



## Addressing revisions to the *Brief Fear of Negative Evaluation scale*: Measuring fear of negative evaluation across anxiety and mood disorders

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### ABSTRACT

The fear of negative evaluation (FNE) represents a fundamental component of social anxiety and social anxiety disorder (SAD) within modern cognitive-behavioral models (Clark & Wells, 1995; Rapee & Heimberg, 1997). As such, access to comprehensive psychometrics for measures of FNE is an important component of thorough clinical and research efforts. Among the most popular measures of FNE have been variations of the 12-item Brief Fear of Negative Evaluation (BFNE) scale (Leary, 1983). There are currently three versions of the BFNE based on two psychometric studies (i.e., two 8-item variants and a 12-item variant). There is still substantial debate regarding which of the three alternatives should be used by researchers and clinicians. Normative data for each of the three alternatives are not available across samples of individuals with diagnosed anxiety and mood disorders; moreover, there has been no comparative assessment of responses for such samples. The present investigation was to provide more definitive recommendations about the three alternatives, to provide normative clinical data, and to explore differences in FNE endorsement across anxiety and mood disorders. Clinical participants included 381 individuals (60% women; age  $M = 35.61$ ,  $SD = 12.49$ ) from an established anxiety treatment and research center. Diagnoses included those with a principal diagnosis of SAD (32%), those with a diagnosis of SAD as an additional disorder (24%), those without a diagnosis of SAD (41%), and those with features of SAD (3%). Results of descriptive analyses, factor analyses, analysis of variance, and receiver operating curves demonstrated that the 12-item variant of the BFNE was inferior or comparable to the two 8-item variants. FNE scores were consistently higher among all participants with a diagnosis of SAD (either principal or additional) relative to all other diagnostic groups ( $p < .05$ ). Accordingly, the current evidence, as well as parsimony and previous research, supports the utility of the 8-item variant that includes only the original straightforwardly worded items from the BFNE. Comprehensive findings, implications, and future research directions are discussed.

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Social anxiety disorder (SAD) is characterized by an enduring fear of social situations in which the individual may be subject to evaluation by others (American Psychiatric Association, 2000). The fear of negative evaluation (FNE) is considered to be a hallmark of SAD (Clark & Wells, 1995; Rapee & Heimberg, 1997), with that fear being critical to the development and maintenance of irrational and excessive anxiety associated with social situations. According to the National Comorbidity Survey Replication and the Mental Health Supplement to the Ontario Health Survey, SAD has a 12-month prevalence rate of 6–7% and a lifetime prevalence rate in North America of 12–13% (Iancu et al., 2006; Kessler, Berglund, et al., 2005; Kessler, Chiu, Demler, Merikangas, & Walters,

2005; Ruscio et al., 2008; Stein & Kean, 2000; Stein, Torgrud, & Walker, 2000). SAD often results in significant and chronic disability (Acarturk, de Graaf, van Straten, Have, & Cuijpers, 2008; Cogle, Keough, Riccardi, & Sachs-Ericsson, 2009; Grant et al., 2005; Stein & Stein, 2008), with lower remission rates relative to other anxiety disorder diagnoses (Massion et al., 2002). Accordingly, it seems extremely important that researchers and clinicians be able to adequately measure FNE and identify scores that warrant further follow up.

The Brief Fear of Negative Evaluation Scale (BFNE; Leary, 1983) is very likely the most commonly used measure of FNE. The 12-item scale contains 12 five-point Likert scale items, eight of which are straightforwardly worded and four of which are reverse-worded. Leary (1983) indicated the psychometric properties of the BFNE were almost identical to the original 30-item FNE Scale (Watson & Friend, 1969), with the total scores correlating at

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$r = .96$ . The BFNE has demonstrated high internal consistency ( $\alpha$  between .90 and .91) and 4-week test-retest reliability ( $r = .75$ ) in undergraduate samples (Leary, 1983). The BFNE has been correlated with the Social Avoidance and Distress Scale (SADS; Watson & Friend, 1969) and accurately depicts FNE specifically, rather than more social anxiety more generally (Miller, 1995). Psychometric analyses of the BFNE have produced consistent results across research teams, samples, and statistical analyses (Carleton, Collimore, & Asmundson, 2007; Carleton, McCreary, Norton, & Asmundson, 2006; Collins, Westra, Dozois, & Stewart, 2005; Duke, Krishnan, Faith, & Storch, 2006; Rodebaugh, Woods, & Heimberg, 2007; Rodebaugh et al., 2004; Weeks et al., 2005). Specifically, straightforwardly worded BFNE items produce a unidimensional factor that has acceptable convergent and discriminant validity. In contrast, reverse-worded items have consistently produced a methodologically based factor that may destabilize the overall results.

The historical intent of including the reverse-worded items has been to check for inconsistent responding (Urbina, 2004); however, the utility of such a check on the BFNE has yet to be substantiated. Even if such utility were to be established, there are likely insufficient reverse-worded items on the current BFNE to create a stable, balanced measure (Ray, 1983), irrespective of the fact that three items often create a stable factor, which would be a different intent entirely (Rodebaugh et al., 2007, 2004). Furthermore, item-response theorists suggest that reverse-worded items warrant removal if they result in large, robust, directionally consistent differential item functioning after reverse scoring (Freedle & Kostin, 1997; Hunter & Schmidt, 2000). Accordingly, the research teams exploring the BFNE have offered three possible alternatives for item administration (Carleton et al., 2007; Carleton, McCreary, et al., 2006; Collins et al., 2005; Duke et al., 2006; Rodebaugh et al., 2007, 2004; Weeks et al., 2005). The first alternative involves using only the eight straightforwardly worded items, a suggestion made by researchers recommending the BFNE-S (i.e., only the eight straightforwardly worded items) should be used (Rodebaugh et al., 2004; Weeks et al., 2005). The second alternative involves using a 12-item revision that includes the BFNE straightforwardly worded items as well as BFNE items that were originally reverse-worded (i.e., items 2, 4, 7, 10) but have subsequently been revised to be straightforwardly worded (Carleton, McCreary, et al., 2006; Taylor, 1993). The third alternative involves using eight of the 12 items revised to be entirely straightforward (i.e., items 1, 3, 5, 6, 8, 9, 10, 12; Carleton et al., 2007; Carleton, McCreary, et al., 2006).

Despite the theoretical and psychometric evidence for each of these alternatives, none of the researchers thus far have empirically compared the variants. In addition, there have been no data presented on BFNE scores across clinical samples of individuals with diagnosed anxiety and mood disorders using any of the suggested alternatives. The majority of FNE research to date has focused on undergraduate and community samples. The lack of such clinical data has precluded comparative clinical assessments of responses for such samples, including receiver operating curve analyses to support specific clinically relevant cut-off scores. Such data will have important implications for directing assessment of FNE in clinical settings.

The purpose of the present investigation was to comparatively assess each of the three FNE alternatives using a large clinical sample that has been diagnostically assessed using a comprehensive semi-structured clinical interview for Axis I disorders. The intent of the comparisons was to provide a more definitive, clinically driven direction for researchers and clinicians attempting to use the revised alternatives of the BFNE. In support of this goal, the data were intended to present clinically relevant cutoff scores for each of the BFNE alternatives. Finally, this investigation presents the first

opportunity to assess and compare descriptive data for FNE across several common Axis I disorders.

## 1. Method

### 1.1. Participants

The participants for this study comprised individuals ( $n = 381$ ; 152 men, [ $M_{\text{age}} = 36.56$ ;  $SD = 13.42$ ] and 229 women, [ $M_{\text{age}} = 34.98$ ;  $SD = 11.82$ ]) from an established outpatient anxiety treatment and research center. Participants received a principal Axis I diagnosis based upon the disorder that was found to be most disabling at the time of the assessment, including SAD ( $n = 121$ ; 32%), panic disorder with or without agoraphobia ( $n = 89$ ; 23%), generalized anxiety disorder (GAD;  $n = 63$ ; 17%), obsessive compulsive disorder (OCD;  $n = 60$ ; 16%), major depressive disorder ( $n = 26$ ; 7%), anxiety disorder not otherwise specified ( $n = 11$ ; 3%), or persons with another disorder with insufficient size to create a separate group but who also had SAD as an additional diagnosis (e.g., specific phobia, post-traumatic stress disorder;  $n = 11$ ; 3%). For the purposes of this study, participant diagnoses were further broken down to identify (1) persons whose symptoms met diagnostic criteria for SAD but who did not receive SAD as their principal diagnosis ( $n = 93$ ), (2) persons who displayed features of SAD, but who did not have enough symptoms to warrant a diagnosis of SAD ( $n = 11$ ), and (3) persons whose symptoms did not meet diagnostic criteria for SAD, but did meet criteria for another common Axis I disorder ( $n = 156$ ; i.e., panic disorder with or without agoraphobia,  $n = 60$ , 16%; obsessive compulsive disorder,  $n = 40$ , 11%; generalized anxiety disorder,  $n = 34$ , 9%; anxiety disorder not otherwise specified (ADNOS),  $n = 10$ , 3%; major depressive disorder,  $n = 12$ , 3%). Diagnostic criteria were based on the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text revision; DSM-IV-TR; American Psychiatric Association, 2000), and diagnoses were assigned using the Structured Clinical Interview for DSM-IV (SCID; First, Spitzer, Gibbon, & Williams, 1996). All participants completed the BFNE-II, which included all items necessary to measure the three alternative item sets for the current study. Most participants reported having completed at least some postsecondary education (70%), high school (18%), or partial high school (12%). The majority described themselves as Caucasian (94%), Asian (3%), or First Nations (2%), and as either single (45%), married/cohabitating (46%), or divorced (8%).

### 1.2. Measures

#### 1.2.1. Brief Fear of Negative Evaluation scale, Straightforward items (BFNE-S; Rodebaugh et al., 2004; Weeks et al., 2005)

The BFNE-S is an 8-item version of the BFNE (Leary, 1983) that is used for measuring fears of negative evaluation (e.g., "When I am talking to someone, I worry about what they may be thinking about me"). It comprises the eight straightforwardly worded items (i.e., items 1, 3, 5, 6, 8, 9, 11, 12) from the original BFNE (Leary, 1983). Each item is rated on a 5-point Likert scale, ranging from 0 (Not at all characteristic of me) to 4 (Extremely characteristic of me). Rodebaugh et al. (2004) and Weeks et al. (2005) have reported that the eight straightforwardly worded items are more reliable and valid indicators of FNE than the reverse-scored items in undergraduate and clinical samples, respectively. Consequently, Rodebaugh et al. and Weeks et al. have suggested utilizing only the eight straightforward (-S) BFNE items to calculate the total score. The BFNE-S has demonstrated internal consistency of  $\alpha > .92$ , factorial validity, and construct validity in undergraduate (Carleton et al., 2007; Rodebaugh et al., 2004) and clinical (Weeks et al., 2005) samples. In the current sample, the internal consistency was  $\alpha = .95$  and the average inter-item correlation was .72.

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