



SAMPLE REPORT

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Interpretive Report

By Aaron T. Beck

Client's Name: John Sample
Client ID: 1234567
Sex: Male

Marital Status: Married
Occupation: Manager
Education: High School Diploma

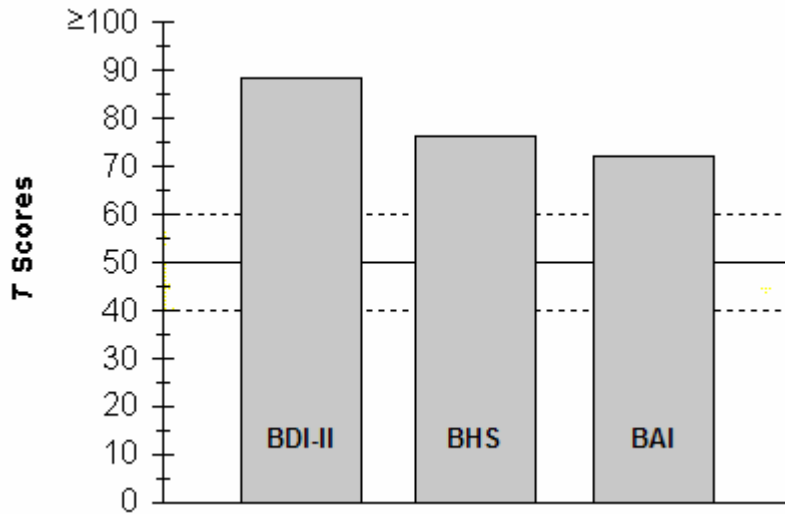
Report Summary

Assessment	Administration Date	Raw Score	Diagnostic Range	Administered by	Client's Age
BDI-II	3/1/2005	32	Severe	Dr. Smith	30
BHS	3/1/2005	13	Moderate	Dr. Smith	30
BAI	3/1/2005	18	Moderate	Dr. Smith	30
BSS	3/1/2005	2	--*	Dr. Smith	30

* Not applicable for the BSS

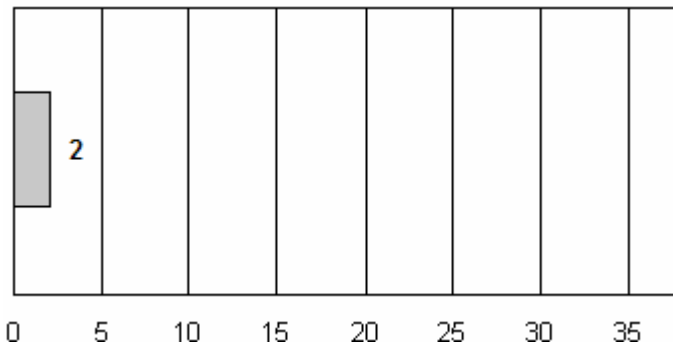
Assessment Results

The following graph and table presents the client's *T* scores, which are based on the norms for a non-clinical sample. This information may be useful in estimating the severity of the client's symptoms relative to this group. *T* scores of 50 are average for the group (standard deviation = 10 *T* score points.)



	BDI-II	BHS	BAI
Raw Score	32	13	18
T Score	88	76	72
Percentile	99	97	95.8
Diagnostic Range	Severe	Moderate	Moderate

The following graph presents the client's raw score for the BSS administration.



Interpretation

John Sample endorses the following statement on the BDI-II:

- I would kill myself if I had the chance.

Given this response, the clinician should consider the possibility that the patient is at **IMMINENT RISK FOR SUICIDE**.

On the BSS, however, John Sample denies current suicide intent, endorsing the following statements:

- I have no desire to kill myself.
- I would try to save my life if I found myself in a life-threatening situation.

The clinician should carefully investigate the apparent contradiction in the patient's BDI-II and BSS responses. The patient may have been confused while completing the tests.

Elevated levels of depression, hopelessness, and anxiety indicate that John Sample is experiencing considerable distress. He may feel quite dejected and highly anxious and view the future as holding little promise of an improved life.

As noted above, the patient endorses one or more statements reflecting active suicide ideation. The combination of suicidal thoughts and high levels of depression, hopelessness, and anxiety is a clear danger signal. In long-term studies BHS scores in the moderate and severe ranges have been found to be associated with significant risk for eventual suicide. The suicide risk is even greater if the patient has a history of impulse-control problems, because a high level of anxiety is consistent with impulsive suicidal behavior. Suicide prevention should be an immediate focus of treatment, and the patient's progress should be closely monitored over time.

The clinician should be alert to a decrease in the BAI score. If the BAI score drops concurrently with a decline in depressive symptomatology, these decreases may be a good sign because they may indicate that much of the patient's distress is a result of the anxiety. However, a precipitous drop in the BAI score alone may signal an increased potential for acting on suicidal thoughts and impulses. In such a case, the decrease in anxiety could represent a diminished reactivity to the perception of danger and harm; therefore, the patient may be less fearful about hurting himself. However, the clinician must resolve the apparent contradiction in the patient's responses to direct statements about suicide, noted above, before this profile can be interpreted with confidence.

Because of the severity of depressive symptomatology and the patient's responses to BSS items #1 - #3 in combination with his endorsement of the BDI-II item, "I would kill myself if I had the chance.", the clinician may wish to consider asking the patient to complete BSS items 6-19. For a statistically significant* change to have occurred, the patient's subsequent scores must meet the following criteria:

- BDI-II - Above 34 or below 25.
- BHS - Above 15 or below 8.
- BAI - Above 21 or below 12.

*90% confidence level, controlling for regression to the mean and the reliability of the test.

Endorsed Items

BSS

John Sample endorses the following BSS statements:

- I have a moderate to strong wish to live.
- I have a weak wish to die.
- My reasons for living or dying are about equal.
- I have no desire to kill myself.
- I would try to save my life if I found myself in a life-threatening situation.
- I have never attempted suicide.

BDI-II

John Sample endorses the following statements on the BDI-II:

- I feel guilty all of the time.
- **I WOULD KILL MYSELF IF I HAD THE CHANCE.**
- I am so restless or agitated I have to keep moving or doing something.
- I am sad all the time.
- As I look back on my life, I see a lot of failures.
- I get very little pleasure from the things I used to enjoy.
- I expect to be punished.
- I am disappointed in myself.
- I criticize myself for all of my faults.
- I cry over every little thing.
- I have lost most of my interest in other people or things.
- It's hard to keep my mind on anything for very long.
- I feel more discouraged about my future than I used to be.
- I find it more difficult to make decisions than usual.
- I don't consider myself as worthwhile or useful as I used to.
- I am more irritable than usual.
- I get more tired or fatigued more easily than usual.
- I have as much energy as ever.
- I have not experienced any change in my sleeping pattern.
- I have not experienced any change in my appetite.
- I have not noticed any recent change in my interest in sex.

BHS

John Sample responds "True" to the following pessimistic statements on the BHS:

- I can't imagine what my life would be like in ten years.
- My future seems dark to me.
- I just can't get the breaks, and there's no reason I will in the future.
- All I can see ahead of me is unpleasantness rather than pleasantness.
- Things just don't work out the way I want them to.
- I never get what I want, so it's foolish to want anything.

John Sample responds "False" to the following optimistic statements on the BHS:

- When things are going badly, I am helped by knowing that they cannot stay that way forever.
- I have enough time to accomplish the things I want to do.
- In the future, I expect to succeed in what concerns me most.
- I happen to be particularly lucky, and I expect to get more of the good things in life than the average person.
- When I look ahead to the future, I expect that I will be happier than I am now.
- I have great faith in the future.
- I can look forward to more good times than bad times.

BAI

John Sample endorses the following subjective and panic-related symptoms of anxiety on the BAI:

- Unable to relax. (moderate)
- Heart pounding or racing. (mild)
- Feelings of choking. (mild)
- Fear of losing control. (moderate)
- Difficulty breathing. (moderate)
- Fear of dying. (mild)
- Scared. (mild)

He endorses the following somatic symptoms of anxiety on the BAI:

- Feeling hot. (moderate)
- Dizzy or lightheaded. (mild)
- Hands trembling. (mild)
- Shaky. (moderate)
- Indigestion or discomfort in abdomen. (mild)
- Faint. (mild)

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Session Report

Client's Name: John Sample
 Client ID: 1234567
 Sex: Male
 Age: 30

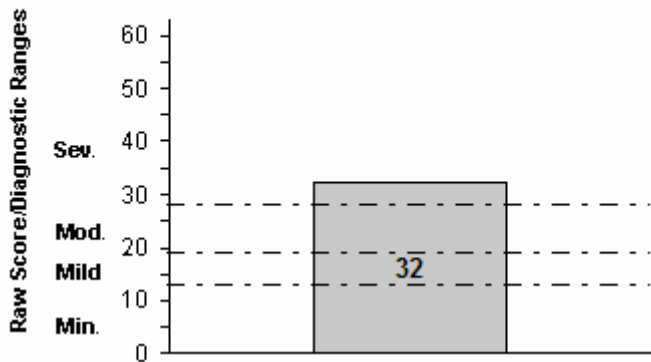
Session Date: 3/1/2005
 Marital Status: Married
 Occupation: Manager
 Education: High School Diploma

Session Summary for 3/1/2005

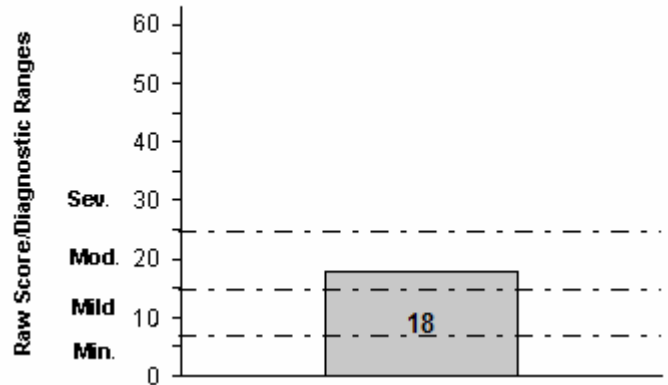
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BDI-II	Severe	32	Dr. Smith
BAI	Moderate	18	Dr. Smith
BHS	Moderate	13	Dr. Smith
BSS	--*	2	Dr. Smith

* Diagnostic range not applicable

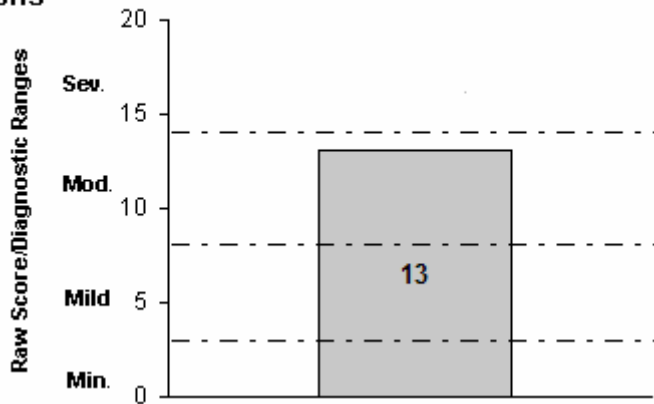
BDI-II



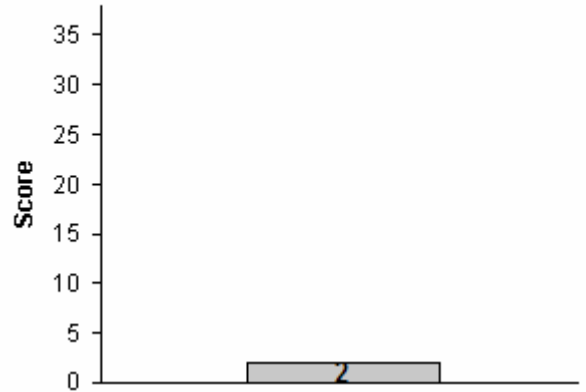
BAI



BHS



BSS



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