The DSM-5 Limited Prosocial Emotions subtype of Conduct Disorder in incarcerated male and female juvenile delinquents

Pedro Pechorro a,⁎, Lucía Jiménez a, Victoria Hidalgo a, Cristina Nunes b

a Faculty of Psychology, Seville University, Spain
b Research Centre for Spatial Organizational Dynamics, Algarve University, Portugal

Abstract

The aim of the present study was to analyze the relevance of the DSM-5’s Conduct Disorder new Limited Prosocial Emotions (CD LPE) specifier in incarcerated juvenile delinquents. A sample of 201 males and 98 females from the Juvenile Detention Centers managed by the Portuguese Ministry of Justice diagnosed with Conduct Disorder (CD) was used. Results showed that male juvenile delinquents with the CD LPE specifier scored higher on callous-unemotional traits (CU), general psychopathic traits, psychopathy taxon membership, self-reported delinquency, and crime seriousness, and lower on prosocial behavior and social desirability, while female juvenile delinquents with the CD LPE specifier scored higher on callous-unemotional traits (CU) and general psychopathic traits, and lower on prosocial behavior. Significant associations for both genders were found between the CD LPE specifier and age of crime onset and first problems with the law.

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1. Introduction

Of the several recent attempts to extend the concept of psychopathy downward to youth, one approach has specifically focused on those traits associated with the affective components of psychopathy or callous-unemotional (CU) traits (Feilhauer & Cima, 2013; Hare & Neumann, 2008). CU traits are characterized by a lack of guilt and remorse, a lack of concern for the feelings of others, shallow or superficialexpression of emotions, and a lack of concern regarding performance in important activities (Frick, 2009; Frick, Ray, Thornton, & Kahn, 2014a, 2014b). Consistent with the adult literature, research has suggested that those youths with elevated levels of CU traits are a particularly important subgroup of antisocial youth that tends to engage in more severe and persistent types of antisocial behaviors and also show especially poor treatment responses compared to other antisocial youths (Edens, Campbell, & Weir, 2007; Frick, 2009; Frick & White, 2008; Salekin & Lynam, 2010).

CU traits seem to be associated with an earlier onset to severe conduct problems and with a more stable pattern of conduct problems (e.g., Dandreaux & Frick, 2009; Rowe et al., 2010). Youths with elevated CU traits display more severe forms of aggression and more instrumental and premeditated aggression compared to other youths with severe conduct problems (e.g., Kruh, Frick, & Clements, 2005; Lawing, Frick, & Cruise, 2010). Also, antisocial youths with elevated levels of CU traits have diminished responses to negative emotions (e.g., signs of distress or fear in others), are less responsive to cues of punishment particularly when reward dominant response sets are primed, and show distinct personality characteristics such as lower levels of anxiety (Frick et al., 2014a).

According to Frick and White (2008), research suggests that although CU traits are associated with conduct problems, aggression, and delinquency, they appear to be less highly correlated than the other dimensions of psychopathy (i.e., narcissism, impulsivity) with measures of conduct problems in different samples of youths. Some studies (e.g., Caputo, Frick, & Brodsky, 1999; Kimonis, Frick, Fazelkas, & Loney, 2006; Loney et al., 2003) have demonstrated that the impulsivity and narcissistic dimensions of psychopathy were higher in youths with severe patterns of criminal offending or with childhood-onset conduct problems, but it was the CU dimension that identified particularly severe and aggressive youths with serious conduct problems showing distinct deficits in their emotional or cognitive response styles within those with serious conduct problems. Thus, CU traits have clinical relevance for identifying a subgroup of antisocial youth with unique etiologies and particularly severe and persistent behavior problems, and who is at risk for later antisocial and delinquent behavior.

Conduct Disorder (CD) is one of the most extensively studied of all forms of childhood psychopathology (Frick & Dickens, 2006). CD can be defined as a repetitive and persistent pattern of behavior that violates the rights of others (e.g., aggression, vandalism, and theft) or that violates major age-appropriate societal norms or rules (e.g., deceitfulness, truancy, and running away from home). Between 3% and 5% of preadolescent boys and between 6% and 8% of adolescent boys meet criteria.
for the disorder, with boys outnumbering girls approximately 4:1 before adolescence to approximately 2:1 in adolescence, depending on the exact definition of CD (Frick & Dickens, 2006).

An impressive amount of new information about CD has emerged ever since the DSM-IV appeared in 1994. According to Moffitt et al. (2008), some new biological correlates of CD have been discovered and longitudinal cohort studies launched in the last decades are showing interesting conduct-problem trajectories from early childhood to mid-life. Girls, who had been formerly overlooked in CD research, have been receiving some research attention in the past years. Progress in genetics research has also recently revived enthusiasm about the potential of family psychiatric-history data for understanding CD. Scientific advances like these change the way researchers and clinicians conceptualize CD, and create pressure in terms of altering the diagnostic protocol for CD (Moffitt et al., 2008).

The inclusion of CU traits as a specifier for CD in the Fifth Edition of the Diagnostic and Statistical Manual for Mental Disorders (DSM-5; American Psychiatric Association, 2013) has been prompted by an extensive empirical basis (Barry, Golmaryami, Rivera-Hudson, & Frick, 2013; Frick & Moffitt, 2010). The specifier “with Limited Prosocial Emotions” (LPE) will be used to designate those individuals who are diagnosed with Conduct Disorder and who also show two of four CU characteristics (i.e., lack of remorse or guilt, callous-lack of empathy, unconcern about performance in important activities, and shallow or deficit affect) in two or more settings (e.g., school, home).

The recent inclusion of the specifier highlights the need for research that focuses on advancing the measurement of CU traits. Some very recent studies have already begun such endeavors (e.g., Collins & Vermeiren, 2013; Hawes et al., 2014; Kimonis et al., 2014; Pardini, Stepp, Hipwell, Stewart-Johnson, & Loeber, 2012), but much more research is needed to better understand how to best capture these traits for both clinical and research purposes. More research is also needed into girls with CU traits because most studies focus just on boys, and it is not clear whether CU traits or psychopathy ratings tap the same latent characteristics (i.e., lack of remorse or guilt, callous-lack of empathy) and impulsivity/conduct problem factor (1-CP, tapping behavioral aspects of conduct problems and impulse control problems).

Another study (Frick, Barry, & Bodin, 2000) in a community sample reported three main factors: callous/unemotional traits (CU) and an I-CP factor which is subdivided into two further factors, namely narcissism (Nar) and impulsivity (Imp). Higher scores indicate an increased presence of the characteristics associated with each factor. The Portuguese version of the adaptation of the APSD-SR was used (Pechorro, Março, Poiares, & Vieira, 2013). The internal consistency for the male sample of the present study, estimated by Cronbach’s alpha, was: APSD-SR total = .70, APSD-SR I-CP = .76, APSD-SR CU = .53. For the female sample, the internal consistency was: APSD-SR total = .75, APSD-SR I-CP = .80, APSD-SR CU = .59.

The Child and Adolescent Taxon Scale (CATS; Quinsey, Harris, Rice, & Cormier, 2006) is an actuarial rating scale developed from variables related to childhood and adolescent antisocial and aggressive characteristics (e.g., “Childhood aggression problem”). This scale has eight items scored either 0 (no) or 1 (yes) that can discriminate between two classes: psychopaths and non-psychopaths. The total score is obtained by adding the items with the Nuffield system for determining item weights. Higher scores mean higher psychopathic characteristics. Because the CATS is an actuarial scale no internal consistency was calculated.

The Strengths and Difficulties Questionnaire-Self-report (SDQ-SR; Goodman, Meltzer, & Bailey, 1998) is a short behavioral questionnaire aimed at pre-adolescents and adolescents made up of 25 items (e.g., “I am kind to younger children”), rated on a 3-point ordinal scale (never = 0, somewhat true = 1, often = 2). The SDQ consists of five dimensions: Emotional symptoms (ES), conduct problems (CP), hyperactivity (H), peer problems (PP), and prosocial behavior (P). The scores for emotional symptoms, conduct problems, hyperactivity and peer problems are summed to generate a total difficulties score (TDS) ranging from 0 to 40; the prosocial score is not incorporated into the TDS since the absence of prosocial behaviors is conceptually different from the presence of psychological difficulties. The official Portuguese translation of the SDQ-SR was used (Pechorro, Poiares, & Vieira, 2011). Internal consistency for the male sample of the present study, estimated by Cronbach’s alpha, was: SDQ-SR TDS = .61, SDQ-SR P = .67. For the female sample it was: SDQ-SR TDS = .60, SDQ-SR P = .57. These values are somewhat low but still acceptable for research purposes (DeVellis, 1991).

The Adapted Self-Reported Delinquency Scale (ASRDS; Carroll, Durkin, Houghton, & Hattie, 1996; Carroll, Houghton, Durkin, & Hattie, 2009) is a self-report measure consisting of 38 items (e.g., “Stolen and driven a car”) which assesses adolescent involvement in illegal and antisocial activities. The ASRDS score can be obtained by adding the items from a 3-point ordinal scale (never = 0, sometimes = 1, frequently =
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