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The National Library of Medicine (NLM) provides access to scientific literature, but inclusion in their databases does not imply endorsement or agreement with the contents. Researchers have criticized the Classical Test Theory approach used to create shortened versions of psychological scales like the Beck Hopelessness Scale (BHS). To address this, a study employed Item Response Theory to refine and shorten the BHS into a unidimensional scale.In a sample of 492 psychiatrically hospitalized adult patients, the IRT-based 9-item BHS showed good discriminant validity in categorizing patients with high/medium suicidal risk and those without attempts. The new scale demonstrated high sensitivity, making it potentially useful as a valid screening tool for suicidal risk assessment.Hopelessness is a psychological construct characterized by negative expectations about oneself and one's future life, accompanied by a negative emotional state. Beck introduced the concept of hopelessness in his research on depression and suicidal behavior, highlighting its clinical utility for suicide risk assessment and prediction of future suicidal behavior.The Beck Hopelessness Scale was developed to assess this construct, with 20 items grouped into three factors: Feelings about the Future, Loss of Motivation, and Future Expectations. While the scale has shown good predictive validity in various studies, researchers have criticized its factor structure, which can vary depending on the clinical sample being studied.The factor structure of the Beck Hopelessness Scale (BHS) has been a subject of extensive study and debate in the literature. A review by Aish et al. identified four primary types of factor structures: one-factor, two-factor, three-factor, and models with four or more factors. The emerging factors found in reported studies differ from those proposed by Beck et al. in terms of assigned labels and item composition.The Brief-Hopefulness Scale/Negativity (BHS-N) is a widely used measure, yet its psychometric properties require further investigation. Additionally, the reverse-item bias may affect this scale, which is common in Likert response formats. Several short versions of the BHS have been developed based on Classical Test Theory (CTT), but these approaches have been criticized. In contrast, the Item Response Theory (IRT) approach offers practical advantages, such as detecting subtle changes in mental health and overcoming sample dependence.The BHS scale has been evaluated in several studies across various psychiatric samples, showing comparable performance to outpatients and medical patients (23,25, 36). The Mokken Scale Analysis was conducted within the Non-parametric Item Response Theory framework to assess fundamental measurement properties, address dimensionality issues, and refine the scale. This approach allows for a more flexible analysis without strict assumptions about data distribution, enabling persons to be allocated to discrete ability levels.The non-parametric model has been considered less parsimonious than the Rasch model due to its requirement of person allocation to finite ability levels. However, it offers an alternative to parametric IRT models, which can lead to incorrect conclusions when diagnosing psychological latent variables or assessing monotonicity assumptions.Two models were evaluated within the MH model: the Monotonic Homogeneity Model (MH) and the Double Monotonicity Model (DM). The MH model entails ordinal person measurement, where psychiatric inpatients' ordering on hopelessness is invariant across items. Three underlying assumptions are required for the MH model: monotonicity, unidimensionality, and local independence.The DM model represents a special case of the MH model and requires an additional assumption, Invariant Item Order (IIO). This model provides evidence for invariant item ordering and has been considered as representing the ordinal version of the Rasch model or the 1PL-IRT. An iterative process was used to refine observed response patterns and assess scale properties, including unidimensionality, scalability coefficients, and local independence.The Unidimensionality assumption was assessed using the Automated Item Selection Procedure algorithm with varying values of c (.30, .35, .40, .45, .50). Scalability coefficients were computed for individual items, item pairs, and the total scale, along with standard error. Local independence was investigated using Straat and van der Ark's conditional association procedure.The Monotonicity of the Item Response Function (IRF) was assessed using a non-parametric regression method. The Invariant Item Ordering (IIO) assumption was investigated using the Manifest IIO method, which assesses violations of IIO by considering the size of "#vi/#ac" and "Crit" indexes.Reliability was assessed using the Moolenaar-Sijtsma method, along with Cronbach alpha and the Latent Class Reliability Coefficient. The resulting analysis will provide valuable insights into the fundamental measurement properties of the BHS scale.The Hungarian four-item BHS model developed by Aish and Wasserman (31) and Aloba, Akinsulore (48) were used to assess which competitive brief versions of the BHS perform better in measuring Becks Hopelessness. The diagnostic performance of the refined 9-item BHS was evaluated using the Area Under the receiver operating characteristic curve (ROC). The Youden J method was employed to detect the cut-off score of the final item set, and key predictive statistics were computed.The data analysis showed that the optimal values of AUC ranged from 0 weak performance to 1perfect performance (82), with a recommended value of >.70 (83). The MINI Suicidal Subscale (59) cut-off score was used to classify participants with high and moderate suicidal risk.The BHS long and short forms were compared using pairwise comparison of ROC curves, and the diagnostic accuracy of the 9-item BHS in discriminating between inpatients with and without prior suicide attempts was evaluated. The results showed that the individual item scalability (Hi) of the 20-item BHS was below the accepted cut-off for items #1, 3, 5, and 13.The Mokken analysis revealed a weak scale and multidimensionality assumption, but the AISP algorithm confirmed the BHS as a unidimensional scale. The remaining items were submitted to a MSA to explore the fit of the MH and DM models. Descriptive statistics showed that the refined 9-item model had a higher Hi coefficient than the other models.The refined Hopelessness scale, composed of nine items, demonstrated weak unidimensionality, but met the requirements for a Mokken model. Reliability estimates were satisfactory, with an MS index of .86 and Cronbach of .86. A non-significant IIO was identified, indicating that the scale did not violate local independency. However, HT indicated medium accuracy of item ordering at .42. The results suggested that the refined Hopelessness scale was a reliable measure of hopelessness among psychiatric inpatients, with good discrimination between high and low risk groups.The receiver operating characteristic (ROC) curve was used to compare the psychiatric inpatients with a medium risk of suicide versus the low risk group. The results indicated that the 9-item BHS scale was able to discriminate the two groups with an area under the curve (AUC) of .522 (95% CI of .477.567), which means it had a moderate level of accuracy. The Youden index of .13 for the 9-item BHS total score was observed at a score of 1 point, corresponding to a sensitivity of 90.91% and specificity of 22.22%. This indicates that the scale performed well in detecting those with a high risk of suicide.Consistent with these results, both the MH and DM Mokken model assumptions have not been reached or met for the 20-item BHS version in the present sample of Italian psychiatric inpatients. To obtain a clear measure of hopelessness, we removed items that did not meet scalability, local dependency, and invariant item ordering criteria. This process resulted in a unidimensional set of nine items that maintained psychometric viability despite reduced information for each individual.Removing items was unexpected, as it may compromise construct validity and reliability. However, the refined 9-item BHS emerged with satisfactory assumptions of local independency and monotonicity for the MSA and invariant item ordering feature.The items were distributed across motivational, cognitive, and affective components, similar to Beck's conception of hopelessness.The new version showed medium to high scalability coefficients and was able to discriminate between patients with different levels of suicidal risk. Despite being shorter than previous versions, it provided comparable discriminant validity for categorizing psychiatric inpatients based on their suicidal risk level.In contrast to some authors' proposed short versions, the current 9-item BHS demonstrated good psychometric properties, offering a balance between time efficiency and measurement precision. Its development using NIRT models was conducted with sound item-development procedures, which could mitigate issues encountered by CTT-based methods. The overlap of content validity and scale length makes it challenging to determine the impact of these factors on reliability and criterion validity.Our results should be considered in light of four limitations, specifically that our sample was heterogeneous consisting of adult psychiatric inpatients with and without suicidal attempts, which might affect the generalizability of the diagnostic accuracy of the IRT-refined nine-item short BHS. Furthermore, this approach could serve as a screening tool for medium risk of suicide assessment across psychiatric inpatients. Future studies may explore parametric IRT models to investigate data structure and test predictive validity between the self-report or screening tool and criterion measures.The Mokken analysis represents an explorative approach to the development and validation of clinical scales, which was utilized to understand how items functioned before applying parametric IRT models. Establishing predictive validity becomes mandatory for further research using this refined measure to predict suicidal ideation in medical inpatients and outpatients. The shortened 9-item BHS demonstrated good discriminant validity with high sensitivity (>90), indicating its potential as a valid screening tool.Hopelessness: A Critical Component of Suicidal BehaviorPsychological studies have consistently shown that hopelessness is a significant predictor of suicidal behavior. A cross-sectional study published in the Journal of Health Quality Life Outcomes (2006) found that individuals experiencing hopelessness are more likely to engage in suicidal thoughts and behaviors.The concept of hopelessness was first introduced by Beck, who proposed that it is a cognitive distortion that can contribute to depression and suicidal ideation. According to Beck, hopelessness is characterized by a pervasive feeling of helplessness and a lack of control over one's life events. This mindset can lead individuals to feel trapped in their circumstances and to lose sight of potential solutions or alternatives.A systematic review of 15 studies on the relationship between hopelessness and suicidal behavior found that the Beck Hopeless Scale was a reliable and valid predictor of suicidal risk (McMillan et al., 2007). Another study published in the Journal of Consulting and Clinical Psychology (1974) demonstrated that the measurement of pessimism, as assessed by the Hopelessness Scale, was associated with increased rates of depression and suicidal ideation.Furthermore, research has shown that hopelessness can be a critical component of suicidal behavior in individuals with bipolar disorder. A systematic review of 15 studies on this topic found that individuals with bipolar disorder were at higher risk for suicidal behavior, particularly when they experienced hopelessness (Hawton et al., 2005).###ARTICLEThe association between patients and hopelessness, depression, and self-esteem has been a subject of extensive research in the field of clinical neuroscience. A variety of studies conducted on this topic have explored the impact of psychological factors such as hopelessness on mental health outcomes.Hopelessness is a significant predictor of suicidal thoughts and behaviors. Research by Hill et al., 1988 showed that it can be used as a measure of suicidal intent in elderly individuals with depression. Studies like Flamenbaum et al., 2007, have explored the factor structure of the Beck Hopelessness Scale among individuals who have attempted suicide.The literature also highlights the importance of assessing hopefulness and life orientation in individuals to predict their mental health outcomes. Research conducted by Ayub, 2009, examined the measurement of hopelessness and life orientation in Pakistani adolescents.Moreover, studies such as Cheung et al., 2007, have investigated the performance of various measures, including the CES-D and its short forms, in screening for suicidality and hopelessness in community populations. Furthermore, Balsamo et al., 2018, assessed the assessment of late-life depression via self-report measures.Item Response Theory and Health-Related Quality of Life Instruments: A Review of the Literature.###ENDARTICLEThe study of Mokken scale analysis has been revisited over the years, with a growing body of research exploring its applications and limitations. Since 1982, numerous publications have contributed to our understanding of this method, which was first introduced by Kwantitatieve Methoden (1982). One such publication is Wind S. Practice. An instructional module on Mokken scale analysis (2017), which provides a comprehensive overview of the subject.Another significant contribution is Engelhard G., Jr's Historical perspectives on invariant measurement: Guttman, Rasch, and Mokken (2008), which examines the historical development of invariant measurement techniques, including Mokken scale analysis. Van Schuur WH. Mokken scale analysis: Between the Guttman scale and parametric item response theory (2003) offers a critical evaluation of the method's relationship with other scaling approaches.More recent research has built upon these foundational works, such as Sijtsma K, Meijer RR, van der Ark LA. Mokken scale analysis as time goes by: An update for scaling practitioners (2011), which provides an update on the method's applications and limitations. Van der Ark LA. New developments in Mokken scale analysis in R (2012) introduces new software tools for implementing this technique.Additionally, Hemker BT, Sijtsma K, Molenaar IW. Selection of unidimensional scales from a multidimensional item bank in the polytomous Mokken I RT model (1995) explores the process of selecting unidimensional scales from a multidimensional item bank using the polytomous Mokken I RT model. Straat JH, van der Ark LA, Sijtsma K. Using conditional association to identify locally independent item sets (2016) presents an approach for identifying locally independent item sets.Junker BW, Sijtsma K. Latent and manifest monotonicity in item response models (2000) investigates latent and manifest monotonicity in item response models, which is relevant to Mokken scale analysis. Ligtvoet R, Van der Ark LA, te Marvelde JM, Sijtsma K. Investigating an invariant item ordering for polytomously scored items (2010) explores the concept of invariant item ordering for polytomously scored items.Further research has also examined the relationship between Mokken scale analysis and other psychometric techniques, such as Cronbach LJ. Coefficient alpha and the internal structure of tests (1951), van der Ark LA, van der Palm DW, Sijtsma K. A latent class approach to estimating test-score reliability (2011), and Schoonjans F, Zalata A, Depuydt C, Comhaire F. MedCalc: a new computer program for medical statistics (1995).Additionally, studies have investigated the application of Mokken scale analysis in clinical settings, such as Hanley JA, McNeil BJ. The meaning and use of the area under a receiver operating characteristic (ROC) curve (1982), Swets JA, Dawes RM, Monahan J. Better decisions through science (2000), and De Berardis D, Fornaro M, Orsolini L, Valchera A, Carano A, Vellante F, et al. Alexithymia and suicide risk in psychiatric disorders: a mini-review (2017).The study of Mokken scale analysis has also been extended to the examination of its relationship with personality traits, such as Sijtsma K, Molenaar IW. Introduction to nonparametric item response theory (2002), Meijer RR, Egberink IJ. Investigating invariant item ordering in personality and clinical scales: Some empirical findings and a discussion (2012), Smith GT, McCarthy DM, Anderson KG. On the sins of short-form development (2000), Cred M, Harms P, Niehorster S, Gaye-Valentine AJ. An evaluation of the consequences of using short measures of the Big Five (2012).This article contains a list of research papers and publications on various topics in psychology and behavioral science. The listed studies explore different aspects of psychopathology, including personality traits, suicidal behavior, and driving outcomes. Some of the articles discuss the use of specific assessment tools, such as the Psychopathic Personality Inventory-Short Form (PPI-SF) and the Beck scales.One study by Smith et al. assesses the external correlates of alternative factor models of the PPI-SF across three samples. Another study by Nimus et al. examines the relationship between hopelessness and suicidal behavior. Reise and Waller's work focuses on modeling psychopathology items using item response theory (IRT) parameters.The article also includes studies on exploratory factor analysis and Mokken scale analysis, such as Chen et al.'s exploration of mentors' behavior in nursing education and Smits et al.'s use of exploratory Mokken Scale Analysis for dimensionality assessment. Meijer and Baneke's study discusses the application of nonparametric item response theory modeling to analyze psychopathology items.The provided list also includes a section on data citations, stating that the datasets analyzed in this article are not publicly available, and requests to access the datasets should be directed to specific researchers. Additionally, the article contains instructions for interpreting scores on four Beck scales: the Beck Depression Inventory (BDI-II), the Beck Anxiety Inventory (BAI), the Beck Scale for Suicide (BSS), and the Beck Hopelessness Scale (BHS).The use of this material is subject to certain restrictions. You do not have to comply with the license for elements in the public domain or where your use is permitted by an applicable exception or limitation . No warranties are given. The license may not give you all of the permissions necessary for your intended use. For example, other rights such as publicity, privacy, or moral rights may limit how you use the material.If you feel hopeless, you can take a validated 20-item self-assessment and get an instant charted score. This is a quick, evidence-based questionnaire that gauges expectations about the future and feelings of hopelessness. You only need to answer based on how you have felt during the past week. Most people finish in < 3 minutes.Your responses stay on this device and are never uploaded. Your BHS Result Total {{ totalScore }} {{ severityName }} Scores range from 0 20; higher numbers indicate greater hopelessness. This screen does not diagnose depression or suicidality. If feelings of hopelessness worry you, please speak with a qualified mental-health professional.Hopelessness is an expectation that future events will turn out badly and that personal goals are unobtainable. Decades of clinical studies link high hopelessness to depression, suicidal ideation, and poorer physicalhealth outcomes. Understanding your own outlook helps you decide whether additional support or coping strategies are warranted.This tool adapts the 20item Beck Hopelessness Scale. You mark each statement True or False for the past week; a reactive engine instantly converts responses into a 020 score. A colourcoded gauge and concise summary classify your result as Minimal, Mild, Moderate, or Severe hopelessness.The Beck Hopelessness Scale (BHS) operationalises hopelessness as the sum of negative futureexpectation statements endorsed by an individual. Each item reflects one of three dimensionsloss of motivation, future expectations, and feelings about the futurehelping researchers to quantify risk factors that correlate with depression severity and suicidal intent.The Beck Hopelessness Scale: A Screening Indicator for Depression###ENDARTICLEThe use of the Beck Hopelessness Scale provides a semblance of objectivity in assessing the severity of a patient's hopelessness, allowing for a more informed decision on treatment plans. By evaluating score ranges and corresponding designations, healthcare professionals can determine the level of hopelessness their patients are experiencing. This information is also useful in monitoring progress and making adjustments to the treatment plan as needed. Reissuing the scale periodically allows patients to reflect on their feelings and identify areas for improvement. It also enables healthcare professionals to assess whether the current treatment plan is effective, making it easier to make changes if necessary. Furthermore, using the Beck Hopelessness Scale helps establish a baseline for measuring hopelessness, which can be crucial in developing an effective treatment plan.

Beck hopelessness scale. Beck hopelessness scale scoring. Beck hopelessness scale scoring and interpretation.

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