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Behavior Therapy and Callous-Unemotional Traits: Effects of a Pilot Study Examining Modified Behavioral Contingencies on Child Behavior

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The conduct problems of children with callous-unemotional (CU) traits (i.e., lack of empathy, lack of guilt/lack of caring behaviors) are particularly resistant to current behavioral interventions, and it is possible that differential sensitivities to punishment and reward may underlie this resistance. Children with conduct problems and CU (CPCU) are less responsive to behavioral punishment techniques (e.g., time-out), whereas reward techniques (e.g., earning points for prizes or activities) are effective for reducing conduct problems. This study examined the efficacy of modified behavioral interventions, which de-emphasized punishment (Condition B) and emphasized reward techniques (Condition C), compared with a standard behavioral intervention (Condition A). Interventions were delivered through a summer treatment program over 7 weeks with an A-B-A-C-A-BC-A design to a group of 11 children (7–11 years; 91% male). All children were diagnosed with either oppositional defiant disorder or conduct disorder, in addition to attention-deficit hyperactivity disorder. Results revealed the best treatment response occurred during the low-punishment condition, with rates of negative behavior (e.g., aggression, teasing, stealing) increasing over the 7 weeks. However, there was substantial individual variability in treatment response, and several children demonstrated

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improvement during the modified intervention conditions. Future research is necessary to disentangle treatment effects from order effects, and implications of group treatment of CPCU children (i.e., deviancy training) are discussed.

Keywords: callous-unemotional traits; conduct problems; attention-deficit/hyperactivity disorder; summer treatment program

APPROXIMATELY 10% OF SCHOOL-AGE children have significant conduct problems, including aggression, disruptive behavior, and verbal conflict (Nock, Kazdin, Hiripi, & Kessler, 2006, 2007). In the absence of intervention, these problems tend to persevere and are linked to poorer outcomes in adolescence (e.g., substance abuse) and adulthood (e.g., incarceration; Moffitt, Caspi, Dickson, Silva, & Stanton, 1996; Robins & Price, 1991). Behavioral interventions have received strong empirical support for improving the current conduct problems (Wilson, Lipsey, & Derzon, 2003) and long-term trajectories of these children (Conduct Problems Prevention Research Group, 2011). However, nearly one third of treated children do not benefit from these interventions (Masi et al., 2011; Webster-Stratton & Hammond, 1997). In an effort to better understand treatment response, recent research has focused on identifying characteristics that may account for this difference.

One constellation of child characteristics that may be relevant in this regard are callous-unemotional (CU) traits, which refers to an uncaring, unemotional, and callous affective style and a conning, manipulative, and self-serving interpersonal style (Frick et al., 2003; Lynam, Caspi, Moffitt, Loeber, & Stouthamer-Loeber, 2007). Research published over the last two decades demonstrates that CU traits explain significant variance within the population of children with conduct problems (CP). Children with CP and CU traits (CPCU), as compared with children with conduct problems without CU traits (CP-only), are more likely to exhibit severe and violent antisocial behavior (Frick & Ellis, 1999; McMahon, Witkiewitz, & Kotler, 2010). Based on these and many other studies, *with limited prosocial emotions* (i.e., CU traits) has been added as a specifier of conduct disorder in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association, 2013).

Importantly, there is some evidence that behavioral treatment for conduct problems—which is considered a "best-practice" approach (Eyberg, Nelson, & Boggs, 2008)—may be insufficiently effective for children with elevated levels of CU traits (Haas et al., 2011; Hawes & Dadds, 2005; Kimonis & Armstrong, 2012; Masi et al., 2011; Waschbusch, Walsh, Andrade, King, & Carrey, 2007). That is, the conduct problems of children with CU traits are more likely to persist following behavioral treatment compared to children with CP-only, and this result has been reported for both parent- and child-based interventions (e.g., Haas et al., 2011; Hawes & Dadds, 2005). The relation between CU traits and poor treatment response has been found even after controlling for preexisting conduct problems, suggesting that it is CU traits themselves, rather than the associated conduct problem severity, that contribute to poor treatment response (Waschbusch et al., 2007).

If CU traits are associated with decreased response to behavioral interventions, what might account for this finding? One possibility is that this pattern may reflect differences in punishment and/or reward sensitivity. In particular, it has been hypothesized that children with CU traits are underresponsive to punishment and overfocused on reward (Dadds & Salmon, 2003). This hypothesis is supported by results from studies using controlled experimental tasks, which have found that children with CPCU are less likely to change their behavior in response to punishment (typically operationalized as a loss of points), especially when they are first primed with a reward (Blair, Colledge, & Mitchell, 2001; O'Brien & Frick, 1996). Further, functional magnetic resonance imaging research shows these behavioral differences are accompanied by differences in brain activation, suggesting that children with CPCU process punishment and reward decisions in qualitatively distinct ways (Finger et al., 2008).

There also is evidence, albeit indirect evidence, from treatment studies that suggests children with CPCU are underresponsive to punishment, overfocused on reward, or both. Time-out procedures, arguably a punishment technique, may be less effective for children with CPCU than for children with CP-only (Haas et al., 2011; Hawes & Dadds, 2005). Haas and colleagues examined response to intensive behavioral treatment among elementary school-age children with CP and attention-deficit hyperactivity disorder (ADHD) and reported that higher CU traits were associated with more negative behavior during time-out. On the other hand, reward-based strategies may be effective for reducing problematic behavior among children with CPCU (Hawes & Dadds, 2005).

The implication of these findings is clear; standard behavior therapy, in which punishment and reward techniques are used in a balanced fashion to shape behavior, may not be as effective for children with CPCU. If so, implementing behavior therapy in a manner that de-emphasizes punishment and emphasizes reward techniques may be a more

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