Discussion Week 5

[Name of the Writer]

[Name of the Institution]

Discussion Week 5

**Evaluation of DIE**

DIE stands for depression inventory for the elderly. It is being evaluated upon three traits. These traits are appropriateness, strengths and weaknesses and usage of DIE.

**Appropriateness**

Being a Gerontological Counselor, the proposed scale that is under consideration will be used on the patients belonging to the said age group. Clinicians world over strongly agrees upon using DIE on the patients that come from the age group of the community (Rodda, Walker & Carter, 2011). For patients above 65 years of age, them being emancipated from professional services, the said DIE is in synchronization with the population of the area. This means that counseling services have adequately taken into account the needs of the targeted audience. The DIE has a reputation for being reliable and dependable which makes it more suitable to be used on the said age group.

**Strengths and Weaknesses**

As far as strengths and weaknesses are concerned, DIE is said to have both. However, these elaborated further. The DIE, which is specifically designed for the elderly, has clear enough specifications. This helps in the alleviation of depression in elderly individuals. While creating DIE, comprehensive analysis of different ilks of depression was done. Perhaps, the biggest feature of DIE is that it can measure the severity of depression in psychiatrically diagnosed elderly patients (Fried, 2016).

When it comes to weaknesses, it can be deduced that it requires just a little bit more evaluation in comparison to various scales available to measure depression.

**Why use DIE**

Taking into consideration the discussion above, I would conclude by saying that the DIE under consideration has features that are distinctive. These features are carefully established in order to cater to the needs of the target audience. Perhaps, that is the reason why I would include the said DIE in my practices. This DIE would help me to put up some outstanding diagnostic results that have a useful impact on the patients' lives.

Certainly, the making of DIE has changed the focus of healthcare professionals’ view of depression towards more patient-centered.

**References**

Fried, E. I., van Borkulo, C. D., Epskamp, S., Schoevers, R. A., Tuerlinckx, F., & Borsboom, D. (2016). Measuring depression over time... Or not? Lack of unidimensionality and longitudinal measurement invariance in four common rating scales of depression. *Psychological Assessment*, *28*(11), 1354.

Rodda, J., Walker, Z., & Carter, J. (2011). Depression in older adults. *BMj*, *343*, d5219.