

## Properties of the Childhood Anxiety Sensitivity Index in Children With Anxiety Disorders: Autonomic and Nonautonomic Factors

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This study examined the item properties, factor structure, and convergent, discriminant, and incremental validity of items on the Childhood Anxiety Sensitivity Index (CASI). A large sample of children and adolescents with anxiety disorders ( $N = 228$ ) was administered semistructured clinical interviews and self-report measures of anxiety sensitivity, anxiety, and depression. Overall, the CASI was found to exhibit good convergent and discriminant properties in relation to clinician-rated panic and generalized anxiety severity, respectively. Results identified a subset of items (autonomic items) that demonstrated psychometric properties superior to the full scale, in both child (7 to 11 years) and adolescent (12 to 17 years) subsamples. The findings point to strategies for continued investigation regarding the clinical assessment of AS in children and adolescents.

Reiss and McNally (1985) defined anxiety sensitivity (AS) as the belief that anxiety, aside from being aversive, may have harmful consequences such as sickness, embarrassment, or loss of control. Much of the research on AS in adults has centered on the debate regarding the validity of AS, particularly its discriminant validity from broader constructs such as trait anxiety (Jacob & Lilienfeld, 1991; Lilienfeld, 1996; Lilienfeld, Jacob, & Turner, 1993; McNally, 1996; Reiss, 1991; Taylor, Koch, & Crockett, 1991). The accumulation of evidence has demonstrated that AS, as measured by the Anxiety Sensitivity Index (ASI; Peterson & Reiss, 1992), predicts the occurrence of panic attacks in the face of provocation (e.g., carbon dioxide challenge; Rapee, Brown, Antony, & Barlow, 1992) and discriminates individuals with panic disorder (PD) from those with other anxiety disorders (e.g., Taylor, Koch, & McNally, 1992). In the adult literature, considerable debate has con-

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tinued regarding (a) the extent to which AS is multifactorial (e.g., McNally; Telch, Shermis, & Lucas, 1989) and (b) the degree to which AS is unique from trait anxiety (e.g., Lilienfeld).

### Measurement of AS in Children

Because theory has suggested that AS may be a risk factor for the development of panic, measurement of AS prior to the onset of panic disorder has become an increasingly important issue. To date, the child AS literature has paralleled the adult literature in many respects. Initial studies investigated the measurement of AS in children through adaptation of the adult ASI to the Childhood Anxiety Sensitivity Index (CASI; Silverman, Fleisig, Rabian, & Peterson, 1991). A variety of studies has explored the operating characteristics of the CASI in relation to fear, anxiety, and panic using self-reported measures (Lau, Calamari, & Waraczynski, 1996; Silverman et al., 1991), clinical diagnoses (Kearney, Albano, Eisen, Allan, & Barlow, 1997; Rabian, Peterson, Richters, & Jensen, 1993), and recently, behavioral challenges (Rabian, Embry, & MacIntyre, 1999). The question of the multidimensionality of AS in children is just beginning to be explored through factor analyses of the CASI (Silverman, Ginsburg, & Goedhart, 1999; Silverman & Weems, *in press*). In addition to these trends, investigators have begun to discuss and explore potential age differences in the AS construct and specifically in the CASI measure performance (Chorpita, Albano, & Barlow, 1996; Weems, Hammond-Laurence, Silverman, & Ginsburg, 1998).

This literature has been extensively reviewed elsewhere (Chorpita & Lilienfeld, 1999; Silverman & Weems, *in press*), so we will only briefly summarize the current status here. The CASI (Silverman et al., 1991) was initially evaluated in a sample of 76 children in grades 7 through 9. In this group, the CASI was found to have a test-retest reliability of .76 and to correlate with other measures of fear and anxiety. In school-based adolescent samples, the adult ASI was found to converge with self-reported and interview measures of panic (Hayward et al., 1997) and the CASI with self-reported panic attacks (Lau et al., 1996). In clinical and nonclinical samples, the CASI was found to correlate with other child self-report measures, such as the Fear Survey Schedule for Children-Revised (FSSC-R; Ollendick, 1983) at between .64 and .74 and the State Trait Anxiety Inventory for Children (STAIC-T; Spielberger, 1973) at .58 to .64 (e.g., Chorpita et al., 1996; Kearney et al., 1997; Silverman et al., 1991). In the first study to use a behavioral validity criterion (i.e., fear response to exercise challenge), Rabian et al. (1999) found that elementary school children's CASI scores significantly predicted between 4% and 13% of the variance in fear and state anxiety response variables, when controlling for pre-task measures as well as trait anxiety. Data are somewhat mixed with respect to clinical criterion measures. Rabian et al. (1993) found the CASI to discriminate children with anxiety disorders from nondisordered controls, but not from children with externalizing disorders (cf. Perrin &

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