Are Interventions the Savior for Future Psychopathy in Adolescents with Conduct Disorder?

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Abstract

The proposed study will investigate whether the Allen, Salekin, and Tippey (AST) Intervention has an effect on psychopathic traits, positive-emotions, and motivation to change in adolescents who have conduct disorder. The research will include a convenience sample of 150 adolescents at a secure residential treatment facility in Northern New Jersey who are diagnosed with conduct disorder. It is predicted that the adolescents with conduct disorder who were administered Helping the Non-compliant Child (HNC) Intervention, between the ages of 3-8, along with the AST Intervention (group-one), will exhibit a larger decrease of psychopathic traits and a greater increase of positive-emotions and motivation to change than the adolescents with conduct disorder who were not administered the HNC intervention, between the ages of 3-8, and only administered the AST Intervention (group-two). This research will provide valuable information and insight on interventions for adolescents with conduct disorder. These interventions will aid adolescents by decreasing their psychopathic features and increasing their positive-emotions and motivation to change. This study will contribute to the knowledge found in previous research on early interventions that help adolescents with conduct disorder decrease their chances of having psychopathy when they reach adulthood.

Keywords: conduct disorder, interventions, psychopathic traits, positive-emotion, motivation to change, psychopathy
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Conduct Disorder refers to a form of childhood psychopathology involving, “repetitive and persistent behavior that violates rights of others or societal norms including aggression to people and animals, destruction of property, stealing/theft, running away, and truancy” (American Psychiatric Association, 1994, p. 469). Whereas, psychopathy is a personality disorder characterized by a group of affective, interpersonal, and behavioral traits (Scott, 2008). Many researchers believe that conduct disorder, antisocial personality disorder and psychopathy are developmental disabilities and can be used interchangeably from childhood to adulthood (Allen, Salekin and Tippey, 2012). Scott (2008) stated that childhood conduct disorder “casts a long shadow over adulthood, often leading to antisocial personality disorder, psychopathy, criminal and violent offending and incarceration” (p. 61).

According to the American Psychiatric Association (1994), the estimated lifetime prevalence of conduct disorder is 9.5% (12.0% among males and 7.1% among females), with a median age-of-onset of 11.6 years (American Psychiatric Association, 2004). Early interventions can offer a significant opportunity for adolescents with conduct disorder by preventing a burden of unfortunate health, such as substance abuse and suicidal behaviors, emotional difficulties, behavioral issues, interpersonal problems, incarceration and social maladjustment when adulthood is reached (Scott, 2008).

The importance of prevention and early interventions for adolescents who are diagnosed with conduct disorder has become a topic of interest to researchers over the past two decades. Researchers have attempted to reduce these problems in adolescents by developing specific
programs; however, little research has been conducted on effective treatments and interventions pertaining to children with conduct disorder and psychopathy as said by Ribeiro da Silva, Rijo and Salekin (2013). If researchers find this to be such a reoccurring issue, then what are the most effective interventions that can help adolescents with conduct disorder decrease their chances of having persistent psychopathy during adulthood?

According to a study done by Hill (2003), antisocial personality disorder is typically preceded by severe and persistent conduct issues starting in early childhood, which is known as conduct disorder. Hill (2003) examined research findings that were published over the past decade on the relationship between early conduct disorder and antisocial personality disorder and what the precursors are. Hill (2003) also investigated issues that have not been reported in relation to early identification of individuals at risk. One study Hill reviewed was Robins (1966), which was a follow-up study on clinic-referred children who had conduct problems. Based on Robins (1966) findings, children who have prevalent aggression and disruptive behaviors before the age of 11, are intensely linked with persistence of antisocial behaviors through adolescence into adulthood. The findings of this study showed sufficient justification that future research should focus on early interventions and preventions of the childhood precursors of antisocial personality disorder in children diagnosed with conduct disorder (Hill, 2003).

Ribeiro da Silva, Rijo and Salekin (2013) investigated and focused on a variety of historical research, pertaining to the construct of child to adult psychopathy. Recent research by (Frisk, 2002; Lyman et al., 2009; Kubak & Salekin, 2009; Lee et al., 2010; Lynam, 2010; Price et al., in press) has shown that therapeutic outcomes validate the fact that children with conduct
and behavioral problems can significantly improve with early intervention such as; family interventions like Helping the Non-complaint Child Program (McMahon and Forehand, 2003), positive psychology, or cognitive behavioral approach with motivational-based strategies. This demonstrates that psychopathic traits seem to be changeable if acknowledged early and treated (Ribeiro da Silva, Rijo and Salekin, 2013). Research has also shown that these outcomes give children and adolescents a greater possibility of therapeutic change and inspire the advancements of future intervention programs for youth (Ribeiro da Silva, Rijo and Salekin, 2013). Ribeiro da Silva, Rijo and Salekin (2013) examined an Allen, Salekin and Tippey (2012) study, which tested a new mental model for intervening with youth who have conduct disorder and psychopathic features. Based on their findings, they discovered that this mental model intervention for positive-emotions reduces negative affect, which might help with the reduction of psychopathic traits (Ribeiro da Silva, Rijo and Salekin, 2013).

Allen, Salekin and Tippey (2012), conducted a study and developed a new mental model intervention for adolescents with conduct disorder and callous unemotional traits. Therapy that emphasizes positive-emotion can be vital because adolescents with conduct disorder have low-levels of positive-emotion (Allen, Salekin, and Tippey, 2012). The intervention was conducted on 24 adolescents between the ages of 9-14, who were housed in a residential treatment facility in the southeastern part of the United States. This intervention was designed to increase motivation and positive-emotion, and decrease interpersonal callousness and psychopathic traits among the adolescents. Allen, Salekin and Tippey (2012) administered a battery of tests to adolescents pre, mid and post – treatment. The three instruments used throughout the
intervention were the Antisocial Process Screening Device (APSD) (Frick and Hare, 2001), Positive emotions –CDS (Keyes, 2002) and the Risk-Sophistication-Treatment Inventory - Self Report (RSTI-SR) (Iselin and Salekin, 2008; Leistico and Salekin, 2003; Salekin, 2004). These instruments were administered to the participants during pre-assessment, mid-assessment and post-assessment of the intervention. Based on the researcher’s findings they found an increase of positive-emotion, a decrease in interpersonal callous traits, and a decrease in psychopathy scores throughout the intervention for all of the participants. They also found that the Risk-Sophistication-Treatment Inventory - Self Report (RSTI-SR) was a highly effective measure for classifying change and treatment amenability scores for youth with conduct disorder (Allen, Salekin, and Tippey, 2012).

Scott (2008) examined the effective and ineffective treatments for children with conduct disorder during adolescence, which might lead to antisocial personality disorder during adulthood. Based on the findings, parent management training was found to be the most effective treatment; which is a program that is designed to improve parent’s behavior management skills such as promoting play, using praise and rewards to increase desirable social behavior, give clear directions and rules and ameliorate the quality of the parent-child relationship (Scott, 2008). Scott (2008) stated that, the Helping the Non-compliant Child (HNC) intervention is one of the well-validated individual interventions for adolescents with conduct and behavioral problems. Individual interventions offer the benefits of live observation of the parent and child relationship, therapist training, and feedback concerning progress (Scott, 2008). During the HNC Intervention, the child and their mother meet, while the therapist aids and guides the mother through practicing new skills, and also helps the mother focus their attention
on the positive and negative behaviors that their child portrays throughout the intervention (McMahon and Forehand, 2003).

According to McMahon and Forehand (2003), aggression and oppositional behaviors typically peaks at the age of three years old and only 28% display little or no aggression. McMahon and Forehand developed the Helping the Non-Compliant (HNC) Intervention. It is a parental skills training program designed to reduce conduct problems in preschool and early elementary school-aged children, prevent subsequent delinquency, and teach parents to help their children comply with parental instructions. The aim of this intervention is to reduce coercive parenting, increase praise, ignore minor behaviors, and utilize time-out via role playing and modeling (McMahon and Forehand, 2003). A limitation for this intervention is that it is only implemented in a few states throughout the United States (McMahon and Forehand, 2003).

McMahon and Forhand (2003) stated that, HNC intervention has been extensively researched since the 1970s through a series of studies. Wells, Forehand and Griest (1980) investigated the difference between noncompliant, clinic-referred children with their mothers who received the HNC parent training program (n=12), to non-clinic, non-treatment normative group (n=12). Based on their findings, they discovered that the clinic-referred children significantly increased their compliance from pre-treatment to post-treatment, whereas, the non-clinic group did not. For the clinic-group, the untreated children’s inappropriate behaviors, such as aggression and tantrums, decreased significantly (McMahon and Forehand, 2003).

A 14-year follow-up assessment of the HNC Intervention was conducted by Long et al (1994) and showed this intervention to be a highly effective program. Long et al (1994) followed
up with the twenty-four young adults who participated in the HNC program as children and who were diagnosed with conduct disorder. Long et al (1994) carefully assessed these individuals and matched them with a sample of young individuals from a community. The individuals were scored based on their rates of delinquency, emotional problems, academic achievement, and the quality of their parents’ relationship (Long et al, 1994). Based on the findings, there were no differences between the HNC participants and the community sample. This outcome demonstrates that the children with conduct disorder who received the HNC during childhood were functioning normally at the time they reached adulthood just like the children with a history of no conduct problems (Long et al, 1994; McMahon and Forehand, 2003).

The aim of this study is to examine whether the Allen, Salekin, and Tippey (AST) Intervention has an effect on psychopathic traits, positive-emotion, and motivation to change in adolescents with conduct disorder. The goal of this study is to investigate the two groups of adolescents who are diagnosed with conduct disorder, and to see which group will have a greater reduction of psychopathic features in addition to an intensification of positive-emotion and motivation to change after being administered the AST Intervention. We predict the adolescents with conduct disorder who were administered HNC Intervention, between the ages of 3-8, along with the AST Intervention (group-one); will have a greater decrease of psychopathic traits and a higher increase of positive-emotion and motivation to change than the adolescents with conduct disorder who were not administered the HNC intervention, between the ages of 3-8, and only administered the AST Intervention (group-two).

Method
Participants

This study will use a convenience sample of 150 adolescents at a secure residential treatment facility in Northern New Jersey who are diagnosed with conduct disorder. We aim to use male participants between the ages of 9-14. The adolescents will be split up into two groups; the first group will be adolescents who went through HNC Intervention when they were between the ages of 3-8 (group-one), the second group will be adolescents who were not administered the HNC Intervention (group-two). Compensation for participating in the study will include no cost for the AST Intervention. Participants will be able to decline and terminate group treatment at any time for any reason throughout the intervention.

Materials

The HNC Intervention is an intervention that participants in group-one were only administered when they were between the ages of 3-8. The HNC Intervention is a prevention for serious conduct disorder problems in preschool and early elementary school-aged children. This intervention is a parental skills training and individually based program, which is designed to reduce conduct problems, prevent subsequent delinquency, and teach parents to help their children comply with parental instructions. The intervention is divided into two phases: Differential Attention and Compliance Training. During the first phase, parents will learn to increase the occurrence and range of social attention to the child, while actively disregarding minor inappropriate behaviors. This allows the coercive cycle to diminish, which establishes a positive, equally reinforcing relationship between the child and the parent. During the second phase, parents will be taught how to use the Clear Instructions Sequence to provide straight,
concise instructions to the child; to allow the child sufficient time to comply; and to provide appropriate consequences for compliance (positive attention) or noncompliance (time-out). The length of the program depends on each individual family but normally is 8-15 sessions for both training phases (McMahon and Forehand, 2003).

The AST Intervention will be administered to both of the adolescent groups diagnosed with conduct disorder (group-one and group-two). The AST Intervention focuses on maintaining a constant therapist throughout the course of the 12-week group-based intervention for the purposes of continuity and effectiveness. It uses cognitive behavioral training through emphasizing motivation, positive emotion and mental stimulation in all of the 150 participants (Allen, Salekin, and Tippey, 2012).

Allen, Salekin and Tippey (2012) developed the AST intervention which is an instrument that combines several batteries such as a clinical interview, a Antisocial Process Screening Device (APSD), Positive emotions –CDS and the Risk-Sophistication-Treatment Inventory - Self Report (RSTI-SR). The APSD measures psychopathic traits and interpersonal callousness (narcissism), affective (callousness unemotional traits), and lifestyle and impulsivity factors (impulsive conduct problems) in youth (Frick and Hare, 2001). The Positive-emotions-CDS measures positive emotion and indexes the level to which youth experience positive emotion, and have a positive viewpoint on life (Keyes, 2002). The RSTI-SR is designed to assess threat, maturity and treatment amenability and measures awareness of problems, motivation to change and consideration for and tolerance of others (Iselin and Salekin, 2008; Leistico and Salekin, 2003; Salekin, 2004; Allen, Salekin, and Tippey, 2012).
Before the intervention begins, the ideal therapist will be hired and assessed. The therapist who administers the AST Intervention will be an expert in psychopathy, positive-emotion, decision-making, administration of protocol, have experience working with justice-involved youth and also complete training on the treatment protocol for the twelve specific sessions of AST. The therapist will also be trained in general mental health issues and understand and follow the guidelines for monitoring participants throughout the assessment and treatment in order to identify any signs of distress or discomfort in the participants (Allen, Salekin, and Tippey, 2012).

**Design**

The longitudinal study uses an independent groups and within subject design. The researchers will look at historical records of each participant to create time one: whether or not the participant was administered the HNC Intervention between the ages of 3-8.

The independent variables of this study are the two interventions: HNC Intervention and AST Intervention. The dependent variables in this study are a decrease of psychopathic traits and an increase of positive-emotions and motivation to change in the adolescents after completion of the intervention.

**Procedure**

The therapist will conduct a clinical interview as part one of the AST Intervention with all 150 participants. During the clinical interview, the participants will be given a psychosocial evaluation that they will have to pass. A pre-assessment of three instruments (Positive- emotions –CDS, ASPD, and the RSTI-SRI) will be given to each participant to complete during the
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interview as well. Participates will be divided into two groups based on whether or not their historical records state if they were administered an HNC intervention between the age of 3-8 (group-one and group-two). We will conduct the intervention at the residential treatment facility because it will be a familiar setting for all of the participants (Allen, Salekin, and Tippery, 2012).

The AST intervention and treatment services will be provided to the participants over a 12-week duration, it is group-based and the treatment will be offered once a day five-days-a-week. The participants will be divided up into fifteen groups with ten participants per group and treatment services will focus on cognitive behavioral training through emphasizing on motivation, positive-emotion and mental stimulation. The intervention will utilize a motivational component; this is where youth will be motivated to participate in treatment. Therapists will emphasize that the maximum advantage of treatment will be achieved by completing the entire treatment intervention; however, participants will be told that they can decline group treatment at any time. There will be weekly exercises such as writing assignments on ways to problem-solve, and what they think their positives and strengths are. These exercises will help the participant emphasize their positive-emotions. Each participant will share their writing assignments with their group; this will increase positive ways of interacting with other individuals. This will also help the participants focus on their strengths and help them think of positive characteristics of themselves. The intervention will have participants set and plan weekly goals. The participants will think of ways of how they will accomplish the specific goals they set throughout the week through mental stimulation. Throughout the entire intervention, the therapist will provide
positive reinforcement and compliment the participants on their participation during their exercises (Allen, Salekin, and Tippery, 2012).

Once the first six weeks of the intervention is completed, the mid-assessment of the three instruments will be given to the participants to complete. The weekly AST Intervention will continue for the last six weeks. Once the final six weeks are completed, the post-assessment of the three instruments will be given to the participants to complete.

Planned Statistical Analysis

We will use the statistical analysis Multivariate Analysis of Variance (MANOVA) to confirm that the participants’ have an increase of positive emotions and motivation to change and a decrease of psychopathic traits as a result of the combined HNC and AST Interventions rather than just the AST Intervention individually. This statistical analysis will provide results about which group of adolescents (group-one and group-two) exhibited a higher reduction of psychopathic traits and a greater intensification of positive emotion and motivation to change after being administered the AST Intervention.

Future Research Suggestion

Although this falls outside the scope of the proposed study, we suggest future research follow-up with all of the participants once they reach adulthood to investigate and ensure they continue to have a diminution in psychopathic features and an amplification of positive emotions and motivation to change. Researchers will re-administer any assessments the participants received during the study. By doing this, it will determine if the participants current behavior pattern resembles their history of behavior prior to or post any intervention treatment. The results
will ensure if the interventions were an effective form of prevention and treatment of psychopathy.
References


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