

# Predictive Value of Callous-Unemotional Traits in a Large Community Sample

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## ABSTRACT

**Objective:** Callous-unemotional (CU) traits in children and adolescents are increasingly recognized as a distinctive dimension of prognostic importance in clinical samples. Nevertheless, comparatively little is known about the longitudinal effects of these personality traits on the mental health of young people from the general population. Using a large representative sample of children and adolescents living in Great Britain, we set out to examine the effects of CU traits on a range of mental health outcomes measured 3 years after the initial assessment. **Method:** Parents were interviewed to determine the presence of CU traits in a representative sample of 7,636 children and adolescents. The parents also completed the Strengths and Difficulties Questionnaire, a broad measure of childhood psychopathology. Three years later, parents repeated the Strengths and Difficulties Questionnaire. **Results:** At 3-year follow-up, CU traits were associated with conduct, hyperactivity, emotional, and total symptom scores. After adjusting for the effects of all covariates, including baseline symptom score, CU traits remained robustly associated with the overall levels of conduct problems and emotional problems and with total psychiatric difficulties at 3-year follow-up. **Conclusions:** Callous-unemotional traits are independently associated with future psychiatric difficulties in children and adolescents. An assessment of CU traits adds small but significant improvements to the prediction of future psychopathology. *J. Am. Acad. Child Adolesc. Psychiatry*, 2009;48(11):1079–1084. **Key Words:** Callous-unemotional traits, epidemiology, personality.

Although there has been a certain amount of controversy when using the construct of psychopathy among children and adolescents,<sup>1</sup> it is generally acknowledged that the disorder has its roots in childhood.<sup>2</sup> Factor analytic studies suggest that three dimensions underlie psychopathy: deficient affective experience,

otherwise referred to as callous-unemotional (CU) personality traits; an arrogant interpersonal style; and an impulsive behavioral style.<sup>3</sup> Callous-unemotional traits include characteristics such as lack of guilt, remorse, emotionality, and empathy; these traits are closely linked to antisocial behavior and are a core feature of psychopathy. Antisocial youths high on CU traits seem distinct in terms of their cognitive deficits. The cognitive profile associated with CU traits includes an increased focus on the positive aspects of aggression<sup>4</sup> and deficits in processing cues of distress<sup>5</sup> and fear.<sup>6</sup> In addition, the presence of CU traits may indicate different etiological pathways for antisocial behavior.<sup>7</sup> For example, in the Twins Early Development Study, antisocial behavior with high CU traits was strongly heritable with no role for shared environment. In contrast, heritability of antisocial behavior with low CU traits was much lower, and a moderate shared environmental effect was identified.<sup>8</sup> However, despite

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the close link between CU traits and antisocial behavior, CU traits are not addressed in the current diagnostic formulations of *DSM-IV*<sup>9</sup> or *International Statistical Classification of Diseases, 10th Revision*.<sup>10</sup> The *DSM-V* working group has raised the possibility that CU traits may usefully be included in the definition of conduct disorder in *DSM-V* (see online report: <http://www.psych.org/MainMenu/Research/DSMIV/DSMV/DSMRevisionActivities/DSMVWorkGroupReports/ADHDandDisruptiveBehaviorDisordersWorkGroupReport.aspx>).

In this regard, Moffitt et al.<sup>11</sup> have highlighted the need for more data on the predictive validity of CU traits, to inform any proposed revision of the diagnosis of conduct disorder in *DSM-V*.

There has been little exploration of the predictive validity of CU traits in community samples of children. In a study of 98 community-dwelling children, Frick and colleagues,<sup>12</sup> examined the effect of CU traits on conduct symptoms for a 4-year period. Children with conduct problems who also showed CU traits exhibited the highest rates of conduct problems, self-reported delinquency, and police contacts across the 4 years of the study. Dadds and colleagues<sup>13</sup> examined the predictive validity of CU traits in a community sample of 1,359 Australian children aged 4 to 9 years. After adjusting for baseline measures, CU traits added small but significant improvements in the 12-month prediction of antisocial behavior for boys and older girls.

This article addresses the predictive validity of CU traits using a large epidemiologically representative sample of children from Great Britain. In a previous follow-up of the current cohort, we found that CU traits independently predicted the number and intensity of conduct, emotional, and hyperactivity problems at both 12 and 24 months.<sup>14</sup> In this article, we examine the effect of CU traits on psychopathology at 3 years.

## METHOD

### Sample

In 2004, a sample of British children aged 5 to 16 years was identified using the child benefit register.<sup>15</sup> In Great Britain, "child benefit" is a universal state benefit payable for each child in the family, and it has an extremely high uptake. For this reason, the British Child and Adolescent Mental Health Survey 2004 used the child benefit register to develop a sampling frame of postal sectors from England, Wales, and Scotland. Families whose record was under revision or who had no recorded postcode (similar to U.S. zip code) were excluded. The sampling frame was estimated to represent

90% of British children.<sup>16</sup> A stratified random sample of 12,294 families was selected from the sampling frame. Of these, 9% opted out, 5% could not be contacted, and 1% were ineligible. In total, 10,496 families were approached, of whom 76% (7,977) responded. The children in the survey ranged in age from 5 to 16 years.

Three years after the original survey (i.e., in 2007), families were approached again unless they had previously opted out or the child was known to have died. Of the original 7,977 participants, 4,892 (61%) took part in this follow-up.<sup>17</sup> Nonparticipation was more likely for children who were older, nonwhite, of poorer general health, from poorer and larger families, and who had higher levels of psychopathology in 2004. An inverse propensity score was used to calculate sampling weights to adjust for these factors.

### Measures

At baseline, the parents provided sociodemographic details and also completed the 12-item General Health Questionnaire (GHQ; as a measure of parental common mental disorder).<sup>18</sup> In addition, the following domains were assessed:

*CU Personality Traits.* The 2004 survey incorporated questions on personality, including six questions relating to the current presence of CU traits in the index child. The parents were presented with the following preamble: "I am going to ask you about CHILD'S NAME personality. I am going to read out several statements and for each one I would like you to tell me whether it is Not true, Partly true or Certainly true for CHILD'S NAME. I have to ask everyone all these questions even though many of them may seem inappropriate for your child."

The six items were as follows:

1. Makes a good impression at first but people tend to see through him/her after they get to know him/her.
2. Shallow or fast-changing emotions.
3. Is usually genuinely sorry if s/he has hurt someone or acted badly.
4. Can seem cold-blooded or callous.
5. Keeps promises.
6. Genuine in his/her expression of emotions.

The items were all rated by parents on a three-point Likert-type scale (not true, partly true, or certainly true). Possible total scores on the scale ranged from 0 to 12, with items 1, 2, 4, and 5 being scored 2 for "certainly true" and the remaining items scored 2 for "not true." To produce a sharper definition of CU traits, we recoded the collected data, scoring the most extreme response 1 and the remaining two responses 0. The six items were selected on the basis of their likely contribution to a dimensional measure of CU traits, as judged from previous factor analyses.<sup>19,20</sup> A seventh item originally included in the scale ("too full of his/her own abilities") was subsequently dropped because it reflected narcissism/arrogant interpersonal style, and other research has shown that this interpersonal style is more strongly associated with antisocial behavior rather than CU traits.<sup>13</sup> A principal component analysis showed that the six items loaded on to one component, with an eigenvalue of 2.27 (accounting for 38% of the variance). The scale demonstrated acceptable internal consistency (Cronbach  $\alpha$  = .66).

To determine how well our measure compared with the Antisocial Process Screening Device<sup>21</sup> (APSD; a commonly used measure of CU traits, which was not freely available at the time of the survey), we applied the scale to a two groups of children who were corated with the APSD and who had been previously recruited from two settings. The first was a group of 97 children (70 male and 27 female

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