

Beck Anxiety Inventory

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Synonyms

N/A

Short Definition

The Beck Anxiety Inventory is a well accepted self-report measure of anxiety in adults and adolescents for use in both clinical and research settings.

Description

Background

The Beck Anxiety Inventory (BAI), created by Aaron T. Beck, MD, and colleagues, is a 21-item multiple-choice self-report inventory that measures the severity of an anxiety in adults and adolescents. Because the items in the BAI describe the emotional, physiological, and cognitive symptoms of anxiety but not depression, it can discriminate anxiety from depression. Although the age range for the measure is from 17 to 80, it has been used in peer-reviewed studies with younger adolescents aged 12 and older. Each of the items on the BAI is a simple description of a symptom of anxiety in one of its four expressed aspects: (1) subjective (e.g., "unable to relax"), (2) neurophysiologic (e.g., "numbness or tingling"), (3) autonomic (e.g., "feeling hot") or (4) panic-related (e.g., "fear of losing control"). The BAI requires only a basic reading level, can be used with individuals who have intellectual disabilities, and can be completed in 5 - 10 minutes using the pre-printed paper form and a pencil. Because of the relative simplicity of the inventory, it can also be administered orally for sight-impaired individuals. The BAI may be administered and scored by paraprofessionals, but it should be used and interpreted only by professionals with appropriate clinical training and experience.

Administration, Scoring, and Interpretation

Respondents are asked to report the extent to which they have been bothered by each of the 21 symptoms in the week preceding (including the day of) their completion of the BAI. Each symptom item has four possible answer choices: *Not at All*; *Mildly* (It did not bother me much); *Moderately* (It was very unpleasant, but I could stand it), and; *Severely* (I could barely stand it). The clinician assigns the following values to each response: *Not at All* = 0; *Mildly* = 1; *Moderately* = 2, and; *Severely* = 3. The values for each item are summed yielding an overall or total score for all 21 symptoms that can range between 0 and 63 points. A total score of 0 - 7 is interpreted as a "Minimal" level of anxiety; 8 - 15 as "Mild"; 16 - 25 as "Moderate", and; 26 - 63 as "Severe". Clinicians examine specific item responses to determine whether the symptoms appear mostly subjective, neurophysiologic, autonomic, or panic-related. The clinician can then further assess using DSM criteria to arrive at a specific diagnostic category and plan interventions targeting the underlying cause of the respondent's anxious symptomatology and/or diagnosis.

Psychometric Properties

The BAI is psychometrically sound. Internal consistency (Cronbach's alpha) ranges from .92 to .94 for adults and test-retest (one week interval) reliability is .75. Concurrent validity with the *Hamilton Anxiety Rating Scale, Revised* is .51; .58 for the *State* and .47 for the *Trait* subscales of the *State-Trait Anxiety Inventory, Form Y*, and; .54 for the mean 7 day anxiety rating of the *Weekly Record of Anxiety and Depression*. The BAI has also been shown to possess acceptable reliability and convergent and discriminant validity for both 14-18 year and inpatients and outpatients.

Clinical and Research Uses

The BAI can be used to assess and establish a baseline anxiety level, as a diagnostic aid, to detect the effectiveness of treatment as it progresses, and as a post-treatment outcome measure. Other advantages of the BAI include its fast and easy administration, repeatability, discrimination between symptoms of anxiety and depression, ability to highlight the connection between mind and body for those seeking help to reduce their anxiety, and proven validity across languages, cultures, and age ranges. Some researchers have suggested that the BAI may be less sensitive to symptoms secondary to medical or other trauma, more sensitive to panic disorder than it is to the symptoms of other anxiety disorders, and may need separate norms for males, females, and more ethnically/socioeconomically diverse samples.

The BAI is copyrighted by and currently available from Pearson Education, Inc. (<http://www.pearsonassess.com>). Since the development of the BAI and its documented use with adolescents, it has been adapted specifically for youth as

the BAI-Y (one of five Beck Inventories adapted for younger patients and collectively called "The Beck Youth Inventories"). The BAI-Y consists of twenty self report items rated on a three point scale that assess a child's fears, worrying, and physiological symptoms associated with anxiety. Like the other Beck Youth Inventories, it can be used with patients aged 7-18 and is also copyrighted and available from Pearson. Because it was specifically developed and normed on children aged 7-14, it is a more appropriate measure of anxiety in patients in that age range and slightly higher. If appropriate, the clinician can use the adult form of BAI for the ending adolescent years and with young adult patients.

Relevance to Childhood Development

Anxiety is the state of heightened unpleasant physical and emotional arousal caused, usually, by awareness of and attention to some feared consequence, condition, or perceived threat. It can be experienced, subjectively, as feelings of dread, discomfort, feeling ill-at-ease, and unprepared to address the anticipated or current situation effectively. Neurophysiologically, anxiety can be experienced as paresthesia (numbness or tingling), increased startle response (hypervigilance), and difficulty concentrating. Autonomic experiences of anxiety include feeling "hot", increased sweating (diaphoresis), increased heart rate (tachycardia), flushed face, etc. Anxiety is a normal emotion that prepares the mind and body to respond to a threat. As such, it is adaptive for survival. However, when anxious arousal persists over long periods it can cause a number of negative medical and psychological outcomes including the development of anxiety disorders.

Children with anxiety disorders frequently present with other problems that may be produced, in part, by their anxiety and that often serve to further increase their anxiety. These co-morbid problems include ADHD, depression, school refusal, poor behavioral control, poor peer relations, social skills deficits, bed wetting (enuresis), poor academic performance, eating disorders, etc. Unaddressed childhood anxiety will likely cause problems later in adolescence and adulthood since early experience has such a profound impact on the development of negative beliefs about self, world, and future. Negative beliefs, in turn, create a fertile environment for the construction of distorted assumptions, rules, and thoughts that only serve to heighten anxiety. Identifying anxiety through the use of simple measures like the BAI may alert us to the need to intervene in a child's life to remove real threats to physical and psychological safety. Such interventions would also, ideally, include helping the child learn to identify and dispute distorted perceptions of "threats" that are not real. In this way, the child can learn that feelings and emotions, including anxiety, can be controlled and/or managed.

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