More than 41 million individuals in the United States primarily speak Spanish at home—and nearly 21% of these Spanish-speaking individuals are between the ages of 5 and 17 years (U.S. Census Bureau, 2018). The Reynolds Adolescent Depression Scale–Second Edition (RADS-2; Reynolds, 2002) Spanish Hand-Scorable Test Booklet and the Reynolds Child Depression Scale–Second Edition Short Form (RCDS-2:SF; Reynolds, 2010) Spanish Test Form provide practitioners with comprehensive tools to assess for risk of depression with Spanish-speaking children and adolescents and help them get the mental health support, monitoring, and treatment they need.
The Reynolds Adolescent Depression Scale—Second Edition

The Reynolds Adolescent Depression Scale—Second Edition (RADS-2; Reynolds, 2002) is a self-report measure designed to identify a range of symptoms associated with depression in individuals ages 11 to 20 years (Grades 6 to 12). The RADS-2 contains 30 items in four subscales that assess the underlying dimensions of adolescent depression (see Table 1).

The items on the RADS-2 use a 4-point, Likert-type scale, on which the individual indicates whether a specific symptom occurs “Almost never,” “Hardly ever,” “Sometimes,” or “Most of the time.” The RADS-2 takes most individuals approximately 5 minutes to complete. It was normed on a standardization sample of 3,300 school-based adolescents, providing clinical utility for individuals ages 11 to 20 years.

Table 1

<table>
<thead>
<tr>
<th>Subscale</th>
<th>No. of items</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dysphoric Mood (DM)</td>
<td>8</td>
<td>Negative mood state symptomatology including sadness, crying, loneliness, irritability, worry, and self-pity</td>
</tr>
<tr>
<td>Anhedonia/Negative Affect (AN)</td>
<td>7</td>
<td>Negative affect symptomatology as well as disinterest in pleasurable activities, engaging with others, and eating meals</td>
</tr>
<tr>
<td>Negative Self-Evaluation (NS)</td>
<td>8</td>
<td>Negative feelings about oneself, including low self-worth, beliefs that others do not like the adolescent, and thoughts of self-harm and running away</td>
</tr>
<tr>
<td>Somatic Complaints (SC)</td>
<td>7</td>
<td>Complaints of feeling ill, fatigue, sleep difficulty and insomnia, boredom, and dissatisfaction with life</td>
</tr>
</tbody>
</table>

Reynolds Child Depression Scale—Second Edition Short Form

The Reynolds Child Depression Scale—Second Edition Short Form (RCDS-2:SF; Reynolds, 2010) is an 11-item, self-report screening measure of depressive symptomology designed for children in Grades 2 to 6. Its 11 items were drawn from the full 30-item version of the RCDS-2, also published in 2010. The RCDS-2:SF requires approximately 2 to 3 minutes to complete and can be administered in either individual or group settings.

All but one item on the RCDS-2:SF uses a 4-point, Likert-type scale on which the child indicates whether a specific symptom has occurred “Almost never,” “Sometimes,” “A lot of the time,” or “All the time” within the past two weeks. The last item on the scale provides the child with five illustrated faces—ranging from sad to happy—and asks them to select the face that best represents how they feel. The RCDS-2:SF was normed on a standardization sample of 1,100 children, providing clinical utility for individuals ages 7 to 13 years.

Spanish Translation

Why Spanish?

Emotional and behavioral disorders do not discriminate between languages, so it is important that informative assessments break the language barrier. According to the 2016 National Survey of Children’s Health, 3.2% of U.S. children between the ages of 3 and 17 years currently have depression (Ghandour et al., 2019), and these rates have shown a steady increase over time (Mojtabai et al., 2016). Furthermore, Spanish-speaking youth make up a considerable portion of the United States population. More than 41 million individuals in the United States primarily speak Spanish at home—and it is estimated that 21% of these Spanish-speaking individuals are between the ages of 5 and 17 years (U.S. Census Bureau, 2018).

According to the Centers for Disease Control and Prevention’s (CDC) 2015 Youth Risk Behavior Survey, 35.3% of Hispanic high school students in the United States...
reported feeling sad and hopeless nearly every day for a long period of time (i.e., greater than two weeks), to the point that it interfered with their daily activities. In addition, 18.8% of Hispanic high school students reported seriously considering attempting suicide (CDC, 2016). These rates were higher than those reported by non-Hispanic White or Black students. (CDC, 2016). However, when compared with non-Hispanic White adults, Hispanics and other ethnic minorities significantly underuse mental health services (Chang et al., 2013).

The disparity between the diagnosis and treatment of Hispanic individuals in the U.S. could be due to several issues. Only 5.5% of psychologists in the U.S. are able to provide services in Spanish (American Psychological Association, 2016), so misdiagnosis due to lack of cultural or linguistic awareness is possible. Factors such as language barriers, lack of health insurance, and low income may also contribute to this disparity (Brach & Chevarley, 2008). The RADS-2 Spanish Hand-Scorable Test Booklet and the RCDS-2:SF Spanish Test Form were developed in an effort to minimize this disparity between diagnosis and treatment in Spanish-speaking individuals. These two forms were designed so clinicians who do not speak Spanish can easily score and interpret them.

Translation Process
The items on both the RADS-2 and the RCDS-2:SF were translated into Spanish, specifically Spanish for the U.S. Items were then back-translated into English by an individual unfamiliar with the English versions of the tests. This back-translation was reviewed by the author and publisher to ensure that translated items matched the purpose and intent of the items on the original measures. Additionally, items were reviewed extensively throughout the process by a professional Spanish-speaking copy editor.

The RADS-2 Spanish Hand-Scorable Test Booklet and the RCDS-2:SF Spanish Test Form are printed on carbonless paper with the scoring sheets underneath. The underlying scoring sheets have not been translated into Spanish, allowing clinicians who do not speak Spanish to easily score and interpret these instruments. Additionally, the RADS-2 Spanish Hand-Scorable Test Booklet is used in conjunction with the RADS-2 Scoring/Profile Form, which has not been altered or translated in any way.

Using the RADS-2 and RCDS-2:SF Spanish Forms
To increase ecological validity, the publisher recommends using an acculturation measure prior to administration of any measure in Spanish. PAR’s Language Acculturation Meter (LAM; Trujillo et al., 2020) is a free resource available in both English and Spanish. The LAM documents an individual’s background information and prior educational history and includes 17 items that measure language usage and English comprehension. Use of the LAM can open a dialogue that will increase a clinician’s cultural awareness of the individual being evaluated and provide valuable background information to consider when making decisions regarding further assessment.

The RADS-2
Administration
Administration of the RADS-2 Spanish Hand-Scorable Test Booklet is identical to administration in English, as detailed in the RADS-2 Professional Manual (Reynolds, 2002). The form can be completed by adolescents ages 11 to 20 years either in groups or individually. It is recommended that the RADS-2 Spanish Hand-Scorable Test Booklet be administered orally, as detailed in the RADS-2 Professional Manual, by a bilingual Spanish-speaking examiner to individuals with reading disabilities or other limitations that may impair their ability to read the items. Administration takes just 5 minutes.

To increase ecological validity, administer our Language Acculturation Meter prior to testing.

Administration of the RADS-2 Spanish Hand-Scorable Test Booklet by a bilingual Spanish-speaking examiner is recommended so that the examiner may establish rapport, check that the examinee understands the task, and be available to answer any questions about the meaning of items. However, it is not required to speak Spanish to score or interpret the instrument, so scoring, profiling, and interpretation of RADS-2 Spanish Hand-Scorable Test Booklet scores can be completed by any qualified professional.

Scoring
The RADS-2 Spanish Hand-Scorable Test Booklet is scored exactly like the English version, as detailed in the RADS-2 Professional Manual (Reynolds, 2002). To hand score the completed carbonless RADS-2 Spanish Hand-Scorable Test Booklet, the examiner should first tear at the perforation and peel back the front page. Note that the underlying answer sheet has not been translated into Spanish, so scoring and interpretation of RADS-2 Spanish Hand-Scorable Test Booklet scores can be completed by any qualified professional. In addition to traditional hand scoring, RADS-2 Spanish Hand-Scorable Test Booklet scores
can be hand-entered into PARiConnect. This method is reliable, easy to use, reduces scoring and report-writing time, and protects each client’s identity.

The bottom page will reveal circled scores (ranging from 1–4) for each item. Items that are reverse-scored appear in bold. Critical items are marked with the letters “CI,” and extreme scores feature a triangle icon. Transfer each circled value to the white box in the grid to the right of the item. To obtain subscale scores, add the values in each column (DM, AN, NS, SC).

Scoring

Scoring and profiling of the RADS-2 Spanish Hand-Scorable Test Booklet requires use of the RADS-2 Summary/Profile Form, which has not been translated into Spanish. Transfer the subscale scores from the RADS-2 Spanish Hand-Scorable Test Booklet to the appropriate raw score cell in the Score Summary Table on the separate Summary/Profile Form. Add the subscale raw scores to obtain the Depression Total raw score. Protocols with missing items should be prorated, as detailed in the RADS-2 manual. T scores and percentile ranks for various normative groups can be found in Appendixes A through E of the RADS-2 manual, though the total standardization sample (Appendix A) is recommended. Information about interpretation of T scores is found in Chapter 5 of the RADS-2 manual. Clinicians should exercise caution and professional judgment during interpretation, as normative scores were generated using the English version of the RADS-2.

The RCDS-2:SF

Administration of the RCDS-2:SF Spanish Test Form is identical to administration in English, as detailed in the RCDS-2 Professional Manual (Reynolds, 2010). The form can be completed by children in Grades 2 to 6 (ages 7 to 13 years) either individually or in groups. It is recommended that the RCDS-2:SF Spanish Test Form be administered orally, as detailed in the RCDS-2 Professional Manual, by a bilingual Spanish-speaking examiner to children ages 10 and younger (Grades 2 to 4) as well as to children with learning disabilities or other limitations that may impair their ability to read the items. Administration takes only 2 to 3 minutes to complete.

Administration by a bilingual Spanish-speaking examiner, regardless of the child’s age, is recommended so that the examiner may establish rapport, verify that the child understands the task, and answer any questions about the meaning of items. However, it is not required to speak Spanish to score or interpret the instrument, and interpretation of RCDS-2:SF Spanish Test Form scores can be done by any qualified professional.

Information about interpretation of T scores is found in Chapter 3 of the RCDS-2 manual. Clinicians should exercise caution and professional judgment during interpretation, as normative scores were generated using the English version of the RCDS-2:SF.

The RCDS-2:SF Spanish Test Form also contains a Score Summary Table, which includes spaces to note the Total raw score, T score, percentile rank, and number of critical items endorsed. The Total raw score can be converted to a T score by referring to Appendix D of the RCDS-2 manual. Protocols with missing items should be prorated as detailed in the RCDS-2 manual. The box labeled “At or above cutoff” should be endorsed if the child is at or above the cutoff T score of 62. Information about interpretation of T scores can be found in Chapter 3 of the RCDS-2 manual. Clinicians should exercise caution and professional judgment during interpretation, as normative scores were generated using the English version of the RCDS-2:SF.

In addition to traditional hand scoring, the RCDS-2:SF Spanish Test Form scores can be hand-entered into PARiConnect. This method is reliable, easy to use, reduces scoring and report-writing time, and protects each client’s identity.
Summary

More than 41 million individuals in the United States primarily speak Spanish at home, and nearly 21% of Hispanics living in the U.S. are between the ages of 5 and 17 years (U.S. Census Bureau, 2018). Language, social, and economic barriers can prevent these young individuals from receiving the mental health support they need. The RADS-2 Spanish Hand-Scorable Test Booklet and the RCDS-2:SF Spanish Test Form were developed to provide clinicians with valuable tools to help Spanish-speaking youth who may be at risk of depression so they can get the help they need.


Alicia Carrillo is a Research Assistant in the Research and Development department at PAR. In her role, she designs and manages project datasets; performs statistical analyses to ensure reliable and valid data; assists in the development of white papers, training materials, and presentations; and performs quality checks of data and editorial reviews of product components. She is also the Education Director for Theatre eXceptional, which provides performance opportunities for adults with disabilities. She holds a bachelor’s degree in psychology from the University of Tampa.