



Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED) in the general Italian adolescent population: A validation and a comparison between Italy and The Netherlands

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ARTICLE INFO

Article history:

Received 23 September 2008

Received in revised form 16 April 2009

Accepted 16 April 2009

Keywords:

Adolescents

Anxiety

SCARED

Validation

Cross-cultural

ABSTRACT

In this study examination is given to the psychometric properties of the Italian version of the Screen for Child Anxiety Related Emotional Disorders (SCARED) in a large community sample of adolescents. Additionally, a comparison was made between the anxiety scores of this Italian adolescent cohort ($N = 1975$) and a comparative Dutch adolescent cohort ($N = 1115$).

Findings revealed that a five-factor structure of the SCARED applied not only to the Italian adolescents from the general community, but also to boys and girls, and to early and middle adolescents. Moreover, sex and age differences on anxiety scores within the Italian sample were found to be consistent with previous studies of adolescent anxiety disorders. Finally, Italian adolescents reported higher anxiety scores than their Dutch peers.

Findings of this study highlight that the SCARED is a valid screening instrument to rate anxiety symptoms of Italian adolescents.

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1. Introduction

Anxiety is one of the most prevalent psychosocial problems among youth in Western societies (Ollendick, King, & Muris, 2002). In epidemiological studies it has been reported that approximately 5–17% of children and adolescents suffer from an anxiety disorder (Bernstein, Borchardt, & Perwien, 1996). It is crucial that anxiety symptoms are recognized since high levels of anxiety symptoms can hinder adolescent development (Crocetti, Klimstra, Keijsers, Hale, & Meeus, *in press*) and anxiety symptoms many times have a chronic course that persists into adulthood (Roza, Hofstra, van der Hende, & Verhulst, 2003).

Therefore, it is of utmost importance to have adequate tools to screen the severity of anxiety symptoms in the general adolescent population. Even though (semi-)structured interviews may be employed to evaluate *DSM-IV-TR* (DSM; American Psychiatric Association, 2000) anxiety disorders in adolescents, these interviews are highly time-consuming and require trained interviewers to be

administered. However, self-report questionnaires can be easily employed for screening purposes to ascertain whether adolescents fall within a high-risk category. Thus, in a two step procedure, a screening questionnaire can be used to detect adolescents that are at-risk for anxiety, and high-risk adolescents can be further assessed by means of a *DSM* (semi-)structured interview (Essau, Muris, & Edere, 2002; Hale, Raaijmakers, Muris, & Meeus, 2005).

Several anxiety self-report questionnaires have been developed to evaluate anxiety disorder symptoms. In their review of anxiety rating scales, Myers and Winters (2002) concluded that the Screen for Child Anxiety Related Emotional Disorders (SCARED) is of one the best self-report instrument to evaluate anxiety symptoms.

1.1. The Screen for Child Anxiety Related Emotional Disorders (SCARED)

The SCARED was initially developed by Birmaher and his collaborators. It comprises of 38-items that can be grouped into five subscales. Four of these subscales measure anxiety disorder symptoms as conceptualized in the *DSM-IV-TR*: panic disorder, generalized anxiety disorder, separation anxiety disorder, and social anxiety. The fifth subscale, school anxiety, represents a common anxiety problem in childhood and adolescence (Birmaher et al., 1997).

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Using the SCARED as a screen for child and adolescent anxiety symptoms has many advantages (Myers & Winters, 2002). First, its *reliability* is very good. The five factors have good internal consistency, assessed by means of Cronbach's Alpha, as well as good test–retest reliability (Birmaher et al., 1997, 1999). Second, the SCARED has shown good *discriminant validity*, differentiating between youths with and without anxiety disorders, between individuals with specific anxiety disorders, and also between children with anxiety disorders and children with depressive disorders (Birmaher et al., 1997, 1999). Third, the *convergent validity* of the SCARED is good. A comparison between the SCARED and the Anxiety Disorders Interview Schedule for Children (A-DISC) found that the SCARED had strong sensitivity and specificity when compared to the A-DISC (Muris, Merckelbach, Mayer, & Prins, 2000). Additionally, Muris, Merckelbach, Ollendick, King, and Bogie (2002) found that the SCARED is positively and meaningfully related to other anxiety questionnaires.

The SCARED was originally developed in English for a clinical population (Birmaher et al., 1997, 1999). However, translated versions have been found to be reliable instruments to assess anxiety symptoms in other countries. Specifically, Hale et al. (2005) demonstrated, by means of Confirmatory Factor Analyses (CFA), that the five-factor Dutch version of the SCARED provided a very good fit in a large Dutch community sample and it was significantly better than the one-factor solution, confirming the multidimensionality of the SCARED. Essau et al. (2002) validated the German language version of the SCARED. They found, by means of Exploratory Factor Analyses, a six-factor solution; comprising of generalized anxiety, panic, school anxiety, social anxiety, and two separation anxiety subscales. However, the internal consistency, assessed by using Cronbach's Alpha, was found to be adequate for the original SCARED subscales (generalized anxiety, panic, school anxiety, and social anxiety) and for the composite of their two separation anxiety subscales. Ogliari et al. (2006) administered the SCARED in a sample of Italian twins. By means of Exploratory Factor Analysis they only found four of the five original factors (generalized anxiety, panic, social anxiety, separation anxiety), based on a reduced number of items. The school anxiety factor was not found to be reliable. Unreliability of the school anxiety factor has been also documented in Chinese (Su, Wang, Fan, Su, & Gao, 2008) and South African (Muris, Schmidt, Engelbrecht, & Perold, 2002) adolescent cohorts.

1.2. Sex and age differences in adolescent anxiety symptoms

If it is important to examine the applicability of the SCARED in different countries, it is equally important to test the applicability of the SCARED with different groups living in the same country. In particular, the applicability of the SCARED in sex (males and females) and age (early and middle adolescents) groups deserves attention, since a wide corpus of evidence seems to indicate that anxiety symptoms varies significantly between these groups.

Previous findings on sex and age differences in adolescent anxiety are quite straightforward. In respect to sex differences, convergent evidence highlight that girls generally report higher anxiety scores than boys (Birmaher et al., 1997; Crocetti et al., *in press*; Essau et al., 2002; Hale et al., 2005; Muris et al., 2002a, 2002b; Ogliari et al., 2006; Ollendick & King, 1994). Regarding age differences, findings indicate that while separation anxiety disorder decreases as an adolescent grows older, other anxiety disorders increase with age (Birmaher et al., 1997; Compton, Nelson, & March, 2000; Essau et al., 2002; Hale et al., 2005; Ogliari et al., 2006; Su et al., 2008).

1.3. Cultural differences on anxiety symptoms

Until now, cross-national comparisons of anxiety disorders have received little attention. As far as we know, only Muris et al. (2002b) compared the SCARED scores of two different adolescent cohorts living in different countries: South African adolescents were compared to Dutch adolescents. Findings clearly indicated that South African adolescents exhibited more anxiety symptoms than their Dutch peers. These results are in line with those documented by Opolot (1976) who found that African children from Uganda reported higher anxiety scores than their American peers. Similarly, a study in which fear content and intensity were assessed (Ollendick, Yang, King, Dong, & Akande, 1996) revealed that Nigerian children and adolescents report higher levels of fears than their American and Australian counterparts. Therefore, differences in anxiety symptom severity between adolescents from different countries also deserves investigation.

It is for these reasons that we will explore anxiety symptom severity scores of two European countries: a southern European cohort (i.e., Italian adolescents) will be compared to a northern European one (i.e., Dutch adolescents). Existing evidence has highlighted a number of differences in the experience of adolescents from these countries. For instance, results of the Health Behavior in School-aged Children study (HBSC) of the World Health Organization (Currie et al., 2008) have indicated clear differences on levels of well-being reported by Italian and Dutch adolescents. In particular, Italian cohorts have been found to be less satisfied with their lives and also to report more health complaints than their Dutch peers. Recently, Crocetti, Schwartz, Fermani, and Meeus (2008) found that Italian adolescents, compared to a similar Dutch group, reported a more unstable identity development: they reconsidered their choices to a greater extent than their Dutch peers, showing to be uncertain about their current commitments. The authors argued that this might be due to the fact that in Italy the transition to adulthood is extended into the late twenties. Eurostat (2008) findings pointed out that, in 2006, the employment rate of young people aged 15–24 years was only 25% in Italy, whereas this rate was higher than 60% in the Netherlands. Similarly, the unemployment rate of individuals younger than 25 years was 21.6% in Italy and 6.6% in the Netherlands. Therefore, Italian youths enter in the labor market much later than their Dutch peers. Similarly, residential independence is achieved much later by Italian youths. Aassve, Billari, Mazzucco, and Ongaro (2002) reported that 68% of Italian young people aged 18–34 years were living with their parents, compared to only 27% of their Dutch peers. As clearly indicated by national surveys conducted in Italy in the last two decades (for a synthesis see Buzzi, 2007), Italian young people are increasingly postponing primary life transitions. These data, taken together, suggest that Italian youths may view the adolescent period as an unstable one, during which they can experiment different alternatives, but the moment in which they will make enduring choices it is still far away. This condition, characterized by many possibilities with few certainties, may be a source of anxiety symptoms (Schwartz, 2000).

1.4. The present study

As previously mentioned, there is a need for tools to screen adolescents who are at-risk for anxiety disorders. In this sense, the SCARED is valid instrument to screen for adolescent anxiety (Myers & Winters, 2002), given its adequate internal consistency, discriminant and convergent validity. However, any use of the SCARED should also take into account its applicability for different adolescent sex and age groups.

Based on this reasoning, the purpose of the present study was to validate the Italian version of the SCARED in a large community

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