



The generalizability of the structure of substance abuse and antisocial behavioral syndromes: A systematic review



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ABSTRACT

Background: Although several authors have suggested that a single externalizing spectrum encompassing both antisocial behavioral syndromes and substance use disorder is to be preferred, this assumption has not been evaluated systematically throughout studies.

Purpose: The objective was to establish the generalizability of transdiagnostic models of externalizing disorders across different types of disorders and populations, in regard to the strength of the evidence.

Method: We conducted a systematic literature review using combinations of two sets of keywords: 1) “antisocial”, “externalizing”, “conduct disorder”, “disruptive behavior disorder”, “substance abuse”, “substance-related disorder”, “cannabis”, “cocaine”, “hallucinogen”, “alcoholism”, “opioid”; 2) “latent structure”, “factor analysis”, “multivariate analysis”.

Results: Models supporting a superordinate factor appeared dominant in a limited set of different populations, on which the majority of the research sample was focused.

Conclusions: Although the externalizing spectrum model is a promising angle for future research and treatment, extending research on this model in a higher diversity of populations is recommended to enhance the understanding and applicability of the externalizing spectrum model.

1. Introduction

Substance use disorders (SUDs) and antisocial behavioral syndromes (ABSs; e.g., antisocial personality disorder and conduct disorder) are frequently co-occurring mental disorders, which are both associated with treatment drop-out, relapse in substance abuse and criminal recidivism (Daughters et al., 2008; Dykstra et al., 2015; Goldstein et al., 2007). A better understanding of the nature and relation of co-occurring disorders would benefit treatment in clinical practice. For instance, identifying overlapping core features and examining the complex interconnections among co-occurring disorders could make a more nuanced formulation of the diagnoses possible. This would lead to a more integrated treatment of these disorders. In order to achieve this, an accurate conceptualization of core features is essential. The externalizing spectrum model (Krueger, 1999) is a conceptual model that integrates alcohol dependence, drug dependence, and antisocial

personality into a single model, taking into account the correlations among the different disorders. The term *externalizing disorders* was introduced by Achenbach and Edelbrock (1978), who used it to describe different forms of antisocial behaviors in children, not including substance abuse. The externalizing spectrum (Krueger, 1999) has been replicated in multiple studies (e.g., Slade and Watson, 2006; Vollebergh et al., 2001) and has been proposed for DSM-5 to represent one cluster in a higher-order meta-structure (Carragher et al., 2015; Krueger et al., 2005; Krueger and South, 2009). Although this model has not been included in its entirety in the final version of the DSM-5 (APA, 2014), several aspects have been adopted: Substance use disorders are now presented as a single structure, and antisocial personality disorder is now mentioned both in the Personality Disorder section and in the Disruptive Behaviors Disorders section of DSM-5. Furthermore, antisocial personality disorder (APD) is described as an externalizing disorder along with oppositional defiant disorder (ODD), conduct disorder

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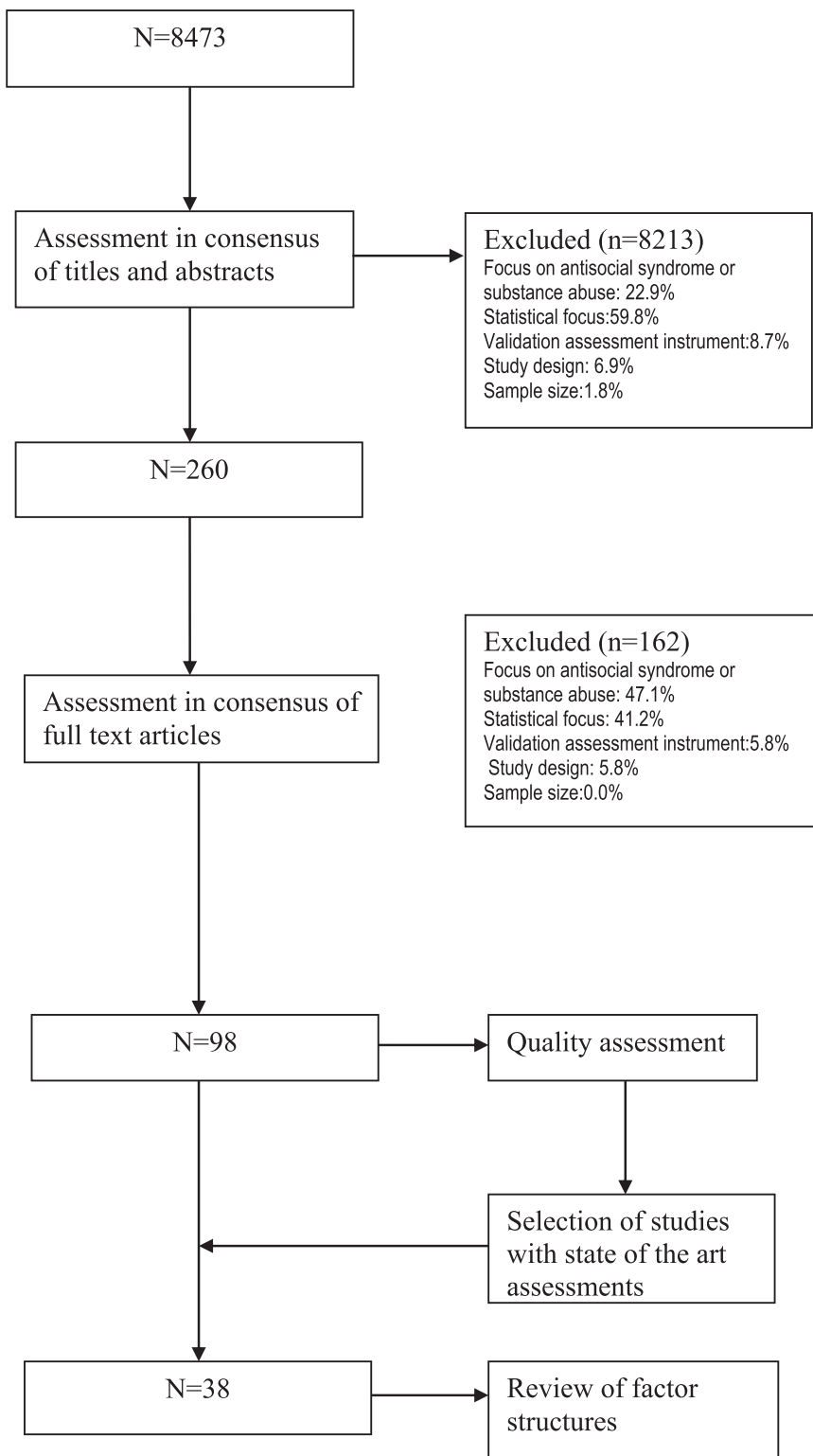
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Fig. 1. Selection procedure.



(CD), and substance use disorders (SUDs) (APA, 2014). However, even though several factor analytic studies have found evidence supporting an externalizing spectrum model, the literature lacks a systematic quality assessment of these studies and is unclear on the generalizability of the externalizing model. Other reviews of the externalizing spectrum have solely focused on arguments supporting the concept without critical appraisal of the factor analytic studies supporting this spectrum model (e.g., Carragher et al., 2015; Eaton et al., 2015; Krueger and South, 2009). This is problematic, since features such as

sample size, the level of heterogeneity of the sample and sampling bias could influence the interpretation of the applicability of a factor structure in different populations (Beavers et al., 2013; Gorsuch, 2015; MacCallum et al., 2001). Furthermore, it is unclear to what extent the generalizability of the externalizing spectrum is consistent across different samples and types of problem behaviors (e.g., different forms of substance use disorders or antisocial behaviors). For example, in scientific literature it is not clear to what extent Krueger's concept of externalizing disorders applies to child pathology, since research on youth

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