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BRIEF LIFE HISTORY INVENTORY

Donald I. Templer and David M. Veleber. Buffalo, New York: United Educational Services, Inc.

Introduction

The Brief Life History Inventory (BLHI), first published in 1984 under the name California Brief Life History Inventory, is designed to provide a quick, efficient means of obtaining basic information describing an individual's background and present circumstances. The instrument is intended primarily as a preinterview or prescreening tool and is not meant to replace the more complete social history or intake interview. Prior to a formal assessment, the clinician may use BLHI-obtained data to identify areas of possible concern that require further inquiry. As such, the authors claim that it is not a psychometric instrument but rather a demographic, information sheet (D.I. Templer, personal communication, June 19, 1991).

The first author, Donald I. Templer, earned his Ph.D. in clinical psychology from the University of Kentucky in 1967 and is currently a core faculty member of the California School of Professional Psychology at Fresno. Second author David M. Veleber earned his Ph.D. in clinical psychology from the latter institution in 1981 and currently maintains a private practice in Bethlehem, Pennsylvania, working with children, adolescents, and adults.

The authors developed the BLHI to provide clinicians with a means of obtaining information about an individual's background and present circumstances prior to the initial evaluation. The specific goals were to eliminate two flaws or limitations that the authors felt were present in life history inventories, namely, excessive length of time required to fill out the forms and the creation of undue stress for the respondent by intrusive questions regarding sexual history and difficulties with the law. The authors also stated that traditional life history inventories such as the Minnesota-Briggs History Record (Briggs, Rouzer, Hamberg, & Holman, 1972) have tended to be "insurmountable," especially for persons of low-average intelligence and little education (D.I. Templer, personal communication, June 19, 1991). With this in mind, the BLHI was designed to be used as a brief checklist questionnaire.

Development of this instrument took approximately 1 year. Topics and questions were selected primarily on the basis of what the authors felt would be useful information for the clinician to have prior to the initial interview. According to the second author, "it has never been meant to be comprehensive. It is a quick screen instrument which in the experienced clinician's hands could be used to identify problem areas needing further inquiry" (D.M. Veleber, personal communication, June 17, 1991). According to the authors, no outside subject-matter experts were used in developing the inventory. The only other version of the BLHI is an unpublished Arabic translation currently in use at the University of Alexandria, Egypt.

The adult and student versions of the BLHI can be ordered separately, in packages of 25 questionnaires. Although there is no manual, both the adult and student forms come with a one-page cover letter that briefly describes the inventory. The examiner's participation in the completion process is minimal. The authors advise that he or she assess the client's ability to complete the questionnaire if any reasons suggest potential difficulties. (The cover letter, however, does not include this information.) In a standard administration, the questionnaire may be given to the client by an office worker with instructions to return it through the mail when completed. Clients are instructed to answer the questions as well as possible and advised that they may skip questions of which they feel uncertain or choose not to answer.

The BLHI can be completed by anyone aged 12 and older. According to the authors, a sixth-grade reading and writing level is required to complete the inventory satisfactorily. Both the Student and Adult forms contain three pages of questions and a blank page on which the clinician may summarize relevant findings. The Student Form contains the following major headings: General Information, Present Problems, History, Family Life, Education, and Miscellaneous. Most questions are multiple-choice, although a few require brief written responses. The Adult Form resembles the student version in terms of how questions are answered (multiple-choice, yes/no, brief written answers), but it consists of the following seven sections: General Information, Present Problems, History, Childhood and Relatives, Education, Occupation, and Miscellaneous. On both forms each topic consists of approximately 8 questions except for Present Problems, made up instead of 20 (Adult) or 32 (Student) questions.

Practical Applications/Uses

The BLHI was designed to gather data on a client's presenting problems, family life, work, and substance abuse difficulties. The cover sheet accompanying the test kit claims that it is comprehensive and concise in spite of its length. It also advises that by having a client complete the questionnaire before the initial interview, the clinician learns what matters need further probing. The cover sheet also notes that use of the instrument can lead to a quicker and more accurate diagnosis, overall formulation, and treatment plan.

The General Information section asks for basic demographic data such as name, age, and date of birth. Similar to the Adult Screening Battery (Diston, Faust, & Killian, 1992), the Present Problems section briefly assesses what the authors claim

are most of the major mental health symptom categories (e.g., somatic concerns, relationship difficulties, conduct problems, anxiety, depression, educational/occupational difficulties, self-esteem, and suicidality). The History section inquires about past medical and mental health problems and consists of critical items that the authors feel alert the clinician to possible psychosis, neurological involvement, and substance abuse. The Family Life section (Student Form) and the Childhood and Relatives section (Adult Form) present questions related to the respondent's quality of familial relationships. The Education section addresses scholastic functioning, including school performance and conduct. The Adult Form also has a separate section covering occupational history and job satisfaction. Finally, under Miscellaneous, the questions deal with medications the client is taking, illicit drug use, and leisure activities.

The BLHI has been used in hospitals, private practice settings, and child guidance centers for pretreatment screening. It has also been used by select weight-loss clinics. The developers feel that only clinicians qualified to practice independently should administer this inventory, and as such this would include psychologists, psychiatrists, social workers, or other similarly trained professionals. The authors state that although the inventory is not a psychometric instrument, it could be validated empirically. Templer notes (personal communication, June 9, 1991) that the Present Problems section could be expanded to produce a subtest measuring symptom categories, which then could be evaluated in terms of psychometric properties. In addition, he added that the questionnaire could be automated for on-line computer administration. At the time of this writing, the publisher planned to translate the inventory into Spanish and French.

The Student Form is suitable for clients aged 12 to 18, and the Adult Form is intended for those aged 18 and above. The forms may be completed on-site or at home. The cover letter accompanying the test forms adds that the clinician may complete the inventory during the actual interview. This implies that it can be used as an interview outline. Both the Student and Adult forms contain brief directions and a statement assuring that the information provided will be treated confidentially. As noted previously, the respondent is instructed to complete each section of the inventory but is also told that he or she may omit any question. In general, the questions can be answered in less than half an hour. The developers and publisher state that interpretation of BLHI data requires a trained and experienced clinician to decide which areas to focus on during the formal interview. Therefore, the interpretation of the data is based on subjective clinical judgment.

Technical Aspects

At the time of its release in 1984, no attempts had been made to estimate levels of validity and reliability for the Brief Life History Inventory. Since its publication, no studies have been done examining the instrument's effectiveness in what it was designed to do. Unfortunately, self-report inventories traditionally have received little attention in the research literature. This lack is remarkable considering their pervasive use in the practice of mental health. The dearth of research continues even though studies have shown that structured interviews may possess characteristics that make them amenable to psychometric inquiry and study

(Haynes & Jensen, 1979). Perhaps the most well-studied life history inventory has been the Minnesota-Briggs History Record (Briggs et al., 1972), but comparison between the two is not feasible; the Minnesota-Briggs is a lengthy and comprehensive instrument requiring several hours to complete, while the BLHI is four pages long and can be completed in half an hour. Therefore, no hard data pertaining to other life history inventories is directly applicable or generalizable. With this lack of available information, it is difficult for a prospective test user to evaluate the suitability of the BLHI for any of its stated uses.

The *Standards for Educational and Psychological Testing* (American Educational Research Association, American Psychological Association, & National Council on Measurement in Education, 1985) states that "these standards apply primarily to constructed performance tasks, questionnaires [inventories], and structured behavior samples" (p. 4). For these reasons, the evaluation of the BLHI's technical aspects will be based on the AERA/APA/NCME standards related to validity and reliability. As it would be beyond the scope of this review to evaluate the inventory on every standard, the focus will be on those classified as primary, which "are those which should be met by all tests before their operational use and in all test uses" (AERA, APA, & NCME, 1985, p. 2). For a more exhaustive review of which standards the BLHI met, the reader is referred to Mattei (1991).

The BLHI is presented as a quick-screening instrument to be completed before an initial assessment interview. The goal of the inventory is to accurately and comprehensively identify problem areas that require further probing. The developers also identify a second use of the BLHI: to serve as an outline for the initial interview. One of the primary standards states that "evidence of validity should be presented for the major types of inferences for which the use of a test is recommended" (AERA et al., 1985, p. 13). Therefore, the first concern is to assess the evidence supporting use of the BLHI for these purposes.

As with any life history inventory, content validity is of primary importance. According to Anastasi (1982), content validity should be built into an instrument throughout its development. An examination of how the BLHI was constructed shows that the established procedures to build and demonstrate content validity were not followed (AERA et al., 1985). The developers failed to clearly specify the domain represented by the inventory, no subject-matter experts were used to generate questions, and no attempts were made to formally assess the representativeness of the topics or questions included. In addition, during the construction of the instrument, no attempts were made to assess or consider the impact of how the questions were worded. Finally, no demonstration is offered that clearly outlines the content's relevance to its proposed use. Demonstrating content validity for the prescribed uses of an instrument is the developer's responsibility (AERA et al., 1985). Although the authors state that the BLHI is complete, they fail to describe how. Without this knowledge, one cannot determine whether the BLHI contains a representative sample of the questions requisite to a preinterview screen or an outline for an initial assessment interview. For these reasons, it is not possible to say that the BLHI shows evidence of being valid for its defined uses.

The BLHI provides no evidence of construct validity, yet it is proposed as an assessment of multiple constructs. The cover sheet claims that the inventory assesses "virtually every major mental health symptom area" and that it does so in a

comprehensive manner. Although the authors may believe this to be true, a cursory review of the DSM-III-R (American Psychiatric Association, 1987) makes it clear that the BLHI fails to address the major symptom categories.

Many studies have shown that the reliability of self-report interview data is quite low (e.g., Walsh, 1967; Yarrow, Campbell, & Burton, 1970). These studies identify possible sources of error, including examiner bias, client bias, and environmental and circumstantial variables such as where the interview is given and under what circumstances the client has come to be interviewed. Other studies have shown that inquiry into sensitive areas such as drug use and sexual difficulties leads to increased distortion of data (Erdman, Klein, & Greist, 1985; Greist, Klein, & Van Cura, 1973; Klein, Greist, & Van Cura, 1975). Possible sources of errors of measurement for the BLHI or any take-home self-report inventory include random response variability and situational variables that result from a lack of standardized administration procedures. The reliability of the data obtained from an interview also can vary in part due to variables such as differences in client-examiner age, race, sex, and social class (Schwitzgebel & Kolb, 1975). Further, the authors' recommendation to use the BLHI as an outline during the initial interview introduces the potential for additional sources of error such as examiner bias. The literature that accompanies the inventory fails to address any possible sources of error. This omission should not lead test users to erroneously assume reliability where none has been shown. Although it is the responsibility of the developer to provide evidence of reliability estimates (AERA et al., 1985), no such information exists.

Critique

The Brief Life History Inventory represents an attempt to provide a structured means of obtaining life history data from an individual. As noted, it is not possible to assess the instrument's content validity for its stated purposes, and, unfortunately, the information provided with the test kit further serves to complicate matters. According to the aforementioned *Standards* (3.16), instructional materials accompanying a test "should facilitate appropriate interpretations" (p. 28). This standard was not met due to the lack of instructional material provided with the test, including a manual.

The BLHI cover sheet suggests that the user consider an individual's responses to specific items as a basis for assessment. Again according to the *Standards* (1.4), a developer making this recommendation should present evidence in a manual supporting this approach or alert the test user to the absence of evidence. The BLHI does neither. In addition, the cover sheet states that the BLHI provides complete and comprehensive information on a client's background and present circumstances, but in fact the inventory does not gather information on topics such as sexual difficulties or criminal record, nor does it cover any topic area in depth; therefore, it is neither complete nor comprehensive. To make this claim is misleading and presents the potential for the data to be interpreted as if it were inclusive. This potential for misuse is not addressed and as such, constitutes a violation of the *Standards* (5.2). A manual should provide the information that a

test user needs in order to properly evaluate and use an instrument. This lack of accompanying information severely limits the the usefulness of the BLHI.

Promotional material should be accurate and should avoid making claims that are not supported by the instrument's research base (*Standards*, 5.7). Advertisement for the BLHI states that by using the inventory, the clinician will be able to identify areas that need further probing. This statement implies that the inventory can identify problem areas. Technically, because of the lack of validity estimates, this claim should not be made.

The *Standards* (3.1) state that a test "should be developed on a sound scientific basis" (p. 25). The BLHI apparently was not developed in a scientific manner. Topic areas and questions were selected to a large extent in an arbitrary manner, based on what the authors felt was important. Their basic premise was that existing life history interviews were too lengthy and time-consuming and that the development of an abbreviated version would prove advantageous. No attempts have been made to determine what their inventory actually assesses or if the data obtained are reliable.

Obtaining comprehensive life history data on an individual can be crucial in terms of proper diagnosis and treatment planning. The interview has traditionally been the means of gathering this information, yet research has shown that the process is subject to many forms of error (Morganstern, 1976). Structured self-report inventories were developed with the intention of reducing errors of measurement by providing a standardized procedure to gather life history data. The BLHI represents a modification of this approach, as it is recommended for use as a prescreening instrument before the actual interview. As already noted, no evidence exists to suggest its suitability for this purpose.

The BLHI appears to have been based in part on the assumption that an incomplete structured interview could reliably and validly serve as the basis or foundation for a thorough clinical assessment. The test authors attempted to justify the incompleteness of the instrument with the invalid pretext that an area of inquiry that might (or might not) lead to client discomfort should be omitted from the interview. Although research has shown increased distortion of information given regarding sensitive topic areas such as sexual difficulties (Greist et al., 1973), it would seem that the task of a test developer should be to develop better data-gathering techniques as opposed to doing away with entire lines of questioning. This argument also serves to deflect attention from the fact that the BLHI was developed in an essentially arbitrary and unsystematic manner. As previously noted, the developers chose topic areas and questions based on what they felt was important. Although the vast clinical experience of the senior author qualifies him to be a subject-matter expert, the established procedures for building a content-valid instrument necessitated a more objective approach.

Of the 15 Primary AERA/APA/NCME standards on which Mattei (1991) evaluated the BLHI, it failed to meet a full 80%. Naturally, not every standard is equally weighted in terms of importance and relevance; however, any instrument failing to meet such a significant number of professional standards might be considered questionable in terms of its suitability for any given use.

The BLHI appears to reflect a general view in psychology that clinical interviews are little more than nonstandardized and subjective outlines for data gath-

ering and assessment. As such, its shortcomings may be seen in part as a reflection of the erroneous view that clinical interviewing is a nonscientific, intuitive, and idiosyncratic approach to assessment, excused from the rigorous standards to which other instruments are held. Empirical investigation regarding the use of case history interviews must assume greater importance. One factor that appears to have hampered such efforts is the widespread assumption that self-report measures are invalid and unreliable. Although research has tended to support this view, evidence does exist to suggest that carefully designed interviews may be reliably and validly used to measure specific target behaviors (Linehan, 1977; Lucas, 1977). In addition, Haynes and Jensen (1979) have produced guidelines on how the validity of interview-derived information may begin to be estimated.

The clinical interview must be fully recognized as an assessment instrument and as such held up to the same standards of reliability and validity required of other assessment tools. Until the profession accepts these standards as applicable to the clinical interview, we will continue to see instruments of questionable quality distributed for widespread use. Psychologists should abandon the use of interviews, tests, and procedures that are recommended only by their availability, ease of use, and familiarity. In 1984, Killian, Holzman, Davis, and Gibbon proposed that psychologists had an ethical obligation to use instruments that conformed to at least the original APA standards published in 1966. It is now proposed that as test users, psychologists have an ethical obligation to use instruments constructed in a sound scientific manner and that conform to the current professional standards (AERA et al., 1985).

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