with a true/false response format. It yields scores on eight scales, as well as a total score measuring the general severity of depression. The instrument may be administered in groups or individually. Administration time is 15–20 minutes, but children may vary considerably in the time they need to complete the items.

The MDI-C is designed so that a paraprofessional familiar with the contents of this Manual can easily score it by hand. Microcomputer, fax, and mail-in scoring of the MDI-C are described in the “Computer Services” section that accompanies this Manual.

**MDI-C Scales**

The following sections briefly describe the scales of the MDI-C. All items and scales are scored so that high scores represent greater severity of depression—26 items representing positive mental, emotional, and physical states are negatively keyed, meaning that a negative response (False) increments the raw score of the scale on which the item appears. Of the 79 MDI-C items, 78 are assigned to subscales. Item 45 (“I have a suicide plan”) functions as a Suicide Risk Indicator, but does not appear on any of the subscales. An Infrequency Index comprising one item from each scale shows whether a protocol has been marked erratically or carelessly. The score for each subscale is presented in three forms: a raw score, a percentile, and a normalized T-score. The scores are plotted on a profile chart that facilitates visual inspection of the individual's MDI-C profile.

A full listing of the items in each MDI-C scale is given in Appendix A.

**Anxiety.** This 11-item scale measures cognitive and somatic aspects of anxiety. “I get nervous in school” (Item 3) and “I worry about death” (Item 36) are examples of items on this scale.

**Self-Esteem.** The 8 items on this scale are designed to reflect children's perceptions and evaluations of themselves. Typical scale items include “I hate myself” (Item 11) and “Kids pick on me” (Item 21).

**Sad Mood.** Scores on this scale, which consists of 8 items, reflect the individual's current affective state. “I feel sad” (Item 40) and “I am a happy kid” (Item 29, negatively keyed) are examples of items on this scale.

**Instrumental Helplessness.** There are 11 items on this scale, which measures the child's perception of his or her ability to manipulate social situations in order to receive ordinary benefits. “I get punished for no reason” (Item 7) and “I don't get much attention” (Item 28) are examples of items on the Instrumental Helplessness scale.

**Social Introversion.** The 10 items on this scale reflect the tendency to withdraw from social situations and social contact. “I enjoy playing” (Item 52, negatively keyed) and “I stay by myself at school” (Item 64) are typical items on this scale.

**Low Energy.** This 8-item scale is designed to measure the child's cognitive intensity and somatic vigor. Typical
items on this scale include “I feel very tired” (Item 20) and “My friends wear me out” (Item 34).

**Pessimism.** The 9 items on the Pessimism scale gauge the child’s outlook and the extent to which he or she feels discouraged. “Luck is against me” (Item 10) and “My future looks good” (Item 63, negatively keyed) are examples of items on this scale.

**Defiance.** There are 13 items on the Defiance scale, which measures both behavior problems and irritability. “I take things without asking first” (Item 15) and “I have a bad temper” (Item 42) are examples of items on this scale.

**Total.** The sum of all 79 items, including the Suicide Risk Indicator, constitutes an overall measure of depression called the MDI-C Total score. The Total score is a measure of the overall severity of depression.

### Purposes and Uses

The MDI-C is a reliable and valid instrument that assesses emotional experiences related to depression in children. It is not designed to replace clinical diagnosis. It is useful both as a screening tool to identify children for closer evaluation and as a source of additional detailed information in the context of a thorough clinical assessment (Chambers, Puig-Antich, Hirsch, Paez, Ambrosini, Tabrizi, & Davies, 1985; Posnanski, Grossman, Buchsbaum, Banegas, Freeman, & Gibbons, 1984).

Because it measures anxiety, self-esteem, and other features relevant to depression separately, the MDI-C can be a useful supplement to treatment planning and to evaluating changes in depression and depression-related features over time. The instrument can be used to assist in individual and group assessment in a variety of settings, including regular and special education classrooms, counseling and psychological service facilities, residential treatment centers, and private-practice offices. Potential users include psychologists, teachers, counselors, remedial and special education personnel, medical and rehabilitation personnel, social workers, and school officials. Easily and quickly administered to children in groups, it can be used as a screening device to identify students who might benefit from further psychological evaluation.

The MDI-C was written to assess constructs that are associated with general mood and that are closely linked to persistent characteristics. Trait words like “often” were used throughout the instrument, and test-retest reliability indicates stability over at least a four-week interval (see the section of chapter 5 entitled “Reliability”). Thus the MDI-C appears to be comparatively insensitive to transient fluctuations in affect, applying to mood states that are relatively stable. The specific mood durations that are part of DSM-III-R and DSM-IV diagnoses are not assessed by the MDI-C. The instrument was not designed for assessing the presence of mania, although some subscales are potentially useful in such an effort (e.g., Defiance, Irritability, and Low Energy). When depression is suspected, both parent and child need to consult a professional to accurately assess the temporal dimensions of the affective problem. Especially given the specificity of DSM-IV categories such as Acute Stress Disorder, Minor Depression, and Bipolar-II, it is incumbent upon responsible users to treat self-report as a supplement to clinical evaluation.

The MDI-C can also be used to evaluate educational or clinical interventions designed to promote greater emotional well-being. Changes in both general emotional well-being and in more specific areas (e.g., social introversion, anxiety, or helplessness) may be assessed reliably. Integration of information from the MDI-C with information from parent and teacher ratings, clinical observations, and other data can be used to arrive at a comprehensive view of the child.

### Principles of Use

Although the MDI-C is designed for use across a wide age range and in a variety of contexts, naturally there are settings and situations in which its use may not be appropriate. Attempts to use the MDI-C to test individuals who are older or younger than those in the normative sample should be tempered by considerable caution. Some research on the MDI-C has included individuals as old as college students (Berndt & Kaiser, in press), but the face validity of the items is more consistent with the social awareness of school-age children. Either the MDI-C or the MDI can be used with adolescents 13 and older.

Although its simple items render the MDI-C suitable in some ways for use with younger children who have good reading skills, there are no norms for children younger than 8. Because the MDI-C is a self-report instrument, uncooperative children may not give valid responses. In addition, children with very low verbal ability may have difficulty completing the inventory in a meaningful way.

The use of this test presupposes familiarity with this Manual and with basic principles of tests and measurements. The test itself can be administered and scored by teachers and trained paraprofessionals. Nevertheless, only an individual with professional training and advanced course work can responsibly interpret the test results. Users should take precautions to safeguard the confidentiality of the test results, restricting their access to those with the ability to use the information appropriately. Berndt (1983) fully discusses the ethical use of tests of this type.