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Personality and Individual Differences 36 (2004) 1031–1047

PERSONALITY AND INDIVIDUAL DIFFERENCES

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The relationship between childhood Attention Deficit Hyperactivity Disorder and conduct problems and adult psychopathy in male inmates

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Received 29 April 2002; received in revised form 25 February 2003; accepted 18 April 2003

Abstract

Two categories of childhood problems frequently implicated in the development of adult psychopathy are conduct problems (CP) and Attention Deficit Hyperactivity Disorder (ADHD). Three perspectives regarding the relationship between childhood symptomatology and adult antisocial outcomes were examined: the conduct-problem mediation, the independent prediction, and the comorbid subtype positions. Relationships between self-report measures of childhood CP and ADHD and interviewer-rated psychopathy scores (PCL-R) were examined for 275 Caucasian and African-American male inmates. Although both childhood CP and ADHD were associated with PCL-R Total and Antisocial Lifestyle (Factor 2) ratings, the influence of ADHD was largely mediated by CP. Although there was evidence for a slight independent contribution of ADHD to the antisocial lifestyle aspects of psychopathy, there was little evidence congruent with the comorbid subtype position: The higher psychopathy ratings of individuals in the comorbid group relative to those of other groups appeared attributable to additive rather than interactive influences of childhood CP and ADHD. Finally, neither set of childhood symptoms was helpful in understanding core emotional/interpersonal aspects of psychopathy (Factor 1).

Keywords: Psychopathy; Attention Deficit Hyperactivity Disorder; Conduct problems; Antecedents; Mediation; Inmates

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0191-8869/03/$ - see front matter © 2003 Elsevier Ltd. All rights reserved.
doi:10.1016/S0191-8869(03)00198-3

1. Introduction

Whereas 50–80% of felons exhibit the irresponsible and norm-violating behavior diagnostic of antisocial personality disorder (ASPD), psychopathy refers to a narrower constellation of affective, interpersonal, and behavioral characteristics that typify only 15–25% of the incarcerated population (Hare, 1996) and only 30–50% of those with ASPD (Hare, Hart, & Harpur, 1991). The diagnosis of psychopathy is typically based on scores on the PCL-R (Hare, 1991), a behavioral checklist with demonstrated reliability and validity for use with incarcerated male offenders (e.g., Hare, 1999). Factor analyses have reliably identified two correlated dimensions (Hare et al., 1990). Factor 1 of the PCL-R consists of personality traits considered central to psychopathy and summarized as the Callous, Remorseless Exploitation of Others (e.g., shallow affect, glibness/superficial charm). Factor 2 consists of behavioral manifestations of a Chronically Unstable and Antisocial Lifestyle (e.g., irresponsibility, proneness to boredom/need for stimulation: Hare, 1991). Because psychopathy is not included in the Fourth Edition of the Diagnostic and Statistical Manual (DSM-IV) of the American Psychiatric Association (APA, 1994), much research into problematic developmental trajectories has focused on predicting ASPD diagnoses. However, individuals with ASPD constitute a heterogeneous population. In fact, only one of two empirically validated dimensions of psychopathy correlates highly with ASPD (Harpur, Hare, & Hakstian, 1989). Further, ASPD has less utility than psychopathy in identifying aberrant cognitive-affective sequelae (Williamson, Harpur, & Hare, 1991) and in predicting severe antisocial outcomes (Harris, Rice, & Cormier, 1991).

Psychopathic individuals commit a disproportionate share of all crimes (Hare, 1993). They commit a wider variety of offenses (Hare & McPherson, 1984) and are more recidivistic than other criminals (Serin & Amos, 1995), even compared with ASPD criminals (Cunningham & Reidy, 1998). Given adult psychopaths' recalcitrance to rehabilitation and treatment efforts (Hemphill, Hare, & Wong, 1998), primary and secondary prevention with youth may provide a more realistic target. However, in contrast to other psychiatric syndromes, few factors are consistently implicated in the developmental trajectory of psychopathy. Antisocial behavior is prevalent, particularly during adolescence, when it can become almost normative (Moffitt, 1993). Even when defiance and rule-breaking begin at an early age (White, Moffitt, Earls, Robins, & Silva, 1990) or are of extreme severity (Robins, 1978), they do not usually lead to persistent and serious antisociality.

Two constructs commonly related to adult criminality and psychopathy are childhood symptoms of Attention Deficit Hyperactivity Disorder (ADHD) and childhood conduct problems (CP). Although DSM criteria for ADHD have undergone significant modification over time (Lilienfeld & Waldman, 1990), the essential feature remains a persistent pattern of inattention or hyperactivity/impulsivity that is more frequent and severe than typically seen in children of the same age. ADHD characterizes 3–5% of American youth (Barkley, 1990). Although diagnosis becomes more complex in adulthood (Wender, 1995), ADFID is overrepresented in adult prison populations, with 25–41% of inmates qualifying for this diagnosis (Vitelli, 1996).

One of the most common comorbidities of ADHD is conduct disorder, characterizing 30–60% of children with ADHD (Satterfield & Schell, 1997). Conduct Disorder is a repetitive and persistent pattern of childhood antisocial behaviors, including (in DSM-IV) aggression, destruction of property, deceitfulness and theft, and serious rule violations. Conduct problems have also been