

Beck Depression Inventory - 2nd Edition

**Purpose:** Designed to determine presence and severity of symptoms of depression.

**Population:** Adolescents and adults.

**Score:** Produces single score indicating intensity of the depressive symptoms.

**Time:** 5-10 minutes, longer for patients with severe depression or obsessional disorders.

**Author:** Aaron T. Beck, Robert A. Steer, and Gregory K. Brown.

**Publisher:** the Psychological Corporation.

**Description:** 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.

**Scoring:** 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.

**Reliability:** 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