

INTERPRETING THE BECK DEPRESSION INVENTORY (BDI-II)

Add up the score for each of the 21 questions by counting the number to the right of each question you marked. The highest possible total for the whole test would be sixty-three and the lowest possible score for the test would be zero. This would mean you circles zero on each question. You can evaluate your depression according to the Table below.

<u>Total Score</u>	<u>Levels of Depression</u>
0-10	= These ups and downs are considered normal
11-16	= Mild mood disturbance
17-20	= Borderline clinical depression
21-30	= Moderate depression
31-40	= Severe depression
over 40	= Extreme depression

A PERSISTENT SCORE OF 17 OR ABOVE INDICATES THAT YOU MAY NEED TREATMENT.

INTERPRETING THE BECK ANXIETY INVENTORY (BAI)

Scoring Key

Not At All	= 0
Mildly	= 1
Moderately	= 2
Severely	= 3

Add up the score for each of the 21 questions by using the scoring key above. The highest possible total for the whole test would be sixty-three. Since the lowest possible score for each question is zero, the lowest possible score for the test would be zero. This would mean you circles zero on each question. You can evaluate your anxiety according to the Table below which is based on the 1993 revisions.

<u>Total Score</u>	<u>Levels of Anxiety</u>
0-7	= Minimal level of anxiety
8-15	= Mild anxiety
16-25	= Moderate anxiety
26-63	= Severe depression

INTERPRETING THE BECK SCALE FOR SUICIDE (BSS)

If the client responses with a 0 (0= no desire) to items 4 and 5 then skip ahead to items 20 and 21. The client does not need to complete items 6 through 17.

If the client responses with a 1 or 2 to items 4 and 5 then you would instruct them to complete all the items on the scale. When they complete the scale you would add up the score for each of the first 19 questions by counting the number to the right of each question you marked. Items 20 and 21 are not part of the total scale score. They are provided to help gather additional clinical information for the therapist. The manual contains general cutoff guidelines, although the author recommends that cut-off scores should be based upon clinical decisions. Generally scores above 24 are considered to be a clinical cutoff implying this client is at a significant risk for suicide.

INTERPRETING THE BECK HOPELESSNESS SCALE (BHS)

Scoring Template

Count one point if any of the items were answered with the following responses:

1. FALSE	6. FALSE	11. TRUE	16. TRUE
2. TRUE	7. TRUE	12. TRUE	17. TRUE
3. FALSE	8. FALSE	13. FALSE	18. TRUE
4. TRUE	9. TRUE	14. TRUE	19. FALSE
5. FALSE	10. FALSE	15. FALSE	20. TRUE

Add up the total points based on the scoring template above to find a total scale score. The user bases his or her interpretation on the total scale score. The manual contains general cutoff guidelines, although the author recommends that cut-off scores should be based upon clinical decisions. Generally scores above 8 or 9 are considered to be a clinical cutoff implying this client is at a greater risk for suicide.