



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



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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 superficial expression 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, Fazekas, & 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 pre-adolescent boys and between 6% and 8% of adolescent boys meet criteria

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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 deficient 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., Colins & Vermeiren, 2013; Hawes et al., 2014; Kimonis et al., 2014; Pardini, Stepp, Hipwell, Stouthamer-Loeber, & 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 constructs in boys and girls (Kunimatsu, Marsee, Lau, & Fassnacht, 2012; Moffitt et al., 2008). Research is also needed to ascertain whether CU traits and other psychopathic traits have good construct validity among ethnic minority children and youths (Verona, Sadeh, & Javdani, 2010).

Callous-unemotional traits are quickly becoming an important area of study, but there is a lack of research on this topic, especially in European samples. To our knowledge this is the first study examining DSM-5's new CD LPE specifier and CU traits in a large forensic sample of Portuguese adolescents. Bearing in mind the theoretical framework mentioned above, this study aimed to test two hypotheses: a) male and female juvenile delinquents with the CD LPE specifier show significantly higher values of CU traits, general psychopathic traits, psychopathy taxon membership, self-reported delinquency, and crime seriousness, and lower values of prosocial behavior, self-esteem, and social desirability; b) independently of gender, the CD LPE specifier is significantly associated with age of crime onset and first problems with the law.

2. Material and methods

2.1. Participants

The male sample was made up of 201 participants ($M = 15.83$ years; $SD = 1.30$ years; range = 13–18 years) diagnosed with Conduct Disorder recruited from Juvenile Detention Centers; of this total, 63 participants formed the group with the LPE specifier (LPE group; $M = 15.67$ years; $SD = 1.28$ years; range = 14–18 years) and 138 participants formed the group without the LPE specifier (no LPE group; $M = 15.89$ years; $SD = 1.31$ years; range = 13–18 years). The female sample was made up of 98 participants ($M = 15.96$ years; $SD = 1.28$ years; range = 14–18 years) diagnosed with Conduct Disorder recruited

from Juvenile Detention Centers; of this total, 29 participants formed the group with the LPE specifier (LPE group; $M = 16.28$ years; $SD = 1.25$ years; range = 14–18 years) and 69 participants formed the group without the LPE specifier (no LPE group; $M = 15.83$ years; $SD = 1.28$ years; range = 14–18 years).

2.2. Instruments

The Antisocial Process Screening Device-Self-report (APSD-SR; Frick & Hare, 2001; Muñoz & Frick, 2007) is a multi-dimensional 20-item measure designed to assess psychopathic traits in adolescents. It was modeled after the Psychopathy Checklist-Revised (PCL-R; Hare, 2003). Each item (e.g., “You lie easily and skillfully”) is scored on a 3-point ordinal scale (never = 0, sometimes = 1, often = 2); higher scores mean an increased presence of the traits in question. The total score, as well as each dimension score, is obtained by adding the respective items. Some studies (e.g., Frick, O'Brien, Wootton, & McBurnett, 1994) reported two main factors: callous/unemotional traits (CU, tapping interpersonal and affective dimensions of psychopathy, such as lack of guilt and absence of empathy) and an impulsivity/conduct problem factor (I-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 factor (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 APSD-SR was used (Pechorro, Marôco, 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-response (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 summated 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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