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## A psychometric reanalysis of the Albany Panic and Phobia Questionnaire

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### Abstract

The psychometric properties of the 27-item Albany Panic and Phobia Questionnaire (APPQ) were evaluated in 1930 outpatients with *DSM-IV* anxiety and mood disorders. Although prior findings of a 3-factor latent structure were upheld in several replications (Social Phobia, Agoraphobia, Interoceptive), three items failed to load on their predicted factor (Interoceptive). Multiple-groups CFAs indicated that the measurement properties of the APPQ were invariant in male and female patients, with the exception of an intercept of one item from the Agoraphobia scale which evidenced bias against females. The three APPQ dimensions were consistently associated with high levels of scale reliability and factor determinacy. Strong evidence of concurrent validity of the Social Phobia and Agoraphobia factors was obtained in relation to interview and questionnaire measures. Although the Interoceptive factor was more strongly related to criterion measures of anxiety sensitivity and fear of panic than Social Phobia, the Agoraphobia factor had the strongest relationships with these validity indices. The results are discussed in regard to psychometric implications for the APPQ and conceptual issues pertaining to the discriminant validity of fear of agoraphobic situations and fear of sensation-producing activities.

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## 1. Introduction

Fear and avoidance are hallmark features of the phobic disorders (panic disorder with agoraphobia, social phobia, specific phobia). The breadth and depth of the fear and avoidance can range from *overt* situational avoidance (e.g., public speaking, heights) to more *subtle* fears of substances or situations that may provoke autonomic symptoms similar to anxiety and panic (e.g., caffeine, aerobic activity). This distinction between the obvious and subtle forms of fear and avoidance is particularly evident in panic disorder. Phobic avoidance in panic disorder (i.e., agoraphobia) can be established from any one of the following criteria: (1) situational avoidance, (2) anxiety and distress in the phobic situation, or (3) requiring the presence of a companion in the phobic situation (American Psychiatric Association, 1994). As such, an individual may have no or few overtly avoided situations but may still have considerable fear, distress, and subtle avoidance behavior in the phobic situation. In short, the fear associated with agoraphobia is focused on the onset of distressing symptoms in situations, not the avoided situation itself. Because of this “fear of fear” (Goldstein & Chambless, 1978), a continuum of situational fears and restrictions may develop.

Whereas early conceptualizations of panic disorder with agoraphobia (PDA) centered on overt situational avoidance (e.g., Marks, 1969; Snaith, 1968), contemporary theories of PDA have emphasized the fears of autonomic sensations that are similar to those of a panic attack (Barlow, 2002; Clark, 1986). Indeed, many modern empirically supported treatments target exposure to both the phobic situations as well as the autonomic (or interoceptive) symptoms and situations (Barlow, Gorman, Shear, & Woods, 2000; Spiegel & Barlow, 2000). Because of the important role of interoceptive fear and avoidance in the development and treatment of PDA, thorough assessment of the feared sensations and activities that may produce them are essential. From a clinical standpoint, this assessment can serve as the foundation for designing interoceptive exposure exercises—a vital treatment component for decreasing a patient’s anxiety about and sensitivity to physical sensations (Craske & Barlow, 2001; White & Barlow, 2002). In addition to its clinical importance, comprehensive assessment of dimensions of phobic fear and avoidance may have significant etiological and theoretical relevance for research in understanding PDA and the phobias.

Although a number of scales have been developed to assess integral aspects of PDA (cf. Antony, 2001), the assessment of interoceptive fear and avoidance has been largely neglected. An exception is the Albany Panic and Phobia Questionnaire (APPQ; Rapee, Craske, & Barlow, 1994/1995), a scale that was designed to measure the distinct dimension of fear of sensation-producing activities, in addition to fear of common agoraphobic and social phobic situations. Using principal components analysis (PCA) with equamax rotation, Rapee et al. (1994/1995) reported findings in support of the posited 3-factor solution in a sample of 405 patients with anxiety disorders and 33 persons with no mental disorder. After examination of internal consistency and factor structure (and removal of items failing to meet salient loading criteria), the final scale consisted of 27 items forming three subscales, interpreted as reflecting fear of agoraphobic situations (“Agoraphobia,” 9 items), fear of activities that produce somatic sensations (“Interoceptive,” 8 items), and fear of social situations (“Social Phobia,” 10 items). Rapee et al. (1994/1995) subjected the APPQ to additional tests of internal consistency, temporal stability, validity, and sensitivity to change during treatment, and all evidences attested to the favorable psychometric qualities of the scale (e.g.,  $\alpha$ s ranged from .87 to .90). For instance, support for the convergent/discriminant validity of the APPQ was evidenced by a differential pattern of correlations with other clinical ratings and self-report measures of social

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