

**BROWN ASSESSMENT OF BELIEFS SCALE
(BABS)**

DEVELOPED BY

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INTRODUCTION

The BABS[©] scale has been developed to rate the degree of conviction and insight patients have concerning their beliefs. These beliefs include delusions as well as the beliefs that may underlie obsessional thinking and phobias. Obsessions and delusions have traditionally been viewed as dichotomous phenomena, with obsessions being defined as intrusive ego-dystonic thoughts about which the patient maintains insight. On the other hand, delusions have been defined as false beliefs held firmly by the patient without insight into the irrationality of the content of the belief. However, obsessions and delusions might be better conceptualized as existing on a continuum of insight that ranges from good insight to poor insight (overvalued ideation) to no insight (delusional thinking). Such a continuum of insight may be present in a variety of psychiatric disorders--such as obsessive compulsive disorder, body dysmorphic disorder, anorexia nervosa, and hypochondriasis--as well as in disorders traditionally considered psychotic, such as schizophrenia and delusional disorder.

The BABS[©] is based on this premise--that insight (i.e., degree of delusionality) exists on a continuum. It is also based on the premise that insight itself consists of a number of dimensions. Thus, the BABS[©] rates a number of dimensions that underlie delusional and nondelusional beliefs. These dimensions are: *conviction, perception of others' views of beliefs, explanation of differing views, fixity of ideas, attempt to disprove beliefs, insight, and ideas/delusions of reference.*

ADMINISTRATION

Ratings:

The BABS[©] consists of 7 items: the first 6 items are added to obtain the total BABS[©] score. An additional item (ideas of reference) is not included in the total score. Each item corresponds to one of the dimensions listed above. Each item is rated from 0 to 4 (from least to most severe). The instrument is semi-structured. The interviewer should assess the items in the listed order and should read the questions provided. However, additional questions may be asked to clarify patient responses. The italicized statements in parentheses that follow some of the questions are instructions to the interviewer that may assist in obtaining valid ratings.

In general, the items are rated based on the patient's report; however, the final answer selected for each item depends on the interviewer's clinical judgment. If the patient volunteers information at any time during the interview, that information should be considered. Ratings should be based primarily on reports and observations gained during the interview. Additional information supplied by other sources may be used to determine ratings if it is felt to be useful and valid. If the rater judges that the information being provided is grossly inaccurate, then the reliability of the patient or informant is in doubt and should be noted accordingly on the interview.

Rate each item according to the patient's experience **during the past week** up until and including the time of the interview. Scores should reflect the **average** (mean) occurrence of each item for the entire week. If insight has changed notably and rapidly during the past week (as may occur in psychotic mood disorders, for example), the patient's current state should be rated. The rater should note this departure from the standard BABS[©] convention.

If the patient has **more than one belief related to the same disorder** (e.g., two different OCD obsessions), these beliefs should be rated as a composite. However, if the patient has **beliefs connected to two distinct disorders**, e.g., beliefs of body distortion (body dysmorphic disorder) and obsessions about contamination (OCD), these beliefs should be rated separately.

Identifying the Belief(s):

This instrument can be used to assess beliefs in a variety of diagnoses. For example:

<u>Diagnosis</u>	<u>Belief</u>
Obsessive Compulsive Disorder	I will get contaminated from touching doorknobs.
Body Dysmorphic Disorder	My nose is grotesquely deformed.
Anorexia Nervosa	I am fat.
Mania	I am the president of the United States.
Depression with Psychotic Features	My insides are rotting.
Schizophrenia and Other Psychotic Disorders	A war is being waged within my body and the military has removed my heart.

If the patient expresses his or her concern as a fear or worry, it is important that the interviewer **determine and rate the nature of the underlying belief** and associated consequence other than anxiety. For example, if the patient describes a fear of touching doorknobs, the interviewer should determine what the underlying belief or consequence is--for example, that touching doorknobs will lead to illness. Question 1 would then read: "How convinced are you of your idea--that touching doorknobs will make you ill?" Some examples of beliefs that underlie fears or worries are listed below:

<u>Fear or worry</u>	<u>Underlying belief (preferred)</u>
I'm afraid of environmental contaminants.	If I step on a chemically treated lawn, I'll get cancer.
I worry I'll harm my grandchildren.	I can't touch my grandchildren because if I do, I'll sexually molest them.
I'm afraid the CIA will get me.	If I don't barricade myself in my house, the CIA will poison me.
I'm afraid of snakes.	If I go into my back yard, I will be bitten by a snake and die.

Even though the underlying belief is what should be assessed, the rater should use the most clinically appropriate term for the belief being assessed--e.g., idea, belief, thought, worry, fear, or concern.

The more specifically the belief is stated, the more likely the rating is to be valid. The interviewer should help the patient **state his or her belief as specifically as possible**. Some examples of less specific and more specific beliefs (the latter being preferable) are listed below.

<u>Vague belief</u>	<u>Specific belief (preferred)</u>
To prevent illness, I must take special precautions with my food.	To prevent illness, I must throw away any food touched by anyone else.
I have special powers.	I'm the most powerful person in the universe and the ruler of Jupiter and Mars.
I'm ugly.	I have big red spots on my face, which make me very ugly.
I'm a bad person.	I'm responsible for the California earthquake.

If the patient uses an **action** (such as a compulsion in OCD, or dietary restriction in anorexia nervosa) to prevent a feared consequence from happening, then **the action should be incorporated into the question about the belief**. For example, if the patient is afraid of getting AIDS, the interviewer should determine what measures the patient takes to avoid or prevent possible exposure to AIDS and should incorporate these measures into the question. The interviewer should ask, "How convinced are you that you will get AIDS if you don't spend 3 hours a day washing?" not "How convinced are you that you will get AIDS?" Some examples of beliefs that incorporate actions are listed below on the right-hand side:

Belief without action

I'll get fat.

I'll harm others if I'm not careful.

I'll fail my test.

Belief incorporating an action (preferred)

I'll get fat if I eat more than 20 Cheerios a day.

I need to check the newspapers to make sure I'm not a hit-and-run driver.

If I don't put all of my papers in a certain position, I'll fail my test.

The rater should also **assess what the patient thinks is actually true**, not what might be true. For example, if the patient states that he/she is 100% convinced that he/she *might* get cancer from stepping on a lawn, the interviewer should attempt to determine how convinced the patient is that he/she will get cancer from stepping on a lawn and should rate the latter response.

Other potential difficulties ascertaining the core belief include:

Potential Mistakes

Solution

1. The core belief is too narrow.
For example, "My nose is crooked."

Obtain a more fundamental belief, such as, "I look like the Elephant Man" because this belief encompasses all the patient's beliefs about his or her appearance and is more clearly false (see below).

2. The core belief is not clearly false.
For example, "I have to stay in the hospital until I'm cured."

Obtain a belief that is clearly false, e.g., "I will be picked up by trolls in a spaceship."

3. The core belief shifts during the interview.

Be sure to rate the same belief throughout the interview.

To administer the scale, the rater and the patient need to agree on which beliefs/ideas/obsessions are being evaluated. Prior use of other instruments (such as the Structured Clinical Interview for DSM-IV to identify diagnoses, or the Y-BOCS symptom checklist to identify obsessions) can be helpful in identifying such beliefs/ideas/obsessions. In addition, a list of ideas/beliefs/obsessions to be rated can be generated by asking:

Are there certain ideas or beliefs you have that are of significant concern to you?
Which one would you rate as being of most concern?

_____ [Principal belief]

Do you have other ideas (thoughts/beliefs) that you are preoccupied with?

Can you answer the following questions about the ideas/beliefs that you've been most concerned about during the past week?

As was noted previously, the interviewer should assist the patient in: 1) stating his or her beliefs as **specifically** as possible, and 2) identifying any **actions** associated with the belief so they can be incorporated into questions about the belief.

In general, the patient's **specific belief can be incorporated into the question**. For example, question 1 could be read as, "How convinced are you of your belief that you're practically bald? Are you certain your belief is accurate?"; question 2 could be read as, "What do you think other people think of your belief that you're practically bald? How certain are you that most people think your belief makes sense?"

On repeated testing, the belief should be reviewed, and, if necessary, revised before doing the ratings.

Instructions for specific items:

- Item 1: Conviction Description: The purpose of this item is to determine the patient's degree of conviction about his/her belief(s).
- Item 2: Perception of others' views of beliefs Description: The purpose of this item is to evaluate the patient's ability to accurately assess how others view his/her concerns.
Scoring considerations: Patients may answer with what other people have told them. However, the point of this item is to ascertain what the patient thinks others REALLY think. Interviewer should clarify, if necessary, that the patient answers this question assuming that others are giving their honest opinion. An additional probe to clarify this might be, "What do you think others would say if they had to be honest?" Another pitfall with this item is not rating what MOST people think. This question should not be answered according to what a few people think or what selected people think, e.g., friends and family.
- Item 3: Explanation of differing views Description: The purpose of this item is to have the patient explain differences in his/her response to items 1 and 2, i.e., why other people have a different view of the belief than the patient does.
Scoring considerations: The interviewer should not ask this item if responses on item 1 and 2 are in agreement. If responses on item 1 and 2 are in agreement, item 3 should be given the same response, e.g., if item 1 and 2 are scored as a 2, then item 3 should be scored as a 2.
- Item 4: Fixity of ideas Description: The purpose of this item is to evaluate how fixed or unshakable the patient's conviction about the belief is.
Scoring considerations: The interviewer should determine whether the patient can be convinced that his/her ideas are false **during** the interview. An additional probe might be, "As we sit here now, could I convince you that your appearance is not grotesque?" If necessary, supply a nonconfrontational example. Patients may answer according to whether they would LIKE to be convinced that their belief is false. Rate on the basis of whether the patient could be convinced, not whether s/he wishes s/he could be convinced. Try to differentiate, if necessary, the patient's compliance and desire to please the interviewer from his/her true ability to be convinced.
- Item 5: Attempt to disprove ideas Description: This item assesses how actively and frequently the patient attempts to disprove or reject his/her ideas as being untrue or wrong. It does not simply rate the patient's efforts to push the thoughts away.
- Item 6: Insight Description: The purpose of this item is to determine the patient's ability to assign a psychiatric or psychological cause for the belief.

Scoring considerations: Interviewer should determine what the patient actually believes, not what s/he has been told is true.

Item rated but not included in the total BABS[©] score:

ADDITIONAL ITEM:

Item 7: Ideas/delusions of reference

Description: This item assesses whether the patient has referential thinking about the environment based on the content of the belief(s).

Scoring considerations: This question pertains only to the belief(s) being assessed by the interviewer---not if the patient thinks s/he is noticed for a reason unrelated to the beliefs being assessed.

Examples:

1. Do you think people take special notice of you or make fun of you because of your appearance?
2. Do you think people take special notice of you because you seem like someone who might harm their children?
3. Do you think people take special notice of you because you're an angel? [PAUSE] What about receiving special messages from the environment because you're an angel?

SCORING

All items should be rated. The total score is the sum of items 1 through 6. Item 7 should be rated but not included in the total score.

Name _____

Diagnosis _____

Date _____

Treatment _____

Belief (describe principal belief(s) during the past week):

For each item, circle the number identifying the response that best characterizes the patient **over the past week**. The patient's specific belief can be incorporated into the question--for example, "How convinced are you of this belief that touching doorknobs will make you ill?" Optional questions are indicated in parentheses; instructions to the interviewer are italicized.

1. Conviction

How convinced are you of these ideas/beliefs? Are you certain your ideas/beliefs are accurate? (What do you base your certainty on?)

- 0.- Completely convinced beliefs are false (0% certainty).
- 1.- Beliefs are probably not true, or substantial doubt exists.
- 2.- Beliefs may or may not be true, or unable to decide whether beliefs are true or not.
- 3.- Fairly convinced that beliefs are true but an element of doubt exists.
- 4.- Completely convinced about the reality of held beliefs (100% certainty).

2. Perception of others' views of beliefs

What do you think other people (would) think of your beliefs? [PAUSE] How certain are you that most people think your beliefs make sense?

- 0.- Completely certain that most people think these beliefs are unrealistic.
- 1.- Fairly certain that most people think these beliefs are unrealistic.
- 2.- Others may or may not think beliefs are unrealistic, or uncertain about others' views concerning these beliefs.
- 3.- Fairly certain that most people think these beliefs are realistic.
- 4.- Completely certain that most people think these beliefs are realistic.

(Interviewer should clarify, if necessary, that the patient answers this question assuming that others are giving their honest opinion.)

*(Interviewer should make sure that the patient answers according to what **MOST** people think not some people or selected people.)*

3. Explanation of differing views

You said that (*fill in response to item 1*), but that (*fill in response to item 2*). [PAUSE] How do you explain the difference between what you think and what others think about the accuracy of your beliefs? (Who's more likely to be right?)

- 0.- Completely certain that beliefs are unrealistic or absurd (e.g., "my mind is playing tricks on me.")
- 1.- Fairly certain that beliefs are unrealistic or absurd.
- 2.- Uncertain about why others don't agree--beliefs may or may not be true.
- 3.- Fairly certain that beliefs are true; view of others is less accurate.
- 4.- Completely certain that beliefs are true; view of others is not accurate.

(Interviewer should not ask this item if responses on item 1 and 2 are the same. In that case, give the same score as items 1 and 2.)

4. Fixity of ideas

If I were to question (or challenge) the accuracy of your beliefs, what would your reaction be? [PAUSE] Could I convince you that you are wrong? [PAUSE] Would you consider the possibility?

(If necessary, supply a nonconfrontational example.)

(Rate on the basis of whether the patient could be convinced, not whether s/he wishes s/he could be convinced.)

- 0.- Eager to consider the possibility that beliefs may be false; demonstrates no reluctance to entertain this possibility.
- 1.- Easily willing to consider the possibility that beliefs may be false; reluctance to do so is minimal.
- 2.- Somewhat willing to consider the possibility that beliefs may be false, but moderate resistance is present.
- 3.- Clearly reluctant to consider the possibility that beliefs may be false; reluctance is significant.
- 4.- Absolutely refuses to consider the possibility that beliefs may be false--i.e., beliefs are fixed.

5. Attempt to disprove ideas

Over the past week, how often have you tried to convince yourself that your beliefs are wrong?

(Interviewer should rate attempts patient makes to talk himself/herself out of the belief, not attempts to push the thoughts/ideas out of his/her mind or think about something else.)

- 0.- Always involved in trying to disprove beliefs, or not necessary to disprove because beliefs are not true.
- 1.- Usually tries to disprove beliefs.
- 2.- Sometimes tries to disprove beliefs.
- 3.- Occasionally attempts to disprove beliefs.
- 4.- Makes no attempt to disprove beliefs.

6. Insight

What do you think has caused you to have these beliefs? [PAUSE] Do they have a psychiatric (or psychological) cause, or are they actually true?

(Interviewer should determine what the patient actually believes, not what s/he has been told or hopes is true. Psychological etiology should be considered equivalent to psychiatric illness.)

- 0.- Beliefs definitely have a psychiatric/psychological cause.
- 1.- Beliefs probably have a psychiatric/psychological cause.
- 2.- Beliefs possibly have a psychiatric/psychological cause.
- 3.- Beliefs probably do not have a psychiatric/psychological cause.
- 4.- Beliefs definitely do not have a psychiatric/psychological cause.

(Recognition that the thoughts are excessive--i.e., taking up too much time--or causing problems for the patient should not be considered equivalent to psychiatric/psychological etiology. Instead, rate patient's awareness that the source/cause of the beliefs is psychiatric/psychological.)

TOTAL BABS© SCORE ____ = SUM OF QUESTIONS 1 THROUGH 6

ADDITIONAL ITEM:

7. Ideas/delusions of reference

Does it ever seem that people are talking about you or taking special notice of you because of *(fill in belief)*?

OPTIONAL:

What about receiving special messages from your environment because of *(fill in belief)*? (How certain are you of this?)

(This question pertains only to the belief(s) being assessed by the BABS interviewer—not if patient thinks s/he is noticed for a reason unrelated to the beliefs being assessed.

Interviewer should NOT base answer on observable actions or compulsions; instead, rate core belief.)

0.- No, others definitely do not take special notice of me.

1.- Others probably do not take special notice of me.

2.- Others may or may not take special notice of me.

3.- Others probably do take special notice of me.

4.- Others definitely do take special notice of me.

(Do not include in total score)

BABS© KEYSHEET (R)

Patient Initials: _____ Date of Interview: ____/____/____

Rater: _____ Diagnosis: _____

Treatment: _____

Principal Belief: _____

- 1. CONVICTION _____
- 2. PERCEPTION OF OTHERS' VIEWS _____
- 3. EXPLANATION OF DIFFERING VIEWS _____
- 4. FIXITY OF IDEAS _____
- 5. ATTEMPT TO DISPROVE BELIEFS _____
- 6. INSIGHT _____

TOTAL BABS© SCORE (total of items 1-6) _____

ADDITIONAL ITEM:

- 7. IDEAS/DELUSIONS OF REFERENCE _____

RATE YOUR OVERALL IMPRESSION OF THE PATIENT'S DEGREE OF INSIGHT:

- 0. Excellent Insight; fully rational
- 1. Good Insight
- 2. Fair Insight
- 3. Poor Insight
- 4. Lacks Insight; delusional