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The anxiety sensitivity index for children: factor structure and relation to panic symptoms in an adolescent sample

B.J. Deacon, D.P. Valentiner^{*}, P.M. Gutierrez, D. Blacker

Department of Psychology, Northern Illinois University, DeKalb, IL 60115, USA

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Abstract

This study examines the factor structure underlying the Anxiety Sensitivity Index for Children (ASIC, *J Anxiety Disord*, 12 (1998) 307) in an adolescent sample. Three-hundred-and-eight adolescents, aged 12 to 18, completed the ASIC and measures of anxiety and depression. Factor analysis of the ASIC items resulted in a two-factor structure that is similar to that reported by Laurent et al. These two factors included a physical concerns dimension and a mental concerns dimension similar to those found in studies of adult anxiety sensitivity. Subscales measuring these two factors demonstrated concurrent validity, showing particularly close associations with measures of panic symptoms. In addition, both of these subscales showed incremental validity in predicting panic symptoms after controlling for the other anxiety sensitivity subscale and a measure of depression. These results provide evidence that the anxiety sensitivity construct is applicable during adolescence and support the use of the ASIC. Published by Elsevier Science Ltd.

Keywords: Anxiety sensitivity; Panic symptoms; Adolescence

1. Introduction

Anxiety sensitivity (AS) refers to the fear of anxiety symptoms based on the belief that these symptoms have harmful somatic, psychological, or social consequences (Reiss & McNally, 1985; Taylor, 1995). A person high in AS might, for example, believe that shortness of breath signifies impending suffocation, or that the inability to think clearly is a sign that he or she is going crazy. AS is believed to be a dispositional trait that may be acquired through a variety of mechanisms including direct experience with anxiety, observational learning, verbal transmission of misinformation, and biological predisposition (Goldstein & Chambless, 1978; Reiss & McNally, 1985;

^{*} Corresponding author. Tel.: +1-815-753-7086; fax: +1-815-753-8088.
E-mail address: dvalentiner@niu.edu (D.P. Valentiner).

Stein, Lang, & Livesley, 1999; Watt, Stewart, & Cox, 1998). Reiss (1987) suggested that individuals with elevated AS may experience increasing anxiety in response to the aversiveness of their anxiety reactions, resulting in a positive feedback cycle that may produce panic attacks and the development of panic disorder or other anxiety disorders. In support of this claim, research with adults has consistently demonstrated positive associations between AS and anxiety disorders (Taylor, Koch, & Crockett, 1991), response to laboratory panic challenges (Donnell & McNally, 1989), and the prospective development of panic (Schmidt, Lerew, & Jackson, 1997). Indeed, anxiety sensitivity plays a central role in contemporary models of panic disorders (McNally, 1990). Since AS appears to be a vulnerability factor for the development of anxiety disorders, particularly panic disorder, studies of AS with younger populations are needed to better understand how these disorders develop (Rachman, 1998).

Although we have many studies of AS with adult samples, relatively few studies have examined AS among children and adolescents. Two measures of AS have been developed specifically for use with children and adolescents: the Childhood Anxiety Sensitivity Index (CASI; Silverman, Fleisig, Rabian, & Peterson, 1991) and the Anxiety Sensitivity Index for Children (ASIC; Laurent, Schmidt, Catanzaro, Joiner, & Kelley, 1998). The CASI was developed by modifying the language used in a measure of AS in adults, the Anxiety Sensitivity Index (ASI; Reiss, Peterson, Gursky, & McNally, 1986), to make the items more understandable to children. The CASI's 18 items include modified versions of the ASI's 16 items, plus two additional items. In the initial validation study of the CASI, Silverman et al. (1991) administered the CASI to two samples, including a nonclinical sample of 76 children aged 11.4–15.8 years and a clinical sample of 33 children aged 8–15 years. Silverman et al. (1991) reported that the CASI showed adequate internal consistency (Cronbach's $\alpha=0.87$) and test–retest reliabilities (0.76 and 0.79).

Results from several studies support the construct validity of the CASI. The CASI is strongly correlated with, but distinct from trait anxiety (Muris, Schmidt, Mereckelbach, & Schouten, 2001), and predicts state anxiety and subjective fear in response to a physical challenge task (Rabian, Embry, & MacIntyre, 1999). Elevated CASI scores were found to be associated with an increased risk of experiencing panic attacks in a nonclinical adolescent sample (Lau, Calamari, & Waraczynski, 1996), and panic symptom severity in both child and adolescent clinical samples (Chorpita & Daleiden, 2000). Kearney, Albano, Eisen, Allan, and Barlow (1997) found that children diagnosed with panic disorder score significantly higher on the CASI than children diagnosed with other anxiety disorders. Chorpita and Lilienfeld (1999) suggest that this finding may be due to the fact that the comparison groups were gathered from different sites. In addition, Chorpita and Lilienfeld (1999) point out that the State-Trait Anxiety Inventory for Children — Trait Version (Spielberger, 1973) actually differentiated groups better than the CASI.

Chorpita, Albano, and Barlow (1996) found evidence that the CASI's ability to uniquely predict trait anxiety beyond physical distress and fear depended on a child's age. The CASI uniquely predicted trait anxiety in children aged 12 and above, but not in children aged 7–11. The authors suggested that younger children may lack the cognitive sophistication necessary to make catastrophic interpretations of body sensations characteristic of individuals with elevated AS. Finally, similar to research on the factor structure of AS in adults (Zinbarg, Mohlman, & Hong, 1999), factor analytic studies of the CASI (Chorpita and Daleiden, 2000; Muris et al., 2001; Silverman, Ginsburg, & Goedhart, 1999) suggest that AS among children and adolescents can be conceptualized as a hierarchical construct consisting of a general factor (i.e. global AS), and either two,

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