Psychometric properties of the Youth Anxiety Measure for DSM-5 (YAM-5) in a community sample

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A B S T R A C T

To detect children with dysfunctional levels of fear and anxiety, we need reliable and valid measures that fit the contemporary diagnostic system and suit and support current practices in mental health. Therefore, we developed the Youth Anxiety Measure for DSM-5 (YAM-5), a questionnaire that assesses symptoms of the full range of the contemporary anxiety diagnoses of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Part I of the YAM-5 measures all of the major anxiety disorders and Part II measures all of the specific phobias. The current study evaluated the psychometric properties of the child self-report version of the YAM-5. Children (N = 414) aged 8 to 12 years (M = 10.49, SD = 1.04) were recruited via regular primary schools and the data were collected at school during regular classes. Good internal consistencies were demonstrated for the subscales of Part I and for the total scale of Part I and Part II. Furthermore, good test-retest reliability, good concurrent validity and good construct validity of both parts of the questionnaire were found. Overall, this study strongly indicates that the YAM-5 is suitable for measuring symptoms of anxiety disorders in community samples.

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1. Introduction

Although anxiety is functional in nature, high levels of this emotion can cause significant impairment and dysfunction and undermine the individual’s quality of life (Achenbach, Howell, McConaughy, & Stranger, 1995; Essau, Conradt, & Petermann, 2000). Moreover, high levels of anxiety tend to persist over long periods of time and may even develop into anxiety disorders (Kessler et al., 2005; Simon, van der Sluis, Muris, Thompson, & Cartwright-Hatton, 2014). Anxiety disorders are among the most prevalent forms of child psychopathology (Cartwright-Hatton, McNicol, & Doubleday, 2006). In order to detect children with dysfunctional levels of fear and anxiety, we need reliable and valid measures. Questionnaires are time-efficient, cheap and economic as they do not require much engagement of trained professionals. It is important to keep questionnaires up to date, so that they fit the contemporary diagnostic system and suit and support current practices in mental health.

A couple of years ago, the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, APA, 2013) classification system became available. Whereas previous editions of the DSM were solely based on a categorical approach, the DSM-5 has added a dimensional component. According to the categorical approach, a diagnosis is either present or absent (Kraemer, Wilson, Fairburn, & Agras, 2002), whereas the dimensional approach also provides insight into the degree to which symptoms or disorders are manifested (Hudziak, Achenbach, Althoff, & Ping, 2007). In addition to this general change in the DSM, the most important changes in the anxiety disorders category were: (1) obsessive-compulsive disorder and the posttraumatic and acute stress disorder are no longer considered as pure anxiety disorders and are now listed under separate categories; (2) the inclusion of selective mutism and separation anxiety disorder, which were previously categorized under the disorders usually first diagnosed in infancy, childhood, or adolescence; and (3) a more clear-cut diagnostic separation of panic disorder and agoraphobia (APA, 2013).

To support the contemporary classification system by assessment tools, the DSM-5 Anxiety, Obsessive-Compulsive Spectrum, Post-traumatic, and Dissociative Disorders workgroup developed dimensional anxiety scales, which were revised by LeBeau et al. (2012). A self-report version for children aged 8–13 years was created by Möller, Majdandžić, Craske, & Bögels (2014), which examines the frequency of cross-cutting fear- and anxiety symptoms for all DSM-5 anxiety disorders, except selective mutism. Möller et al. (2014) examined the convergent validity of the dimensional scales by correlating them to a commonly used DSM-IV-based anxiety screening questionnaire, the 71-item version of the
Screen for Child Anxiety Related Emotional Disorders (SCARED-71, Bodden, Bögels, & Muris, 2009). Results revealed positive correlations between both measures supporting their validity, but the pattern of findings also made the researchers conclude that the dimensional anxiety scales are mainly of value in clinical samples. Möller and colleagues proposed that screening questionnaires, such as the SCARED-71, are more appropriate in community populations.

However, apart from the dimensional scales of the DSM-5 workgroup, no other anxiety questionnaire has been updated to the DSM-5, which means that there are currently no DSM-5-based scales available for assessing anxiety symptoms in community populations of children. With this in mind, we developed the Youth Anxiety Measure for DSM-5 (YAM-5), a questionnaire that is comparable to the SCARED-71 as it assesses symptoms of the full range of contemporary DSM anxiety diagnoses. The YAM-5 consists of two parts: Part I measures symptoms of the major anxiety disorders (selective mutism, separation anxiety disorder, social anxiety disorder, panic disorder, generalized anxiety disorder), while Part II assesses the various phobias, including agoraphobia. A first study on the YAM-5 child version mainly focused on exploring the face validity of the questionnaire by asking an international panel of anxiety experts to categorize the items to the anxiety disorders subscales (Muris et al., 2017). The study indicated that, overall, the face validity of the YAM-5 was good, except for the subscales measuring selective mutism and various types of phobia (which were quite difficult to distinguish from each other). Furthermore, a first inspection of some psychometric properties in a clinical sample of children and adolescents aged 8 to 16 years also yielded promising results (Muris et al., 2017). More precisely, the internal consistency of the scale appeared sufficient to good, the parent-child agreement was satisfactory, and there was also some support for convergent and divergent validity.

The present study provides a first comprehensive test of the psychometric properties of the self-report version of the YAM-5 in a community sample of 8- to 12-year-old children. The following psychometric aspects were evaluated and were expected to be good: (a) internal consistency, (b) test-retest reliability, (c) concurrent validity, and (d) construct validity of the child self-report version.

2. Method

2.1. Participants

Children 8 to 12 years of age (M = 10.49, SD = 1.04) were recruited via regular primary schools. Ten primary schools took part, from different parts of the Netherlands. Out of 835 children who were approached, 424 (51%) actually participated and completed the set of questionnaires. The participants were recruited in three groups (n_group1 = 118, n_group2 = 107, n_group3 = 189). Group 1 (Mage = 10.72, SD = 0.70; boys-girls ratio: 51–49%) only completed the YAM-5. Children of group 2 (Mage = 10.13, SD = 1.31; boys-girls ratio: 62–38%) and group 3 (Mage = 10.56, SD = 1.00; boys-girls ratio: 48–52%) completed the YAM-5 as well as another questionnaire (respectively the SCARED-71 and the behavioral inhibition measure). Furthermore, 181 (96%) children of group 3 also completed the YAM-5 for a second time, 1 month after the baseline assessment.

One participant (from group 3) was excluded from the data set because this child did not fall within the age range, four children (from group 3) were removed because they did not complete the YAM-5 at baseline, and five children (3 children from group 2; 2 children from 3) were discarded because they had <10% missing items on the YAM-5 at baseline. Four children did not fill in their age, but we did not exclude these children from further analyses (age was not imputed). This resulted in a final sample of 414 children, with 217 being boys (52%) and 197 being girls (48%). Girls and boys did not differ in terms of age, t(409) = 0.653, p = 0.526.

2.2. Procedure

This study was approved by the local Ethical Committee of Psychology. Regular primary schools from the Netherlands were informed about the project by phone and email. Schools that were interested received a detailed information letter, after which they decided to participate. Parents received an information letter along with a consent form. Only children of whom parents had provided informed consent by signing and returning the form were asked to fill in the questionnaires. The YAM-5 was the target questionnaire in the present investigation and was completed by all children. Two other scales were used to examine the concurrent validity. Group 2 completed the SCARED-71 (Bodden et al., 2009), which was employed because this questionnaire is comparable to the YAM-5 but is based on the previous version of the DSM (the DSM-IV-TR). Group 3 filled in the Behavioral Inhibition Questionnaire for Children-Short Form (BIQ-C-SF, Broeren & Muris, 2010), which was utilized because behavioral inhibition predisposes to (enduring) anxiety and this questionnaire does not rely on the previous classification system. The assessment took place at school, with the researcher and teacher being present to ensure confidential and independent responding.

2.3. Questionnaires

2.3.1. YAM-5

The YAM-5 (Muris et al., 2017) is a questionnaire that can be used to assess anxiety symptoms in children and adolescents. This study focused on the child self-report version (see Appendix A). As noted earlier, the YAM-5 consists of two parts. Part I (28 items) taps symptoms of the major DSM-5 anxiety disorders, and thus contains the following subscales: separation anxiety disorder (6 items), selective mutism (4 items), social anxiety disorder (6 items), panic disorder (6 items), and generalized anxiety disorder (6 items). Part II (22 items) also contains 5 subscales covering the phobia types: animal (5 items), natural environment (4 items), blood-injection-injury (3 items), other (4 items), and situational which in terms of fear content resembles agoraphobia (6 items). All items are rated on a 4-point Likert scale, ranging from 0 (never) to 3 (always). The YAM-5 is an open source questionnaire that is available in English, Dutch, and Spanish. Besides the child self-report there is also a parent-report version, and a version for adults.

2.3.2. SCARED-71

The 71-item version of the SCARED (Bodden et al., 2009) intends to measure symptoms of childhood anxiety disorders. This scale is based on DSM-IV and contains the following subscales: panic disorder, generalized anxiety disorder, social anxiety disorder, separation anxiety disorder, obsessive-compulsive disorder, post-traumatic stress disorder, and phobia types (situational-environmental; blood-injection-injury type, and animal). The items are scored on a three-point scale (0 = almost never, 1 = sometimes, 2 = often).

The self-report version of the SCARED-71 possesses good internal consistency, with a Cronbach’s alpha of 0.95 for the total score and alpha coefficients ranging between 0.64 and 0.87 for various subscales. The SCARED-71 also discriminates well between clinically anxious and non-clinical children (Bodden et al., 2009) and was shown to be a useful screening tool for anxiety symptoms in primary school children (Simon & Bögels, 2009). In the current study the internal consistency was good, with a Cronbach’s alpha of 0.92 for the total scale.

2.3.3. BIQ-C-SF

The Behavioral Inhibition Questionnaire (Bishop, Spence, & McDonald, 2003) measures behavioral inhibition, a temperamental construct characterized by a tendency to respond with anxiety and stress when being confronted with unfamiliar people and novel situations. The BIQ originally was a parent-report scale but Broeren and Muris (2010) rephrased the items from the child’s perspective, thereby
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