

Beck Anxiety Inventory

From Wikipedia, the free encyclopedia

The **Beck Anxiety Inventory (BAI)**, created by Dr. Aaron T. Beck and other colleagues, is a 21-question multiple-choice self-report inventory that is used for measuring the severity of an individual's anxiety.

Contents

- 1 BAI
- 2 Two factor approach to anxiety
- 3 Clinical use
- 4 Limitations
- 5 See also
- 6 References

BAI

The BAI consists of twenty-one questions about how the subject has been feeling in the last week, expressed as common symptoms of anxiety (such as numbness and tingling, sweating not due to heat, and fear of the worst happening). It is designed for an age range of 17–80 years old. Each question has the same set of four possible answer choices, which are arranged in columns and are answered by marking the appropriate one with a cross. These are:

- NOT AT ALL (0 points)
- MILDLY: It did not bother me much. (1 point)
- MODERATELY: It was very unpleasant, but I could stand it. (2 points)
- SEVERELY: I could barely stand it. (3 points)

The BAI has a maximum score of 63.

- 0-7: minimal level of anxiety
- 8-15: mild anxiety
- 16-25: moderate anxiety
- 26-63: severe anxiety

Note: women with anxiety disorders tend to score 4 points higher than men with anxiety disorders^[1]

Two factor approach to anxiety

Though anxiety can be thought of as having several components, including cognitive, somatic, affective, and behavioral components, Beck *et al.* included only two components in the BAI's original proposal: cognitive and somatic.^[2] The cognitive subscale provides a measure of fearful thoughts and impaired cognitive functioning, and the somatic subscale measures the symptoms of physiological arousal.^[3]

Since the introduction of the BAI, other factor structures have been implemented, including a four factor structure used by Beck and Steer with anxious outpatients that included neurophysiological, autonomic symptoms, subjective, and panic components of anxiety.^[4] In 1993, Beck, Steer, and Beck used a three factor structure including subjective, somatic, and panic subscale scores to differentiate among a sample of clinically anxious outpatients^[5]

Because the somatic subscale is emphasized on the BAI, with 15 out of 21 items measuring physiological symptoms, perhaps the cognitive, affective, and behavioral components of anxiety are being deemphasized. Therefore, the BAI functions more adequately in anxiety disorders with a high somatic component, such as panic disorder. On the other hand, the BAI won't function as adequately for disorders such as social phobia or obsessive-compulsive disorder, which have a stronger cognitive or behavioral component.^[6]

Clinical use

The BAI was specifically designed as "an inventory for measuring clinical anxiety" that minimizes the overlap between depression and anxiety scales.^[2] While several studies have shown that anxiety measures, including the State-Trait Anxiety Inventory (STAI), are either highly correlated or indistinguishable from depression,^{[7][8][9]} the BAI is shown to be less contaminated by depressive content^{[2][10][11][12][13][14][15][16][17]}

Since the BAI does only questions symptoms occurring over the last week, it is not a measure of trait anxiety or state anxiety. The BAI can be described as a measure of "prolonged state anxiety," which, in a clinical setting, is an important assessment. A recently created version of the BAI, the Beck Anxiety Inventory-Trait (BAIT), was developed to assess trait anxiety rather than immediate or prolonged state anxiety, much like the STAI. However, unlike the STAI, the BAIT was developed to minimize the overlap between anxiety and depression.^[18]

A 1999 review found that the BAI was the third most used research measure of anxiety, behind the STAI and the Fear Survey Schedule,^[19] which provides quantitative information about how clients react to possible sources of maladaptive emotional reactions.

The BAI has been used in a variety of different patient groups, including adolescents. Though support exists for using the BAI with high-school students and psychiatric inpatient samples of ages 14 to 18 years,^[20] the recently developed diagnostic tool, Beck Youth Inventories, Second Edition, contains an anxiety inventory of 20 questions specifically designed for children and adolescents ages 7 to 18 years old.^[21]

Limitations

Though the BAI was developed to minimize its overlap with the depression scale as measured by the Beck Depression Inventory, a correlation of $r=.66$ ($p<.01$) between the BAI and BDI-II was seen among psychiatric outpatients,^[22] suggesting that the BAI and the BDI-II equally discriminate between anxiety and depression.^[23]

Another study indicates that, in primary care patients with different anxiety disorders including social phobia, panic disorder, panic disorder with or without agoraphobia, agoraphobia, or generalized anxiety disorder, the BAI seemed to measure the severity of depression. This suggests that perhaps the BAI cannot adequately differentiate between depression and anxiety in a primary care population.^[24]

In a study examining the BAI's use on older adults with generalized anxiety disorder, no discriminant validity was seen between the BAI and measures of depression. This could perhaps be due to the increased difficulty in discriminating between anxiety and depression in older adults due to "de-differentiation" of the symptoms of anxiety with the aging process, as hypothesized by Krasucki et al.^[25]

Finally, the mean and median reliability estimates of the BAI tend to be lower when given to a nonpsychiatric population, such as college students, than when given to a psychiatric population.^{[26][27]}

See also

- Beck Depression Inventory
- Beck Hopelessness Scale
- Major Depression Inventory
- Diagnostic classification and rating scales used in psychiatry

References

1. Beck AT, Steer RA (1993). *Beck Anxiety Inventory Manual*. San Antonio: Harcourt Brace and Company.
2. Beck AT, Epstein N, Brown G, Steer RA (1988). "An inventory for measuring clinical anxiety: Psychometric properties". *Journal of Consulting and Clinical Psychology* **56**: 893–897. doi:10.1037/0022-006x.56.6.893 (https://dx.doi.org/10.1037%2F0022-006x.56.6.893).
3. Armstrong KA, Khawaja NG (2002). "Gender differences in anxiety: An investigation of the symptoms, cognitions, and sensitivity towards anxiety in a nonclinical population". *Behavioural and Cognitive Psychotherapy* **30**: 227–231. doi:10.1017/s1352465802002114 (https://dx.doi.org/10.1017%2Fs1352465802002114).
4. Beck AT, Steer RA (1991). "Relationship between the Beck Anxiety Inventory and the Hamilton Anxiety Rating Scale with anxious outpatients". *Journal of Anxiety Disorders* **5**: 213–223. doi:10.1016/0887-6185(91)90002-b (https://dx.doi.org/10.1016%2F0887-6185%2891%2990002-b).
5. Beck AT, Steer R, Beck JS (1993). "Types of self-reported anxiety in outpatients with *DSM-III-R* anxiety disorders". *Anxiety, Stress, and Coping* **6**: 43–55. doi:10.1080/10615809308249531 (https://dx.doi.org/10.1080%2F10615809308249531).
6. Creamer M, Foran J, Bell R (1995). "The Beck Anxiety Inventory in a nonclinical sample". *Behav Res Ther* **33** (4): 477–485. doi:10.1016/0005-7967(94)00082-u (https://dx.doi.org/10.1016%2F0005-7967%2894%2900082-u).
7. Dahlquist LM, Czyzewski DI, Jones CL (1996). "Parents of children with cancer: A longitudinal study of emotional distress, coping style, and marital adjustment two and twenty months after diagnosis". *Journal of Pediatric Psychology* **21**: 541–554. doi:10.1093/jpepsy/21.4.541 (https://dx.doi.org/10.1093%2Fjpepsy%2F21.4.541).
8. Dobson KS (1985). "An analysis of anxiety and depression scales". *Journal of Personality Assessment* **49**: 522–527. doi:10.1207/s15327752jpa4905_10 (https://dx.doi.org/10.1207%2Fs15327752jpa4905_10).
9. Endler NS, Cox BJ, Parker JDA, Bagby RM (1992). "Self-reports of depression and state-trait anxiety: Evidence for differential assessment". *Journal of Personality and Social Psychology* **63**: 832–838. doi:10.1037/0022-3514.63.5.832 (https://dx.doi.org/10.1037%2F0022-3514.63.5.832).
10. Clark DA, Steer RA, Beck AT (1994). "Common and specific dimensions of self-reported anxiety and depression: Implications for the cognitive and tripartite models". *Journal of Abnormal Psychology* **103**: 645–654.

doi:10.1037/0021-843x.103.4.645 (<https://dx.doi.org/10.1037%2F0021-843x.103.4.645>).

11. Enns MW, Cox BJ, Parker JDA, Guertin JE (1998). "Confirmatory factor analysis of the Beck Anxiety and Depression Inventories in patients with major depression". *Journal of Affective Disorders* **47**: 195–200. doi:10.1016/s0165-0327(97)00103-1 (<https://dx.doi.org/10.1016%2Fs0165-0327%2897%2900103-1>).
12. Fydrich T, Dowdall D, Chambless DL (1992). "Reliability and validity of the Beck Anxiety Inventory". *Journal of Anxiety Disorders* **6**: 55–61. doi:10.1016/0887-6185(92)90026-4 (<https://dx.doi.org/10.1016%2F0887-6185%2892%2990026-4>).
13. Hewitt PL, Norton GR (1993). "The Beck Anxiety Inventory: A psychometric analysis". *Psychological Assessment* **5**: 408–512. doi:10.1037/1040-3590.5.4.408 (<https://dx.doi.org/10.1037%2F1040-3590.5.4.408>).
14. Osman A, Kopper BA, Barrios FX, Osman JR, Wade T (1997). "The Beck Anxiety Inventory: Reexamination of structure and psychometric properties". *Journal of Clinical Psychology* **53**: 7–14. doi:10.1002/(sici)1097-4679(199701)53:1<7::aid-jclp2>3.0.co;2-s (<https://dx.doi.org/10.1002%2F%28sici%291097-4679%28199701%2953%3A1%3C7%3A%3Aaid-jclp2%3E3.0.co%3B2-s>).
15. Steer RA, Kumar G, Ranieri WF (1995). "Use of the Beck Anxiety Inventory with adolescent psychiatric outpatients". *Psychological Reports* **76**: 459–465. doi:10.2466/pr0.1995.76.2.459 (<https://dx.doi.org/10.2466%2Fpr0.1995.76.2.459>).
16. Steer RA, Ranieri WF, Beck AT, Clark DA (1993). "Further evidence for the validity of the Beck Anxiety Inventory with psychiatric outpatients". *Journal of Anxiety Disorders* **7**: 195–205. doi:10.1016/0887-6185(93)90002-3 (<https://dx.doi.org/10.1016%2F0887-6185%2893%2990002-3>).
17. Wetherell JL, Arean PA (1997). "Psychometric evaluation of the Beck Anxiety Inventory with older medical patients". *Psychological Assessment* **9**: 136–144. doi:10.1037/1040-3590.9.2.136 (<https://dx.doi.org/10.1037%2F1040-3590.9.2.136>).
18. Kohn PM, Kantor L, DeCicco TL, Beck AT (2008). "The Beck Anxiety Inventory-Trait (BAIT): A measure of dispositional anxiety not contaminated by dispositional depression". *Journal of Personality Assessment* **90** (5): 499–506. doi:10.1080/00223890802248844 (<https://dx.doi.org/10.1080%2F00223890802248844>).
19. Piotrowski C (1999). "The status of the Beck Anxiety Inventory in contemporary research". *Psychol Rep* **85** (1): 261–2. doi:10.2466/PR0.85.5.261-262 (<https://dx.doi.org/10.2466%2FPR0.85.5.261-262>). PMID 10575991 (<https://www.ncbi.nlm.nih.gov/pubmed/10575991>).
20. Osman A, Hoffman J, Barrios FX, Kopper BA, Breitenstein JL, Hahn SK (2002). "Factor structure, reliability, and validity of the Beck Anxiety Inventory in adolescent psychiatric inpatients". *J Clin Psychol* **58** (4): 443–56. doi:10.1002/jclp.1154 (<https://dx.doi.org/10.1002%2Fjclp.1154>). PMID 11920696 (<https://www.ncbi.nlm.nih.gov/pubmed/11920696>).
21. Beck JS, Beck AT, Jolly JB, Steer RA (2005). *Beck Youth Inventories-Second Edition for Children and Adolescents Manual*. San Antonio: PsychCorp.
22. Beck AT, Steer RA, Ball R, Ranieri WF (1996). "Comparison of Beck Depression Inventories-IA and -II in psychiatric outpatients". *Journal of Personality Assessment* **67** (3): 588–597. doi:10.1207/s15327752jpa6703_13 (https://dx.doi.org/10.1207%2Fs15327752jpa6703_13). PMID 8991972 (<https://www.ncbi.nlm.nih.gov/pubmed/8991972>).
23. Stulz N, Crits-Christoph P (2010). "Distinguishing anxiety and depression in self-report: Purification of the Beck Anxiety Inventory and Beck Depression Inventory-II". *Journal of Clinical Psychology* **66** (9): 927–940. doi:10.1002/jclp.20701 (<https://dx.doi.org/10.1002%2Fjclp.20701>).
24. Muntingh ADT, van der Feltz-Cornelis CM, van Marwijk HWJ, Spinhoven P, Penninx BWJH, van Balkom AJLM (2011). "Is the beck anxiety inventory a good tool to assess the severity of anxiety? A primary care study in The Netherlands study of depression and anxiety (NESDA)". *BMC Family Practice* **12** (66).
25. Krasucki C, Howard R, Mann A (1998). "The relationship between anxiety disorders and age". *International Journal of Geriatric Psychiatry* **13**: 79–99. doi:10.1002/(sici)1099-1166(199802)13:2<79::aid-gps739>3.0.co;2-g (<https://dx.doi.org/10.1002%2F%28sici%291099-1166%28199802%2913%3A2%3C79%3A%3Aaid-gps739%3E3.0.co%3B2-g>).
26. deAyala RJ, Vonderharr-Carlson DJ, Kim D (2005). "Assessing the reliability of The Beck Anxiety Inventory Scores". *Educational and Psychological Measurement* **65** (5): 742–756. doi:10.1177/0013164405278557 (<https://dx.doi.org/10.1177%2F0013164405278557>).
27. Wetherell JL, Gatz M (2005). "The Beck Anxiety Inventory in Older Adults with Generalized Anxiety Disorder". *Journal of Psychopathology and Behavioral Assessment* **27** (1): 17–24. doi:10.1007/s10862-005-3261-3

(<https://dx.doi.org/10.1007%2Fs10862-005-3261-3>).

Retrieved from "https://en.wikipedia.org/w/index.php?title=Beck_Anxiety_Inventory&oldid=667372121"

Categories: [Personality tests](#) | [Clinical psychology tests](#) | [Anxiety](#) | [Psychiatric instruments: anxiety](#)

- This page was last modified on 17 June 2015, at 16:50.
- Text is available under the Creative Commons Attribution-ShareAlike License; additional terms may apply. By using this site, you agree to the Terms of Use and Privacy Policy. Wikipedia® is a registered trademark of the Wikimedia Foundation, Inc., a non-profit organization.