

VALIDATION OF PAKISTANI VERSION OF REYNOLDS ADOLESCENT DEPRESSION SCALE –SECOND EDITION

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ABSTRACT

Objective: The present study aims to estimate the convergent and concurrent validity of Pakistani version of Reynolds Adolescent Depression Scale –Second Edition (RADS-2U)¹ originally developed by Reynolds².

Place and Duration of study: Karachi, Year 2012

Sample and Method: A sample of adolescent students between the age range of 12-20 years from different educational organizations in Karachi, Pakistan were taken in this study through using convenience sampling method. In order to estimate the convergent and concurrent validity, the Pakistani version of Reynolds Adolescent Depression Scale-2 (RADS-2U)¹ along with the Pakistani versions of Rosenberg self-esteem scale³, originally developed by Rosenberg⁴, Social Support Questionnaire⁵ originally developed by Sarason *et al.*⁶, and Index

¹ Sami, S., Ahmad. R., & Khanam, S. J. (2013). Translation of reynolds adolescents depression scale-second edition in Pakistan: Reliability estimates and factor analysis. *Pakistan Journal of Clinical Psychology*, 12(2), 19-32.

² Reynolds, W. M. (2002). *Reynolds adolescents depression scale 2nd edition professional manual*. Psychological Assessment Resources Inc. U.S.A.

³ Sardar, S. (1998). *Study of relationship among childhood paternal loss, sex role orientation, self esteem and locus of control in male and female students*. Unpublished PhD dissertation, University of Karachi, Pakistan.

⁴ Rosenberg, M. (1965). Self esteem scale. In C. Arslan. (2009). Anger, self esteem, and perceived social support in adolescence. [Electronic Version]: DOI: 10.2224/sbp.2009.37.4.555.

⁵ Fatima, I. (2009). *Belief in just world and subjective well-being in mothers of normal and Down syndrome children*. PhD dissertation. [Electronic Version]: prr.hec.gov.pk/thesis/2698.pdf.

of Family Relation⁷ originally developed by Hudson⁸, were administered on 216 adolescent students. The RADS-2U¹ and Siddiqui-Shah Depression Scale (SSDS)⁹ was also administered on 100 student adolescents (age 17-20). Pearson product moment correlation coefficients were calculated in order to examine the convergent and concurrent validity of the Scale (RADS-2U¹).

Results: The convergent and concurrent validity of the RADS-2U¹ was demonstrated via significant correlation (.738 at the .01) with Siddiqui-Shah Depression Scale⁹, with RSES³ (-.503 at the .01), with SSQ-6⁵(-.366 at the .01) and with IFR⁷ (.317 at the .01).

Conclusion: The Pakistani version of RADS-2² shows acceptable psychometric properties and appears to be a valid measure for cross cultural use.

Keywords: Depression; adolescents; self esteem; validation

INTRODUCTION

WHO reports showed that depression is the fourth urgent health problem in the world¹⁰. Depression is a widespread, complex and multifaceted

⁶ Sarason, I. G., Levine, H. M., Basham, R. B., & Sarason, B. R. (1983). *Assessing social support: The Social Support Questionnaire*. In I. Fatima (2009). *Belief in just world and subjective well-being in mothers of normal and Down syndrome children*. PhD dissertation. [Electronic Version]: prr.hec.gov.pk/thesis/269S.pdf

⁷ Deeba, F. (2001). *Home environment and parental acceptance-rejection and authoritarianism in child abuse*. PhD dissertation. [Electronic Version]: prr.hec.gov.pk/thesis/2349.pdf

⁸ Hudson, W. W. (1982). A measurement package for clinical workers. In F. Deeba. (2001). *Home environment and parental acceptance-rejection and authoritarianism in child abuse*. PhD dissertation. [Electronic Version]: prr.hec.gov.pk/thesis/2349.pdf

⁹ Siddiqui, S., & Shah, S. (1992). Siddiqui Shah Depression Scale. In S. Siddiqui, & S. Shah. (2009). *Manual Siddiqui-Shah Depression Scale*. National Institute of Psychology, Centre of Excellence. Quaid-i-Azam University, Islamabad.

¹⁰ Akiskal M. S. (2005). Mood disorder, historicalIntroduction and conceptual Overview. In: Sadock BJ, Sadock VA, eds. *Comprehensive textbook of psychiatry*(8th ed). Lippincott: William and Wilkins; p. 1559.

disorder, which is difficult to describe in a few words¹¹. According to Steven Paul “Depression is like a fever”. Like fever it has numerous origins and treatments¹². Depression is known to be disabling, recurrent and in some cases chronic¹³. It interferes with the patient's interpersonal relationships and has effects on the everyday activities of the sufferer¹⁴. It makes severe changes in mood, affect, behavior and thought and is accompanied by many physical complaints^{15,16}. In addition to its high lifetime prevalence, depression occurs in all ages and all social classes. In numerous cases, its first episode occurs during adolescence and early adulthood^{15, 16}.

Literature suggests that depression is the most significant mental health problem^{17,18,19,20} during adolescence. As the prevalence rate of depression

¹¹ Ansari, K. & Aftab, S. (2009). Gender difference in depressive symptomatology among adolescents. *Pakistan Journal of Clinical Psychology*. 8, 15-25.

¹² Gallagher, W. (1986). The dark affliction of mind and body. In K. Ansari, & S. Aftab. (2009). Gender difference in depressive symptomatology among adolescents. *Pakistan Journal of Clinical Psychology*. 8, 15-25.

¹³ Merritt, R. K, Price, J. R, Mollison, J., & Geddes, J. R. (2007). A cluster randomized controlled trial to assess the effectiveness of an intervention to educate students about depression. *Psychological Medicine*, 37, 363-372.

¹⁴ Blazer, D., & Williams, C. D. (2007). Epidemiology of dysphoria and depression in an elderly population. *American Journal of Psychiatry*, 137, 439-444.

¹⁵ Franck, E, & De Raedt, R. (2007). Self-esteem reconsidered: unstable self-esteem outperforms level of self-esteem as vulnerability marker for depression. *Behaviour Research and Therapy*, 45, 1531-1541.

¹⁶ Furegato, A. R, Santos, J. L, & Silva, E. C. (2008). Depression among nursing students associated to their self-esteem, health perception and interest in mental health. *Revista Latino-Americana de Enfermagem*, 16, 198-204.

¹⁷ Whiting, S. (1981). The problem of depression in adolescence. *Adolescence*, 16, 67–89.

¹⁸ Petersen, A. C, Compas, B. E, Brooks-Gunn, J. Stemmler, M., Ey, S., & Grant, K. E. (1993). Depression in adolescence. *American Psychologist*, 48, 155–68.

during adolescence is reported by Lewinsohn et al.²¹, Melnyk et al.²², and Saluja et al.²³, to vary from 5% to 20%, it is very important to notice depressive symptomatology among adolescents and not to view that as normal aspect of their age group²⁴ because if it is left untreated, it may go on for months or years²⁵ and can lead to serious and life threatening consequences²⁶. According to Groholt

¹⁹ Hamrin, V., & Pachler, M. C. (2005). Child and adolescent depression: review of the latest evidence-based treatments. *Journal of Psychosocial Nursing & Mental Health*, 43, 54–63.

²⁰ Dopheide, J. A. (2006). Recognizing and treating depression in children and adolescents. *American Journal of Health System Pharmacy*, 63, 233-243.

²¹ Lewinsohn, P. M., Rohde, P., Seeley, J. R. & Novak, J. (2000). Natural course of adolescent major depressive disorder in a community sample: predictors of recurrence in young adults. *American Journal of Psychiatry*, 157, 1584-1591.

²² Melnyk, B. M., Brown, H. E., Jones, D. C. & Novak, J. (2003). Improving the mental/psychosocial health of US children and adolescents: outcomes and implementation strategies from the national KySS Summit. *Journal of Pediatric Health Care*, 17, 1–24.

²³ Saluja, G, Iachan R, Scheidt, P. C. & Novak, J. (2004). Prevalence of and risk factors for depressive symptoms among young adolescents. *Archives of Pediatric & Adolescent Medicine*, 158, 760–765.

²⁴ Costello, C. G. (1980). Childhood Depression: Three basic but questionable assumptions in the lefkowitz and Burton critique. In W. M. Reynolds, (2002). *Reynolds Adolescents Depression Scale 2nd Edition Professional Manual*. Psychological Assessment Resources Inc. U.S.A.

²⁵ Kovacs, M., Feinberg, T. L., Crouse-Novak, M., Paulauskas, S. L., Pollock, M., & Finkelstein, R. (1984). Depressive disorder in childhood: II. In W. M. Reynolds, (2002). *Reynolds Adolescents Depression Scale 2nd Edition Professional Manual*. Psychological Assessment Resources Inc. U.S.A.

²⁶ Cohen-Sandler, R., Berman, A. L., & King, R. A. (1982). Life Stress and Symptomatology: Determinants of suicidal behavior in children. In W. M. Reynolds, (2002). *Reynolds Adolescents Depression Scale 2nd Edition Professional Manual*. Psychological Assessment Resources Inc. U.S.A.

et al.²⁷, Sourander et al.²⁸, Liu and Tein²⁹, and Eskin et al.³⁰, disability and risk for suicidal behavior in adolescents are consequences of depression.

Most of the generalizable literature on depression among children and adolescents is derived from the research work done outside Pakistan. Adolescents and children constitute a section of the population in Pakistan whose mental health problems are studied relatively less than those of adults. To enrich the field of research in the developing country like Pakistan there is an intense need to develop new valid and reliable instruments in national language Urdu or to translate, adapt, and validate the already existing instruments with strong psychometric properties.

Test development is an expensive, demanding and time taking procedure; therefore the trend of translation and adaptation of already existing measures has been increased. Measures developed in western cultures need to be tested and validated before being used in other cultures. Considering above mentioned literature, present study was planned to establish concurrent and convergent validity of Pakistani version of RADS-2 so that like its original version, the adapted version will also prove its worth in the field of testing and research.

The Reynolds Adolescent Depression Scale 2nd Edition has been shown to be a useful tool to assess depression in adolescents, with extensive research on this measure have been conducted in different cultures. Archer & Newsom³¹

²⁷ Gröholt, B., Ekeberg, O., Wichstrom, L., et al. (2000) Young suicide attempters: a comparison between a clinical and an epidemiological sample. *Journal of American Academy of Child & Adolescent Psychiatry*, 39, 868-875.

²⁸ Sourander, A., Helstela, L., Haavisto, A. m Novak, J. (2001). Suicidal thoughts and attempts among adolescents: a longitudinal 8-year follow-up study. *Journal of Affective Disorders*, 63, 59-66.

²⁹ Liu, X., & Tein, J. Y. (2005). Life events, psychopathology, and suicidal behavior in Chinese adolescents. *Journal of Affective Disorders*, 86, 195-203.

³⁰ Eskin, M., Ertekin, K., Dereboy, C. et al. (2007). Risk factors for and protective factors against adolescent suicidal behavior in Turkey. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 28, 131-139.

³¹ Archer, R. P., & Newsom, C. R. (2000). Psychological test usage with adolescent clients: Survey update. In W. M. Reynolds, (2002). *Reynolds Adolescents*

stated that it has become one of the most commonly used self report measure of depression in adolescents.

In psychological testing, where the importance and accuracy of tests is the key factor, test validity is crucial and researchers cannot be confident about their finding until the instrument they applied were proved to be reliable and valid. Brown³² defines the general concept of validity as "the degree to which a test measures what it claims, or purports, to be measuring".

To examine the concurrent validity of RADS-2 Adapted Urdu version, we examined its correspondence with Siddiqui-Shah Depression Scale. To examine convergent validity, we assess the relationship of RADS-2 Urdu version with Rosenberg self-esteem scale, Social Support Questionnaire (SSQ-6) and Index of Family Relations (IFR) with the expectation that RADS-2 Urdu would have good concurrent and convergent validity.

METHOD

Sample

The study was conducted on 316 (116 males & 200 females) adolescent students from different schools and colleges of Karachi, Pakistan. The age range of the participants was between 12-20 years (mean age= 17.02 & Sd= 2.913). To estimate the convergent and concurrent validity of the RADS-2 two group of adolescent students; first one comprising of 216 participants (90 males & 126 females) with the mean age of 15.96 & standard deviation 2.92 and second comprising of 100 students adolescents (26 males & 74 females) of age 17-20 only with mean age of 19.31 years; standard deviation .837, were interviewed and assessed.

Depression Scale 2nd Edition Professional Manual. Psychological Assessment Resources Inc. U.S.A.

³² Brown, J. D. (1996). Testing in language programs. In J. D. Brown. (2000). What is construct validity? *JALT Testing & Evaluation SIG Newsletter*, 4, 8 - 12.

Measures

Reynolds Adolescents Depression Scale 2nd Edition (RADS-2):

Reynolds Adolescents Depression Scale 2nd Edition² is a brief, self-report measure that includes subscales which evaluate the current level of an adolescent's depressive symptomatology alongwith four basic dimensions of depression: Dysphoric Mood, Anhedonia/Negative Affect, Negative Self-Evaluation, and Somatic Complaints. An expanded age range for RADS-2 is 11 to 20 years. It consists of 30 items and its total score range is 30 – 120. The RADS-2 standard (*T*) scores and associated clinical cutoff score provide the clinician or researcher with an indication of the clinical severity of the individual's depressive symptoms (normal, mild, moderate, or severe). RADS-2 is a reliable and valid instrument with internal consistency of .92, test re-test reliability .85 and criterion-related validity is .82². In present study the adapted Urdu version of Reynolds Adolescents Depression Scale (RADS-2U)¹ was used.

Siddiqui-Shah Depression Scale (SSDS):

Siddiqui-Shah Depression Scale (SSDS)⁹ consist of 36 items in which there are 12 items each for different levels of depression, that is mild depression, moderate depression, and severe depression for clinical group and normal sadness, mild depression, and moderate depression for non-clinical group. It is a four point rating scale and self report measure as well. High score indicates the presence of the symptoms of depression. The minimum score is zero and the maximum can be 108. The cutoff points are as follows: 0-25 indicates normal sadness; 26-36 indicates mild depression; 37-49 indicates moderate depression; and 50 and above indicates severe depression. Internal consistency of Siddiqui-Shah depression scale is .91, split half reliability is .84 to .89, and concurrent validity is .55 to .64.

Rosenberg Self Esteem Scale (RSES):

The Rosenberg Self Esteem Scale measures the global self-esteem. The scale consists of 10 items answered on a Four-point Likert scale from 'strongly agree' to 'strongly disagree'. Negative items were reverse coded so that a high score continued to indicate high self-esteem. The possible range of scores for this

scale is 0 to 30. Its internal consistency range from 0.75-0.92 and test re-test reliability is 0.85-0.88. Concurrent validity of Rosenberg self-esteem scale is 0.60-0.72. In present study the translated version of Rosenberg Self Esteem Scale (Sardar, 1998) was used. Cronbach's alpha of RSES Urdu version is reported 0.684³³.

Sarason Social Support Questionnaire- Short-Form (SSQ-6):

The 27 items Social Support Questionnaire prepared by Sarason, Sarason, Shearin and Pierce³⁴. In present study the Pakistani version (Short-Form) of Social Support Questionnaire was utilized. It has 6 items, 6 point likert-type scale ranging from very dissatisfied (as 1) to very satisfied (as 6). Alpha coefficients for SSQ-6 have been reported to range from .90 to .93 for both number and satisfaction scores.

Index of Family Relations (IFR):

This measure of Intra-familial Environment comprised of 18 items derived from the Index of Family Relations (IFR). This was translated by Shah and Aziz³⁵ into Urdu and then eighteen items were selected from that translated version and modified/ adapted by Deeba⁷. Out of those 18 items 10 were positive items (item No. 1, 3, 4, 7, 12, 13, 14, 15, 16, & 17) that required reversed scoring and 8 items were negative items with normal scoring (items No. 2, 5, 6, 8, 9, 10, 11, & 18). The responses are to record on a five point rating scale having categories including “none of the time (as 1) to “all the time” (as 5). The total score on the adapted version of IFR is the sum of scores on all eighteen items of the scale. The cut-off points determined for the adapted version in score below to

³³ Brown, J. D. (1996). Testing in language programs. In J. D. Brown. (2000). What is construct validity? *JALT Testing & Evaluation SIG Newsletter*, 4, 8 - 12.

³⁴ Sarason, I. G., Sarason, B. R., Shearin, E. N., & Pierce, G. R. (1987). A brief measure of social support: Practical and theoretical implications. In I. Fatima (2009). Belief in just world and subjective well-being in mothers of normal and Down syndrome children. PhD dissertation. [Electronic Version]: prr.hec.gov.pk/thesis/269S.pdf

³⁵ Shah, A. A., & Aziz, S. (1993). Role of some social and environmental factors in drug addiction among university students. Research report. In F. Deeba. (2001). *Home environment and parental acceptance-rejection and authoritarianism in child abuse*. PhD dissertation. [Electronic Version]: prr.hec.gov.pk/thesis/2349.pdf

26 as low, score ranging from 27 to 36 as medium and score ranging from 37 and above as high score on IFR. A high score on the IFR indicate family problems.

Procedure:

After communicating the purpose of the present research, the permission for data collection was obtained from different selected educational institutions of Karachi, Pakistan. After taking consent from the participants the personal information form was filled in by the examiner individually. Reynolds Adolescents Depression Scale -2U¹, Rosenberg Self Esteem Scale³, Sarason Social Support Short-Form Questionnaire⁵, Index of Family Relation⁷ and Siddiqui-Shah Depression Scale⁹ were administered respectively in group setting.

Statistical Analysis:

After data collection, all the questionnaires were scored according to the standard scoring procedures. Then all the data was statistically treated through Statistical Package for Social Sciences (SPSS, V-17.0). The Pearson product moment correlation coefficient was used to check the relationship of Pakistani version of RADS-2 with Siddiqui-Shah Depression Scale, Rosenberg self-esteem scale, Sarason Social Support and Index of Family Relations .

RESULTS

Table 1
Gender distribution across various age groups

Age Groups	Males	Females	Age	
			<i>M</i>	<i>SD</i>
12-14 years	33	55	12.85	.851
15-17 years	20	23	16.12	.823
18-20 years	37	48	19.11	.802

Table 2

Correlations between total scores of Reynolds Adolescents Depression Scale- 2nd Edition Urdu version and total scores of Siddiqui-Shah Depression Scale, Rosenberg Self-esteem Scale, Sarason social support Questionnaire-Short Form and Index of Family Relations

	<i>N</i>	<i>Mean</i>	<i>St. Dev</i>	<i>r</i>	∞
Reynolds Adolescents Depression Scale- 2 Urdu	100	54.40	14.078	+.738	.01
Siddiqui Shah Depression Scale		21.46	14.532		
Reynolds Adolescents Depression Scale- 2 Urdu	216	59.53	14.437	-.503	.01
Rosenberg Self Esteem Scale		20.89	4.426		
Reynolds Adolescents Depression Scale- 2 Urdu	216	59.53	14.437	-.366	.01
Sarason Social Support Questionnaire		3.551	.5105		
Reynolds Adolescent Depression Scale-2 Urdu	216	59.53	14.437	+.317	.01
Index of Family Relations		30.55	22.305		

DISCUSSION

In current research concurrent validity of Reynolds Adolescent Depression Scale (2nd Ed.) Urdu Version was established by analysing correlation of the total scores of RADS-2 Urdu with the total score of another already existing scale of Depression in Urdu language i.e. Siddiqui Shah Depression Scale⁹ which is reliable and validated in Pakistani culture. Result of present study showing strong positive correlation between both the scales of depression (i.e. +.738) and proving good concurrent validity of RADS-2 Urdu version (Refer to Table No.2). The concurrent validity of Reynolds Adolescent Depression Scale

Original version ranges from +.68 to +.76³⁶ and Hyun, Nam, Kang & Reynolds³⁷ reported 0.69 concurrent validity of RADS-2 Korean version.

Convergent validity of RADS-2 Urdu version was also established by analysing the correlations of the measure of depression (theoretically associated) with the measures of self-esteem^{38,39}, social support^{40,41} and Family relations^{42,43}.

³⁶ Reynolds, W. M. (2000). Adolescent psychopathology scale - short form. odessa, FL: Psychological Assessment Resource. In W. M. Reynolds. (2002). *Reynolds Adolescents Depression Scale 2nd Edition Professional Manual*. Psychological Assessment Resources Inc. U.S.A.

³⁷ Hyun, M. S., Nam, K. A., Kang, H. S. & Reynolds, W. M. (2009). Reynolds adolescent depression scale – second edition: initial validation of the Korean version. *Journal of Advanced Nursing*, 65(3), 642–651, doi: 10.1111/j.1365-2648.2008.04913.x

³⁸ Crawford, D. C. B. (2005). *Self-esteem and depression of employed versus unemployed male homosexuals in long-term monogamous partnerships*. Unpublished Masters dissertation, University of the Witwatersrand, Johannesburg.

³⁹ Maan, M. A., Naureen, S., & Saddiqua, A. (2010). Anxiety, depression and self-esteem among chronic skin patients. [Electronic version]: http://www.pmc.edu.pk/Downloads/apmc/apmc_v4n2/14%20Anxiety_%20Depression%20and%20Self-Esteem%20among%20Chronic%20Skin%20Patients.pdf

⁴⁰ Eskin, M. (2003). Self reported assertiveness in Swedish and Turkish adolescents: A cross-cultural comparison. In M. A. Safree., M. Yasin., & M. A. Dzulkifli. (2010). The relationship between social support and psychological problems among students. *International Journal of Business and Social Science*. 1(3), 110-116.

⁴¹ Safree, M. A. Yasin, M & Dzulkifli, M. A. (2010). The relationship between social support and psychological problems among students. *International Journal of Business and Social Science*, 1(3), 110-116.

⁴² Sheeber, L., Hops, H., Albert, A., Davis, B., & Andrews, J. (1997). Family support and conflict: Prospective relations to adolescent depression. In E. J. Mash & D. A. Wolfe (2002), *Abnormal Child Psychology*. (2nd ed., p. 218). Australia: Wadsworth Group.

⁴³ Stein, D., Williamson, D. E., Birmaher, B., Brent, D. A., Kaufman, J., Dahl, R. E., Perel, J. M., & Ryan, N. D. (2000). Parent child bonding and family functioning in depressed children and children at high risk and low risk for future depression. In

Depression and self-esteem are intertwined and contribute to negative effect. Research has shown how self-esteem influences depression, and some studies have suggested that depression works negatively to decrease self-esteem. Sowislo & Orth⁴⁴ found that decreases in self-esteem were predictive of increases in depression. As far as social support is concerned it is also an established fact that social support is negatively correlated with depression. Findings suggest that lack of social support contributes to depression^{45,46} and good social support decrease the risk of depression⁴⁷. Family play a vital role in the emotional development of a child. Less warmth, display of anger, greater use of control and poorer communication within the family are also reported to be associated with depression among youngsters^{48,49}.

E. J. Mash & D. A. Wolfe (2002), *Abnormal Child Psychology*. (2nd ed., p. 218). Australia: Wadsworth Group.

⁴⁴ Sowislo, J. F., & Orth, U. (2012). Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. *Psychological Bulletin*. Advance online publication. doi: 10.1037/a0028931

⁴⁵ Koizumi, Y., Awata, S., Kuriyama, S., Ohmori, K., Hozawa, A., Seki, T., et al. (2005). Association between social support and depression status in the elderly: results of a 1-year community-based prospective cohort study in Japan [Abstract]: <http://www.ncbi.nlm.nih.gov/pubmed/16194259>

⁴⁶ Aneshensel, C. S., & Stone, J. D. (1982). Stress and depression: A test of the buffering model of social support. In W. M. Reynolds, (2002). *Reynolds Adolescents Depression Scale 2nd Edition Professional Manual*. Psychological Assessment Resources Inc. U.S.A.

⁴⁷ Stice, E., Ragan, J., & Randall, P. (2004). Prospective relations between social support and depression: differential direction of effects for parent and peer support? *Journal of Abnormal Psychology*. 113, 1, 155–159.

⁴⁸ Chiariello, M. A., & Orvaschel, H. (1995). Patterns of parent-child communication: Relationship to depression. In E. J. Mash & D. A. Wolfe (2002), *Abnormal Child Psychology*. (2nd ed., p. 218). Australia: Wadsworth Group.

⁴⁹ Lewinsohn, P. M., Roberts, R. E., Seeley, J. R., Rohde, P., Gotlib, I. H., & Hops. H. (1994). Adolescent psychopathology: II. Psychosocial risk factors for depression. In E. J. Mash & D. A. Wolfe (2002), *Abnormal Child Psychology*. (2nd ed., p. 218). Australia: Wadsworth Group.

In present study results are consistent with the conventional facts mentioned above and nearby the convergent validity of the original version of RADS. In Table No.2, Correlation of -.503 is showing significant negative relationship between the measures of depression and self-esteem; whereas the correlation of RADS Original version and measures of self-esteem ranges from -.56 to -.75² and -0.62 correlation between the measure of self-esteem and Korean version of RADS-2³⁸. The correlation of -.37 is showing significant negative relationship between the measures of depression and social support; whereas the correlation between RADS original and the measure of social support ranges from -.33 to -.43². In Table 2, correlation of +.317 (high scores suggest family problem) showing significant positive relationship between the measures of depression and Family relations; whereas the correlation between RADS original version and measure of family relationship index is reported as -.40². All the correlations shown in Table 2 are significant at .01 level of significance.

Findings of present study suggest that Urdu version of Reynolds Adolescent Depression Scale 2nd Edition is proved to be valid instrument in term of use in Pakistani culture to assess depressive symptomatology among adolescents.