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Beck Depression Inventory

Authors

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Background and Development:

The Beck Depression Inventory Second Edition (BDI-II) is a 21-item self-report instrument intended to assess the existence and severity of symptoms of depression as listed in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV; 1994). This new revised edition replaces the BDI and the BDI-1A, and includes items intending to index symptoms of severe depression, which would require hospitalization. Items have been changed to indicate increases or decreases in sleep and appetite, items labeled body image, work difficulty, weight loss, and somatic preoccupation were replaced with items labeled agitation, concentration difficulty and loss of energy, and many statements were reworded resulting in a substantial revision of the original BDI and BDI-1A. When presented with the BDI-II, a patient is asked to consider each statement as it relates to the way they have felt for the past two weeks, to more accurately correspond to the DSM-IV criteria.

Each of the 21 items corresponding to a symptom of depression is summed to give a single score for the BDI-II. There is a four-point scale for each item ranging from 0 to 3. On two items (16 and 18) there are seven options to indicate either an increase or decrease of appetite and sleep. Cut score guidelines for the BDI-II are given with the recommendation

that thresholds be adjusted based on the characteristics of the sample, and the purpose for use of the BDI-II. Total score of 0-13 is considered minimal range, 14-19 is mild, 20-28 is moderate, and 29-63 is severe.

BDI has been used for 35 years to identify and assess depressive symptoms, and has been reported to be highly reliable regardless of the population. It has a high coefficient alpha, (.80) its construct validity has been established, and it is able to differentiate depressed from non-depressed patients. For the BDI-II the coefficient alphas (.92 for outpatients and .93 for the college students) were higher than those for the BDI- 1A (.86). The correlations for the corrected item-total were significant at .05 level (with a Bonferroni adjustment), for both the outpatient and the college student samples. Test-retest reliability was studied using the responses of 26 outpatients who were tested at first and second therapy sessions one week apart. There was a correlation of .93, which was significant at $p < .001$. The mean scores of the first and second total scores were comparable with a paired $t(25)=1.08$, which was not significant.

Validity: One of the main objectives of this new version of the BDI was to have it conform more closely to the diagnostic criteria for depression, and items were added, eliminated and reworded to specifically assess the symptoms of depression listed in the DSM-IV and thus increase the content validity of the measure. With regard to construct validity, the convergent validity of the BDI-II was assessed by administration of the BDI-1A and the BDI-II to two sub-samples of outpatients (N=191). The order of presentation was counterbalanced and at least one other measure was administered between these two versions of the BDI, yielding a correlation of .93 ($p < .001$) and means of 18.92 (SD = 11.32) and 21.888 (SD = 12.69) the mean BDI-II score being 2.96 points higher than the BDI-1A. A calibration study of the two scales was also conducted, and these results are available in the BDI-II manual. Consistent with the comparison of mean differences, the BDI-II scores are 3 points higher than the BDI-1A scores in the middle of the scale. Factorial Validity has been established by the inter-correlations of the 21 items calculated from the sample responses.

Assessment of the Measure in Elderly Populations

The normative sample included 500 outpatients from rural and suburban locations. All patients were diagnosed according to DSM-III-R or DSM-IV criteria were used to investigate the psychometric characteristics of BDI-II. The group was comprised of 63% women, and 37% men, the mean age was 37.20 years, range of 13-86 years. The racial/ethnic makeup was 91% White, 4% African American, 4% Asian American, and 1% Hispanic. A student sample of 120 college students in Canada served as a comparative normal group.

Sharp and Lipsky (2002) report that psychometric data on the BDI are mixed so the BDI may not be the best screening measure for elderly patients.

Assessment of the Measure in Minority Populations

No studies pertaining to the assessment of the BDI in minority populations have been found.

Design Strengths and Weaknesses:

The BDI-II is intended to assess the severity of depression in psychiatrically diagnosed adults and adolescents 13 years of age and older. It is not meant to serve as an instrument of diagnosis, but rather to identify the presence and severity of symptoms consistent with the criteria of the DSM-IV. The authors warn against the use of this instrument as a sole diagnostic measure, as depressive symptoms may be part of other primary diagnostic disorders.

Contact Information:

[Harcourt Assessment, Inc.](http://www.harcourtassessment.com) administers the rights for the Beck scales under contract from Dr. Beck. This tool can be purchased from them. The cost is \$75 which includes the manual and 25 record forms. Additional forms are \$40 for 25 or \$145 for 100.

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