

# An examination of the history, development, and uses of the beck depression inven...

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## An Examination of the History, Development, and Uses of the

Beck Depression Inventory Maya A. Butler Richmond Graduate University Dr.

Aaron Beck is a psychiatrist widely known for developing the Beck Depression Inventory (BDI); a self-assessment instrument used to assess the severity of depression in adolescents and adults. During his work, Beck highlighted the negative thoughts experienced by his patients and believed it was these thoughts that caused depression within them. From here, Beck developed a three-part thought process that exhibited how a person's negative view of the world, their future, and themselves affected their depression level. These components were used to construct what we have come to know as the Beck Depression Inventory. Throughout the test development of the BDI, three separate instruments were created: the BDI, BDI-IA, and BDI-II.

The first BDI was developed in 1961 by Aaron Beck, Clyde Ward, Myer Mendelson, John Mock, and John Erbaugh. It could be administered individually or in a group format, in written or oral form, and the test manual indicated total administration time to be no more than 15 minutes, irrespective of the mode of administration. It consisted of twenty-one questions that measured the patient's feelings within the past week. Each question had four possible answer choices that ranged in depression intensity. In order to score the test, a value between zero and three was assigned to each answer, added, and compared to a key in order to determine the patient's depression severity. Scores from the BDI could range from 0 to 63, and higher scores indicated severer depression symptoms. Some of the answer items on the BDI had identical numerical value to them,

though the statements were not identical. This led to a revision of the BDI and the introduction of the BDI-IA. The BDI-IA was developed in 1971 by Beck and copyrighted in 1978.

In order to make the test more user-friendly and efficient in measuring depression, similar answer items with identical scoring on a question were removed, and test subjects were asked to evaluate their feelings for a time frame of two weeks instead of one. Using the Cronbach's alpha coefficient of reliability, it was determined the BDI-IA reliability was around 0.85, suggesting that items on the BDI-IA are highly correlated with one another. However, one of the main problems with this instrument was its inability to address all nine criteria for depression in the Diagnostic and Statistical Manual of Mental Disorders-III (DSM-III). In response to this, the BDI-II was developed. In 1996, the BDI-II was introduced; mainly due to the release of revised criteria for Major Depressive Disorder in the DSM-IV in 1994. Some of the changes made to the BDI-II were the replacement of items that measured changes in body image, work difficulty, and hypochondria.

In addition to this, items that measured sleep loss and appetite loss were changed to examine increases and decreases in both sleep and appetite. The entire question wording was changed on the BDI-II except questions used to measure sexual interest, suicidal thoughts, and questions dealing with feelings of being punished. In addition to this, the measuring scale used to evaluate the total points from the BDI-II was changed. When compared with the Hamilton Depression Rating Scale, the Pearson correlation coefficient between this test and the BDI-II was 0.1, which proves both instruments agree with one another. In addition to this, the BDI-II has a Cronbach's alpha

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coefficient of 0.92, surpassing its predecessor the BDI. In addition to improving the relationship between its instrument items, the BDI-II can be scored and interpreted via computer software. The BDI-II has expanded well beyond its original intended application with psychiatric populations. In addition to its continued use among this population, it is accepted and commonly used by clinicians as a screening instrument among normal populations.

Because it is designed to reflect the depth of the depression, it can be used to monitor changes over time, and objectively measure the likelihood of improvement and the effectiveness of treatment methods. The facts stand that the BDI-II is a simple measure that encompasses the majority of symptoms associated with depression, is easily and rapidly administered, and can be scored and interpreted via computer software. However, it is only a quality instrument when it is used in samples with cooperative subjects; not exaggerated or minimized by the person completing the instrument. In cases where a person could be motivated to deceive or malingering, the administrator is advised to use additional or less transparent means of assessment. In addition to this, the intent and purpose of using the BDI-II is for assessment and not a diagnosis. Improper use of this assessment for diagnosing can create falsely positive or negative results. References Ambrosini PJ, Metz C, Bianchi MD, Rabinovich H, Undie. " Concurrent validity and psychometric properties of the Beck Depression Inventory in outpatient adolescents".

## Reference

1. Journal of the American Academy of Child and Adolescent Psychiatry 30 (1): 51-7. doi: 10. 1097/00004583-199101000-00008. PMID 2005064. <http://www.ncbi.nlm.nih.gov/sites/Entrez>. Beck AT, Steer RA, Ball R, Ranieri W (December 1996).
2. " Comparison of Beck Depression Inventories -IA and -II in psychiatric outpatients". Journal ofPersonalityAssessment 67 (3): 588-97. doi: 10. 1207/s15327752jpa6703\_13. PMID 8991972. <http://www.ncbi.nlm.nih.gov/sites/Entrez>. Beck AT, Steer RA, Garbin MG J (1988).
3. " Psychometric properties of the Beck Depression Inventory Twenty-five years of evaluation". Clin. Psych. Review 8: 77-100. Beck AT, Ward CH, Mendelson M, Mock J, Erbaugh J (June 1961).
4. " An inventory for measuring depression". Arch. Gen. Psychiatry 4 (6): 561-71. doi: 10. 1001/archpsyc. 1961. 01710120031004. PMID 13688369. Brawn GP, Hammen CL, Craske MG, Wickens TD (August 1995).
5. " Dimensions of dysfunctional attitudes as vulnerabilities to depressive symptoms". Journal of AbnormalPsychology<http://content.apa.org/journals/abn/104/3/431>. (2012, 10).
6. <http://www.studymode.com/essays/Beck-Depression-Inventory-617021.html>