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## Dysfunctional beliefs in panic disorder: The Panic Belief Inventory

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### Abstract

The Panic Belief Inventory (PBI) was developed to assess beliefs that increase the likelihood of catastrophic reactions to physical and emotional experiences in panic disorder. In the first stage of scale development, 197 panic disorder patients completed the PBI and standard self-report inventories of psychiatric symptomatology. An exploratory factor analysis yielded a 4-factor solution from which a 35-item instrument with 4 scales was constructed. The shortened measure and its scales had good internal consistency and convergent validity and moderate discriminant validity. Subsequently, 22 panic disorder patients who received cognitive therapy completed the PBI and other self-report inventories of dysfunctional cognitions at intake, 4 weeks, 8 weeks, termination, and several follow-up intervals. Results indicated that the PBI decreased significantly across treatment, with the largest decline occurring between intake and 4 weeks into treatment. The PBI correlated more strongly with dysfunctional cognitions associated with anxiety than dysfunctional cognitions associated with depression. These results provide preliminary evidence that the PBI has adequate psychometric characteristics, is useful to assess change in dysfunctional beliefs during treatment, and has the potential to advance cognitive theories of panic.

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## Introduction

According to cognitive theories of panic disorder (e.g., Beck & Emery, 1985; Clark, 1986, 1988), panic attacks result from catastrophic ideation and a fear of physical and psychological disaster. Individuals with panic disorder estimate that physiological and emotional experiences are more dangerous than they actually are and that they signal impending doom. Cognitive models suggest that individuals with panic disorder experience negative automatic thoughts, such as “I am going to have a heart attack,” in the context of an anxious state or when encountered by ambiguous bodily sensations. Moreover, they indicate that these individuals are characterized by the tendency to filter information in a biased manner, such that they are hypervigilant for and quickly detect changes in their physiological activity and emotional stability. Thus, distorted cognition is central to understanding the pathology of panic disorder in these models.

A number of self-report inventories have been developed to assess the cognitive content associated with panic, most of which can be grouped into two broad categories. The first group of measures assesses the degree to which individuals with panic disorder experience negative automatic thoughts during panic attacks, including the *Agoraphobic Cognitions Questionnaire* (Chambless, Caputo, Bright, & Gallagher, 1984), the *Agoraphobic Self-Statements Questionnaire* (van Hout, Emmelkamp, & Scholing, 1994), the *Panic Attack Cognitions Questionnaire* (Clum, Broyles, Borden, & Watkins, 1990), and the panic consequences scale of the *Panic Appraisal Inventory* (Telch, Brouillard, Telch, Agras, & Taylor, 1989). In these measures, individuals with panic disorder are presented with a series of negative automatic thoughts (e.g., “I am going to throw up”, “This will never end”), and they rate the frequency and/or intensity with which each thought is experienced during acute anxiety. Research examining the psychometric properties of these measures has found that they discriminate between individuals with panic disorder and individuals with other anxiety disorders and nonanxious individuals and are sensitive to gains made in treatment. Thus, the development of these measures has advanced theory by providing empirical evidence that individuals with panic disorder endorse these cognitions during times of acute anxiety.

A second group of measures assesses the degree to which individuals with panic disorder experience fear and anxiety during uncomfortable physiological and psychological sensations. For example, the *Body Sensations Questionnaire* (Chambless et al., 1984) requires individuals to endorse the degree to which they are frightened or worried by sensations that occur in the context of being in a nervous or feared situation (e.g., “Heart palpitations”), and the *Agoraphobic Cognitions Scale* (Hoffart, Friis, & Martinsen, 1992) requires individuals to rate the extent to which they fear various situations (e.g., “Fear of illness”, “Fear of making a scene”). Noting that these measures assess a cognitive aspect of fear but not necessarily catastrophic cognitions as specified in Beck and Emery’s (1985) model, Khawaja and Oei (1992) developed the *Catastrophic Cognition Questionnaire*. Individuals who complete this inventory are instructed to rate the extent to which they believe conditions, such as being irritable or feeling dizzy, are personally dangerous. Although the *Catastrophic Cognitions Questionnaire* was developed from a well-defined theoretical framework and had the potential to be an especially relevant measure of cognition associated with panic disorder, only two of its five factors differentiated panic patients from non-patients, and no factors differentiated panic patients from other anxiety patients (Khawaja, Oei, & Baglioni, 1994).

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