Social Avoidance and Distress Scale (SAD) and Fear of Negative Evaluation Scale (FNE). Reliability and the preliminary assessment of validity

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Summary

Aim: Assessment of reliability, cross-validity and usefulness in everyday clinical practice of two related tools: Social Avoidance and Distress Scale (SAD) and Fear of Negative Evaluation Scale (FNE).

Material and method: Analysis of tests results of 453 females and 172 males diagnosed in the years 2008-2010 in the Outpatient Clinic for Neurotic and Behavioral Disorders of the Cracow University Hospital, including, inter alia, results of the questionnaires SAD and FNE. The scales have been, with the consent of their authors (R. Friend) and the copyright holder (APA), translated into Polish and back-translated. Subjects also completed the symptom checklist KO '0 '(n = 512), and neurotic personality questionnaire KON-2006 (n = 505), as well as the NEO-PI-R personality inventory (n = 46). The reliability and cross-validity coefficients of Polish versions were assessed in the patient population and their results were compared with those of the group of 75 medical students.

Results: The translation was verified by retranslation. The reliability coefficients of Polish version of the SAD and FNE scales turned out to be high - Cronbach's alpha coefficient was 0.94 for both scales, Guttman's split-half reliability coefficient 0.93. Correlations with symptom checklist KO '0 'and neurotic personality questionnaire KON-2006, as well as with the NEO -PI-R personality inventory, were significant and indicate a good cross-validity of the analyzed tools. The average results in the patient population for both scales were significantly higher than the results in the preliminary control group of medical students.

Conclusions: Polish versions of SAD and FNE questionnaires, like their other translations from English, proved to be reliable and have a high cross-validity with other original Polish tools used in the diagnosis of neurotic disorders, which allows to recommend them to be used

in further studies, also in comparing healthy persons with those suffering from a variety of neurotic disorders.

Key words: SAD, FNE, Polish version, fear of negative evaluation, social anxiety, neurotic disorders

Introduction

Reliable clinical diagnosis requires sometimes, apart from clinical interview, the use of more objective and specific diagnostic methods in the form of various questionnaires or psychological tests providing quantifiable results [e.g. 1, 2]. Taking into consideration neurotic disorders, symptom questionnaires are often used, allowing to assess the qualitative picture, as well as to determine the severity of particular neurotic symptoms. In Poland, the most commonly used is the original Polish-language questionnaire KO'0 '[3, 4, 5, 6], slightly less frequently questionnaires SII [7] or SIII [8] and translated, albeit less accessible (due to copyright and license fees), but commonly used in international researches, foreign-language tools with a broader scope of description (e.g. SCL-90 [9] or BSI [10], OQ-45.2/KW [11]). Some scales are fully standardized and commercially available, e.g. the Stait-Trait Anxiety Inventory by Spielberger [12].

Due to the current tendencies of understanding the various neurotic disorders (corresponding to ICD-10 codes: F4x.y) as completely separate, in the English-language literature commonly used are scales of assessment of more specific (narrower) aspects of the neurotic syndromes, such as for social phobia - Social Phobia and Anxiety Inventory (SPAI) [13] also existing in versions for children [14], for agoraphobia - the scale of mobility (Mobility Inventory) [15], for compulsive disorder - Maudsley (MOCI) and Vancouver (VOCI) scales [16], or translated into Polish Yale-Brown scale (YBOCS) [17]. In Poland, this trend is still relatively rare, probably also due to the insufficient availability of adapted translations [e.g. 17, 18, 19, 20], it seems that more tools are currently available for the diagnosis of affective disorders [such as 2], which may be related to the recent phenomenon of translations sponsored by companies producing antidepressants.

It seems reasonable, therefore, to approximate Polish readers two interrelated tools for comprehensive assessment of social anxiety. During their construction, the authors of the original version (D. Watson and R. Friend) in the 60-ies of the last century adopted the assumption about the existence of two aspects of social anxiety, i.e. the fear of negative evaluation by others, and the tendency to avoid social situations and experiencing discomfort in the presence of others. Scales SAD (Social Avoidance and Distress Scale) and FNE (Fear of Negative Evaluation) were therefore developed before the inclusion of social phobia as a separate diagnosis to the DSM-III classification [21], and for many years have been present in literature, for instance to validate other tools as describing central aspects of social phobia [22, 23].

The analyzed scales are relatively short - counting 28 (SAD) and 30 (FNE) items describing the examined person, formulated as statements requiring the selection of test answers 'yes' or 'no'. It is worth mentioning that since the 80's, there is also a shorter version of the FNE scale – 12-items - BFNE [24, 25, 26].

Research conducted with the use of full version of the SAD and the FNE scales have shown their usefulness in differentiating patients with social phobia and other specific phobias [27, 28, 29], although some studies on the differentiation of patients with social phobia and generalized anxiety disorder and panic disorder did not bring unequivocal results [30]. An interesting application of the SAD and FNE scales is also the assessment of the effects of treatment [28, 31, 32].

In studies conducted not only in English-speaking countries [e.g. 33], but also in other language and culture contexts: in France [34] Japan, [35] and Thailand [36], the scales have satisfactory psychometric properties.

Aim

Assessment of reliability, cross-validity and usefulness in everyday clinical practice of Social Avoidance and Distress Scale (SAD) and Fear of Negative Evaluation Scale (FNE).

Material and method

Translation of SAD and FNE scales has been made with the consent of the authors, publishers and copyright owners (APA). Translations into Polish and its verification by retranslation back into English were made by two independent researchers-clinicians, small differences between the versions were corrected after examining them.

A group of 626 patients (453 females and 172 males, mean age 30 years) of the Outpatient Clinic for Neurotic and Behavioral Disorders of the Cracow University Hospital, diagnosed in the years 2008-2010, filled in the SAD and FNE questionnaires within the process of qualification to psychotherapy to the day hospital for neurotic disorders. Subjects also completed the symptom checklist KO '0 '(n = 512), and neurotic personality questionnaire KON-2006 (n = 505), as well as the NEO-PI-R personality inventory (n = 46). The reliability and cross-validity coefficients of Polish versions of both tools and also their results were assessed in the population of patients of the Department of Psychotherapy and in the preliminary control group of 75 medical students (41 females and 34 males, mean age 22 years), who filled in the SAD and FNE scales anonymously, during the course on psychiatry. Statistical analyzes were done with the use of Statistica PL licensed package.

Results

Table 1. **Psychometric properties of SAD and FNE scales in a group of 625 patients**

	SAD	FNE
Cronbach's alpha coefficient of reliability	0.94	0.94
Guttman split-half coefficient of reliability	0.93	0.93

The obtained results (Tab.1) indicate a high reliability of both scales (Cronbach's α 0.94 for both scales, Guttman's split-half reliability coefficient 0.93).

Table 2. **Correlations of SAD and FNE scales with symptom checklist „0" in a group of 512 patients qualified to psychotherapy**

	SAD	FNE
Global Symptom Level score in the KO'0' questionnaire (OWK)	0.34***	0.33***
1. Phobic disorders	0.31***	0.39***
2. Other anxiety disorders	0.20***	0.36***
3. Obsessive-compulsive disorders	0.14**	0.15**
4. Conversions and dissociations	0.33***	0.33***
5. Autonomic dysfunction (*cardiovascular)*	0.39***	0.36***
6. Somatization disorders	0.47***	0.42***
7. Hypochondriacal disorders	0.16***	0.20***
8. Neurasthenia	0.26***	0.20***
9. Depersonalization and derealization	0.17***	0.18***
10. Avoidance and dependency	0.26***	0.18***
11. Impulsiveness and histrionism	0.24***	0.19***
12. Non-organic sleep disorder	0.19***	0.17***
13. Sexual dysfunctions	0.22***	0.15**
14. Dysthymia	0.21***	0.21***

**p<0.005, ***p<0.0005, marked out the highest Spearman rank correlation coefficients, i.e. above 0.4

With regard to the symptom checklist „0", the analysis have shown the strongest correlation (Tab. 2) of the both examined scales with the subscale somatization disorders. Correlations of other scales of KO „0" with the results of the SAD and FNE scales were weaker, but still of statistical significance. With the Global Symptom Level (OWK) of the symptom checklist KO "0" both scales were correlated rather weakly, although at a high level of statistical significance.

The next step was the analyzes of the correlation of the results of the SAD and FNE scales with the results obtained by means of the neurotic personality questionnaire KON-2006 (Table 3).

Table 3. **Correlation of SAD and FNE scales with the neurotic personality questionnaire KON-2006 in a group of 505 patients**

	SAD	FNE
Neurotic personality index XKON	0.55***	0.58***
1. A sense of being dependent on the environment	0.40***	0.50***
2. Asthenia	0.52***	0.47***
3. Negative self-esteem	0.45***	0.53***

table continued on next page

4. Impulsiveness	0.16***	0.24***
5. Difficulties with decision making	0.48***	0.45***
6. Sense of being alienated	0.44***	0.37***
7. Demobilization	0.50***	0.49***
8. Risk tendencies	-0.45***	-0.37***
9. Difficulties in emotional relations	0.64***	0.38***
10. Lack of vitality	0.59***	0.47***
11. Conviction of own resourselessness in life	0.50***	0.48***
12. Feeling of lack of impact	0.34***	0.39***
13. Deficit in internal locus of control	0.45***	0.49***
14. Imagination, fantasizing	0.20***	0.34***
15. Feeling of guilt	0.39***	0.53***
16. Difficulties in interpersonal relationships	0.49***	0.43***
17. Envy	0.38***	0.42***
18. Narcissistic attitude	0.08	0.07
19. A sense of being in danger	0.42***	0.43***
20. Exaltation	0.30***	0.42***
21. Irrationality	-0.10*	0.01
22. Meticulousness	0.27***	0.34***
23. Pondering	0.38***	0.54***
24. A sense of being overload	-0.01	0.09*

*p<0.05, **p<0.005, ***p<0.0005, marked out the highest Spearman
rank correlation coefficients, i.e. above 0.5

Tab. 3 shows relationships indicated in the studied group. Both scales turned out to correlate quite highly with the overall result of the questionnaire KON-2006 (the SAD at the level 0.55 and FNE at 0.58). With the scale SAD most strongly correlated the following subscales of KON-2006: Difficulties in emotional relationships , Lack of vitality and Asthenia ,while with the scale FNE, the scales Pondering, A sense of guilt and Negative self-esteem. The other subscales of KON-2006 correlated with the results of the SAD and FNE scales weaker, although still statistically significantly, with the exception of Narcissistic attitude subscale, and - in the case of scale SAD -of subscale: A sense of being overload, while in the case of FNE scale - the Irrationality subscale. The analysis of correlation of results of the examined scales with those obtained in personality inventory NEO-PI-R was also carried out (Tab. 4 – *next page*).

As shown in Tab. 4, both SAD and FNE scales proved to be correlated – from among the main factors of the NEO-PI-R inventory - with Neuroticism and Extroversion, and the scale of SAD particularly strongly (inversely) with the Extroversion factor (-0.59), while the FNE scale with the Neuroticism factor (0.63). The main factors: Agreeableness and Conscientiousness were not significantly correlated neither with the scale

SAD nor FNE, while the factor Openness to experience - only with the scale Fear of negative evaluation (FNE).

Table 4. **Correlation with personality inventory NEO-PI-R in a group of 46 patients**

	SAD	FNE
Big (main) factors (personality traits) NEO-PI-R		
Neuroticism (N)	0.36*	**0.63***
Extroversion (E)	**-0.59***	**-0.49**
Openness to experience (O)	-0.18	-0.31*
Agreeableness (U)	0.15	0.08
Conscientiousness (S)	0.05	0.04
Facets NEO-PI-R		
Anxiety (N1)	0.27	**0.55***
Hostility (N2)	0.11	0.25
Depression (N3)	0.33*	**0.66***
Self-Consciousness (N4)	**0.40***	**0.70***
Impulsiveness (N5)	-0.08	-0.09
Vulnerability to Stress (N6)	0.27	**0.51***
Warmth(E1)	0.33*	0.30*
Gregariousness (E2)	-0.60***	-0.28
Assertiveness (E3)	-0.37*	-0.39*
Activity (E4)	-0.35*	-0.26
Excitement Seeking (E5)	-0.33*	-0.27
Positive Emotion (E6)	**-0.41**	**-0.49**
Fantasy (O1)	-0.09	-0.33*
Aesthetics (O2)	-0.05	-0.23
Feelings (O3)	-0.05	-0.21
Actions (O4)	-0.31*	-0.36*
Ideas (O5)	-0.14	-0.24
Values (O6)	-0.04	-0.01
Trust (U1)	-0.18	-0.42**
Straightforwardness (U2)	-0.14	-0.07
Altruism (U3)	0.01	0.02
Compliance (U4)	0.05	0.15
Modesty (U5)	**0.42**	**0.51***
Tender-mindedness (U6)	0.03	0.08
Competence(S1)	-0.20	-0.27
Order (S2)	-0.08	0.00
Dutifulness (S3)	0.25	0.23
Achievement Striving (S4)	0.13	0.17
Self-Discipline (S5)	-0.01	-0.04
Deliberation (S6)	0.25	0.25

*p<0.05, **p<0.005, ***p<0.0005, marked out the highest Spearman rank correlation coefficients, i.e. above 0.4

FNE scale has proved to be particularly strongly (and statistically significantly) correlated with the results of the NEO-PI-R in the subscales: Self-Consciousness and Depression (0.70 and 0.66), and inversely correlated with the ability of respondents to experience positive emotions (Positive emotions -0.49). In the studied group there were no relationships indicated between the results of FNE scale and the results of some facets of the Extraversion factor: Gregariousness, Activity, Excitement seeking. Descriptive statistics of the values of SAD and FNE scales in the control group (comprised of 75 fourth-year medical students) are presented in Tab. 5 below, and their comparison with the results of patients is also illustrated by Figures 1 and 2

Table 5. **Values of SAD and FNE scales in groups of 625 patients and 75 students**

	Patients		Students	
	SAD	**FNE**	**SAD**	**FNE**
Mean	15***	22^^^	8***	13^^^
Standard Deviation	8	8	7	8
Median	15***	25^^^	6***	11^^^
Lower quartile	8	18	2	8
Upper quartile	22	28	12	19
Minimum	0	0	0	0
Maximum	28	30	25	30
Skewness	-0.20	-0.98	0.82	0.54

significance of difference $p<0.0001$ marked*** ^^^

Figure 1.

SAD Scale scores

Median
25%-75%
Min.-Max.

patients   students
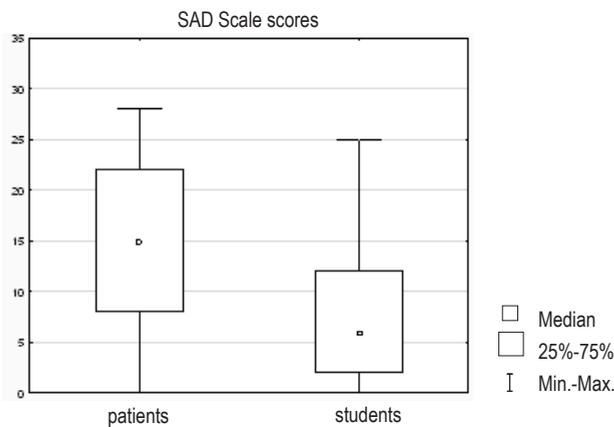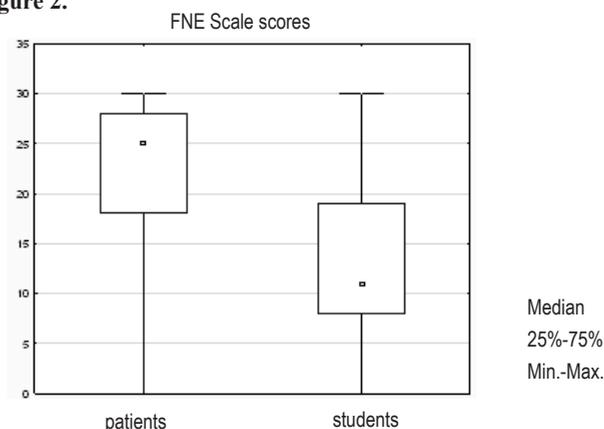
Figure 2.

FNE Scale scores

Median
25%-75%
Min.-Max.

As is apparent from Tab. 5, the mean values and the medians of both analyzed scales were considerably (significantly) lower in the group of students than in a group of patients. Reliability of the analyzed scales in the group of students was satisfactory: Cronbach's alpha coefficients in the control group (75 students) were as follows: for the scale SAD 0.91 and for the scale FNE 0.92, Guttman's split- half reliability coefficients were 0.85 for SAD and 0.91 for FNE scale.

Discussion of results

Polish versions of the SAD and FNE scales were used in the population of patients applying for diagnostics in the outpatient clinic because of neurotic disorders, and accompanying personality disorders.

In the population of patients qualified for treatment with psychotherapy, both - the scale of social avoidance and distress (SAD) as well as fear of negative evaluation scale (FNE) - had differentiated values (as indicated by standard deviations and interquartile ranges), which shows their usability for increasing the accuracy of description of the patients suffering from a variety of deficits and problems within the same group of disorders. At the same time, both scales are characterized by high reliability, which can be associated with a good motivation of the patients to provide reliable information helpful in the treatment, as well as with the relatively small size of the examined scales.

Particularly interesting turned out to be strong link between the results of the SAD and FNE scales with the subscale of KO „0" symptom checklist [5], describing somatization disorders. This result can be understood as a reflection of the significance of the „somatic component of social anxiety disorder." The results of the both examined scales moderately (but significantly) correlated with the global level of neurotic disorders as measured by KO „0", which can be interpreted as the effect of picture of neurotic disorders broader (in the studied group composed of patients usually not suffering from phobias) than exclusively associated with the experienced social anxiety.

More correlations were found in the relationships of results of the examined scales with the results of neurotic personality questionnaire KON-2006. With the scale SAD were associated most strongly in the examined group the following subscales:

Emotional difficulties in relationships, Lack of vitality and Asthenia, which seems to confirm the fact that this scale in accordance with the intentions of the authors of the original version, refers to both the subjective and behavioral aspects of social functioning difficulties [33].

Strong relationships between FNE scale, and scales of KON-2006: Pondering, Sense of guilt and Negative self-esteem, in turn, confirm the assumption that it should include (more unequivocally than SAD) the attitude of respondents to the fact that they will be negatively evaluated, the fear of this assessment and at the same time expecting it from others.

It is worth noting that the subscale of KON-2006: Narcissistic attitude (concerning rather „facade" superiority) was correlated neither with SAD nor FNE scale-, in the case of the SAD scale its relationship with the subscale measuring Sense of being overloaded of the respondents was also not found, while as far as the FNE is concerned - with the Irrationality subscale.

The results of the research in the group of medical students are the first approximation of evaluation of the possibility of differentiation (e.g. for screening tests) between populations of healthy people (or at least not treated) and the ill persons (patients), as well as the evaluation of results of psychotherapy or pharmacological treatment. The obtained results allow for preliminary conclusions suggesting good validity of SAD and FNE scales, also in this area, but need further investigation - already launched - analyzes based on larger and more diverse control groups (people of all ages, of varying professional groups etc.), taking into account their mental state.

Conclusions

1. SAD and FNE scales turned out to be characterized by very good reliability.
2. Both scales were characterized by expected high cross-validity, consistent with the theoretical assumptions that describe particular scales and their components.
3. SAD and FNE scales are useful tools that could be applied in further studies, for instance can be used to determine the cut-off points between untreated populations of disordered persons and the healthy ones (so for screening studies and confirming diagnosis), as well as to evaluate the changes achieved through psychotherapy.

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