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# Three traditional and three new childhood anxiety questionnaires: their reliability and validity in a normal adolescent sample

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## Abstract

The current study examined the psychometrics of three traditional [i.e., the trait anxiety version of the State–Trait Anxiety Inventory for Children (STAIC), the Revised Children’s Manifest Anxiety Scale (RCMAS), and the Fear Survey Schedule for Children – Revised (FSSC-R)] and three new childhood anxiety scales [the Multidimensional Anxiety Scale for Children (MASC), the Screen for Child Anxiety Related Emotional Disorders (SCARED), and the Spence Children’s Anxiety Scale (SCAS)] in a large sample of normal adolescents ( $N=521$ ). Childhood anxiety scales were generally found to be reliable in terms of internal consistency. Furthermore, evidence was obtained for the convergent and divergent validity of the various anxiety questionnaires. That is, anxiety questionnaire scores were found to be substantially intercorrelated. Particularly strong associations were found between total scores of the STAIC and the RCMAS, total scores of the SCARED and the SCAS, and between subscales that intend to measure specific categories of anxiety symptoms. Childhood anxiety questionnaires were substantially connected to an index of depression, although correlations among anxiety questionnaires were generally higher than those between anxiety scales and a measure of depression. © 2002 Elsevier Science Ltd. All rights reserved.

*Keywords:* Anxiety; Questionnaires; Reliability and validity; Adolescents

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## 1. Introduction

For children and adolescents, anxiety disorders are among the most common psychiatric disorders. Epidemiological studies have shown that between 8 and 12% of youths suffer from anxiety complaints that are severe enough to interfere with their daily functioning (see for a review Bernstein, Borchardt, & Perwien, 1996). During the past decade, researchers and clinicians in the field of child psychopathology have reached consensus about the various types of anxiety disorders that may occur in children and adolescents (American Academy of Child and Adolescent Psychiatry, 1997). According to the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association [APA], 1994), the following anxiety disorders can be distinguished in children and adolescents: (1) separation anxiety disorder, which is characterized by excessive anxiety concerning separation from the home or from significant attachment figures, to a degree that is beyond the child's developmental level; (2) generalized anxiety disorder, formerly termed overanxious disorder (APA, 1987), which refers to persistent and excessive anxiety and worry, accompanied by motor tension and vigilance; (3) social phobia, which involves marked fear of social or performance situations in which embarrassment may occur; (4) panic disorder, which is characterized by the presence of panic attacks (i.e., discrete periods of intense fear), accompanied by persistent concern about their recurrence or their consequences; (5) obsessive-compulsive disorder, which is characterized by the occurrence of obsessions (i.e., intrusive ideas, thoughts, images, or impulses that cause marked anxiety or distress) and compulsions (i.e., repetitive behaviors or mental acts which serve to neutralize anxiety); (6) specific phobia, which is defined by marked and persistent anxiety provoked by exposure to a specific feared object or situation, often leading to avoidance behavior; and (7) acute stress disorder and post-traumatic stress disorder, which both involve the reexperiencing of an extremely traumatic event accompanied by increased arousal and avoidance of stimuli associated with the trauma.

In both research and clinical practice, self-report questionnaires for measuring childhood anxiety symptoms are frequently used. This type of measure is easy to administer, requires a minimum of time, and captures information about anxiety symptoms from the child's point of view (Strauss, 1993). The three most widely used instruments for this purpose have been the Revised Children's Manifest Anxiety Scale (RCMAS; Reynolds & Richmond, 1978), the State-Trait Anxiety Inventory for Children (STAIC; Spielberger, 1973), and the Fear Survey Schedule for Children – Revised (FSSC-R; Ollendick, 1983). All these instruments are age-downward versions of adult questionnaires.

The RCMAS is a widely used questionnaire with three anxiety-related subfactors: physiological manifestations of anxiety, worry and oversensitivity, and problems with fear/concentration (Reynolds & Paget, 1983). The RCMAS is not a pure measure of childhood anxiety as it contains a number of mood items and items that have to do with attentional, impulsivity, and peer interaction problems. The STAIC consists of a state scale that measures present-state and situation-linked anxiety and a trait scale that addresses temporally stable anxiety across situations. The FSSC-R focuses primarily on phobic symptoms and taps fear of failure and criticism, fear of the unknown, fear of minor injury and small animals, fear of danger and death, and medical fears. Although all of these three measures have acceptable to good psychometric properties and provide useful information on childhood anxiety symptoms (e.g., Papay, Costello, Hedl, & Spielberger,

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