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ScienceDirect
Behavior Therapy 37 (2006) 392–405
Behavior Therapy
www.elsevier.com/locate/bt

The Appraisal of Social Concerns Scale: Psychometric Validation With a Clinical Sample of Patients With Social Anxiety Disorder

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The Appraisal of Social Concerns (ASC) Scale was created by Telch et al. (2004) to improve upon existing self-report measures of social anxiety–related cognition. In a largely nonclinical sample, the ASC was found to possess three factors and was psychometrically sound. In a smaller clinical sample, the ASC demonstrated sensitivity to the effects of cognitive behavioral therapy. In the present study, the psychometric properties of the ASC were examined in a larger sample of patients with social anxiety disorder. In this sample, the ASC exhibited a 2-factor structure; the nature of the factors was similar to the primary factors originally reported by Telch et al. The ASC also demonstrated strong validity, internal consistency, and sensitivity to treatment effects. It is concluded that the ASC may be useful in the assessment of cognition and cognitive change in patients with social anxiety disorder.

INDIVIDUALS WITH SOCIAL ANXIETY DISORDER experience persistent and often intense fears related to social interaction or performance situations in which they anticipate scrutiny by others (American Psychiatric Association [APA], 2000). At some point in their lives, more than 12% of the population meet diagnostic criteria for this disorder (Kessler, Berglund, et al., 2005), although estimates of the prevalence of clinically significant social anxiety disorder are closer to 4% (Narrow, Rae, Robins, & Regier, 2002). Once considered the neglected anxiety disorder (Liebowitz, Gorman, Fyer, & Klein, 1985), increasing knowledge of the prevalence and impact of social anxiety disorder has led researchers to examine the mechanisms of its maintenance, and several theorists have suggested that cognitive factors are likely to be especially important (Amir & Foa, 2001; Clark & Wells, 1995; Rapee & Heimberg, 1997).

A central fear in social anxiety disorder is of negative evaluation, and this fear may be maintained in several ways. For instance, compared to controls, individuals with social anxiety disorder overestimate the likelihood that negative social events will occur, underestimate the likelihood that positive social events will occur, and appraise negative social events as substantially more costly (Foa, Franklin, Perry, & Herbert, 1996; McManus, Clark, & Hackmann, 2000; Poulton & Andrews, 1994). Furthermore, as delineated by recent cognitive behavioral models of social anxiety (Clark & Wells, 1995; Rapee & Heimberg, 1997), individuals with social anxiety disorder are likely to enter a social situation with negative predictions concerning the situation's outcome, which may be related to biases in the allocation of attention toward threat and in the tendency to interpret ambiguous situations as negative. This process acts to maintain anxiety (see reviews of attentional and interpretational biases in social anxiety by Hirsch

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This study was supported by grants from the National Institutes of Mental Health to Richard G. Heimberg (MH44119), Michael R. Liebowitz (MH40121), to the New York State Psychiatric Institute MHCRC (PO5 MH30906), and to the Temple University General Clinical Research Center (RR00349) from NCRR:NIH.
Portion of this paper were presented at the annual meeting of the Association for Behavioral and Cognitive Therapies, Washingston, DC, November 2005.
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0005-7894/06/0392–0405$1.00/0

& Clark, 2004; Ledley & Heimberg, in press). Therefore, it is likely that individuals experiencing social anxiety assume that threat is always present in social situations (Heimberg & Becker, 2002).

Persons with social anxiety disorder commonly engage in avoidance behaviors and isolate themselves from social interaction (e.g., as reviewed by Rapee & Heimberg, 1997), making it unlikely that they will receive disconfirmatory feedback, which might otherwise allow for emotional processing of feared stimuli (Foa & Kozak, 1986). Furthermore, it has been demonstrated that, with successful treatment, socially anxious individuals rate the probability of negative social events as less likely (Foa et al., 1996; McManus et al., 2000) and the cost of such events as less catastrophic (Foa et al., 1996; Hofmann, 2004; McManus et al., 2000). Foa et al. and Hofmann have concluded that changes in negative cognitions may mediate anxiety reduction in social anxiety disorder. These findings underscore the central role of cognition in social anxiety disorder as well as the importance of valid and reliable assessment of these cognitive features. Such assessment may better elucidate the nature of social anxiety morbidity, maintenance, and symptom reduction.

Telch et al. (2004) introduced the Appraisal of Social Concerns (ASC) scale as a tool to measure distress related to negative outcomes in challenging social situations and to improve upon the noted shortcomings of existing cognitive assessment scales (also see Hofmann & DiBartolo, 2000) such as the Irrational Beliefs Test (Jones, 1969), the Social Interaction Self-Statement Test (Glass, Merluzzi, Biever, & Larsen, 1982), the Fear of Negative Evaluation Scale (Watson & Friend, 1969), and unstructured thought-listing protocols. Telch et al. contend that the ASC offers the benefit of asking participants to rate the degree to which they feel concerned about social threat, as opposed to rating the frequency and cost of past negative social outcomes, of which they may not be completely aware. Therefore, the instructions of the ASC direct respondents to think about themselves in social situations and rate their concerns with the listed negative social negative outcomes, as opposed to directing them to indicate the frequency of or distress related to these outcomes.

The ASC directs the respondent to rate the degree to which he or she *would be* concerned by the particular outcomes if they occurred in challenging social situations. It consists of three subscales based on factor analyses of the responses of 550 college undergraduates: Negative Evaluation, Observable Symptoms, and Social Helplessness. According to Telch et al. (2004), the Negative Evaluation subscale measures the degree to which the respondent is concerned with the negative judgments of others in social situations (e.g., "People ridiculing you"; "Appearing weird"). The Observable Symptoms subscale assesses the degree to which the respondent is concerned with experiencing (ostensibly) visible physical symptoms (e.g., "Twitching"; "Blushing") in social situations. The Social Helplessness subscale presumably measures the respondent's concern with experiencing social outcomes beyond his or her control (e.g., "Losing control [screaming, running out, etc.]"). The psychometric properties of the ASC were initially established in this sample as well as a smaller sample of individuals with social anxiety disorder ($N = 86$; Telch et al., 2004). The authors concluded that the ASC has strong psychometric properties, including good internal consistency and test-retest reliability, good convergent and discriminant validity, as well as sensitivity to treatment effects. Telch et al. further suggest that the ASC may aid the clinician in focusing on specific targets for intervention.

It is both logical and imperative to further examine the psychometric characteristics of the ASC in a large, clinical sample of socially anxious patients. In the current study, data from a sample of 204 patients with social anxiety disorder were analyzed. We examined the factor structure to determine if the data from this clinical sample would fit Telch et al.'s three-factor solution, which was derived from their undergraduate sample. We also examined the internal consistency of the ASC as well as its convergence with measures of social anxiety and divergence with measures of other constructs. Effect sizes were also calculated to determine the ASC's sensitivity to the effects of cognitive behavioral group therapy (Heimberg & Becker, 2002); the monamine oxidase inhibitor phenelzine sulfate, which has also been shown to be efficacious in the treatment of social anxiety (Heimberg et al., 1998); and pill placebo.

Method

PARTICIPANTS

Participants included in this study were 204 treatment-seeking individuals who met *DSM-IV* criteria for social anxiety disorder (see below for additional information about the diagnosis of participants). Local referrals and newspaper advertisements were employed to recruit participants at the Anxiety Disorders Clinic of the New York State Psychiatric Institute, New York, NY ($n = 57$), the Center for Stress and Anxiety Disorders of the University at Albany, State University of New York ($n = 24$), and the Adult Anxiety Clinic of Temple