DEVELOPMENT OF A 30-ITEM VERSION OF THE REVISED CHILD ANXIETY AND DEPRESSION SCALE

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Abstract: This is to present the factor structure and psychometric properties of a Spanish reduced 30-item version of the Revised Child Anxiety and Depression Scale (RCADS; Chorpita, Yim, Moffitt, Umemoto y Francis, 2000) applied to a sample of children and adolescents. This abbreviated form (RCADS-30) consists of six 5-item subscales assessing the same anxiety and depression syndromes as the original scale, that is, panic disorder, social phobia, separation anxiety disorder, generalized anxiety disorder, obsessive-compulsive disorder, and major depressive disorder. Data provide support for factorial validity, internal consistency, normative data, and convergent and discriminant validity of the RCADS-30. Psychometric properties and elevated correlations between both scales suggest that the abbreviated form is similar to the Spanish full version. The RCADS-30 is considered an appropriate multidimensional instrument for research as well as clinical settings.

Keywords: RCADS-30, assessment, anxiety disorders, depression, children, adolescents.

Desarrollo de una versión de 30 items de la Revised Child Anxiety and Depression Scale

Resumen: En el presente estudio presentamos la estructura factorial y las propiedades psicométricas de una versión española reducida de 30 items de la Revised Child Anxiety and Depression Scale (RCADS; Chorpita, Yim, Moffitt, Umemoto y Francis, 2000), basado en una muestra de niños y adolescentes. Esta forma abreviada (RCADS-30) consiste en seis subescalas de 5 items que miden los mismos síndromes de ansiedad y depresión que la escala original (i.e., trastorno de pánico, fobia social, trastorno de ansiedad de separación, trastorno de ansiedad generalizada, trastorno obsesivo-compulsivo, y trastorno depresivo mayor). Los resultados apoyan la validez factorial, consistencia interna, datos normativos, y validez convergente y discriminante de la RCADS-30. Las propiedades psicométricas y las elevadas correlaciones entre ambas escalas sugieren que la forma abreviada es similar a la forma completa. Sugerimos que la RCADS-30 es un instrumento multidimensional apropiado tanto para situaciones de investigación como clínicas.

Palabras clave: RCADS-30, evaluación, trastornos de ansiedad, depresión, niños, adolescentes.

INTRODUCTION

Recently, several attempts have been made to create multidimensional self-report instruments for assessing DSM-IV anxiety disorder

symptoms in children and adolescents. The Revised Child Anxiety and Depression Scale (RCADS; Chorpita, Yim, Moffitt, Umemoto & Francis, 2000a) was recently developed to measure symptoms of a number of DSM-IV defined anxiety and depression disorders, namely separation anxiety disorder, social phobia, generalized anxiety disorder, panic disorder, obsessive compulsive disorder, and major depressive disorder. The RCADS is a revision of the Spence Children's Anxiety Scales (SCAS; Spence, 1997), adapted to correspond more closely to such DSM-IV anxiety disorders and also to

include a scale for major depression. Such a revision was conducted using data from a large sample of school children and adolescents from Hawaii. Exploratory factor analyses carry out by Chorpita et al. (2000a) yielded a 47-item set and factor definitions that demonstrated structure consistent with DSM-IV anxiety disorders and depression, which was further supported by the reliability and validity analyses. A key advantage of the RCADS over extant measures of childhood anxiety is that it was designed to yield information concerning DSM-IV syndromes, and thus allows clear comparison of diagnostic and symptom-level information (Chorpita et al., 2000a).

Chorpita, Moffitt and Gray (2005), using data from a clinical sample of 513 youth referred for mental health assessment to the University of Hawaii Center for Cognitive Behavior Therapy, further investigated the RCADS factor structure and examined the psychometric properties of the scale. Using confirmatory factor analytic approach and internal consistency analyses, Chorpita et al. (2005) provided support for the factor validity of the RCADS. Results from the confirmatory factor analyses indicated that, overall, the six-factor model proposed by Chorpita et al. (2000a) generally appeared to provide an adequate fit. This original six-factor solution was tested against an alternative single factor model and a two-factor model (anxiety and depression), collapsing the 6 scales into a single general factor, and the 5 anxiety scales into a single factor, respectively. The fit for these three competing models represent degraded model fit, which showed support for the six-factor model (Chorpita et al., 2005). In this study, the authors also provided data that support convergent and discriminant validity of the RCADS tested against both clinical interview and self-report criteria. In comparative test with traditional measures of anxiety (i.e., the Revised Children's Manifest Anxiety Scale; Reynolds & Richmond, 1978) and depression (i.e., the Children's Depression Inventory; Kovacs, 1980), the RCADS showed greater correspondence to specific diagnostic syndromes. Moreover, based on methods of receiver operator characteristic (ROC) analyses, Chorpita et al. (2005) reported clinical cutoff scores for

purposes of futures clinical and research applications.

Recently, our group from the Universidad Nacional de Educación a Distancia in Madrid (Spain) reported preliminary evidence supporting validation of the Spanish version of the RCADS based on a large sample of school children and adolescents (Sandin, Valiente & Chorot, 2009a). Results of exploratory factor analyses suggested that the RCADS primarily has a 6-factor structure reflecting the anxiety categories of panic disorder, social phobia, separation anxiety disorder, generalized anxiety disorder and obsessive-compulsive disorder, and the category of major depressive disorder. These six factors correspond with the six hypothesized subscales suggested by Chorpita et al. (2000a). However, the item «I think about death» from the original generalized anxiety disorder subscale loaded on the major depressive disorder factor. By means of confirmatory factor analysis, several models for the RCADS were tested (i.e., 6-correlated-factors model, 6-uncorrelated-factors model, 1-factor model, and 2-correlated-factors model —anxiety/depression). The six-correlated-factors model provided a better fit to the data than the remaining tested models, providing additional support to the structure of the original version of the RCADS and corroborating confirmatory factor-analytic data previously reported by Chorpita et al. (2005). There is a U.S. Spanish language version of the caregiver scale that has been developed by Chorpita's group at the University of California, Los Angeles (Polo, Rodriguez, & Polo, 2010). They are also developing a U.S. Spanish version of the RCADS whose translation is slightly different to the Spanish version developed in Spain and especially useful to the U.S. Spanish speaking people (Rodriguez, Polo, & Chorpita, 2010).

Even though the RCADS appears to be an excellent self-report instrument, tapping anxiety and major depressive disorder symptoms, it is a relatively lengthy scale. Brief multidimensional instruments that measure psychopathological symptoms and might be used as screening and clinical outcome tools are in high demand (e.g., Frías, Carrasco, Fernández & García, 2009; Gallego, Botella, Quero, Baños

& García-Palacios, 2007; González & Landero, 2007; Montero, García-Campayo & Andrés, 2009; Sandin, Valiente, Chorot, Santed & Lostao, 2008; Sandin, Chorot, Valiente & Lostao, 2009c). The utility of the RCADS in research and clinical applications would be enhanced by the availability of a reduced item-version. For example, a brief form would enhance the opportunities for inclusion of the RCADS as a broadband index of DSM-IV anxiety and depression disorder symptoms for use in research-screening studies (e.g., longitudinal projects, cross-sectional studies, laboratory research) or in clinical applications (e.g., a brief form could be convenient for quick and repeated administrations). The purpose of the present study was to develop a briefer version of the RCADS and to provide preliminary findings concerning validity and reliability of this new form of the scale. Its development was guided by specifications of an abbreviated measure with the same domains (subscales) as the RCADS and with an equal number of items per domain. Assuming that the shortest subscale of the original RCADS includes 6 items, we assumed that 5- to 6- items per subscale could be adequate to ensure subscale reliability.

METHOD

Participants

The sample consisted of 544 children and adolescents (281 boys and 263 girls) recruited from public and private schools in the province of Jaén (Spain). Ages of the participants ranged from 10 to 17 years, with a mean age of 12.9 years ($SD = 1.8$). There was no significant differences on age between boys and girls [$F(1,542) < 1$]. More than 95% of the children and adolescents were white. Consent to participate was obtained from schools and parents.

Measures

Revised Child Anxiety and Depression Scales (RCADS; Chorpita et al., 2000a). The RCADS is a 47-item self report scale with subscales corresponding to separation anxiety disorder (SAD, 7 items), social phobia (SP, 9 items), generalized anxiety disorder (GAD, 6 items), panic disorder (PD, 9 items), obsessive compulsive disorder (OCD, 6 items), and major depressive disorder (MDD, 10 items). The RCADS requires respondents to rate how often each item applies to them. Items are scored 0-3 corresponding to «never», «sometimes», «often», and «always». Normative (Chorpita et al., 2000; de Ross, Gullone & Chorpita, 2003) and clinical (Chorpita et al., 2005) studies have demonstrated support for the English version of the RCADS. We used the Spanish version of the scale whose psychometric properties have been recently reported (Sandin et al., 2009a).

Children Depression Inventory (CDI; Kovacs, 1980). The CDI is a 27-item self-report rating questionnaire that assesses cognitive, behavioral and affective symptoms of depression. Participants are asked to rate each item on a 3-point scale of different severity (0-2) and requires the child to choose one statement that best describes him or her. We utilized the validated Spanish version of the questionnaire (del Barrio, Moreno, Olmedo & López, 1993). Internal consistency in the present sample was $\alpha = 0.81$.

Children Depression Questionnaire [Cuestionario de Depresión en Niños] (CDN; Sandin & Valiente, 2008) The CDN is a 16-item self-report questionnaire designed to assess DSM-IV major and dysthymic depressive disorder symptoms. Participants rated each item on a 3-point scale of frequency (0-2) corresponding to «never», «sometimes», «very often». The CDN demonstrated adequate psychometric properties, and its internal consistency in the present study was $\alpha = 0.82$.

Revised Children's Manifest Anxiety Scale (RCMAS; Reynolds & Richmond, 1978). The RCMAS is a 37-item self-report measure of a child's trait anxiety. Scores are dichotomous (yes/no). Significant correlations have been found between the scale and other self-report measures of anxiety and related constructs (e.g., depression). We used the Spanish version of the RCMAS, validated by Sosa et al. (1993). Internal consistency in the present study was $\alpha = 0.82$.

Childhood Anxiety Sensitivity Index (CASI; Silverman, Fleisig, Rabian & Peterson, 1991). The CASI is a 18-item self-report questionnaire of child's anxiety sensitivity. Items assess reactions to symptoms of anxiety (e.g., «It scares me when I feel shaky») using three-point scales (1-3) corresponding to «none», «some», «a lot». The Spanish adaptation of the CASI (Sandin, 1997), which was used in the present study, has been found to be a reliable and valid index of anxiety sensitivity in children and adolescents (Sandin, Chorot, Santed & Valiente, 2002a,b). Internal consistency in the present sample was $\alpha = 0.87$.

Fear Survey Schedule for Children-25 (FSSCE-25; Sandin, Valiente, Chorot, Santed & Magaz, 2009b; Valiente, Sandin, Magaz, Chorot & Santed, 2009). The FSSCE-25 is a Spanish brief measure of childhood fears developed from the Spanish FSSC (FSSCE; Valiente, 2001; Valiente, Sandin & Chorot, 2003). On the basis of exploratory and confirmatory factor analyses and item analysis, 5 items were selected from each of the five factor-based subscales of the FSSCE. So, the FSSCE-25 is composed of subscales with equal length (5 items each). Respondents rated each item on a three-point fear scale (1-3), i.e., «none», «some», «a lot». The instrument has been found to be reliable and valid index for assessing the five categories of children and adolescent fears described by Ollendick (1983; Sandin & Chorot, 1998; Sandin, Chorot, Valiente & Santed, 1998; Valiente, Sandin, Chorot & Tabar, 2002, 2003). Internal consistency (α coefficients) in the present sample was as following: 0.88 (FSSCE-25 total score), 0.74 (Social Fears), 0.79 (Fear of Danger and Death), 0.73 (Fear of the Unknown), and 0.71 (Fears of Blood-Injection-Injury).

Social Anxiety Scale for Children-Revised (SASC-R; La Greca & Stone, 1993). The SASC-R measures social anxiety in children and adolescents and was found to have adequate reliability and validity, and appears to be a valid index of social fears. Apart of a total score of social anxiety, it includes the following three subscales: Fear of Negative Evaluation (FNE; 8 items), Social Anxiety and Distress-Specific to New Peers (SAD-N; 6 items), and

SAD-General (4 items). We used the Spanish version of the SASC-R, which has been found to be a reliable and valid instrument to measure social anxiety in children and adolescents (Sandin, 1997; Sandin, Chorot, Valiente, Santed & Sánchez-Arribas, 1999; Sandin, Valiente, Chorot, Santed & Sánchez-Arribas, 1999). Participants rated each item on a 3-point scale of frequency (1-3) corresponding to «never», «some times», «very often». Internal consistency in the present study was $\alpha = 0.89$ (SASC-R total score), .86 (FNE), 0.78 (SAD-N) and 0.58 (SAD-General).

Children Positive and Negative Affect Schedule (PANASN; Sandin, 2003) [Escalas PANAS para Niños]. The PANASN is a measure of affectivity for children and adolescents and derives from the Positive and Negative Affect Schedule for adults (Watson, Clark & Tellegen, 1988; Sandin et al., 1999a). As the PANAS, the PANASN consists of 20 adjective descriptors of general mood/affect broken down into two 10-item subscales of positive affect (PA) and negative affect (NA), respectively. Participants rated each item on a 5-point Likert scale (1-5) anchored by «very slightly or not at all» to «extremely». The PANASN demonstrated adequate psychometric properties (Sandin, 2003), and its internal consistency in the present study was $\alpha = 0.73$ (Positive Affect) and 0.78 (Negative Affect).

Procedure

Participants completed the questionnaire protocol in small groups in their classrooms. Following distribution of the protocols participants were read aloud the instructions by a research assistant while they read along, advising the participants to select the answer that seemed most appropriate. Participants were asked whether they had any questions about the instruments and were also told that their responses were confidential and that there are no right or wrong answers. The research assistant was always available to assist participants who had any question while completing the instrument and to ensure that they work independently.

Items selection

The development of the reduced form of the RCADS was guided by the following goals: (a) to preserve the same domains as the original RCADS, (b) to retain an equal number of items per domain, and (c) to have subscales that each contain a sufficient number of items to ensure adequate subscale reliability. According to our pervious work on the Spanish RCADS (Sandin et al., 2009a), the item 37 «I think about death» (a GAD item in the original scale) was removed because it loaded on the MDD factor; the remaining 5 GAD items were retained. Thus, it was decided to create 5-item subscales.

Three item selection criteria were used to extract the reduced item set for the abbreviated subscales: (a) ranked item loadings on each factor (subscale), (b) corrected item-total correlations for each subscale item, and (c) the content validity. Item loadings were separately obtained for each subscale by means of six single-factor solutions with principal axis factor analysis (only the first factor was extracted in each analysis). Concerning content validity, we deleted items that were more similar in content to reduce possible overlapping. For example, Item 45 («I worry when I go to bed at night») has similar content than Item 17 («I feel scared if a have to sleep on my own»). Therefore, applying also the remaining criteria, we decided to eliminate Item 45 to reduce possible item content overlap. The 30 items that were ultimately retained (i.e., the RCADS-30) are showed in Table 1. The English and the Spanish versions of the RCADS-30 appear in the Appendix.

RESULTS

Confirmatory factor analysis of the RCADS-30

The degree of fit of the items to the six-factor model (correlated factors) of the RCADS-30 was tested with EQS 6.1 (Bentler, 2005). The following alternative models were also tested: a single factor (all 30 items loaded on a single dimension), two correlated factors (anxiety, depression), two uncorrelated factors (anxiety, depression), and six uncorrelated factors (see Table 2). In each model the RCADS items served as indicators, and the variance of the latent variable was set to 1.To correct possible violations of normality due to ordinal data, we calculate robust statistics (estimation method: ML-Robust). This option incorporates a scaling correction for the χ^2 statistic (the Satorra-Bentler scaled statistic, S-Bχ^2) when distributional assumptions are violated; its computation takes into account the model, the estimation method and the sample kurtosis values. Robust computed statistics are valid values despite violation of the normality assumption underling the estimation method (Bentler, 2005). Selection of the fit indices was based on recommendations of Brown (2006), who suggested that at least one index from each fit class (absolute, parsimony and comparative) should be considered because each provides different information about the fit of the confirmatory factor analysis solution. Following Brown (2006), we selected the following fit indices: S-Bχ^2 (and the S-Bχ^2/*df* ratio, in which chi-square is adjusted for sample size; with large sample size as in the current study, this value should be smaller than 4.0) and standardized root mean square residual (SRMR) (absolute fits), root mean square error of approximation (RMSEA; parsimony correction fit), and comparative fit index (CFI). For the CFI 0.90 and above conventionally represent acceptable to good fit. Concerning the remaining indices, Hu and Bentler (1999) suggested that good fit is indicated by SRMR ≥ 0.08 and RMESEA ≥ 0.06. In addition, we also calculated the Akaike's information criterion (AIC) in order to compare between the tested competitive models; this is a relative measure: the model with the lowest valued has the best fit.

The fit statistics for the 5 tested-models appear in Table 2. As can be seen, only the 6-correlated-factors model yielded a good fit to the data on all indices; the remaining models do not provided adequate fits to the data. All fit indices for the correlated 6-factor model were satisfactory and indicative of good to excellent fit. Item-loadings (standardized estimates) for the 6-factors-correlated model of the RCADS-30 are presented in Table 1. All of the items had significant loadings on the RCADS-30 latent variables, with standardized parameter

Table 1. Loadings of the confirmatory factor analysis for the correlated 6-factor model of the RCADS-30, alpha coefficients of the subscales, and corrected item-subscale correlations (r_{is})

Item no. RCADS[a]	Loading	r_{is}
Factor 1. Major depressive disorder (MDD) (α = 0.72)		
2. I feel sad or empty	.67	.50
6. Nothing is much fun anymore	.48	.42
19. I have no energy for things	.47	.40
25. I cannot think clearly	.48	.41
29. I feel worthless	.66	.49
Factor 2. Panic disorder (PD) (α =0.74)		
14. I suddenly feel as if I can't breathe when there is no reason for this	.49	.39
26. I suddenly start to tremble or shake when there is no reason for this	.68	.54
34. All of a sudden I feel really scared for no reason at all	.56	.51
39. My heart suddenly starts to beat too quickly for no reason	.60	.54
41. I worry that I will suddenly get a scared feeling when there is nothing to be afraid of	.65	.53
Factor 3. Social phobia (SF) (α =0.75)		
20. I worry I might look foolish	.62	.51
30. I worry about making mistakes	.64	.48
32. I worry what other people think of me	.70	.59
38. I feel afraid if I have to talk in front of my class	.50	.41
43. I feel afraid that I will make a fool of myself in front of people	.68	.57
Factor 4. Separation anxiety disorder (SAD) (α =0.71)		
5. I would feel afraid of being on my own at home	.73	.51
9. I worry about being away from my parents	.44	.32
17. I feel scared if I have to sleep on my own	.64	.46
18. I have trouble going to school in the morning because I feel nervous or afraid	.53	.31
46. I would feel scared if I had to stay away from home overnight	.55	.42
Factor 5. Generalized anxiety disorder (GAD) (α =0.78)		
1. I worry about things	.35	.33
13. I worry that something awful will happen to someone of my family	.55	.49
22. I worry that bad things will happen to me	.83	.71
27. I worry that something bad will happen to me	.80	.69
35. I worry about what is going to happen	.68	.58
Factor 6. Obsessive-compulsive disorder (OCD) (α =0.68)		
10. I get bothered by bad or silly thoughts or pictures in my mind	.64	.40
16. I have to keep checking that I have done things right (like the switch is off, or the door is locked)	.35	.29
23. I can't seem to get bad or silly thoughts out of my head	.57	.37
31. I have to think of special thoughts (like numbers or words) to stop bad things form happening	.39	.30
42. I have to do some things over and over again (like washing my hands, clearing or putting things in a certain order)	.40	.33

Note. [a] Item no. as it appears in the original RCADS.

Table 2. Fit indices (confirmatory factor analyses) for the five competing models of the RCADS-30

Tested model	$S\text{-}B\chi^2(df)$	χ^2/df	CFI	SRMR	RMSEA (90% IC)	AIC
1-factor model	1429.6 (405)	3.54	0.66	0.08	0.07 (0.07-0.08)	623.6
2-factor model, correlated	1354.7 (403)	3.36	0.68	0.09	0.07 (0.06-0.07)	652.4
2-factor model, uncorrelated	1518.4 (404)	3.76	0.64	0.14	0.07 (0.06-0.08)	710.4
6-factor model, corrrelated	**656.8 (388)**	**1.69**	**0.91**	**0.06**	**0.04 (0.03-0.05)**	**–50.7**
6-factor model, uncorrelated	1501.1 (403)	3.72	0.65	0.18	0.07 (0.07-0.08)	695.1

Note. Except for SRMR, all of the indices are robust statistics. $S\text{-}B\chi^2$ = escaled Satorra-Bentler χ^2; CFI = comparative fit index; SRMR = standardized root mean square residual; RMSEA = root mean square error of approximation; CI = confidence interval of the RMSEA; AIC = Akaike's information criterion. The best fitting model is presented in bold.

estimates that ranged from 0.35 to 0.83 (*M* = .58, *SD* = .12).

Internal consistency, sex differences and descriptive statistics of the RCADS-30

The Cronbach's alpha coefficient for the RCADS-30 total scale was 0.89, and similar to the overall alpha estimate for the full RCADS (α = 0.92). Alpha coefficients for the separate RCADS-30 subscales ranged from .68 (OCD) to 0.78 (GAD). In line with the satisfactory values, most item-subscale correlations were well above 0.30 (see Table 1). Correlations between the RCADS-30 subscales ranged from 0.22 to 0.54, and suggest that the six subscales are related but not redundant. The RCADS-30 total score was highly correlated with the original RCADS total score (*r* = 0.98). Likewise, correlations between analogous subscales of both scale forms ranged from 0.89 to 0.98, suggesting that RCADS and the RCADS-30 assess identical construct (see Table 3).

Table 3. Intercorrelations between the RCADS-30 and the original RCADS

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13
RCADS-30:													
1. RCADS-30 total score	-												
2. Panic disorder	.70	-											
3. Social phobia	.75	.40	-										
4. Separation anxiety disorder	.70	.42	.38	-									
5. Generalized anxiety disorder	.75	.37	.43	.49	-								
6. Obsessive-compulsive disorder	.74	.48	.43	.44	.54	-							
7. Major depressive disorder	.61	.48	.45	.29	.22	.38	-						
RCADS original:													
8. RCADS total score	**.98**	.70	.73	.66	.70	.74	.66	-					
9. Panic disorder	.76	**.89**	.47	.48	.45	.55	.55	.82	-				
10. Social phobia	.80	.42	**.93**	.46	.54	.49	.47	.81	.53	-			
11. Separation anxiety disorder	.73	.50	.39	**.96**	.49	.46	.36	.71	.56	.47	-		
12. Generalized anxiety disorder	.78	.42	.46	.50	**.97**	.57	.27	.75	.51	.56	.50	-	
13. Obsessive-compulsive disorder	.76	.50	.42	.46	-55	**.98**	.39	.75	.56	.49	.49	.58	-
14. Major depressive disorder	.68	.58	.51	.31	.27	.46	**.91**	.74	.65	.53	.39	.34	.46

Note. Correlations between the same constructs of both scales are indicated in boldface. All correlations are statistically significant (p < .001).

Table 4. Descriptive statistics (mean and *SD*) and sex differences on the RCADS-30

RCADS-30	Total sample (*N* = 544) Mean *(SD)*	Boys (*n* = 281) Mean *(SD)*	Girls (*n* = 263) Mean *(SD)*	Boys vs. girls *F*(1,542)	Effect size η_p^2
RCADS-30 total score	25.5 (12.3)	24.3 (12.5)	26.9 (12.0)	7.3**	0.02
Panic disorder	1.7 (2.2)	1.7 (2.3)	1.8 (2.2)	< 1	0.00
Social phobia	6.0 (3.4)	5.5 (3.4)	6.5 (3.4)	10.2***	0.03
Separation anxiety disorder	2.9 (2.6)	2.6 (2.4)	3.1 (2.7)	4.4*	0.01
Generalized anxiety disorder	8.1 (3.5)	7.7 (3.7)	8.5 (3.4)	8.1**	0.02
Obsessive-compulsive disorder	4.1 (2.6)	4.0 (2.6)	4.3 (2.6)	< 1	0.00
Major depressive disorder	3.4 (2.4)	3.3 (2.5)	3.4 (2.3)	< 1	0.00

Note. η_p^2 = partial η^2. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

The means and standard deviations for the RCADS-30 total score and subscales for the total sample and by participant sex are showed in Table 4. A one-way MANOVA was performed to test whether the RCADS-30 subscale-scores differed between boys and girls. This multivariate test was statistically significant [$F(6,537) = 2.87$, $p < 0.01$], showing significant effects on the set of dependent variables. However, only a modest association was found between gender and the set of 6 subscales (partial $\eta^2 = 0.04$). Univariate ANOVAs revealed a significant main effect of gender on SF, SAD and GAD, as well as on the RCADS-30 total score. Although girls scored higher than boys in each case, effect sizes were weak (see Table 4).

3.3. Convergent and discriminant validity

Convergent and discriminant validity of the RCADS-30 was examined via correlations between the measures of this scale and measures of other similar (convergent) or dissimilar (discriminant) constructs. Validity would be supported when the RCADS-30 measure is more highly correlated with similar or theoretically related constructs than when it is correlated with dissimilar or theoretically unrelated constructs (see Table 5 for zero-order and partial correlation data). RCADS-30 total score demonstrated positive correlations of moderated to high effect size with levels of anxiety sensitivity, trait anxiety, depression, negative affec-

tivity and fears; as we expected, correlations with specific fears (e.g., animals, blood-injection-injury) were of smaller effect size.

The pattern of correlations between the subscales of the RCADS-30 and the measures of convergent and discriminant validity were also in the expected way (see Table 5). For example, SF was highly related to other measures of social anxiety such as SASC-R total score, Fear of Negative Evaluation, Social Avoidance and Distress (new peers and general), and FSSCE-25 Social Fears. Likewise, according with our expectations, all RCADS-30 subscales were significantly related to levels of anxiety sensitivity, trait anxiety, and negative affect; however, they were not related with positive affect. It is interesting to note that the MDD subscale, apart of its significant correlations with other measures of depression, it demonstrated a moderate negative significant correlation with positive affect. This result is consistent with theoretical an empirical work linking anxiety, depression and affectivity (e.g., Chorpita, Plummer & Moffitt, 2000b).

DISCUSSION

The aim of this study was to develop a reduced-item version of the RCADS that should correlate maximally with the full version while maintaining coverage of the same subscales and to ensure representation of all content dimensions. Also, a principal goal was that the subs-

Table 5. Correlations between the RCADS-30 variables (total score and the subscales) and measures of convergent and discriminant validity. Partial correlations (controlling for PANASN-NA) in parenthesis

Variable	RCADS-30 total	PD	SF	SAD	GAD	OCD	MDD
RCMAS	**.74 (58)**	**.61 (58)**	**.59 (44)**	**.44 (32)**	**.50 (37)**	**.52 (33)**	.56 (38)
CDI	**.42 (30)**	.34 (20)	.29 (15)	.30 (28)	.22 (12)	.30 (21)	**.60 (39)**
CASI	**.75 (62)**	**.61 (41)**	**.53 (41)**	**.52 (47)**	**.58 (49)**	**.52 (34)**	**.49 (31)**
CDN	**.63 (43)**	.56 (37)	.48 (25)	.34 (24)	.30 (08*)	.39 (12)	**.71 (60)**
SASC-R total score	**.68 (51)**	.44 (30)	**.71 (64)**	.39 (23)	.47 (29)	.42 (22)	.52 (36)
Fear of Negative Evaluation	**.67 (51)**	.41 (26)	**.74 (66)**	.37 (22)	.51 (34)	.44 (24)	.42 (25)
SAD-Specific to New Peers	**.55 (34)**	.33 (19)	**.57 (44)**	.31 (13)	.36 (18)	.34 (18)	.48 (35)
SAD-General	**.45 (31**	.45 (30)	**.41 (32)**	.31 (21)	.23 (08*)	.25 (12)	.41 (32)
FSSCE-25 total score	**.55 (49)**	.31 (21)	**.45 (32)**	**.55 (52)**	.43 (39)	.34 (30)	.26 (07*)
Social Fears	**.50 (41)**	.25 (13)	**.52 (42)**	.33 (27)	.41 (32)	.33 (27)	.24 (07*)
Fear of Danger and Death	.38 (36)	.20 (11)	.29 (25)	.37 (36)	.41 (41)	.21 (20)	.08 (04*)
Fear of Animals	.32 (25)	.19 (09*)	.21 (18)	.34 (33)	.22 (18)	.13 (08)	.16 (10*)
Fear of the Unknown	**.55 (45)**	.35 (18)	.34 (20)	**.64 (57)**	.38 (33)	.40 (31)	.28 (08*)
Fears of Blood-Injection-Injury	.35 (29)	.27 (23)	.28 (20)	.39 (34)	.19 (11)	.21 (20)	.22 (08*)
PANAS-PA	.01*	-.05*	.00 (07*)	.04*	.17	.10*	**-.31**
PANAS-NA	**.60**	**.51**	**.46**	**.33**	**.41**	**.45**	**.56**

Note. PD = panic disorder; SF = social phobia; SAD = separation anxiety disorder; GAD = generalized anxiety disorder; OCD = obsessive-compulsive disorder; MDD = major depressive disorder; RCMAS = Revised Children's Manifest Anxiety; CDI = Children Depression Inventory; CASI = Childhood Anxiety Sensitivity Index; CDN = Children Depression Questionnaire [*Cuestionario de Depresión en Niños*]; SASC-R = Social Anxiety Scale for Children-Revised; SAD = Social Avoidance and Distress; FSSCE-25 = Spanish Fear Survey Schedule for Children-25; PANASN = Children Positive and Negative Affect Schedule [*PANAS para Niños*] Positive (PA) and Negative (NA) affect. Correlations of convergent validity are indicated in boldface. * denotes a *ns p* ≥ .01.

cales of the reduced version should be composed of equal number of items in order to maximize the likelihood of equal reliabilities. Even though the RCADS-30 length has been substantially shorted (17 items were removed), this new shortened version has similar psychometric properties to the ones found in the full version.

Overall, confirmatory factor analyses support the factorial validity of the RCADS-30 and indicate that the best fit correspond to a multidimensional measurement model of six correlated factors which represent the 6 subscales of anxiety and depressive disorder symptoms (i.e., panic disorder, social phobia, separation anxiety disorder, generalized anxiety disorder, obsessive-compulsive disorder, and major depressive disorder). Such results parallel findings reported by Chorpita et al. (2005) and Sandin et al. (2009a) based on confirmatory factor analyses conducted on the full-length version of the RCADS, and provide evidence

of cross-cultural validation of the structure of anxiety disorder symptoms and the separation between anxiety and depression concepts in childhood (Chorpita et al., 2000b; Joiner, Catanzaro y Laurent, 1996a; Joiner, Catanzaro, Laurent, Sandin & Blalock, 1996b).

The high correlation found between the RCADS-30 and the full form (*r* = 0.98) suggest that both forms assess identical construct. Likewise, correlations between the brief- and full-form subscales were uniformly high. Internal consistencies of the RCADS-30 subscales were acceptable, in spite of the attenuation that naturally occurred with item reduction (Chorpita el al., 2005). Thus, by retaining only 5 items on each subscale, we were able to preserve satisfactory levels of reliability (internal consistency) in the subscales of the new abbreviate instrument.

Correlations between the RCADS-30 and measures of trait anxiety (RCMAS), depression (CDI and CDN), anxiety sensitivity (CASI),

fearfulness (FSSCE-25), social anxiety (SASC-R) and affectivity (PANASN) showed interesting convergent-discriminant relationships. As we expected, the RCADS-30 total score was closely linked with most of these measures except with positive affect. These associations are consistent with past work in the field of children and adolescents psychopathology linking anxiety and depression to anxiety sensitivity, fearfulness, and positive and negative affectivity (Chorpita, Albano & Barlow, 1998; Chorpita et al., 2000b; Joiner et al., 1996a,b; Sandin, 2003; Sandin et al., 2002; Silverman et al., 1991; Valiente, Sandin & Chorot, 2002a,b). Consistent with extant research, all RCADS-30 subscales were positively associated with elevated levels of anxiety sensitivity, trait anxiety and negative affectivity. However, also a different and specific pattern appears to be related to each subscale. For example, PD was related principally with anxiety sensitivity and trait anxiety and support reported evidence linking these kinds of constructs (Sandin, Chorot & McNally, 1996; Sandin, Valiente, Chorot & Santed, 2007; Taylor, 1999; Taylor et al., 2007). SF was more closely linked to social anxiety variables, i.e., SASC-R (total score, fear of negative evaluation, and social avoidance and distress), social fears and general fearfulness (i.e., FSSCE-25 total score). Likewise, SAD was more specifically related with fear of the unknown and general fearfulness. Some observed relationships between the MDD subscale and the other emotional measures are noteworthy, in particular, the uniquely association between MDD and positive affect is very consistent with past evidence concerning separation between the constructs of anxiety and depression (Chorpita et al. 2000b; Joiner et al., 1996a,b; Sandin, 2003; Sandin et al., 1999c). Inconsistent with discriminant validity predictions, MDD demonstrated robust association with trait anxiety (RCMAS); however, such a relationship could denote a common overlapping across depression and this measure of anxiety (Chorpita et al., 2005).

In sum, our data provide evidence of psychometric soundness of a briefer version of the Spanish RCADS. The present study also demonstrated that this reduced-item form (RCADS-30) have comparable reliability (internal consistency), factorial validity, and convergent and discriminant validity to the Spanish full version. A brief form is lower time consuming and may be especially valuable as an assessment tool in research and clinical settings. This makes the RCADS-30 suitable for use as a multidimensional screening instrument, and of high potential utility for assessing pre— to post-treatment changes for those with anxiety and depressive disorders. A brief form also would enhance opportunities for inclusion of the measure as a multidimensional index of emotional psychopathology in single-session laboratory studies or in questionnaire packets used in normative of clinical works. This measure is best suited for contexts that require continuous measurement, looking at change from baseline, especially in situations for which there might be other assessment tools used as well (and thus there is a premium on limiting the overall size of the assessment battery). The scale could be of especial useful in European Spanish speaking populations, given that this study lent support to both the full length and abbreviated version in a Spanish sample.

Even though data of this study support validity of the RCADS-30, some limitations warrant comment. First, the studied sample was composed of non clinical participants; future research should thus examine psychometric properties of the abbreviated scale in clinical samples. Second, although the RCADS-30 have demonstrated to have convergent and divergent validity, its capacity to discriminate between different clinical syndromes (i.e., anxiety and depressive disorders) needs to be evaluate (no cut-offs exist for identification of disorder groups). Third, the RCADS-30 was developed from a Spanish translated form of the original English full scale; it is important that the observed findings are replicated in cross-cultural studies (e.g., using the English version of the scale). Fourth, the reduced item selection was based mainly on factor loadings, rather than on more elaborate item analytics (e.g., item response theory). Fifth, there are currently too few youth to allow for calculation of age-based T scores; it will require a larger sample in a future study. Finally, data are based on the Spanish RCADS developed in Spain, so less is known

about the performance of an English language version (which should indeed be studied).

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Appendix
Revised Child Anxiety and Depression Scale-30 (RCADS-30): Items, scaling and scoring

English Please put a circle around the world that shows how often each of these things happen to you. There are no right or wrong answers	*Scaling*
1. I feel sad or empty	Never Sometimes Often Always
2. I suddenly feel as if I can't breathe when there is no reason for this	Never Sometimes Often Always
3. I worry I might look foolish	Never Sometimes Often Always
4. I would feel afraid of being on my own at home	Never Sometimes Often Always
5. I worry about things	Never Sometimes Often Always
6. I get bothered by bad or silly thoughts or pictures in my mind	Never Sometimes Often Always
7. Nothing is much fun anymore	Never Sometimes Often Always
8. I suddenly start to tremble or shake when there is no reason for this	Never Sometimes Often Always
9. I worry about making mistakes	Never Sometimes Often Always
10. I worry about being away from my parents	Never Sometimes Often Always
11. I worry that something awful will happen to someone in my family	Never Sometimes Often Always
12. I have to keep checking that I have done things right (like the switch is off, or the door is locked)	Never Sometimes Often Always
13. I have no energy for things	Never Sometimes Often Always
14. All of a sudden I feel really scared for no reason at all	Never Sometimes Often Always
15. I worry what other people think of me	Never Sometimes Often Always
16. I feel scared if I have to sleep on my own	Never Sometimes Often Always
17. I worry that bad things will happen to me	Never Sometimes Often Always
18. I can't seem to get bad or silly thoughts out of my head	Never Sometimes Often Always
19. I cannot think clearly	Never Sometimes Often Always
20. My heart suddenly starts to beat too quickly for no reason	Never Sometimes Often Always
21. I feel afraid if I have to talk in front of my class	Never Sometimes Often Always
22. I have trouble going to school in the mornings because I feel nervous or afraid	Never Sometimes Often Always
23. I worry that something bad will happen to me	Never Sometimes Often Always
24. I have to think of special thoughts (like numbers or words) to stop bad things from happening	Never Sometimes Often Always
25. I feel worthless	Never Sometimes Often Always
26. I worry that I will suddenly get a scared feeling when there is nothing to be afraid of	Never Sometimes Often Always
27. I feel afraid that I will make a fool of myself in front of people	Never Sometimes Often Always
28. I would feel scared if I had to stay away from home overnight	Never Sometimes Often Always
29. I worry about what is going to happen	Never Sometimes Often Always
30. I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order)	Never Sometimes Often Always

Spanish Por favor rodea con un círculo la palabra que mejor refleje la frecuencia con que te ocurre cada una de las siguientes cosas. No hay respuestas buenas ni malas	*Scaling*
1. Me siento triste o decaído/a	Nunca A veces A menudo Siempre
2. De repente siento como si no pudiera respirar sin saber porqué	Nunca A veces A menudo Siempre
3. Me preocupa parecer tonto/a ante la gente	Nunca A veces A menudo Siempre
4. Sentiría miedo si estuviera solo/a en casa	Nunca A veces A menudo Siempre
5. Me preocupo mucho por las cosas	Nunca A veces A menudo Siempre
6. Me siento mal por tener pensamientos malos o tontos, o imágenes en mi cabeza	Nunca A veces A menudo Siempre
7. Me cuesta divertirme o pasarlo bien	Nunca A veces A menudo Siempre
8. De repente empiezo a temblar o a agitarme sin saber porqué	Nunca A veces A menudo Siempre
9. Me da miedo hacer las cosas mal	Nunca A veces A menudo Siempre
10. Estar lejos de mis padres me da miedo	Nunca A veces A menudo Siempre

11. Me preocupa que le ocurra algo terrible a alguno de mis familiares	Nunca A veces A menudo Siempre
12. Tengo que seguir comprobando que he hecho las cosas bien (como que el interruptor está apagado o la puerta cerrada)	Nunca A veces A menudo Siempre
13. Me siento con muy poca energía para hacer las cosas	Nunca A veces A menudo Siempre
14. De repente me siento muy asustado/a sin saber porqué	Nunca A veces A menudo Siempre
15. Me preocupa lo que otras personas piensen de mí	Nunca A veces A menudo Siempre
16. Si tengo que dormir solo/a siento miedo	Nunca A veces A menudo Siempre
17. Me preocupa que me ocurran cosas malas	Nunca A veces A menudo Siempre
18. Tengo pensamientos malos o tontos que no puedo quitar de mi cabeza	Nunca A veces A menudo Siempre
19. Me resulta muy difícil pensar con claridad	Nunca A veces A menudo Siempre
20. De repente mi corazón empieza a latir rápido sin saber porqué	Nunca A veces A menudo Siempre
21. Me da miedo si tengo que hablar delante de la clase	Nunca A veces A menudo Siempre
22. Por las mañanas al ir al colegio me da miedo separarme de mis padres	Nunca A veces A menudo Siempre
23. Me preocupa que me ocurra algo malo	Nunca A veces A menudo Siempre
24. Tengo que concentrarme en pensamientos especiales (como números o palabras) para que no ocurran cosas malas	Nunca A veces A menudo Siempre
25. Siento que no valgo para nada	Nunca A veces A menudo Siempre
26. Me preocupa que de repente me sienta asustado/a, aunque no haya nada por lo que deba tener miedo	Nunca A veces A menudo Siempre
27. Me asusta ponerme en ridículo delante de la gente	Nunca A veces A menudo Siempre
28. Sentiría miedo si tuviera que pasar la noche fuera de casa	Nunca A veces A menudo Siempre
29. Me preocupa lo que vaya a ocurrir	Nunca A veces A menudo Siempre
30. Tengo que repetir algunas cosas una y otra vez (como lavarme las manos, limpiar o colocar cosas en un orden determinado)	Nunca A veces A menudo Siempre

Note. Scoring : Never (Nunca) = 0; Sometimes (A veces) = 1; Often (A menudo) = 2; Always (Siempre) = 3. Scores for each of the six subscales are calculated as follows. Major Depressive Disorder (MDD) : sum of items 1, 7, 13, 19, 25; Panic Disorder (PD) : sum of items 2, 8, 14, 20, 26; Social Phobia (SP) : sum of items 3, 9, 15, 21, 27; Separation Anxiety Disorder (SAD) : sum of items 4, 10, 16, 22, 28; Generalized Anxiety Disorder (GAD) : sum of items 5, 11, 17, 23, 29; Obsessive-Compulsive Disorder (OCD) : sum of items 6, 12, 18, 24, 30. A RCADS-30 total score can be calculated by summing responses to the 30 items (0-90). Items and scoring are from Bruce F. Chorpita (personal communication).