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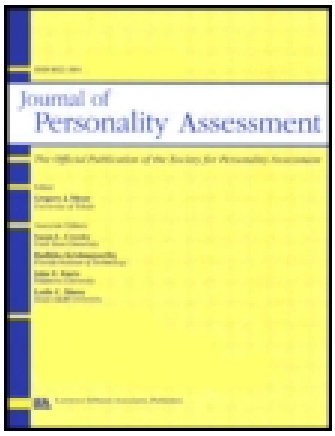

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Cross-Ethnic Measurement Equivalence of the RCMAS in Latino and White Youth With Anxiety Disorders

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We examined the measurement equivalence of the Revised Children's Manifest Anxiety Scale (RCMAS; Reynolds & Richmond, 1979) in a sample of 667 White and Latino youth with anxiety disorders. Findings supported the factorial invariance of the Physiological Anxiety, Worry/Oversensitivity, and Social Concerns/Concentration subscales as well as the construct validity equivalence of the RCMAS Total Anxiety scale. The RCMAS appears to have measurement equivalence across Latino and White youth.

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The prominent growth of the Latino population in the United States (approximately 45.5 million, rendering Latinos the largest minority group; United States Census Bureau, 2007) has prompted several comparative studies showing mental health disparities between Latinos and Whites (e.g., Alegria, Canino, Stinson, & Grant, 2006; Minsky, Vega, Miskimen, Gara, & Escobar, 2003). Relevant to this study are data showing that there is a higher prevalence and/or severity of anxiety among Latino than White youth (e.g., Pina & Silverman, 2004; Varela et al., 2004). For example, in a community sample of youth, Roberts, Ramsay-Roberts, and Xing (2006) found an 8.1% rate of anxiety disorders among Mexican American adolescents versus 5.8% for their White counterparts. It is important to highlight, however, that differences in youths' anxiety symptoms may be artifactual if the measures used to assess anxiety, including self-rating scales, yield nonequivalent information for Latino compared to White youth. According to Okazaki and Sue (1995), nonequivalent cross-ethnic information can arise from variations in respondents' values, attitudes, language, and worldviews. The Revised Children's Manifest Anxiety Scale (RCMAS; Reynolds & Richmond, 1979), for example, includes the item, "I feel nervous when things don't go the right way." If Latino youth interpret the word *nervous* as meaning the same as *nervios,* which is semantically distinct from nervous (see Baer et al., 2003; Guarnaccia, Lewis-Fernández, & Marano, 2003; Salgado de Snyder, Diaz-Perez, & Ojeda, 2000), then the RCMAS could yield nonequivalent information.

To determine whether a measure yields nonequivalent information, cross-group measurement equivalence tests are needed (Hui & Triandis, 1989; Knight & Hill, 1998; Vandenberg & Lance, 2000). In the case of the RCMAS, finding support for measurement nonequivalence would suggest underidentification or overidentification of anxiety symptoms in Latino compared to White youth. Underidentification of anxiety symptoms could lead to poor screening, poorly designed preventive interventions, and unsound research; overidentification of anxiety symptoms could lead to erroneous conclusions about mental health disparities, unsound policies, and wasted resources. Because no study has reported on the cross-ethnic measurement equivalence of any anxiety measure for Latino and White youth, the main objective of this study was to examine the cross-ethnic measurement equivalence of the RCMAS, the most widely used self-rating scale in youth anxiety research.

To evaluate the cross-ethnic measurement equivalence of the RCMAS, in this study, we used data from Latino and White youth. We examined measurement equivalence using tests of factorial invariance (i.e., the cross-group similarity of the factor structure of a measure) and construct validity equivalence (i.e., the cross-group similarity in the construct validity relations associated with a measure). We examined factorial invariance for the three RCMAS anxiety scales (i.e., Physiological Anxiety, Worry/Oversensitivity, and Social Concerns/Concentration) as latent factors. These three scales were empirically derived and have been consistently found in past studies using exploratory factor analyses (e.g., Reynolds & Paget, 1981; Reynolds & Richmond, 1979; Scholwinski & Reynolds, 1985). We used a sequence of nested confirmatory factor analysis (CFA) models to examine factorial invariance (i.e., configural, metric, threshold, and item uniqueness) progressing from least restrictive to most restrictive models that evaluate the invariance of factor loadings, item thresholds, and unique error variances associated with each item across groups. In addition, we used a series of structural equation modeling (SEM) analyses to examine construct validity equivalence (i.e., functional, scalar). This was achieved by testing the equivalence of the slopes and intercepts of the construct validity relations of RCMAS anxiety with fear (assessed by the Fear Survey Schedule for Children–Revised [FSSC–R]; Ollendick, 1983) and depression (assessed by the Children's Depression Inventory [CDI]; Kovacs, 1992).

METHOD

Participants were 677 youth (ages 6 to 16 years; $M = 10.21$, $SD = 2.78$; 320 girls) referred to a youth anxiety disorders specialty research clinic. A total of 41% ($n = 279$) were White and 59% Latino ($n = 398$). All White youth were U.S. born. Within the Latino sample, 196 were of Cuban origin and the remaining reported other Caribbean, Central American, or South American countries of origin representing 11 different nations (e.g.,

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TABLE 1.—Sociodemographic and clinical characteristics of the White and Latino youth samples.

Variable	White[a]	Latino[b]
Age, *M* (*SD*)	10.41 (2.90)	10.07 (2.68)
Sex (female)	38.1%	44.8%
Income		
<$21,000	10.3%	23.2%
$21,001–$40,000	11.7%	29.0%
>$40,000	77.9%	47.9%
Most common primary diagnoses		
Specific phobia	33.30%	25.10%
Separation anxiety disorder	19.80%	25.90%
Social phobia	12.50%	15.60%
Generalized anxiety disorder	16.85%	15.33%

Symptom Measures	*M* (*SD*)	α	*M* (*SD*)	α
RCMAS Total Anxiety	12.19 (6.55)	.88	12.87 (6.92)	.90
Physiological Anxiety	4.22 (2.43)	.67	4.44 (2.46)	.69
Social Concerns/Concentration	2.51 (1.99)	.72	2.66 (2.07)	.74
Worry/Oversensitivity	5.44 (3.22)	.81	5.77 (3.38)	.85
FSSC–R Fear	131.98 (30.10)	.97	139.61 (30.99)	.96
CDI Depression	9.27 (7.10)	.86	10.34 (8.11)	.88

Note. Statistical comparisons of data corresponding to Latino and White youth yielded differences only in terms of income, $\chi^2(2, N = 667) = 34.67$, $p < .001$, and percentage of specific phobia diagnosis ($z = 2.30$, $p < .05$). Skewness and kurtosis of all scales were within an acceptable range across both Latino and White groups. RCMAS = Revised Children's Manifest Anxiety Scale; FSSC–R = Fear Survey Schedule for Children–Revised; CDI = Children's Depression Inventory. Diagnoses were derived using the Anxiety Disorders Interview Schedule for *DSM–IV:* Child and Parent versions (Silverman & Albano, 1996).
[a]$n = 279$. [b]$n = 398$.

Nicaragua, 3.9%; Colombia, 3.3%; Venezuela, 2.6%; Honduras, 2.2%). All youth met criteria for a primary anxiety disorder diagnosis, were highly proficient in English, and chose to complete all measures in English. About 19% of parents reported family income of $21,000 or less; 22.8% reported incomes ranging from $21,001 to $40,000; and 58.6% reported incomes over $40,000. Additional information about the socioeconomic and clinical characteristics of the sample is presented in Table 1. After parents provided informed consent (and youths provided informed assent), an assessment battery, which included the RCMAS, FSSC–R, and CDI was administered to the youth by a trained research assistant who either read aloud the questions to younger children or monitored completion of the questionnaires. The RCMAS is a 37-item self-rating scale designed to assess anxiety symptoms. Youth respond either *Yes* or *No* to all items. The FSSC–R is an 80-item self-rating scale designed to assess fear levels, and youth respond either *None, Some,* or *A Lot*. The CDI is a 27-item self-rating scale designed to assess cognitive and behavioral aspects of depression (youth respond using one of three varying statements). These measures have been widely used in the research literature and have sound psychometric properties with mainstream samples of youth.

RESULTS

To evaluate measurement invariance, we conducted CFAs of ordered categorical variables to test the equivalence of factor loadings, thresholds (marginal proportions of observed items), and item uniquenesses (Millsap & Tein, 2004). We used the robust weighted least squares estimator for CFA analyses, which is robust to violations of normality (Flora & Curran, 2004), and the theta parameterization in MPLUS (Version 4.10; Muthén & Muthén, 2006).[1] We estimated a configural model was estimated first by (a) fixing the first item loading for each subscale to equality across groups, (b) fixing the thresholds for the first item in each subscale to equality across groups, (c) fixing the factor means to zero for Whites, (d) fixing the latent intercepts to zero in each group, and (e) fixing the unique item residuals to one (based on recommendations by Millsap & Tein, 2004, and Muthén & Muthén, 2006). We evaluated configural invariance based on both the overall fit of the model as well as the significance of the item factor loadings. We then added cross-group invariance constraints in a stepwise fashion (Byrne, 1998). We tested metric invariance by constraining item factor loadings to be equal across ethnic groups and comparing the fit of the constrained model to the original configural model. Next, we evaluated threshold invariance by comparing a model with both factor loadings and item thresholds constrained to equality across groups to the model with only factor loadings constrained across groups. Last, we tested item uniqueness invariance by comparing a fully constrained model (i.e., constrained loadings, thresholds, and item uniquenesses) to a model with constrained loadings and thresholds and free item uniquenesses.

To evaluate cross-ethnic construct validity equivalence, we used a series of SEMs to test the equivalence of the slope and intercept of the construct validity relations of the RCMAS. We used robust full information maximum likelihood estimation for these analyses to provide unbiased parameter estimates of nonnormal data in the presence of missing data under missing at random conditions (Satorra & Bentler, 1994; Schafer & Graham, 2002). Construct validity equivalence was evaluated by examining the slope and intercept invariance of the relation between RCMAS anxiety and the theoretically related constructs of depression and fear. For these analyses, we evaluated the homogeneity of slopes and intercepts of the construct validity relations across groups by comparing unconstrained models with constrained slope models and constrained slope models with models that had both slopes and intercepts constrained.[2,3]

The multigroup CFA analysis we used to evaluate configural invariance by ethnicity produced a significant chi-square fit, $\chi^2(262, N = 662) = 379.02$, $p < .001$. Additional indexes suggested the model fit the data well (CFI = .97, RMSEA =

[1]Because we used the robust weighted least squares estimator for the CFAs (Flora & Curran, 2004), we do not report the standardized root mean residual (SRMR) fit index, as the weighted least squares matrix is based on correlations, and therefore, use of SRMR indexes are not relevant for fit evaluation (Bollen & Long, 1993)

[2]For all invariance analyses, we used tests of the significance of the chi-square difference between nested models and fit indexes of the more constrained model to evaluate the tenability of equivalence constraints. Significant chi-square differences and decrements in constrained model fit indicate between-group variance, or bias, in the parameters of interest. We used three fit indexes to evaluate the relative CFA/SEM model fit: chi-square goodness of fit, comparative fit index (CFI), and root mean square error of approximation (RMSEA). Acceptable model fit is indicated by a nonsignificant chi-square goodness of fit, a CFI above .95 (Hu & Bentler, 1998), and an RMSEA below .08 (Browne & Cudeck, 1993; Steiger, 1998). We evaluated model fit on the basis of a majority of fit indexes (Cheung & Rensvold, 2002).

[3]Prior to evaluating the cross-ethnic measurement equivalence of the RCMAS, analyses supported the cross-age and cross-sex equivalence of the RCMAS. In addition, measurement invariance across ethnicity, age, and sex was supported for the CDI and FSSC–R with the exception of item intercepts invariance across age for the FSSC–R. Details are available from the A. A. Pina.

TABLE 2.—Functional and scalar equivalence estimates for of the RCMAS Total Anxiety scale: Comparison of slope and intercept differences in construct validity models

Predictor	White	Latino	Constrained Slope Comparison	Constrained Intercept Comparison
Outcome: 3-factor solution for the RCMAS Anxiety scales	Slope/Intercept	Slope/Intercept	$\Delta\chi^2$(df)	$\Delta\chi^2$(df)
CDI Depression	.62*/6.34*	.55*/7.06*	1.60 (1)	.00 (1)
FSSC–R Fear	.66*/12.16*	.65*/11.82*	.00 (1)	.26 (1)

Note. RCMAS = Revised Children's Manifest Anxiety Scale; CDI = Children's Depression Inventory; FSSC–R = Fear Survey Schedule for Children–Revised.
$^*p < .001$.

.04), and we found significant factor loadings in both ethnic groups. Next, metric invariance tests produced a nonsignificant adjusted chi-square difference, $\Delta\chi^2(21, N = 662) = 22.48$, *ns*; and the model with factor loadings constrained to be equal across ethnic groups fit well, $\chi^2(226, N = 662) = 312.20, p < .001$ (CFI = .98, RMSEA = .03). Then, threshold invariance tests produced a nonsignificant adjusted chi-square difference, $\Delta\chi^2(22, N = 662) = 28.48$, *ns;* and the model with factor loadings and thresholds constrained to be equal across ethnic groups fit well, $\chi^2(233, N = 662) = 321.21$, $p < .01$ (CFI = .98, RMSEA = .03). Last, item-uniqueness invariance tests produced a nonsignificant chi-square difference, $\Delta\chi^2(22, N = 662) = 23.55$, *ns;* and the model with factor loadings, item thresholds, and item residuals constrained to be equal across ethnic groups fit well, $\chi^2(233, N = 662) = 321.21$, $p < .001$ (CFI = .98, RMSEA = .03).

In terms of functional and scalar equivalence, Table 2 shows that constraining the slope relation to the RCMAS resulted in a nonsignificant chi-square difference for the CDI, $\Delta\chi^2(1, N = 662) = 1.60$, *ns,* and for the FSSC–R, $\Delta\chi^2(1, N = 662) = .00$, *ns.* These findings suggest that the slope of the relations of these two construct validity variables to the RCMAS scores is similar across ethnic groups, providing some support for the functional equivalence of the RCMAS. Next, constraining the intercept and the slope of the relation to the RCMAS resulted in a nonsignificant chi-square difference for the CDI, $\Delta\chi^2(1, N = 662) = .00$, *ns,* and FSSC–R, $\Delta\chi^2(1, N = 662) = .26$, *ns.* These findings suggest that the slope and intercept of the relations of these two construct validity variables to RCMAS scores is similar across ethnic groups, providing support for the scalar equivalence of the RCMAS.

DISCUSSION

Differences in anxiety between Latino and White youth do not appear to be due to a measurement artifact, at least when anxiety is measured using the RCMAS. That is, in this study, factorial invariance of the RCMAS Physiological Anxiety, Worry/Oversensitivity, and Social Concerns/Concentration factor scales was supported via configural, metric, threshold, and item-uniqueness invariance tests. Additionally, the construct validity equivalence of the RCMAS Total Anxiety scale was supported using the CDI and FSSC–R via functional equivalence and scalar equivalence tests. These findings are important because they suggest that empirical studies showing a higher prevalence and/or severity of anxiety in Latino compared to White youth (e.g., Pina & Silverman, 2004; Varela et al., 2004) reflect true differences in the anxiety that these youth experience. If this study's findings replicate and are supported by broader evaluations of equivalence of construct validity relations, investigators should be able to compare and/or combine RCMAS data corresponding to Latino and White youth. Future studies also need to examine whether this study's findings replicate in other samples (nonclinic referred, Mexican origin). As noted previously, data corresponding to a clinic referred sample were used as well as a seemingly culturally heterogeneous Latino sample. The equivalence of the structure of anxiety as represented by measures tied to the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994; e.g., Multidimensional Anxiety Scale for Children; March, Parker, Sullivan, Stallings, & Conners, 1997) across Latino and White youth also should be evaluated.

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