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## Original article

# Parent-reported attention-deficit hyperactivity disorder and subtypes of conduct disorder as risk factor of recidivism in detained male adolescents

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## ABSTRACT

**Objective:** Parents are considered to be crucial informants in child psychiatry, particularly for disorders in which age of onset is included in the diagnostic criteria. In detained adolescents, however, parents all too often are difficult to reach or reluctant to cooperate. The clinical relevance of gathering parental information in this context should therefore be demonstrated. This study examines if parent reports of attention-deficit-hyperactivity disorder (ADHD) and age of onset subtypes of conduct disorder (CD) predict official criminal recidivism.

**Method:** Participants were 110 detained male adolescents from all three Youth Detention Centers in Flanders. Between January 2005 and February 2007, both youth and a parent were interviewed with the Diagnostic Interview Schedule for Children Version IV. Two to 4 years later, information on criminal recidivism was retrieved.

**Results:** Youth self-reported ADHD and CD (subtypes) were not related with recidivism. Parent-reported ADHD, CD and childhood-onset CD predicted serious property recidivism, while parent-reported adolescent-onset CD predicted future violent arrests. In reverse, childhood-onset CD as reported by parents was negatively associated with violent recidivism.

**Conclusion:** Obtaining parental diagnostic information in delinquent adolescents is crucial for predicting recidivism. This finding emphasizes the need of including parents when studying mental disorder in detained adolescents.

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## 1. Introduction

Detained minors show high rates of attention-deficit-hyperactivity disorder (ADHD) and conduct disorder (CD) [5,11,32]. In contrast to findings in normal population and clinically-referred youth [10,18,25], ADHD and CD in detained youths generally were shown not to increase the risk of future offending [4,14,23,33]. These contrasting findings between epidemiological/clinical studies and studies in detained samples may suggest that results from epidemiological/clinical studies cannot simply be generalized to juvenile justice samples.

Yet, methodological issues may be at hand and explain inconsistency of findings. That is, studies in community and clinically-referred youth [10,18,25] predominantly relied on parents to assess ADHD and CD. While parents from normal population or clinically-referred youth are relatively easily available, parents of detained youth are difficult to locate and/or

often unwilling to be interviewed [6]. Consequently, studies on mental health disorders in detained adolescents typically rely on youth self-report only [5]. Even the largest study in this field [29] has not included parents as informants. The sole reliance on youth self-reports may however hamper reliability of findings, in particular for disorders that require investigating the age of onset (e.g. ADHD and childhood-onset CD) [27,31]. Thus, before concluding that ADHD and CD in detained adolescents are not predictive of recidivism, research is needed that includes parents as source of diagnostic information. The current study attempts to make the first step in gaining insight in the usefulness of parental diagnostic information to predict future criminal behavior.

Gaining insight in the value of parental information in the assessment of detained juveniles is important for at least three reasons. First, approaching parents is a time-consuming investment, for which detention facilities often lack budget and personnel. It is therefore important to demonstrate the clinical advantages of gathering parental diagnostic information. One approach to test whether the benefits of parental information may outweigh the efforts of approaching parents is by examining whether parental information is predictive of recidivism and thus

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has prognostic value. Second, including parents for diagnostic purposes may be a first step in creating a basis for further cooperation. Programs for working with delinquent adolescents often include a parent-training component. Yet, parents of delinquent youth are not easily to recruit and to retain in such programs [21], probably because of their negative experiences with the juvenile justice system [28]. Third, having youth and parent information available, clinicians may wish to choose a treatment strategy accordingly. For example, in case of informant disagreement a shared problem definition can be a first aim [13], in particular because such definition is associated with therapy engagement and symptom reduction [15].

To date, only two prevalence studies managed to include a substantial proportion of parents of detained youth in the assessment of mental disorders [6,16]. In line with findings in non-forensic samples [9], both studies showed that including multiple informants confront clinicians with discrepant information. Discrepant information can be useful as well, and can be investigated using several approaches. First, parent and youth reports can be considered separately. As such, the predictive validity of parent and adolescent information is assessed separately (i.e. *optimal informant approach*) [17]. Second, parent and youth reports can be combined (i.e. *combined approach*). This approach presumes that the value of diagnostic information from one informant becomes most relevant when information from the other informant is taken into account [13]. By doing so, four combinations are possible: (i) both informants report the disorder; (ii) only the child reports the disorder; (iii) only the parent reports the disorder; and (iv) both informants deny the presence of disorder. Because both the Colins et al. [6] and Ko et al. [16] studies were cross-sectional, the predictive validity of parental information has remained unexplored in detained youths.

For reasons mentioned above, the current study will investigate to what extent youth and parent reports of ADHD, CD and CD age of onset subtypes predict official recidivism after controlling for time at risk and criminal history. Controlling for time at risk is crucial in predicting outcomes, as the longer one is detained the less opportunity one has to reoffend. Also, because criminal history is the strongest predictor of recidivism in already delinquent juveniles [8], detained adolescents are at risk for committing new crimes. It is therefore important to investigate whether ADHD and CD (subtypes) predict criminal recidivism over and above criminal history.

## 2. Subjects and methods

### 2.1. Subjects

The current study is part of a larger study on psychiatric disorders in 245 detained boys from all three existing Youth Detention Centers (YDC) for boys in Flanders [3]. Because only one interviewer was available (O.C.), it was only possible to interview parents for a limited time period. Between January 2005 and February 2007 we therefore contacted the parents-caretakers of the first 150 interviewed boys of Belgian origin by telephone, in order to seek their participation for an interview about their child's mental health. We did not include parents of boys from non-Belgian origin because most do not sufficiently speak or understand Dutch and because limited financial resources did not allow us to use interpreters.

For a number of reasons listed further, 40 participants were excluded, resulting in a final sample size of  $n = 110$ . Two participants did not want us to contact their parents, while five boys had not seen their parents for more than a couple of days during the year preceding the current detention. In addition, professionals from the YDC asked us not to contact the parents of

two boys in particular. Of the 141 remaining boys, 26 parents could not be included for various reasons (e.g., incorrect phone numbers, repeatedly postponed interviews). Full data were obtained for 115 parents (77%). The 115 boys whose parents were interviewed were not significantly different from the 35 boys whose parents were not interviewed (cf. drop-outs) regarding age, socioeconomic status, and self-reported ADHD, childhood-onset CD and adolescent-onset CD (available upon request from the first author). We did not get access to the registration system of one Public Prosecutor. Consequently data from five participants were excluded resulting in a final sample size of 110 parent-child dyads. These 110 boys were not significantly different from the 35 drop-outs with regard to violent and serious property recidivism (available upon request from the first author).

The mean age of the total sample ( $n = 110$ ) was 16.1 years (SD 1.0). More than two thirds of our sample lived in families with a low socioeconomic status (61.0%). Almost half of the participants had been detained in the past (42.7%). The mean number of previous arrests (i.e. before current detention) was 10.95 (SD 11.43). The mean follow-up period in days was 1301.4 (range = 843–1481; SD 118.4). Recidivism in our sample was high, as 79.1% ( $n = 93$ ) of the participants were arrested for at least one violent or serious property crime. In specific, 77 participants (70%) had at least one re-arrest for violent crimes and 44 (40%) for serious property crimes. The mean number of new violent crimes was 2.1 (SD 2.7), for new serious property crimes 1.4 (SD 3.1). Of the 110 participants, 93% were no longer underage (i.e.  $< 18$  years) at the time recidivism data was collected.

### 2.2. Procedure

This study was approved by the institutional review board of the Faculty of Psychology and Educational Sciences, Ghent University. Participants were approached and assessed following a standardized protocol. Selected detainees were approached individually and given oral and written information about the aims, the content and the duration of the interviews. They were assured that their information was confidential and that refusal to participate would not affect their judicial status or stay in the YDC. The boys then could consult their primary caregivers or other adults about participation. Participants had to give written informed consent before starting the study. Participants were interviewed in a private area in the YDCs by the DISC-trained first author or by one of two DISC-trained final-year university students who did not belong to the YDC staff. Participants were interviewed between three days and three weeks after their detention intake. After explaining the goal of contacting their parents, youths were asked if they would allow us to contact their parents-caretakers by phone. After obtaining contact information, the first author attempted to reach the parent-caretaker at least 10 times over a one-month period at varying times of the day, in order to make a telephone appointment at a time of their choice. The vast majority of parents were interviewed within three weeks after the youths themselves had been interviewed. Only very few parents participated at a later stage. Participating youths and parents did not receive compensation. A standard procedure for presenting the assessment instruments was followed.

### 2.3. Measures

#### 2.3.1. Psychiatric disorders

Past year prevalence of DSM-IV attention-deficit-hyperactivity disorder (ADHD) and conduct disorder (CD) was assessed with the Dutch translation of the Diagnostic Interview Schedule for Children-IV (DISC-IV) parent and youth versions [12]. In line with DSM-IV we also differentiated between childhood-onset CD

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