Additional copies of this manual (W-467B) may be purchased from WPS. Please contact us at 800-648-8857 or wpspublish.com.
The Revised Children’s Manifest Anxiety Scale, Second Edition (RCMAS-2) is a full revision of the Revised Children’s Manifest Anxiety Scale (RCMAS; Reynolds & Richmond, 1985), one of the most widely used questionnaires in children’s anxiety treatment research. The instrument is a brief self-report measure designed to be useful in the understanding and treatment of anxiety problems that students experience. The second edition features an updated standardization sample, improved psychometric properties, and broadened content coverage. Yet it retains the important and essential features of the RCMAS that contributed to its broad appeal for assessment professionals in a variety of mental health and allied fields—its brevity, elementary reading level, and content-based item clusters are useful for guiding follow-up evaluation. Thus the RCMAS-2 provides an even more effective tool for understanding and treating anxiety in school-aged children.

General Description

The RCMAS-2 is a 49-item self-report instrument designed to assess the level and nature of anxiety in children from 6 to 19 years old. The instrument may be administered either to an individual or to a group of respondents, as described in chapter 2. A child responds to each statement by indicating a Yes or No answer. A response of Yes is given if the item is descriptive of the child’s feelings or actions, whereas a response of No is given to items that generally are not descriptive of the child’s perceptions of self. If the child has difficulty reading, an Audio CD (WPS Product No. W-467C) is available for audio presentation of RCMAS-2 items.

The RCMAS-2 yields scores for the six scales identified in Table 1. One score measures Defensiveness, one score measures Inconsistent Responding, and the remaining four scores include a Total Anxiety score and scores for three anxiety-related scales—Physiological Anxiety, Worry, and Social Anxiety. Additionally, a content-based cluster of 10 items that ask specifically about performance anxiety is delineated so that clinicians can focus on this particular topic in follow-up evaluation and activities in appropriate cases. The first 10 items of the RCMAS-2 can be administered as a short form that yields a Short Form Total Anxiety score. The Short Form can be completed in less than 5 minutes. The Short Form is appropriate when respondents are available to complete the form for only a short time or when only a brief measure of Total Anxiety is needed for research purposes or screening large numbers of children.

The standardization sample was composed of 2,368 individuals aged 6 to 19, representative of the U.S. population in terms of key demographic variables such as gender, ethnicity, and socioeconomic status. Norms are stratified into three age groups: 6 to 8, 9 to 14, and 15 to 19. In keeping with the approach taken with the RCMAS, additional cases representing minority groups were collected to provide more stable mean scores when demographic analyses were conducted. For these studies the total sample was 3,086 children, including 874 African Americans and 495 Hispanics. It is important to note,

### Table 1

<table>
<thead>
<tr>
<th>Scale</th>
<th>Number of items</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Validity scales</strong></td>
<td></td>
</tr>
<tr>
<td>Inconsistent Responding (INC) index (new)</td>
<td>9 pairs</td>
</tr>
<tr>
<td>Defensiveness (DEF) (renamed; was Lie)</td>
<td>9</td>
</tr>
<tr>
<td><strong>Anxiety scales</strong></td>
<td></td>
</tr>
<tr>
<td>Total Anxiety (TOT)</td>
<td>40</td>
</tr>
<tr>
<td>Physiological Anxiety (PHY)</td>
<td>12</td>
</tr>
<tr>
<td>Worry (WOR) (renamed; was Worry/Oversensitivity)</td>
<td>16</td>
</tr>
<tr>
<td>Social Anxiety (SOC) (renamed; was Social Concerns/Concentration)</td>
<td>12</td>
</tr>
</tbody>
</table>

INTRODUCTION
however, that detailed analyses have revealed no systematic or meaningful differences in the RCMAS-2 scores obtained by students in these groups. The findings suggest little or no impact from demographic factors on RCMAS-2 Total scores or scale scores. However, the somewhat smaller sample noted earlier was used for developing standard scores because it is more precisely representative of the national population. This decision was made in recognition that detailed concern about precise representative sampling for norms can be a sensitive matter in settings such as public schools, irrespective of whether the demographic factors of concern have been demonstrated to influence test scores.

Reliability estimates for the scales are improved over those for the RCMAS, with a value of .92 for the Total score and values ranging from .75 to .86 for the scale scores. A detailed description of the development of and standardization for the RCMAS-2 can be found in chapter 4, and a comprehensive discussion of its reliability and validity is provided in chapter 5.

Applications of the RCMAS-2

An extended presentation of the general context of anxiety research, and some more specific theoretical background to the development of the RCMAS, can be found in chapter 6 of this manual. The Appendix presents a bibliography of key articles regarding the RCMAS that have appeared since its publication in 1985. The present section provides a briefer discussion focused on the nature of children’s anxiety, particularly as it relates to applications of the RCMAS-2.

The RCMAS-2 reflects some changes in the perceptions of children in the 21st century regarding their experience of anxiety. One such change is reflected in the elaboration of the Social Anxiety scale. A second, related change is the identification of a new cluster of items pertaining to the experience of performance anxiety. Students’ responses to these items are consistent with the observation that children today perceive an even greater need than formerly to achieve or perform adequately in school and among their peers. The RCMAS-2 allows the teacher, counselor, psychologist, parent, or other significant adult to be aware of and to help the child cope with increased pressures to succeed.

Schooling and all it entails is a common source of anxiety in children and youth, and the success and usefulness of the RCMAS in the school setting has been gratifying. It is anticipated that the RCMAS-2 will continue to be useful in educational settings for the diagnosis of anxiety disorders and in determining eligibility for special education. Anxiety can be a manifestation of the development of abnormal feelings and fears under normal circumstances, one of the hallmarks of eligibility for such services. However, many school-aged individuals who have learning problems also experience anxiety at clinical or subclinical levels, and those students should be assessed and monitored for their anxiety levels during their academic careers. Test taking is a particular academic event in which children commonly experience high anxiety levels that become an obstacle to their ability to accurately demonstrate their knowledge and abilities. It is frequently documented that some children perform much better under normal classroom conditions than in a test situation. This is a prime example of a situation in which evaluation using the RCMAS-2 of children who have not learned to control their level of anxiety adequately can be quite helpful in pinpointing the problem, as well as providing a point of departure for planning intervention.

It can be useful for the classroom teacher to understand the level of anxiety of each child in his or her classroom. This information can enable the teacher to assist students in academic as well as emotional development. The same information could be useful to parents who desire to help their child adapt to anxiety-producing situations and to learn to respond to anxiety in a facilitative rather than a debilitating manner. Objective data on anxiety are essential to the counselor or psychologist who seeks to aid the child who is in trouble at school, at home, with peers, with drugs, or from other pressures. Anxiety is often a sound indication of the cause of stress and may lead the professional worker to help the child in the most effective and expeditious manner.

Other common causes of anxiety in children are peer and family relationships. Peer relationships become increasingly important as the child matures, and by the teenage years may be the most significant factors in the child’s level of anxiety and overall mental health. Problems at home between parents, between parent and child, or among siblings may manifest themselves as debilitating anxiety in the child. Often the child recognizes neither the extent of anxiety he or she experiences nor the antecedents of the anxiety. The child rarely is able to reason that poor grades are attributable to a high anxiety level related to relationships among his or her family members. The teacher, counselor, and psychologist also may not be aware of the complete interrelationships of emotion, stress, and performance on the child’s part.

Thus an objective measure of the anxiety experienced by the child may be extremely useful in pinpointing problems in the child’s life that affect his or her academic performance. In any routine assessment of a child experiencing difficulty in school, a measure of anxiety should be included. The RCMAS-2 is a measure of anxiety that can be most useful in this context, because it not only evaluates a child’s overall anxiety level but helps to characterize its nature. The nature and extent of anxiety in a child is valuable information for the teacher, parents, and the child, as well as other professionals who may work with the child in a helping relationship. Inasmuch as anxiety seems to be an inevitable result of our living in a complex world with unknown consequences, it is important that we learn to understand anxiety and to help the child adapt to its occurrences.

More generally, the RCMAS-2 has the potential to be useful whenever there are clinical or research questions concerning the level or pattern of anxiety experienced by an
individual or groups of individuals within the normative age range of the RCMAS-2. While schools and clinics have been the most frequent consumers of the RCMAS, and the RCMAS-2 will continue to be of use to practitioners in these settings, the RCMAS was also used widely in research on anxiety. The RCMAS-2, with its updated structure and content, should be even more useful in research settings today.

Changes in the Second Edition

The RCMAS-2 retains the robust Total score from the RCMAS, as well as the Physiological Anxiety, Worry/Oversensitivity, and Lie scales. The Social Concerns/Concentration scale from the RCMAS has been replaced with the Social Anxiety scale, and a cluster of items that ask about performance anxiety is identified. Items on the Lie scale that were confusing to students because of double-negative phrasing have been reworded, and the Lie scale has been renamed the Defensiveness scale. An Inconsistent Responding index has been added. Further improvements include the availability of a 10-item Short Form, an updated and ethnically diverse standardization sample, and improved support for the interpretation of RCMAS-2 results.

The popularity of the RCMAS with school-aged students has resulted in hundreds of research and opinion reports regarding its utility. To date, its original presentation (Reynolds & Richmond, 1978) is the most frequently cited article published in the Journal of Abnormal Child Psychology. It is evident from the extensive use of the RCMAS by educators, psychologists, counselors, and other professionals who work with children, as well as the results from numerous research studies, that the RCMAS continues to be a useful instrument in understanding and treating children’s anxiety problems. This strong research background applies equally to the RCMAS-2 because of its demonstrated equivalence with the RCMAS. Complete details regarding the development of the RCMAS-2 and its relationship to the RCMAS can be found in chapter 4.

User Qualifications

As a minimum qualification, individuals who administer, score, and interpret the RCMAS-2 should have or be supervised by someone who has formal course work in psychological tests and measurements, understand the basic psychometrics that underlie test use and development, and have supervised experience in administering and interpreting clinical tests. Course work in areas related to the development of emotional and behavioral disorders in children as well as knowledge regarding developmental psychopathology generally is necessary. Supervised experience in the use of personality tests in the diagnosis of childhood emotional and behavioral disorders is expected of all who use the RCMAS-2 clinically. Knowledge of the treatment of anxiety problem areas also will be helpful to the user. Use is not restricted to psychologists, although we anticipate psychologists of various sorts (e.g., child and adolescent clinical psychologists, pediatric psychologists, school psychologists, and developmental psychologists) will be the majority of users of the RCMAS-2. However, we anticipate just as well that many researchers, some clinical social workers, licensed professional counselors, school counselors, and similarly trained individuals will find the RCMAS-2 useful. We do not denote qualifications by job title but by knowledge, experience, and training, since the requirements for various titles vary so much from state to state. All users of the RCMAS-2 are expected to be familiar with the most current standards for educational and psychological testing and to abide by the ethical principles and related standards of their own profession when using the RCMAS-2.