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# The Chinese version of the Brown Assessment of Beliefs Scale: Psychometric properties and utility in obsessive compulsive disorder



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## ABSTRACT

The Brown Assessment of Beliefs Scale (BABS) is a semi-structured, clinical interview scale measuring insight/delusionality in problems such as obsessive-compulsive disorder (OCD). The BABS is widely used, but few studies have examined its psychometric properties in OCD patients; and existing studies have small sample sizes. The present study aimed to establish a Chinese version of the BABS and assess its psychometric properties in a relatively large sample of 171 outpatients with OCD. Results showed that the internal consistency as well as the convergent and divergent validity of the Chinese version of the BABS was acceptable. The ICCs demonstrated good interrater reliability and test-retest reliability and a confirmatory factor analysis supported the original one-factor structure. Moreover, the results provided further evidence that OCD patients' insight varies widely, and that the Chinese version of the BABS could be used to assess insight/delusionality in OCD.

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## 1. Introduction

Obsessive compulsive disorder (OCD) is characterized by recurring, intrusive, anxiety-provoking thoughts or images (obsessions) accompanied with repetitive, physical or mental rituals (compulsions) that the patients feel driven to perform to relieve anxiety or distress (Dan, 2002). The mean lifetime prevalence of the disorder is 2–3% in the general population (Sasson et al., 1997; Ruscio, Stein, & Kessler, 2010). Classically, the presence of insight was important to identify OCD (Berríos, 1989). However, a number of investigators found that some OCD patients had poor insight; in another words, they did not consider their symptoms as unreasonable or excessive (Kozak & Foa, 1994). According to the DSM-IV field trial (Foa et al., 1995), approximately a quarter of OCD patients were unsure about whether their obsessions/compulsions were unreasonable or excessive, which indicated that insight lies on a continuum of full recognition of senselessness of the symptoms at one end, to a complete lack of any such recognition at the other end. Subsequent studies have reported that insight in 15–36% of OCD patients is poor (Alonso et al., 2008; Marazziti et al., 2002; Matsunaga et al., 2002; Ravi et al., 2004; Turksoy et al., 2002). Along with these findings, the DSM-IV (American

Psychiatric Association, 1994) and the recently released DSM-5 (American Psychiatric Association, 2013) added a specifier of “poor insight” for OCD. The important role of insight in the diagnosis (and treatment) of OCD indicates the necessity of developing reliable and valid instruments for assessing insight in people with this condition.

Different methods to evaluate insight have been developed, with one of the most widely used measurements being the Brown Assessment of Beliefs Scale (BABS) (Eisen et al., 1998), a semi-structured, clinician-administered scale that assesses insight/delusionality both dimensionally (as a continuum of insight) and categorically (with insight vs. lack of insight). The BABS consists of 7 items which assess a dominant disorder-related belief (e.g., “If I don't check the stove over and over, the house will burn down.”) that has preoccupied the patient during the past week. Using separate samples of individuals with OCD, body dysmorphic disorder (BDD), and psychotic depression, Eisen et al. (1998) elucidated the psychometric properties of the BABS; including good interrater and test-retest reliability, internal consistency, convergent validity with other insight measures, and divergent validity with measures of disorder severity, as well as sensitivity to change in OCD. Subsequent researchers (Buhlmann, 2014; Phillips, Hart, Menard, & Eisen, 2013) evaluated the BABS in BDD samples and found overall sound psychometric properties while also replicating the one-factor structure.

Although there have been studies on the symptoms of Chinese patients with OCD (Li, Marques, Hinton, Wang, & Xiao, 2009;

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Zhang, Liu, Cui, & Liu, 2013), few have addressed insight levels in this population using structured instruments. Accordingly, the present study aimed to develop a Chinese version of the BABS in a relatively large clinical OCD sample ( $n=171$ ) and evaluate its psychometric properties.

## 2. Methods

### 2.1. Subject

One hundred and seventy-one outpatients who were diagnosed with OCD [93 (54.4%) men, 78 (45.6%) women; Aged from 16 to 53 years old ( $mean=22.58$ ,  $SD=6.57$ )] by two psychiatrists with extensive clinical experience using the Structure Clinical Interview of DSM-IV (SCID) were recruited from the Psychology Clinic at Second Xiangya Hospital of Central South University between 2011 and 2012. Exclusion criteria included (1) comorbid axis I psychiatric disorders; (2) a history of alcohol or substance dependence, and severe organic or neurologic pathology. Before administration, we provided a brief description of the purpose of the study to the participants; and participation in this study was voluntary. In order to assess the interrater reliability, 57 outpatients were independently rated by two interviewers. For the retest, the same interviewer readministered the second interview to 26 participants 2–4 weeks later.

### 2.2. Clinical assessment

#### 2.2.1. The Brown Assessment of Beliefs Scale (BABS; Eisen et al., 1998)

The Chinese version of the BABS was developed through forward and backward translation by two bilingual translators separately. No item was removed or altered significantly during translation. The BABS items assess seven parameters of insight, including (a) the person's conviction, (b) perception of others' views of the belief, (c) explanation of discrepant views, (d) fixity of ideas, (e) attempts to disprove the belief, (f) global insight, and (g) ideas/delusions of reference. The score for each item ranges from 0 to 4 (higher score represents poorer insight). The first six items are summed to create a total score that ranges from 0 (without delusional thinking) to 24 (complete lack of insight) (Eisen et al., 1998). According to previous studies (Buhlmann, 2014; Eisen et al., 1998; Phillips et al., 2012), scores of 0–3 indicate excellent insight; those from 4 to 7 indicate good insight; 8–12 indicates fair insight; 13–17 or greater than 18 with a score less than 4 on item 1 (conviction) indicates poor insight; a score above 18 in combination with a score of 4 on item 1 indicates "lack of insight" or delusionality.

In current study, patients were first asked to describe their most prominent disorder-related belief (e.g., "If I don't wash my hand over and over, I will get infected with virus.") and all seven items were rated based on that belief. Interviewers were trained according to the criteria delineated by Eisen et al. (2001). Whether the patients' belief could be rated as false and therefore could be assessed with the BABS were ensured by the interviewers.

#### 2.2.2. The Yale-Brown Obsessive-Compulsive Scale (Y-BOCS; Goodman et al., 1989)

The severity of OCD symptoms was measured using a clinician-administered version of the Y-BOCS (scores from 0 to 40). In addition to the main items measuring OCD symptom severity, the Y-BOCS also contains an item measuring insight into OCD symptoms (question #11). Previous research has reported that the Chinese version of the Y-BOCS has good psychometric properties (Xu & Zhang, 2006).

#### 2.2.3. The State-Trait Anxiety Inventory (STAI; Laux, Glanzmann, Schaffner, & Spielberger, 1981; Spielberger, Gorsuch, & Lushene, 1970)

The STAI is a 40-item self-report scale assessing state (20 items) and trait (20 items) anxiety. Previous research has revealed that the Chinese version of the STAI has good psychometric properties (Shek, 1993).

#### 2.2.4. The Beck Depression Inventory-II (BDI-II; Dozois, Dobson, & Ahnberg, 1998)

The BDI-II is a 21-item self-report scale that examines the cognitive, behavioral, and somatic symptoms associated with depression during the past week. Previous research has found that the Chinese version of the BDI-II could be reliable to assess depression symptoms (Wang et al., 2011).

### 2.3. Statistical analysis

The interrater and test-retest reliability of the BABS were examined by intraclass correlation coefficients (ICCs). Cronbach's  $\alpha$  coefficients were used to evaluate the internal consistency. Pearson's correlation coefficients were used to examine the relationship between each BABS item and the total BABS score minus that item. The Spearman rank order correlation between the BABS total score and the insight item (question #11) of Y-BOCS was conducted to examine the convergent validity, and the Pearson's correlations between the BABS total score and scores on other measures including the Y-BOCS, BDI and STAI were calculated to examine the divergent validity. We also conducted the Confirmatory Factor Analysis (CFA) using Amos 17.0 software through maximum likelihood estimation to examine the one-factor structure model of the scale. Symptom differences between OCD with poor insight (BABS total score  $\geq 13$ ,  $n=43$ ) and good insight (BABS total score  $< 13$ ,  $n=128$ ) were examined using independent sample  $t$ -tests.

## 3. Results

### 3.1. Descriptive statistics and reliability

Means and standard deviations (SD) of the total and individual item scores of the BABS and some other assessment instruments are showed in Table 1. The sample's mean BABS score was 8.99 ( $SD=5.41$ ), with 35 patients (20.47%) demonstrating excellent insight; 31 (18.13%) good insight; 62 (36.25%) fair insight, 35 (20.47%) poor insight, and 8 (4.68%) lack of insight. In all, 25.15% of

**Table 1**

Means and standard deviations of the symptom measures and the correlation between the BABS and other measures or items.

Measures	<i>M</i>	<i>SD</i>	<i>n</i>	<i>r</i>	<i>p</i>
BABS(total)	8.99	5.41	171	–	–
Conviction	1.51	1.27	171	0.81 <sup>a</sup>	< 0.001
Perception of others' views	1.04	1.02	171	0.60 <sup>a</sup>	< 0.001
Explanation of discrepant views	1.53	1.42	171	0.83 <sup>a</sup>	< 0.001
Fixity of ideas	1.54	1.21	171	0.64 <sup>a</sup>	< 0.001
Attempt to disprove beliefs	1.87	1.12	171	0.59 <sup>a</sup>	< 0.001
Insight	1.51	1.07	171	0.38 <sup>a</sup>	< 0.001
Ideas/delusions of reference <sup>b</sup>	1.44	1.27	171	0.11 <sup>a</sup>	0.171
Y-BOCS(total)	29.46	6.77	171	0.09	0.240
Y-BOCS(insight)	1.65	1.07	49	0.56	< 0.001
BDI-II(total)	20.87	10.59	171	0.11	0.148
STAI(total)	91.29	10.13	171	–0.10	0.195
SAI(State anxiety)	43.69	6.48	171	–0.07	0.339
TAI(Trait anxiety)	47.60	5.51	171	–0.10	0.208

<sup>a</sup> Correlation coefficients for the correlation between individual item score of the BABS and total scale score minus this individual item score.

<sup>b</sup> Item not included in the total score.

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