

Beck Depression Inventory

"This is a book which should be read by every medical student and psychiatric resident as well as by psychiatrists already in practice."--American Journal of Psychiatry

A Review of the Validity and Reliability of the Beck Depression Inventory and Geriatric Depression Scale

The Psychological Corporation, 1996

Psychometric Data

Psychometric Properties of the Spanish Beck Depression Inventory-II in a Medical and a Student Sample

Beck Depression Inventory : manual, svensk version

It's All about how You Ask the Question

This dissertation, "Psychometric Evaluation of the Beck Depression Inventory II With Adolescents in Hong Kong" by Yan-hang, Becky, Leung, was obtained from The University of Hong Kong (Pokfulam, Hong Kong) and is being sold pursuant to Creative Commons: Attribution 3.0

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Abstract: DOI: 10.5353/th_b2975907 Subjects: Depression in adolescence - China - Hong Kong

BDI

Factors Influencing Entry Level Beck Depression Inventory Scores of In- and Outpatient Populations

Reliability and Validity of the Beck Depression Inventory in a University Population

Causes and Treatment

BDI-II

The Use of the Beck Depression Inventory and the Zung Self-rating Depression Scale with Two Elderly Populations

The following study sought to use the Beck Depression Inventory-II (BDI-II) as a means of decreasing depression and delusional ideation, and increasing insight and coping skills in adults with schizophrenia or schizoaffective disorder. Using the BDIII as the independent variable, participants in the experimental group took the BDI-II once per week over the course of six weeks, in order to see if regular exposure to the instrument would lead to significant changes in scores on the Beck Cognitive Insight Scale (BCIS), Peters Delusions Inventory-21 (PDI-21), the Ways of Coping Questionnaire (WAYS), and the BDI-II itself. The control group completed a distraction task in place of the BDI-II for five weeks, and then took the BDI-II during week six for the purpose of comparing depression between groups. At the end of the study, many of the researcher's hypotheses were weakly supported: the experimental group was less depressed (based on BDI-II scores) at week six than the control group; the experimental group showed slightly greater improvements in insight and moderately greater improvements in delusional ideation compared to the control group; those in the experimental group were marginally more likely to use Planful Problem Solving and slightly more likely to use Positive Reappraisal coping strategies at the end of six weeks than were those in the control group.

The Beck Depression Inventory

Fastscreen for Medical Patients Compared to the Geriatric Depression Scale-15 : Predicting Depression in Medically Ill Geriatric Residents Living in Long-term Care

Validity and Reliability of the Beck Depression Inventory

Gender Biases Within the Beck Depression Inventory-II Among Clinicians-in-training

A Novel Use for an Established Measure

BDI-FastScreen

The field of psychological assessment has been undergoing rapid change. The second edition of this Handbook, published in 1990, appeared at the beginning of a decade marked by extensive advances in assessment in essentially all of its specialized areas. There are many new tests, new applications of established tests, and new test systems. Major revisions have appeared of established tests, notably the Wechsler intelligence scales. The time seemed right for a third edition, since even over the relatively brief period of ten years, many tests described in the second edition have been replaced, and are no longer commonly used. Furthermore, much new research in such areas as neuropsychology, cognitive science, and psychopathology have made major impacts on how many tests and other assessment procedures are used and interpreted. This third edition represents an effort to give the reader an overview of the many new developments in assessment, while still maintaining material on basic psychometric concepts in order for it to continue to serve as a comprehensive handbook for the student and professional.

The Beck Depression Inventory-II and the Beck Depression Inventory-Fast Screen for Medical Patients

Using the Beck Depression Inventory-II to Raise Insight in Patients with Schizophrenia

The Beck Depression Inventory and the State-trait Anxiety Inventory as Predictors of DSM-III Affective Diagnosis and Treatment Compliance

Usefulness in Predicting Discharge Criteria for Depressed Patients

Beck Depression Inventory

Handbook of Psychological Assessment

As the prevalence of HIV/AIDS continues to reach pandemic proportions and medical advancements allow for persons to live longer with the disease, counselors should expect to work with clientele who present with HIV/AIDS. Persons with HIV/AIDS often present with unique mental health issues and diagnostic dilemmas. One of the most common mental health issues reported in persons with HIV/AIDS is that of depression. Research suggests that depressive symptoms are more common in persons with HIV/AIDS; however, depression in persons with HIV may be over-diagnosed and/or misdiagnosed as a result of the somatic features of HIV (Judd, et al., 2005; Kalichman, Sikkema, & Somlai, 1995). The physical and physiological symptoms of HIV/AIDS often resemble typical symptoms of depression (Kalichman, Sikkema, & Somlai, 1995; Rabkin, Wagner, & Rabkin, 2002). As a result of depressive symptoms and HIV illness consisting of similar features, the literature both challenges and supports the belief that persons with HIV/AIDS are more likely to be depressed. Subsequently, it is suggested that when using depression rating tools with persons with HIV, one should focus on affective symptoms rather than somatic symptoms (Rabkin et al., 2002). The Beck Depression Inventory-II (BDI-II), which is the most widely used instrument for measuring depression in the mental health profession, has not been validated among persons with HIV/AIDS (Barroso & Sandelowski, 2001; Kalichman, Sikkema, & Somlai, 1995). Further, research suggests that specific items on depression rating tools, like the BDI-II, may be more indicative of HIV illness, such as central nervous system functioning or physical ailments, rather than depressive symptoms (Castellon et al., 2006). In order to determine if the Beck Depression Inventory-II is an effective tool in assessing depression in persons with HIV/AIDS, it may be useful to compare the BDI-II with other depression screening tools that are more widely used in persons with chronic illness such as HIV. In the current study, persons diagnosed with HIV who were receiving medical treatment for HIV management completed both the Beck Depression Inventory-II (BDI-II) and the Patient Health Questionnaire (PHQ-9). In addition, study participants were also invited to respond to open-ended items relating to depression and factors commonly associated with depression. Results indicated that there were no statistically significant difference between depression as indicated by the BDI-II and the PHQ-9. Limitations of the study and suggestions for future research are presented.

Adapted Hmong Version

Validation of the Beck Depression Inventory-II and Center of Epidemiologic Studies - Depression Scale in a Military Psychiatric Clinic

A Study Using Self-report and Behavioral Measures

A Research Study to Correlate Beck Depression Inventory Scores of Native American Students

An Item Response Investigation of the Beck Depression Inventory

Factors Related to Depression as Measured by the Beck Depression Inventory

Abstract: In this article, I am interested in discourses of people completing the Polish version of the Beck Depression Inventory (BDI). I focus upon the negotiation of the spaces for constructing the self opened by the BDI. My corpus consists of transcripts of 50 sessions in which self-reportedly healthy people were asked to `think aloud' while completing the BDI. I shall demonstrate that in interactions with the `depression scale', the informants mostly rejected the spaces offered by it. Three strategies of such rejection are discussed: reformulation, recontextualization and an explicit challenge to the categories offered by the BDI. I shall argue that the concerns of lived experience in a particular context, when not subdued by the relationship of power in the situation of medical examination, overrule the frame imposed by the a-contextual questionnaire of sadness. Insight into depression or its intensity offered by `context-free' psychological or psychiatric instrument, set outside lived

The Use of the Beck Depression Inventory in an HIV-challenged Population

An Archival Study

BDI : manual : svensk version

BDI (Beck Depression Inventory)

The Use of the Beck Depression Inventory-II and the Patient Health Questionnaire-9 with Persons Diagnosed with HIV/AIDS

The Dimensionality of the Beck Depression Inventory-II in a Sample of Women Diagnosed with Major Depressive Disorder

BDI-II, Beck Depression InventoryManualBDI (Beck Depression Inventory)DepressionCauses and TreatmentUniversity of Pennsylvania Press

The Validity of the Beck Depression Inventory-7 in the Crisis Center Setting

An Exploratory Study

The Beck Depression Inventory Vs. Oral Self-report

Beck Depression Inventory (BDI-II), Second Edition. San Antonio, TX

Neurobehavioral Aspects of Post-stroke Depression Measured by the Beck Depression Inventory-II

The Beck Depression Inventory II and Prisoners