Journal of Consulting and Clinical Psychology
2004, Vol. 72, No. 5, 904–908

0022-006X/04/$12.00 DOI: 10.1037/0022-006X.72.5.904

Structure of Anxiety and Depression in Urban Youth: An Examination of the Tripartite Model

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In this study, the authors examined the validity of the tripartite model of anxiety and depression (L. A. Clark & D. Watson, 1991) in a community epidemiological sample of 467 urban African American youth. Participants completed the Baltimore How I Feel (N. S. Ialongo, S. G. Kellam, & J. Poduska, 1999), a measure of anxiety and depressive symptoms, in Grades 6 and 9. Confirmatory factor analyses indicated that a 3-factor model representing the tripartite model fit the data well and better than competing models. Longitudinal confirmatory factor analysis revealed configural invariance of the tripartite factor structure. However, a predicted divergence among dimensions over time was not evidenced. High correlations among the tripartite dimensions suggest that anxiety and mood symptoms may not differentiate in urban youth. Results are discussed in terms of the ethnicity and urban context of this community sample.

The tripartite model of anxiety and depression (Clark & Watson, 1991) provides a useful conceptual framework for understanding the overlap in anxious and depressive symptoms and the unique characteristics of these syndromes. According to this model, anxiety and depression share a common dimension, negative affect, that includes several aspects of general emotional distress such as sadness, anger, and fear. Positive affect and physiological hyperarousal have been proposed to distinguish between depression and anxiety, with low positive affect or anhedonia specific to depression and physiological hyperarousal specific to panic (Mineka, Watson, & Clark, 1998).

Although developed with adult populations, several studies support the applicability of the tripartite model to child and adolescent populations (Chorpita, Albano, & Barlow, 1998; Joiner, Catanzaro, & Laurent, 1996). For example, researchers have found that anhedonia distinguishes between depression and anxiety in youth (Chorpita, Plummer, & Moffitt, 2000; Lonigan, Carey, & Finch, 1994). Factor analytic studies of the tripartite model with child and adolescent populations have mirrored findings from adult populations (e.g., Chorpita et al., 1998; Joiner et al., 1996), which suggests that the structure of anxiety and depression may not vary greatly from childhood to adulthood. The tripartite dimensions also have shown the expected pattern of associations with anxiety and mood symptoms in youth (Chorpita, Plummer, & Moffitt, 2000; Lonigan et al., 1994), which provides support for the discriminant validity of this model for children and adolescents. An issue that warrants further attention, however, is the nature of association between anxiety and mood symptoms over time.

Empirical tests of the correlations among the tripartite factors in inpatient (Joiner et al., 1996) and community (Chorpita, Daleiden, Moffitt, Yim, & Umemoto, 2000) youth samples have revealed a positive association between negative affect and physiological hyperarousal but no association between anhedonia and negative affect or physiological hyperarousal. Age differences in this pattern of association among the tripartite factors have not been examined. On the basis of evidence that anxious and depressive symptoms differentiate with age (Cole, Truglio, & Peeke, 1997), the tripartite dimensions may similarly differentiate as youth advance in age.

The purpose of the present study was to examine the structure of anxiety and depression in an epidemiologically defined community sample of urban African American adolescents. To date, tests of the tripartite structure among children and adolescents have been conducted primarily with clinic or inpatient samples (e.g., Chorpita et al., 1998; Joiner et al., 1996) and with predominantly Caucasian samples. Thus, generalizability of findings to other samples is not clear. Prior research has demonstrated that the structure of anxiety differs for African American children as compared with Caucasian children (e.g., Neal, Lilly, & Zakis, 1993). Therefore, our goal was to examine whether the three-factor structure outlined by the tripartite model provided a valid representation of the anxiety and mood symptoms reported by a sample

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The work described in this article was supported by National Institute of Mental Health Grants R01 MH57005 and T32 MH18834 and National Institute on Drug Abuse Grant R01 DA11796. We thank the children and parents who participated and the Baltimore City public school system. We are also grateful to Paul Greenbaum for his input on an earlier version of this article.

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of urban African American adolescents. A second goal of this study was to evaluate the structure of the tripartite model over time, specifically to examine whether the factor structure was invariant from Grade 6 to Grade 9.

Method

Participants

Data were drawn from a longitudinal study conducted by the Baltimore Prevention Research Center at Johns Hopkins University. The original sample consisted of 798 children—entering first graders from nine Baltimore City public elementary schools—and their families. Children were recruited, with written parental consent, for participation in two school-based preventive interventions that targeted early learning and aggression (Ialongo, Werthamer, et al., 1999). There were no significant differences in sociodemographic characteristics between those children with parental consent versus those without parental consent. Three first-grade classrooms in each of the nine schools were randomly assigned to one of the two intervention conditions or a control condition. The interventions were provided during the first grade, following an assessment in the early fall semester.

Of the 798 children available for participation in first grade, 678 were African American; 467 of these 678 provided complete data on the Baltimore How I Feel (BHIF; Ialongo, Kellam, & Poduska, 1999) in Grades 6 and 9 and composed the sample for the current study. Nearly one half (45.2%) of the sample was female. At the sixth-grade assessment, children ranged in age from 10.38 to 13.12 years (M = 11.76, SD = 0.35). According to parent reports, 76% of the participants received free or reduced school lunch in Grade 6. Chi-square tests showed no differences in gender, percentage of children receiving free or reduced lunch, or intervention condition between the 467 participants included in this study and the remainder of the African American children who were lost to follow-up. T tests showed no differences between these two groups in terms of age at entry into the study, first-grade self-reports of anxiety or depression, or teacher ratings of first-grade aggressiveness. Methods used to assess first-grade variables are described in Ialongo, Werthamer, et al. (1999).

Measures

The BHIF is a 45-item youth self-report scale of depressive and anxious symptoms. Children report the frequency of depressive and anxious symptoms over the last 2 weeks on a 4-point scale (from 0 = *never* to 3 = *most times*). The BHIF was designed as a first-stage measure in a two-stage epidemiologic investigation of the prevalence of child and adolescent mental disorders as defined in the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed., rev.; *DSM–III–R*; American Psychiatric Association, 1987). A pool of items was generated directly from *DSM–III–R* criteria or drawn from existing child self-report measures, including the Children's Depression Inventory (Kovacs, 1983) and the Revised Children's Manifest Anxiety Scale (Reynolds & Richmond, 1985).

Alphas for the BHIF Depression and Anxiety subscales ranged between .79 and .88 from the elementary through middle school years (Ialongo, Kellam, et al., 1999). Two-week test–retest reliability coefficients were .76 and .83 for the Anxiety and Depression subscales, respectively, in middle school (Ialongo, Kellam, et al., 1999). In the present sample, alpha was .88 for the BHIF Anxiety subscale and .82 for the BHIF Depression subscale. In middle school, the BHIF Depression subscale was significantly associated with a diagnosis of major depressive disorder on the Diagnostic Interview Schedule for Children IV (Shaffer, Fisher, Lucas, Dulcan, & Schwab-Stone, 2000), whereas middle school BHIF Anxiety subscale scores were significantly associated with a diagnosis of generalized anxiety disorder on the Diagnostic Interview Schedule for Children IV.

A subset of the BHIF items was used to define the tripartite factors in the current research. On the basis of theoretical grounds, Sharon F. Lambert and Beth T. McCreary independently assigned BHIF items to three groups representing the tripartite dimensions. Item assignment was guided by prior factor analytic studies of the tripartite model with items from the Children's Depression Inventory, Revised Children's Manifest Anxiety Scale, and Child Behavior Checklist (Chorpita et al., 1998; Joiner et al., 1996). Items not specific to one domain were excluded from the subsequent analyses. Rater agreement exceeded 90%, and disagreements were resolved through discussion. Twenty-four items were retained for the analyses. Items, tripartite model scale assignment, and internal consistencies for the scales are presented in Table 1.

Table 1
BHIF Item Assignment to Tripartite Scales and Internal Consistency of Scales

Anhedonia[a]	Negative affect[b]	Physiological hyperarousal[c]
	BHIF depression	
Did not like myself	Felt like crying	
Nothing made me happy	Felt very unhappy	
Felt might as well give up	Felt sad	
Nothing would ever work out	Felt grouchy	
Felt like killing myself	Felt was bad person	
See bad things in future	My fault when bad things happened	
No use in trying		
	BHIF anxiety	
	Worried a lot	Could not breathe
	Trouble sleeping	Dizzy or faint for no reason
	Afraid	Heart beat too quickly
	Could not make up mind	
	Tired	
	Did not feel like eating	
	Worried so much felt sick	
	Worried about bad things happening to me	

Note. BHIF = Baltimore How I Feel.
[a] Grade 6 α = .74; Grade 9 α = .80. [b] Grade 6 α = .85; Grade 9 α = .87. [c] Grade 6 α = .60; Grade 9 α = .67.

Table 2
Fit Statistics for One-, Two-, and Three-Factor Models in Grade 6

Model	χ^2	*df*	χ^2/df	CFI	TLI	RMSEA
One factor	595.10	252	2.36	.87	.85	.054
Two-factor oblique	547.87	251	2.18	.88	.87	.050
Three-factor oblique	494.74	249	1.99	.90	.89	.046

Note. CFI = comparative fit index; TLI = Tucker–Lewis index; RMSEA = root-mean-square error of approximation.

Results

Comparative Model Fit

Confirmatory factor analyses were used to compare the fit of a three-factor model that consisted of anhedonia, negative affect, and physiological hyperarousal with (a) a two-factor model with negative affect and physiological hyperarousal collapsed and (b) a one-factor model. Results indicated that in Grade 6, the fit of the three-factor model was adequate and significantly better than the fit of the alternative models: $\chi^2_{diff}(1, N = 467) = 47.12$, $p < .01$ (three-factor vs. two-factor model), $\chi^2_{diff}(3, N = 467) = 96.40$, $p < .01$ (three-factor vs. one-factor model; see Table 2). Thus, the three-factor model was used in the subsequent analyses. Standardized factor loadings are presented in Table 3.

Table 3
Factor Loadings for the Three-Factor Oblique Model in Grades 6 and 9

Factor	Standardized factor loadings	
	Grade 6	Grade 9
Negative affect		
Worried a lot	.63	.58
Felt very unhappy	.62	.64
Worried about bad things happening to me	.61	.44
Felt sad	.58	.62
Worried so much felt sick	.58	.44
My fault when bad things happened	.58	.50
Afraid	.53	.41
Could not make up mind	.51	.49
Felt grouchy	.50	.52
Trouble sleeping	.49	.52
Felt like crying	.44	.42
Tired	.43	.51
Did not feel like eating	.40	.49
Felt was bad person	.39	.44
Physiological hyperarousal		
Heart beat too quickly	.55	.41
Could not breathe	.49	.44
Dizzy or faint for no reason	.46	.32
Anhedonia		
Nothing would ever work out	.62	.57
Nothing made me happy	.55	.51
No use in trying	.51	.54
Felt might as well give up	.40	.53
See bad things in future	.40	.38
Did not like myself	.26	.37
Felt like killing myself	.21	.18

Convergent and Divergent Validity

As expected, there was a significant positive association between negative affect and physiological hyperarousal ($r = .71$, $p < .01$). Contrary to prediction, tests of dependent correlations revealed that the correlation between negative affect and physiological hyperarousal ($r = .71$) was not significantly greater than the correlation between anhedonia and physiological hyperarousal ($r = .72$; $t = -0.57$, *ns*) and not significantly greater than the correlation between anhedonia and negative affect ($r = .84$; $t = -7.01$, $p < .01$).

Factorial Invariance

Longitudinal confirmatory factor analyses were conducted to examine configural, metric, phi, and intercept invariance of the three-factor model from Grade 6 to Grade 9 (see Table 4). Because total measurement invariance may not be feasible (Byrne, Shavelson, & Muthén, 1989), we also examined partial invariance within these tests. Specifically, if evidence of total invariance was not present for a particular test, we examined partial invariance by testing a model that included a combination of (a) parameters constrained to be equal at both time points and (b) parameters free to vary.[1]

For configural invariance to hold, the same pattern of loadings must be present at each time point. The items assigned to each of the tripartite factors displayed loadings greater than .30 at Grade 6 and Grade 9, with one exception, "felt like killing myself" (see Table 3). Given this similar pattern of item loadings, the tripartite structure was deemed configurally invariant from Grade 6 to Grade 9.

To test metric invariance, we compared a model with all item loadings constrained to be equal in Grades 6 and 9 (Model 2) to a baseline model with no constraints (Model 1). Constraining all loadings resulted in a significantly poorer fit than the baseline model, $\chi^2_{diff}(24, N = 467) = 51.50$, $p < .01$, which indicated that the loadings were not invariant from Grade 6 to Grade 9. To determine which loadings contributed to this decrement in fit, we compared the baseline model to a series of models in which only a single factor loading was constrained. Next, the baseline model was compared with a model in which the only factor loadings constrained to be equal across grades were those which had not contributed to the decrement in fit. This comparison indicated that constraining 8 of the factor loadings resulted in a poorer fit (see Table 5). These 8 factor loadings were freed in the subsequent analysis. Specifically, Model 1 was compared with a model that had 8 of the 24

[1] Complete details of these analyses are available from Sharon F. Lambert.

Table 4
Tests of Invariance of Tripartite Structure From Grade 6 to Grade 9

Model	Overall model χ^2	Model comparison	χ^2 difference
1. Loadings free, correlations free, intercepts free	2,032.63 (1065)		
2. Loadings equal, correlations free, intercepts free	2,084.13 (1089)	1 vs. 2	51.50 (24)*
3. 8 of 24 loadings free, correlations free, intercepts free	2,044.20 (1081)	1 vs. 3	11.57 (16)
4. 8 of 24 loadings free, correlations equal, intercepts free	2,050.20 (1084)	3 vs. 4	6.00 (3)
5. 8 of 24 loadings free, correlations equal, intercepts equal	2,223.69 (1108)	4 vs. 5	173.24 (24)*
6. 8 of 24 loadings free, correlations equal, 16 of 24 intercepts free	2,060.41 (1092)	4 vs. 6	10.21 (8)

* $p < .01$.

factor loadings freed and the remaining 16 factor loadings constrained to be equal at Grade 6 and Grade 9 (Model 3). These models were not significantly different, $\chi^2_{diff}(16, N = 467) = 11.57$, *ns*.

To examine the invariance of the factor correlations (phi invariance), we compared a model with the three factor correlations constrained to be equal (Model 4) to Model 3. This model did not result in poorer fit, $\chi^2_{diff}(3, N = 467) = 6.00$, *ns*, which suggested that the factor correlations were invariant in Grade 6 and Grade 9.

Finally, we examined the invariance of the item intercepts. Model 4 was compared to a model with the additional constraint of all item intercepts constrained to be equal at Grade 6 and Grade 9 (Model 5). Adding the additional constraint of invariant intercepts resulted in significantly poorer fit, $\chi^2_{diff}(24, N = 467) = 173.24$, $p < .01$. To determine which item intercepts contributed to this decrement in fit, we compared Model 4 with a series of models in which only a single item intercept was constrained. This process indicated that constraining 16 of the item intercepts resulted in a poorer fit (see Table 5). These 16 intercepts were freed in the subsequent analysis. Specifically, Model 4 was compared with a model that had the additional constraint of 8 item intercepts constrained to be equal and the remaining 16 item intercepts free to vary (Model 6). These models were not significantly different, $\chi^2_{diff}(8, N = 467) = 10.21$, *ns*.

Table 5
Summary of Items Freed in Metric, Phi, and Intercept Invariance Tests

Factor	Metric	Phi	Intercept
Negative affect			
Worried a lot			*
Felt very unhappy			*
Worried about bad things happening to me	*		*
Felt sad			*
Worried so much felt sick	*		*
My fault when bad things happened			*
Afraid	*		*
Could not make up mind			*
Felt grouchy			
Trouble sleeping			*
Felt like crying			*
Tired			
Did not feel like eating			*
Felt was bad person			
Physiological hyperarousal			
Heart beat too quickly	*		*
Could not breathe			*
Dizzy or faint for no reason	*		*
Anhedonia			
Nothing would ever work out			*
Nothing made me happy			
No use in trying			
Felt might as well give up	*		
See bad things in future			
Did not like myself	*		
Felt like killing myself	*		*

Note. Asterisk indicates item was freed to maintain acceptable model fit. Distribution of items contributing to metric invariance are as follows: 3 Negative affect, 2 physiological hyperarousal, 3 anhedonia. Distribution of items contributing to intercept invariance are as follows: 11 negative affect, 3 physiological hyperarousal, 2 anhedonia.

Discussion

This study provides preliminary evidence that the tripartite model represents the structure of anxious and depressive symptoms in a community sample of urban African American adolescents. Results supported a three-factor model consistent with the tripartite model of anxiety and depression (Clark & Watson, 1991), which suggests that the tripartite model is valid in a community sample of urban youth. Tests of the longitudinal factorial invariance of the tripartite model from Grade 6 to Grade 9 revealed configural invariance, which is the minimum requirement for unambiguously interpreting change in factor scores over time. However, factor loadings and item intercepts were not invariant for all items. Finding invariance methodologically at these more stringent levels is difficult because it requires establishing a model that remains stable across assessments in the presence of changes due to normal development (Pentz & Chou, 1994). Given this difficulty, in some research, partial invariance, which was observed in this study, has been deemed a sufficient criterion for the assumption that the same construct is measured across groups and assessment periods (e.g., Schaie, Maitland, Willis, & Intrieri, 1998).

In contrast to prior examinations of the tripartite model in clinical (Chorpita et al., 1998; Joiner et al., 1996) and community samples (Chorpita, Daleiden, et al., 2000), the pattern of factor correlations for this sample revealed high overlap among the tripartite dimensions. Given the paucity of research on anxiety and depression conducted with ethnic minority youth in urban contexts, it is difficult to determine whether the observed patterns of association are related to the urban context from which the sample was drawn or the ethnic composition of the sample. Research

indicates that African American adults tend to present more comorbidity in anxiety-related problems (Paradis, Friedman, & Hatch, 1997). In addition, compared with Caucasian adults who are depressed, African American adults who are depressed tend to report more anxiety, anger, and hostility (Fabrega, Mezzich, & Ulrich, 1988). This tendency may also apply to African American youth and may account for the lack of differentiation in the tripartite dimensions; or, differentiation may emerge in later adolescence for this sample. Another possibility is that the observed lack of differentiation among the tripartite factors resulted from a measurement artifact. Instruments specifically designed to measure the tripartite dimensions (e.g., Affect and Arousal Scale; Chorpita, Daleiden, et al., 2000) may be better equipped to examine the tripartite factors than the measure used in this study.

In this sample, the tripartite factors remained highly correlated from Grade 6 to Grade 9. Although Cole et al. (1997) demonstrated differentiation between anxious and depressive symptoms for third- versus sixth-grade children, Cole et al. examined two different groups of children, whereas this study used a 4-year longitudinal design. Also, the 4-year age span examined for this study may represent the same developmental stage of adolescence, whereas the third- and sixth-grade students in Cole et al.'s study were likely in different developmental stages. A wider age span may have revealed differentiation.

Results suggest that among urban African American youth, anxiety and mood symptoms may not differentiate as clearly as in other populations; thus, the applicability of the tripartite model may differ depending on the context in which youth live and/or the youth's ethnic background. The lack of discriminant validity in the tripartite dimensions evidenced for this sample may have implications for the predictive validity of the tripartite dimensions for urban minority youth; longitudinal examinations with urban minority youth are necessary to identify predictors of anxiety and mood problems with discriminative ability.

These findings should be considered with the following limitations. Because of study design, anxiety and depressive symptoms were assessed via youth self-report only; thus, we did not benefit from multiple informants as has been done in prior research. Also, the results of this study can be generalized only to urban youth of similar backgrounds. In the absence of comparison youth from other backgrounds, it is not possible to make generalizations about these results to youth from other contexts or urban youth of other ethnic backgrounds. Additional research with ethnic minority populations in urban settings is necessary to clarify this issue. Future studies of the tripartite model in this population also would benefit from examination of a broader range of development to determine whether the tripartite dimensions differentiate with age. In addition, with evidence of the configural invariance of the tripartite structure, it will be important to examine developmental trajectories of the tripartite dimensions through adolescence to evaluate further the utility of the tripartite model for youth.

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Received March 7, 2002
Revision received November 14, 2003
Accepted December 6, 2003 ■