Title:
Child and parent’s perspectives of anxiety interference: Preliminary examination of the Portuguese version of the Children Anxiety Interference Scale

Running Head: Child and parent’s perspectives of anxiety interference

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Abstract

Anxiety disorders are highly prevalent among school-aged children and in a substantial proportion of youths these disorders become chronic, causing significant interference with daily functioning.

The purpose of the current investigation was to examine the psychometric properties of the Portuguese version of the Children Anxiety Interference Scale – Parent and Child versions. The sample consisted of 132 children between the ages of 7 and 12 with a main diagnosis of anxiety disorder and their parents.

Factor analysis of the CALIS-P yielded three factors that were in keeping with the hypothesized subscales of At Home, Outside Home and Parent Life interference. For the CALIS-C factor analysis yielded two factors corresponding to Close Relationships and Performance interference that did not match the subscales of the original version. Furthermore, internal consistency of the various CALIS subscales was good. Finally, evidence was found for both convergent and divergent validity: the measure correlated significantly with the report of internalizing symptoms, but not with externalizing symptoms. CALIS scores were also significantly correlated with another measure of interference.

The results provide initial support that the Portuguese version of the CALIS is a reliable and valid measure for the assessment of the impact of anxiety on child and family functioning.
Epidemiological studies indicate that anxiety disorders are among the most common mental health problems in childhood and adolescence (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003). The onset of these disorders is typically in childhood and adolescence and run a chronic course into adulthood (Albano, Chorpita, & Barlow, 1996).

Given the high prevalence of these disorders, efforts to adequately capture their associated impact on daily activities is essential to increase understanding of the functional effects of childhood anxiety. Furthermore, interference evaluation is crucial for both assessment and treatment of childhood anxiety disorders. In one hand, interference it’s a central aspect of the current conceptualizations of psychopathology and a key component for meeting diagnostic criteria (Diagnostic and Statistical Manual of Mental Disorders, 4th ed.; DSM-IV; American Psychiatric Association, 1994), affecting the decision of who receives treatment, and on the other hand, interference it’s also an important tool to predict treatment needs and outcomes (Whiteside, 2009).

Additionally, the presence of interference in the child’s and parents’ life has been found to be a significant predictor of service use (Angold et al., 1998; Farmer, Burns, Angold, & Costello, 1997; Teagle, 2002). This is particularly important taking into account that despite the high rates of psychopathology in the community, levels of service use have been found to be low (Canino & Shrout, 2004).

Nevertheless the primary focus in terms of assessment and treatment of childhood psychopathology has been on symptoms. Far less attention has been paid to the impact of these symptoms on the children's and families lives (Rapee, Bögels, van der Sluis, Craske, & Ollendick, 2012).

The studies that focused on anxiety impact have shown that anxiety disorders have a significant interference on children’s and families lives. Childhood anxiety can
interfere in multiple domains including academic, social and family functioning (Ezpeleta, Keeler, Erkanli, Costello, & Angold, 2001; Strauss, Frame, & Forehand, 1987). For example, Strauss et al. (1987) found that anxious children demonstrated a broad range of psychosocial difficulties when compared to nonanxious children, displaying impairment in peer relations, levels of depression, self-esteem, attention, school performance and social behavior rated by their teachers, peers and by self-reports. Chansky and Kendall (1997) also found that both teachers and parents rated higher levels of social maladjustment in anxiety-disordered youth.

The main purpose of the current investigation was to examine the initial reliability of the Portuguese version of the Children Anxiety Interference Scale – Parent and Child versions, in a sample of children diagnosed with anxiety disorders recruited from the community. The Child Anxiety Life Interference Scale (CALIS; Lyneham et al., 2013) is a composite measure of the interference that anxiety has on a child’s life. The CALIS consists of multiple scales designed to identify anxiety-related difficulties in children’s school, social, and home/family functioning, from the child’s and parent’s perspective. When compared to the few other measures that exist to assess life interference and impairment the CALIS has the advantage of being specific to the assessment of the interference related to child anxiety, and of evaluating the direct impact that a child’s anxiety has on his/her parents’ life. The impact of child psychopathology on parents and family is recognized but has received little attention on the literature. This is despite the fact that it is impairment that typically brings consumers to services (Angold, Costello, Farmer, Burns, & Erkanli, 1999), and the fact that children rarely self-present for help, being parents the most often responsible for initiating help seeking (Lyneham & Rapee, 2007).
In addition to the examination of the psychometric properties of the Portuguese version of the Children Anxiety Interference Scale, we also explored the relation between anxiety life interference and socio-demographics characteristics (age and gender) and previous mental health service utilization. Finally, we will examine anxiety life interference in different anxiety diagnoses. To our knowledge there are few studies that compared different anxiety disorders regarding impairment. An example is the study of Beidel (1991) that showed that children with social phobia are more negatively impacted than youth with other anxiety disorders (Beidel, 1991).

**Method**

*Participants*

The participants were 132 children aged 7 to 12 years with a mean age of 9.68 years ($SD = 1.04$). The sample had a balanced gender distribution, 54% girls and 46% boys. The children were enrolled in 3rd, 4th, 5th or 6th grade in public, private, and cooperative schools and lived mostly in semi-urban and urban areas in the vicinity of Lisbon, Portugal. Most of the parents were married (66%) and in general the sample came from a variety of socio-economic levels (SES) (33% low, 42% medium and 25% medium-high or high).

With respect to the diagnosis the most common anxiety disorders were generalized anxiety disorder and social phobia (30%), followed by separation anxiety disorder (23%), and specific phobia (17%). Comorbidity was common in the sample with 75% having more than one anxiety diagnosis (28% had two, 31% had three and 16% had four or more).

*Measures*
The Screen for Child Anxiety Related Emotional Disorders-Revised – parent/child versions (SCARED-R; Muris, Merckelbach, Schmidt, & Mayer, 1999) is a self-report questionnaire containing 69 items that assess symptoms of various anxiety disorders in children: separation anxiety disorder, generalized anxiety disorder, panic disorder, social phobia, school phobia, specific phobia, obsessive–compulsive disorder and acute or posttraumatic stress disorder. Children and their parents rated how frequently the child experiences each symptom on a 3-point scale (0 - never or almost never, 1 - sometimes, or 2 - often). The scores for all types of anxiety are combined to yield a total score, which yielded a Cronbach’s alpha of 0.94 for both parent and child versions.

The Anxiety Disorders Interview Schedule for DSM–IV - child/parent version (ADIS-C/P; Silverman & Albano, 1996). The ADIS-C/P is a semi structured diagnostic interview of childhood anxiety disorders as well as mood, externalizing disorders and screens for additional disorders. The ADIS-C/P has acceptable to excellent test-retest reliability (Silverman, Saavedra, & Pina, 2001) and inter-rater agreement (Lyneham, Abbott, & Rapee, 2007). Parents and children provide an interference rating for each disorder where they report a minimum of symptoms on a 0 (not at all) to 8 (a great deal), scale. On the current study we interviewed parents and children together following the procedure of Khanna and Kendall, (2010). Furthermore, only the sections assessing anxiety disorders, mood and externalizing disorders were administered.

The Children's Anxiety Life Interference Scale (CALIS-C and CALIS-P; Lyneham et al., 2013). The CALIS-C (9-item) and CALIS-P (15-item) are parallel child and parent-report ratings assessing anxiety-related life interference in children’s school, social, and home/family functioning. The items are divided between three scales: Outside Home Interference and At Home Interference (for child report and reports about
child by parent) and Parent Life Interference (for parent reports only). Each item is responded to on a 5 point likert scale; (0) not at all, (1) only a little, (2) sometimes, (3) quite a lot, (4) a great deal. Data generated from one large-scale evaluation study have indicated that the CALIS demonstrates good internal consistency, moderate-to-high test re-test reliability, significant inter rater reliability and good convergent and divergent validity (Lyneham et al., 2013). Furthermore, the CALIS has been shown to be sensitive to treatment change (Lyneham et al., 2013).

The Strengths and Difficulties Questionnaire - parent version (SDQ; Goodman, 1997) is a brief screening questionnaire with 25 items that aim to assess the psychological adjustment of children and adolescents. The 25 items are divided between five scales: emotional symptoms, conduct problems, hyperactivity/inattention, peer problems, and pro-social behaviour. Parents were asked to rate the degree to which various items correspond to the behaviour of their children in the last six months, using a 3-point scale (1 - not true, 2 - somewhat true, or 3 - certainly true). For the purpose of this study the internalizing and externalizing composites recommended by Goodman, Lamping, and Ploubidis (2010) were used for analyses. Internal consistency in the current sample was $\alpha = .55$ for the internalizing scale and $\alpha = .76$ for the externalizing scale.

Procedure

The data was collected in the context of a larger study (CATCh – Children Anxiety Treatment and Change). The study was approved by the General Administration for Innovation and Curriculum Development in Lisbon, Portugal and organised in collaboration with the school boards and teachers of the schools involved. Children were recruited from Portuguese public and private schools.
After receiving an informed consent form, 83% of the parents allowed their children to participate in the first phase of the study, an universal screening process to identify children with high levels of anxiety symptoms. All the children authorized to participate in the study answered to the child version of SCARED-R during a class and their mothers answered to the parent version that was sent home. All of the children, who scored above the 95th percentile for the total scale or the subscales of generalized anxiety disorder, separation anxiety disorder or social phobia, either on the parents or child’s version, were invited to participate in the second phase of the study.

The great majority of parents and children (80%) accepted to participate in the second phase of the study where the ADIS - C/P interviews were administered. Following assessment, children and parents of those who met criteria for a principal diagnosis of an anxiety disorder completed the CALIS child and parent versions. The remainder questionnaire completed by the parents (SDQ) was sent home and returned to the researcher by the teacher.

Results

1. Factor analysis and internal consistency

Principal-components factor analysis was conducted on child and parent report CALIS data using varimax rotation. A three-factor for the parent report and two-factor solution for the child report were retained as this was in correspondence with the original scales structures.

Parent Report

On the parent’s report the exploratory factor analysis indeed yielded three factors with eigenvalues > 1.0 (i.e., 6.1, 1.6 and 1.2) which accounted for 55% of the variance. After a varimax rotation, items loading together indicated factors representing interference in Parent Life, Outside Home and At Home factors, similar to the original
The items loaded clearly on their designated factor with factor loadings greater or equal than .40 (Table 1). However, the item “Child Daily Activities” loaded both highly on the Outside Home factor (factor loading of .41) and on the At Home factor (factor loading of .39). Given the fact that this item belonged to the At Home factor on the original scale, we choose to allocate it in this factor to comply with the original scale.

Inter-subscale correlation between the outside and inside home factors was .58 ($p < .001$). Correlations between the inside home and parent life factors was .53 ($p < .001$), and between the outside home and parent life factors .51 ($p < .001$). Cronbach’s alphas were .71 for the At Home Interference, .75 for the Outside Home Interference and .82 for the Child Life Interference. Alpha for Parent Life Interference was .85. Finally, Cronbach’s alphas for the parent report total scale was .89. All inter-item correlations were lower than .70, indicating that the items were not redundant.

**Child Report**

On child’s report this analysis indeed yielded two factors with eigenvalues > 1.0 (i.e., 2.7 and 1.6) which accounted for 49% of the variance. After a varimax rotation, each of the items had factor loadings greater than .40, with the exception of the item “child’s distress” that presented a factor loading of .39 (Table 1). The item composition of these factors indicates a different structure form the original scale. The inspection of items contents suggests that Factor 1 refers to interference in Close Relationships, whereas Factor 2 consisted of the six items related to interference in Performance. The inter-subscale correlation between the Close Relationships and the Performance factors was .31 ($p < .001$). Cronbach’s alphas were .72 for the Interference in Close Relationships, .68 for the Performance Interference and .71 for the Child Life Interference (Table 2). All inter-item correlations were lower than .70, indicating that the items were not redundant.
TABLE 1

2. Descriptive statistics

The CALIS-P items most frequently reported as causing significant interference (rated as 3 quite a lot or 4 a great deal) were as follows: Child Schoolwork (24%), Child Distress (17%), Parent Stress Level (16%). The CALIS-C items most frequently endorsed were as follows: Child Distress (24%) and Child Daily Activities (11%).

The means and standard deviations for each subscale are presented in Table 2. When comparing the child and parent report on the comparable subscale (Child life interference) we found a significant difference ($Z = -3.08, p = .002$), with parents reporting significantly higher levels of interference in the child life.

TABLE 2

3. Validity

Correlational analyses between CALIS-C and CALIS-P and other measures of anxiety severity (SCARED-R) and psychological adjustment (SDQ) were conducted to examine the convergent and divergent validity of the subscales. The concurrent validity of the CALIS-C and CALIS-P was examined through correlations with the interference scale from the ADIS-C/P. For each correlation reported, only the correspondent self-report versions were analysed (i.e. child self-reported interference with child self-reported anxiety severity and parent-reported interference with parent-reported interference). These are reported together with the correlation coefficients and significance levels in Table 3.

Parent Report

Significant positive correlations were found between the CALIS-P Subscales and the SDQ Internalizing Composite, the SCARED-R Total Score and the ADIS-C/P Interference Scale. The CALIS-P Subscales and were not correlated with SDQ...
Externalizing Composite except for the Outside Home Interference subscale which presented a weak positive correlation.

*Child Report*

Similar to the parent report, the CALIS-C Subscales were positively correlated with the SCARED-R Total Score and the ADIS-C/P Interference Scale, with the exception of the Close Relationships Subscale that did not correlated significantly with the SCARED-R Total Score.

**TABLE 3**

4. **Differences regarding socio-demographic characteristics, mental health service utilization, and Anxiety Diagnoses**

To explore the relation between anxiety life interference and socio-demographics characteristics, previous mental health service utilization and specific anxiety diagnoses a series of analyses were conducted using Kruskal Wallis and Mann-Whitney tests. These analysis were made based on the subscales: Child life interference (total score) from the child report and the Child life interference and Parent Life interference from the parent report, to enable comparison across reporters.

First, we examined whether there were significant differences regarding age and gender. No significant differences were found regarding age (Child: Child Life - $U=1899.50, p=.34$; Parent: Child Life - $U=1924.00, p=.40$, Parent Life - $U=1846.50, p=.23$), and gender (Child: Child Life - $U=2056.50, p=.82$; Parent: Child Life - $U=1720.50, p=.07$, Parent Life - $U=1737.50, p=.09$) for both reports.

In addition, significant differences were found regarding the Child Life interference reported by the parents, when comparing parents who indicated that they had sought professional help for an emotional or behavioural difficulty experienced by their child and the ones that did not ($U=1356.00, p<.001$). Parents who had previously
sought help for their children reported higher levels of child life interference. These differences were not found for the Parent Life Interference subscale ($U=1728.50$, $p=.06$) neither for the child report ($U=1859$, $p=.21$).

Finally, when comparing between anxiety diagnoses, differences were found for the Child Life Interference subscales for both child ($H(3)=9.73$, $p=.02$) and parent reports ($H(3)=7.98$, $p=.046$). Post hoc tests for the child report showed that children with a principal diagnosis of generalized anxiety reported higher levels of interference than children with a principal diagnosis of social ($U=573.00$, $p=.04$) or specific phobia ($U=246.00$, $p=.002$). Post hoc tests for the parent report showed that children with a principal diagnosis of generalized anxiety reported higher levels of interference than children with a principal diagnosis of specific phobia ($U=307.00$, $p=.002$). No significant differences were found regarding the Parent Life subscale ($H(3)=5.28$, $p=.15$).

**Discussion**

The current study examined the psychometric properties of the Portuguese version of the Children Anxiety Interference Scale – Parent and Child versions. The current results suggest that the Portuguese version of the CALIS-P has similar properties to the original version. At a structural level the CALIS-P has the same format with comparable internal consistency as the original, displaying a good internal consistency on both the total score and the subscales.

Regarding the child report, although the CALIS-C presented the same two-factor structure as the original version, item loadings were quite different. One possible explanation for the different splitting that we found is related to cultural specificities. In this two-factor splitting, one domain seems to be related specifically with the child’s close relations (child sibling relationship, child parent relationship, child with friends
outside of school), and the other one seems more heterogeneous, but most of the items have to do with performance in several activities. However, the item “child interacting with school peers” loads with performance and not with relationships. The higher loading of this item in the performance dimension can be explained by the fact that this item has to do with interactions in the school domain, with colleagues/peers. Maybe this item is more related with interference in performance issues (social performance) than interference with close relations. Therefore, we propose this performance, relationships splitting taking into account that anxiety interference can vary depending on the cultural setting and how the children themselves view the role of school in their friendships in particular. Finally, it’s worth emphasizing that the total score remains the same, since none of the items were redundant. The total score has a comparable internal consistency to the original version displaying a good internal consistency. The new subscales present a good internal consistency as well.

The convergent validity of both versions of the CALIS was supported by significant correlations with related measures, whereas the divergent validity of the measure was corroborated by the lack of correlation with measures assessing presumably more unrelated constructs. Specifically, the measure shows significant and weak to moderate correlations with the report of internalizing symptomatology (SCARED-R and SDQ – internalizing symptoms subscale), but not with the externalizing symptomatology (SDQ – externalizing symptoms subscale). With the exception of the Close Relationships subscale (child report) that did not correlated significantly with the SCARED-R total score, and the Outside Home subscale (parent report) that presented a correlation of low magnitude with the SDQ externalizing symptoms subscale. These weak to moderated associations can be a result of our sample. Our sample was recruited from the community and therefore differ considerably
to those clinic-referred children and adolescents (Southam-Gerow, 2003; Stirman, DeRubeis, Cirts-Christoph, & Brody, 2003). In particular, because these children did not seek treatment from specialist settings and although they were diagnosed with an anxiety disorder they may be less impaired (Angold et al., 1999).

CALIS scores were also significantly correlated with an alternative validated measure of interference (ADIS-C/P Interference Scale). These moderated associations are consistent with what previous studies have found (Lyneham et al., 2013; Whiteside, 2009). Moreover, Lyneham et al., (2013) argued that the strength of these correlations provide a compelling argument for the need for an anxiety-specific life interference measure.

Globally, these results provide initial support that the Portuguese version of the CALIS is a reliable and valid measure for the assessment of the impact of anxiety on child and adolescent functioning.

The results regarding the individual analysis of items revealed that parents and children have different perspectives on what areas are most affected by anxiety in children, with parents reporting child schoolwork as the more impaired area, and children reporting higher interference in child daily activities. Furthermore, parents reported significantly higher levels of child interference. Discrepancies between child and parent reports are not uncommon, and prior research have shown that informant reports can vary according to where they observe child behaviour and where the child express the behaviours being assessed (e.g., Achenbach, Mcconaughy, & Howell, 1987). Thus, these discrepancies can be an expression of different perspectives and may suggest that parents are more attentive to the interference of these disorders.

No differences in CALIS scores were found based on age or gender. Previous results on age and gender differences have been mixed. Regarding gender, some studies
reported that girls display higher levels of interference (Langley et al., 2013; Lyneham et al., 2013), and others found no differences (Langley, Bergman, McCracken, & Piacentini, 2004; Whiteside, 2009). On what concerns age, one study found that older youth appeared more likely to experience impairment with social and school domains and less likely to have impairments in functioning at home compared to younger youth (Langley et al., 2013), and others found no differences (Langley et al., 2004; Lyneham et al., 2013).

In addition, the findings show that parents who had previously sought professional help for an emotional or behavioural difficulty experienced by their child reported higher levels of child interference, comparing to the ones that did not. This is not surprising taking into account that parents are most often responsible for initiating help seeking and child impairment have been found to improve parental problem recognition (Costello, Angold, Burns, Erkanli et al., 1996; Teagle, 2002) and both of these variables are responsible for significantly increase the likelihood of service use (Angold et al., 1998; Farmer et al., 1997; Teagle, 2002).

Moreover, the results also show significant differences in the child and parent reports regarding impairment among different anxiety disorders. For the child interference scale both parents and children reported higher levels of impairment for the children with a principal diagnosis of generalized anxiety when compared to the children with a principal diagnosis of specific phobia. Additionaly, on the child’s report children with generalized anxiety also display significantly higher levels of impairment that the ones with social phobia as their principal diagnosis.

**Limitations and future directions**

There are a number of limitations that need to be considered when interpreting the results of this study. First, this is a cross-sectional study. Futures studies should
establish retest reliability and the predictive validity of the CALIS via longitudinal designs. Second, the fact that we used a sample recruited from the community does not allow for the generalization of the results to clinic-referred children and adolescents diagnosed with anxiety disorders. Additional examination of the treatment sensitivity of these measures is recommended, given the importance of measuring functional outcomes in clinical trials research.
Aknowledgments

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References


Table 1: Factor loadings for the CALIS

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Table 2: Descriptive statistics for the scale scores on the Child Anxiety Life Interference Scale

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<td>n = 54</td>
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<td>14.03 (9.97)</td>
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<td>7.00 (5.37)</td>
<td>6.31 (4.84)</td>
<td>6.59 (5.06)</td>
</tr>
<tr>
<td>Close Relationships</td>
<td>2.02 (2.36)</td>
<td>1.99 (2.80)</td>
<td>2.59 (2.99)</td>
<td>1.59 (2.20)</td>
<td>2.00 (2.59)</td>
</tr>
<tr>
<td>Performance</td>
<td>3.97 (2.77)</td>
<td>5.13 (4.33)</td>
<td>4.41 (3.45)</td>
<td>4.72 (3.93)</td>
<td>4.59 (3.73)</td>
</tr>
</tbody>
</table>
Table 3: Correlations analyses between CALIS-C and CALIS-P and other measures of anxiety symptoms (SCARED-R), psychological adjustment (SDQ) and anxiety interference (ADIS-C/P)

<table>
<thead>
<tr>
<th></th>
<th>SCARED-R</th>
<th>SDQ - INT</th>
<th>SDQ - EXT</th>
<th>ADIS Anx Interference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parent Report</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Score</td>
<td>0.25**</td>
<td>0.44**</td>
<td>0.14</td>
<td>0.49**</td>
</tr>
<tr>
<td>Child Life</td>
<td>0.25**</td>
<td>0.43**</td>
<td>0.15</td>
<td>0.45**</td>
</tr>
<tr>
<td>Outside Home</td>
<td>0.34**</td>
<td>0.40**</td>
<td>0.19*</td>
<td>0.34**</td>
</tr>
<tr>
<td>At Home</td>
<td>0.36**</td>
<td>0.35**</td>
<td>0.05</td>
<td>0.47**</td>
</tr>
<tr>
<td>Parent Life</td>
<td>0.18*</td>
<td>0.39**</td>
<td>0.07</td>
<td>0.43**</td>
</tr>
<tr>
<td><strong>Child Report</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Life</td>
<td>0.23**</td>
<td></td>
<td></td>
<td>0.48**</td>
</tr>
<tr>
<td>Close Relationships</td>
<td>0.09</td>
<td></td>
<td></td>
<td>0.31**</td>
</tr>
<tr>
<td>Performance</td>
<td>0.20*</td>
<td></td>
<td></td>
<td>0.42**</td>
</tr>
</tbody>
</table>

* p < .05; ** p < .01

Note: Coefficients correlate same reporters for each pair. SCARED-R Screen for Child Anxiety Related Emotional Disorders-Revised; SDQ-INT Strengths and Difficulties Questionnaire Internalizing Composite; SDQ-EXT Strengths and Difficulties Questionnaire Externalizing Composite.