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Test-Retest Reliability of the DSM-III-R Childhood Anxiety Disorders Symptoms Using the Anxiety Disorders Interview Schedule for Children

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Abstract — The authors examined the test-retest reliability (interval of 10 to 14 days) of parent and child reports of DSM-III-R symptoms of Separation Anxiety Disorder, Avoidant Disorder, and Overanxious Disorder using the Anxiety Disorders Interview Schedule (child and parent versions) for 66 children and their parents who presented at a childhood anxiety clinic. They also compared reliability for children 6 to 11 versus 12 to 17 years of age. Overall, reliability was found to be satisfactory. Only a small number of differences were observed between the age groups. In addition, differences in the reliability of children's and parents' reports were minimal. The implications of the findings are discussed with respect to research on diagnostic interviewing procedures with children. Limitations and directions for future research are also discussed.

As scientist practitioners are increasingly being faced with the difficult task of assessing and diagnosing anxious youth, information regarding the reliability of symptoms reported by youngsters and parents is essential. In recent years, reliability has been examined within the context of research on structured data-gathering procedures (i.e., the structured interview, e.g., Ambrosini, Metz, Prabucki, & Lee, 1989; Hodges, Cools, & McKnew, 1989). The results

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of this research have been uneven, highlighting the fact that "reliability" depends on many factors, including the subject population (i.e., inpatients vs outpatients), the number of interviewers, the test-retest interval (e.g., 1 day vs 2 weeks), and so on (see Silverman, 1991, for review).

In addition, these studies have focused primarily on either diagnostic reliability (e.g., Chambers, Puig-Antich, Hirsch, Paez, Ambrosini, Tabrizi, & Davies, 1985) and/or total symptom scores (Hodges et al., 1989). What has not been investigated is reliability with respect to specific anxiety symptoms that comprise the DSM-III-R childhood anxiety disorders (e.g., "worry about future events" for overanxious disorder, etc.). Such work is crucial, as it serves as a stepping stone to other, critical, and more theory-driven research. For example, insofar as the responses to such symptoms correspond to patient experiences and reports, such information may be useful in identifying individual symptoms that are very sensitive and/or specific indicators of certain disorders. Similarly, other symptoms may be found to have much more limited value. This information may also be useful in establishing the stability of the various symptoms over an extended period of time, or the accuracy with which reported symptoms reflect a patient's internal experiences and emotions. Thus, the purpose of the present paper is to present reliability of parents' and children's reports of specific anxiety symptoms using a structured interview that we have found useful in our clinical-research activities with anxiety disordered children, the Anxiety Disorders Interview Schedule for Children.

Silverman and Nelles (1988) first described the Anxiety Disorders Interview Schedule for Children (child and parent versions, ADIS-C and ADIS-P, respectively) and its development. Interrater reliability, using the interviewer-observer paradigm, was also examined and reported, based on the interviews of 51 children and their parents. For the ADIS-C, the overall Kappa coefficient was .84, .83 for the ADIS-P, and .78 for the composite diagnosis (i.e., the diagnosis derived by combining the parent and child interview data).

Whereas the interviewer-observer paradigm used in Silverman and Nelles (1988) allowed for an examination of variance across interviews (i.e., interrater reliability), the test-retest reliability paradigm used in a subsequent study (Silverman & Eisen, 1992) allowed for an examination of variance within a given source (i.e., child or parent). Thus, in Silverman and Eisen (1992), test-retest reliability was examined for the anxiety disorders diagnostic categories, as well as for the total symptom scores for 50 children and adolescents (and their parents) who presented with DSM-III-R anxiety disorders at a childhood anxiety specialty clinic. The retest interval was 10 to 14 days. Age differences in reliability were also examined between children 6 to 11 and 12 to 17 years old. Overall, satisfactory reliability was found (e.g., an overall Kappa of 0.75 for the composite diagnoses, a significant correlation of 0.71 for the total symptom scores on the ADIS-C). With respect to age differences, different patterns emerged depending on whether reliability was examined for exact match on primary diagnosis or for symptom scale scores. Younger children appeared to be more reliable when it came to the former than the latter, whereas the reverse was true for the older children. Overall, the data presented by Silverman and Nelles (1988) and Silverman and Eisen (1992) were viewed as promising, given that anxiety disorders and anxious symptomatology have

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