

Psychometric properties of the social phobia inventory: Further evaluation

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Abstract

This study investigated the psychometric properties of the *Social Phobia Inventory* [SPIN; Connor, K. M., Davidson, J. R. T., Churchill, L. E., Sherwood, A., Foa, E., Wesler, R.H., 2000. Psychometric properties of the Social Phobia Inventory (SPIN). *British Journal of Psychiatry*, 176, 379–386], a measure of severity in social phobia (social anxiety disorder). Participants included 132 participants with social phobia, 57 participants with panic disorder and agoraphobia (PDA), and 62 participants with obsessive-compulsive disorder (OCD). Confirming findings from an initial validation study, the SPIN was found to have excellent internal consistency and good test–retest reliability. It also distinguished well between those with social phobia and those with either PDA or OCD. Good convergent and discriminant validity were established by examining correlations with other conceptually related and unrelated scales. Finally, the SPIN was sensitive to changes in social phobia severity following cognitive behavioral group treatment. In conclusion, the SPIN is both reliable and valid for the measurement of social phobia severity and outcome following psychological treatment.

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Introduction

Given increasing interest in social anxiety and social phobia (SP) (also known as social anxiety disorder), a number of measures have been developed to assess symptoms of this common problem. These include clinician administered scales, such as the Brief SP Scale (Davidson et al., 1991) and the Liebowitz Social Anxiety Scale (Liebowitz, 1987), as well as self-report scales such as the Fear of Negative Evaluation and Social Avoidance and Distress Scales (Watson & Friend, 1969), Self-Statements During Public Speaking Scale (Hofmann &

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DiBartolo, 2000), Social Interaction Anxiety Scale (SIAS; Mattick & Clarke, 1998), SP and Anxiety Inventory (Turner, Beidel, & Dancu, 1996), SP Scale (SPS; Mattick & Clarke, 1998), and the Social Thoughts and Beliefs Scale (Turner, Johnson, Beidel, Heiser, & Lydiard, 2003). Recent reviews of these and other scales for measuring SP symptoms are available elsewhere (e.g., McCabe & Antony, 2002; Orsillo, 2001).

One relatively new self-report instrument that shows particular promise is the SP Inventory (SPIN; Connor et al., 2000). At 17 items, it is the briefest of the available self-report instruments for measuring SP severity. Results from the original validation study suggest that the SPIN possesses strong internal consistency, test-retest reliability, convergent validity, discriminative validity, construct validity, and sensitivity for measuring change following pharmacological treatment.

In addition, it appears to be a useful screening tool for distinguishing between people with and without SP. Preliminary research has found that a cut off score of 19 is useful for distinguishing between those with SP and nonanxious controls 79% of the time. A follow-up study (Connor, Kobak, Churchill, Katzelnick, & Davidson, 2001) suggested that three items in particular (“Fear of embarrassment causes me to avoid doing things or speaking to people”; “I avoid activities in which I am the center of attention”; “Being embarrassed or looking stupid are among my worse fears”) may be particularly useful for the purpose of screening for SP. A cut off score of 6 on these three items (collectively referred to as the Mini-SPIN) was useful for diagnosing SP 90% of the time in a managed care population.

Not surprisingly, the SPIN is quickly becoming a popular measure in SP treatment outcome trials, particularly in the pharmacotherapy literature (Allgulander et al., 2004; Rickels, Mangano, & Khan, 2004; Stein, Fyer, Davidson, Pollack, & Witt, 1999; Stein, Sareen, Hami, & Chao, 2001; Stein, Versiani, Hair, & Kumar, 2002). However, with the exception of a study by Vilete, Coutinho, and Figueira (2004) on a Portuguese translation of the scale, we could find no published psychometric validation studies on the SPIN except for the original study conducted by the developers of the scale.

The purpose of the present study is to replicate the initial validation of the SPIN in an independent sample. Like the initial study, the present study examined the internal consistency, test-retest reliability, discriminative validity, convergent validity, and treatment sensitivity of the SPIN by comparing it to measures that are either conceptually distinct (i.e., Depression Anxiety and Stress Scales [DASS], Anxiety Sensitivity Index [ASI]) or conceptually similar (i.e., SIAS, SPS). Specifically, we anticipated that the SPIN would have low to moderate correlations with the DASS since the tripartite model asserts that anxiety and depression have both shared and unique features (Clark & Watson, 1991). Anxiety sensitivity (i.e., fear of physiological symptoms of anxiety) tends to be somewhat elevated in people with SP; in light of this observation, as well as the fact that four of the 17 items on the SPIN describe physiological symptoms, we expected that the SPIN would have low to moderate correlations with the ASI. Finally, we expected that the SPIN would share strong relationships with both the SIAS and SPS because items on these measures appear to assess the same construct.

To further evaluate the psychometric properties of the SPIN, we also examined some additional features of the scale in the present study. First, this study compared scores on the SPIN in patients with SP to those in patients with panic disorder with agoraphobia (PDA) and obsessive-compulsive disorder (OCD), to discover whether the SPIN can distinguish among several specific anxiety disorder groups. Second, this study examined the sensitivity of the SPIN to measure changes in symptoms following cognitive behavior therapy (CBT) for SP. Although previous research confirmed the utility of the SPIN as an outcome measure for pharmaceutical trials, this is the first study to report on the utility of the SPIN as a CBT outcome measure.

Method

Participants

Participants were 251 outpatients consecutively referred for assessment and treatment for anxiety-related problems at the Anxiety Treatment and Research Centre (ATRC) at St. Joseph's Healthcare, in Hamilton, Ont., Canada. As part of the intake process, all participants completed the Structured Clinical Interview for DSM-IV (SCID-IV; First, Spitzer, Gibbon, & Williams, 1996), administered by a trained clinician. When multiple disorders were present, a diagnosis was considered principal if it caused the most distress or functional impairment, relative to the other problems diagnosed. Only participants with a principal diagnosis

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