

Beck depression inventory essay sample

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Introduction

The Beck Depression Inventory (BDI) is a widely used and effective measure of depression. It can be used by a variety of people but is generally used in a clinical setting to assess patients that may be suffering from depression (Lange A, 2007). This test can also create options when it comes to specific disorders and the treatment plans that will be most effective for the suffering individual. The BDI is made up of only 21 questions but had been relied on to define depression (Mash J& Barkley A, 2007).

Discussion

Article 1

The Becks Depression Inventory was designed to be used by mental health or medical professionals. The Becks Depression Inventory consists of 21 questions, long-form which is used by clinicians and 10 questions, short-form, used by primary care providers. Meta-analysis is a method used for condensing all the genuine statistics of many various studies pertaining to the same subject. A result from a meta-analysis will show the statistics of a correlation or measure of effect size representing all the subjects of a topic. The content validity (degree in which items are represented on the test that is to be measured) of the BDI because the test was designed by clinicians, using depressive symptoms from patients.

Article 2

The Beck Depression Inventory was designed by a well-known cognitive therapist named Aaron T. Beck. This psychological test has multiple

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questions designed to measure the depth of depression. The test is designed to detect symptoms of depression by asking 21 questions, each with four possible answers. The primary purpose of the Beck Depression Inventory test is to observe the changes in symptoms of depression by a health care physician. According to the Encyclopedia of Mental Disorders, “ Individual questions of the Becks Depression Inventory evaluates mood, insomnia, punishment, appetite, self-accusation, self-dissatisfaction, crying, self-dislike, guilt, loss of libido withdrawal, suicidal ideas, body image, irritability, social work difficulties, fatigue, bodily preoccupation, sense of failure, loss of weight, and pessimism” (Mash J& Barkley A, 2007).

Becks Depression Inventory is used to measure many different depression circumstances. Above it (what is it?) discusses how the inventory is used and the measurement of how deep depression can go based on Becks inventory. The following article on Becks Depression Inventory involves the connection between two epidemics including depressiveness among disability retirement among unemployed compared to the employed. Researchers created a large group inventory of about 14, 487 people between the years of 1998 and 2003 (Groth-Marnat, 2009).

They conducted this survey through the mail in which participants would fill out a survey on their employment status. After the surveys were received the researchers based the depression on Becks inventory. The conclusion was that in 1998 the status was employed with little or no depressiveness present. However, in 2003 it was a different because a total of 329 participants retired within five years of the survey. Among them 4. 8 were short-term unemployed and 6. 7 were long-term unemployed. The ranges for <https://assignbuster.com/beck-depression-inventory-essay-sample/>

the short-term unemployed were 3.3-17.9% and the long-term unemployed were 2.6 to 14.2 percent. The lowest numbers of depressiveness however were those of the employed participants that only ranged from 1.4 to 7.1% (Groth-Marnat, 2009). This can help prove that staying healthy can be affected by one's employment status.

Compare and Contrast articles

When comparing these two articles, it is easy to see that they both are based on depression and contain some sort of survey to produce results that have the same conclusion, who has depression tendencies and how deep do these types of feelings go. They also share how symptoms can evolve over time. In article one it assesses how each symptom progresses over a period and in the second it spans over a five year period.

However there are differences among who is conducting the survey, in one article it was a primary care physician and the other a group of researchers. The articles are different in the way the survey was conducted, one by a doctor and the other by mail. Even though they were conducted in different ways the outcome of both can not change just because of this fact. In article one it focuses on just random people, but in article two it focuses on a main group of employed or unemployed participants. These two articles may be different when it comes to whom, how, and why but they both have a main focus on depression and how it can affect one's life in many different ways under different types of circumstances (Coombs H & Howatt A, 2005).

These tests are usually done by qualified psychologists or general practitioners when trying to determine if a patient is suffering from
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depression and to what degree. From these results they can then chose a course of treatment as in medication, seeing a psychologist, or a combination of both. BDI's long form comprises of twenty-one Q&As, each having four types of probable responses. Each response is allotted a score rating from 0-3, relying on the indication of severeness.

There are various items that are measured by these tests such as mood, insomnia, punishment, appetite, self-accusation, self-dissatisfaction, crying, self-dislike, guilt, loss of libido withdrawal, suicidal ideas, body image, irritability, social work difficulties, fatigue, bodily preoccupation, sense of failure, loss of weight, and pessimism. It can also determine which are psychological and which are physical so they can work on other forms of therapy. Sometimes all it takes is working out or eating healthier to get a person out of a depression cycle.

The best measure of BDI would be in the clinical or counseling category. Workplaces normally do not test employees for depression but will cover the treatment with their insurance. It is seen as more as a personal issue than one that should be handled in that environment. Schooling does not get involved either, again due to it being outside of its realm of treatment. However, they do offer counseling for younger children and information for parents when additional treatment is needed.

The Beck's Depression Inventory (BDI) can yield different results for each specific individual who takes the test. The results vary for those who are considered to be in the general population and for those who have been clinically diagnosed with depression. For the general population if an

individual score over 21 they are considered to be depressed (Lange A, 2007). The individuals that have been clinically diagnosed the results are different. With a score from zero to nine the individual is believed to suffer from minimal depressive symptoms. A score that is in the 10 to 16 range indicate mild depression. The 17 to 29 range indicates that the individual has moderate depression, and if an individual scores in the 30 to 63 range than they are considered to have severe depression.

In order to be a successful psychological measure the BDI needs to be valid; in other words it needs to actually test for what it claims it is testing for, depression. The BDI has been intensely tested for content validity, concurrent validity, and construct validity. The BDI has validity because it was projected through unanimity within a range of practitioners about indications of depression that were exposed by unlike psychiatrically disturbed patients.

Conclusion

The testing of BDI was done by keeping in mind, the diverse behaviors, biological factors and attitudes to ensure that the conception was cogency. These tests suggest that the BDI can be related to diverse health check indications such as: stress, alcoholism, loneliness, anxiety and adjustment among youth, sleep patterns, and suicidal behaviors.

References

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