

**UNIVERSIDAD DE SEVILLA**  
**FACULTAD DE PSICOLOGÍA**



**Incarcerated juvenile delinquents:**  
**Psychopathic traits and the relevance of callous-**  
**unemotional traits**

**Tesis doctoral**

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**Sevilla, 2016**



**Incarcerated juvenile delinquents:  
Psychopathic traits and the relevance of callous-  
unemotional traits**

**Memoria presentada por**

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para la obtención del Grado de Doctor**

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“[...] identification of Antisocial Personality Disorder in forensic settings is something  
like finding ice in your refrigerator”

(Bodholdt, Richards, & Gacono, 2000, p. 59)

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## **Abstract**

Over the last decades, a significant body of research has extended the psychopathy construct to adolescents, suggesting that those with elevated psychopathic traits in general and elevated callous-unemotional traits in particular are an important subgroup of antisocial youth showing a particularly severe, violent and persistent pattern of behavior. The present investigation has as its aims: I) to analyze the psychometric properties of the Antisocial Process Screening Device–Self-Report (APSD-SR), II) the applicability of the DSM-5's Conduct Disorder new Limited Prosocial Emotions specifier, and III) the relevance of callous-unemotional traits while controlling for age of crime onset in incarcerated juvenile delinquents. The participants were male and female incarcerated youths from the Juvenile Detention Centers of the Portuguese Ministry of Justice. Results support the use of the APSD-SR among incarcerated male youths in terms of its three-factor structure and internal consistency despite one item had to be removed from the callous-unemotional dimension. Results also show that the new Limited Prosocial Emotions specifier seems to be useful in the characterization of incarcerated male youths, allowing to highlight a number of problematic issues that define them, but seems to be less useful regarding incarcerated female youths. However, when controlling for age of crime onset no statistically significant correlations were found between callous-unemotional traits and self-reported delinquency and crime seriousness, raising the possibility that the relation between these variables is influenced by age of crime onset. The present investigation adds support to the existing body of research and contributes to the further application of the psychopathy construct to incarcerated youths.

**Keywords:** psychopathy, callous-unemotional traits, incarcerated juvenile delinquents, conduct disorder, DSM-5

## Resumen

Durante las últimas décadas, un cuerpo significativo de investigación ha ampliado el constructo de psicopatía para aplicarlo a los adolescentes, sugiriendo que aquellos con elevados rasgos psicopáticos en general y rasgos de insensibilidad emocional en particular constituyen un subgrupo importante de jóvenes antisociales, caracterizado por un patrón conductual especialmente grave, violento y persistente. Esta investigación tiene como objetivos analizar: I) las propiedades psicométricas del *Antisocial Process Screening Device–Self-Report* (APSD-SR); II) la aplicabilidad del nuevo especificador con Emociones Prosociales Limitadas (EPL) del diagnóstico Trastorno Conductual del DSM-5 y III) la relevancia de los rasgos de insensibilidad emocional controlando la edad de comienzo en la actividad criminal en jóvenes delincuentes detenidos. Los participantes fueron jóvenes detenidos en los Centros de Detención de Menores del Ministerio de Justicia de Portugal. Los resultados apoyaron el uso del APSD-SR en jóvenes detenidos del sexo masculino en cuanto a su estructura de tres factores y consistencia interna, a pesar de que un ítem fuera eliminado de la dimensión de insensibilidad emocional. Los resultados también demostraron que el especificador EPL parece ser útil en la definición de las problemáticas de jóvenes detenidos de sexo masculino, pero menos útil en jóvenes de sexo femenino. Sin embargo, al controlar la edad de comienzo de la actividad criminal, no se hallaron correlaciones significativas entre los rasgos de insensibilidad emocional y la delincuencia autoinformada y gravedad de crímenes, lo que plantea la posibilidad de que la relación entre estas variables esté influenciada por la edad de inicio de la actividad criminal. La presente investigación aporta apoyo a la aplicación del constructo de psicopatía a jóvenes detenidos.

**Palabras clave:** psicopatía, rasgos de insensibilidad emocional, jóvenes delincuentes detenidos, trastorno conductual, DSM-5



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## PRESENTACIÓN

A lo largo de las últimas décadas el constructo de psicopatía se ha asociado consistentemente a las conductas antisociales persistentes, a actos delictivos diversificados, graves y violentos, a un comienzo precoz de las actividades criminales, a detenciones y condenas tempranas, y a la criminalidad crónica a lo largo de la vida (e.g., Forth y Book, 2010; Hare, 2003; Pechorro, Maroco, Gonçalves, Nunes, y Jesus, 2014; Van Baardewijk, Vermeiren, Stegge, y Doreleijers, 2011). A pesar de que apenas una minoría de los individuos que muestran conductas antisociales y criminales crónicas pueden ser diagnosticados como psicópatas, este subgrupo tiene un patrón de comportamiento especialmente grave y violento (Leistico, Salekin, DeCoster, y Rogers, 2008). En la última década hemos asistido a un enorme interés por la aplicación del constructo de psicopatía a niños y adolescentes, lo que se ha traducido en un notable aumento de la literatura científica publicada al respecto.

En una búsqueda reciente efectuada en la Web of Science se encontraron 2709 artículos científicos sobre psicopatía publicados desde 1945, y a partir de 2008 se publicaron una media de 250 artículos por año (Häkkinen-Nyholm y Nyholm, 2012). Asimismo, publicaciones científicas como *Behavioral Sciences and the Law*, *Journal of Abnormal Child Psychology*, *Law and Human Behavior* y *Journal of Clinical Child and Adolescent Psychology* han dedicado monográficos al tema de la psicopatía en niños y adolescentes. Considerando que la psicopatía es un tópico que se ha venido estudiando hace más de dos siglos, difícilmente podríamos calificar tal ímpetu investigador como menos que pujante (Arrigo y Shipley, 2001).

Recientemente, el foco de la investigación se ha dirigido a la dimensión afectiva de la psicopatía, caracterizada frecuentemente por rasgos de insensibilidad emocional. El interés por esta faceta en particular de la psicopatía se demuestra en el aumento

progresivo de los artículos de revisión de la literatura que procuran dar una visión amplia de este tópico (e.g., Frick, Ray, Thornton, y Kahn, 2013; Frick, Ray, Thornton, y Kahn, 2014a; Herpers, Rommelse, Bons, Buitelaar, y Scheepers, 2012). El hecho de que la versión más reciente del *Manual Diagnóstico y Estadístico de los Trastornos Mentales* (DSM-5; American Psychiatric Association, 2013) incluya en el diagnóstico de Trastorno de Conducta de forma específica los rasgos de insensibilidad emocional también avala su importancia creciente como constructo científico (Frick y Moffitt, 2010).

Algunos autores destacados en este campo (e.g., Farrington, 2005; Salekin y Frick, 2005) defienden la necesidad de un marco teórico fundamentado desde una perspectiva evolutiva en la investigación de la psicopatía en niños y adolescentes para poder entender adecuadamente este constructo. Esta perspectiva no es nueva, ya que desde la década de 1980 la mayoría de psicólogos preocupados por el desarrollo infanto-juvenil han destacado la necesidad de que la investigación cuente con fundamentos teóricos sólidos (Hidalgo, 1994). Con respecto a los marcos teóricos, el papel específico de la variabilidad y las diferencias interindividuales en el desarrollo infanto-juvenil es un aspecto que ha ido ganando importancia desde una perspectiva evolutiva contemporánea (Jiménez, 2009). Dicho análisis de la variabilidad y las diferencias interindividuales cobra interés en diversidad de temas de investigación relacionados con el desarrollo infanto-juvenil, entre los cuales podemos incluir la participación de los jóvenes en actos antisociales y delictivos (Antolín, 2011).

El principal objetivo de esta investigación consistió en analizar el papel de los rasgos psicopáticos, específicamente la relevancia de los rasgos de insensibilidad emocional, en delincuentes internos en los Centros de Detención de Menores gestionados por la Dirección General de Reinserción y Servicios Carcelarios (*Direção-*

*Geral de Reinserção e Serviços Prisionais*) del Ministerio de Justicia de Portugal. La pertinencia de esta investigación se justifica a partir de la escasez de estudios empíricos con delincuentes juveniles detenidos en Portugal, que se hace aún más manifiesta cuando el tema de investigación es la prevalencia de psicopatía en esta población específica. La primera parte del presente trabajo se dedica al marco teórico de la psicopatía en jóvenes delincuentes, centrándonos especialmente en su relación con la dimensión de rasgos de insensibilidad emocional, y dio lugar a la publicación de un capítulo de libro (Pechorro, Jiménez, Nunes, y Hidalgo, 2016). A continuación, se presentan los tres estudios empíricos llevados a cabo y publicados en revistas internacionales de la especialidad incluidas en el *Journal Citation Reports*. En la parte final de la disertación se discuten globalmente los resultados obtenidos y se presentan las respectivas conclusiones. Por último se presentan las referencias y los anexos.

## LISTA DE PUBLICACIONES

I. Pechorro, P., Hidalgo, V., Nunes, C., y Jiménez, L. (en prensa). Confirmatory factor analysis of the Antisocial Process Screening Device: Self-Report among incarcerated male juvenile offenders. *International Journal of Offender Therapy and Comparative Criminology*. Doi: 10.1177/0306624X15588903. ISSN: 0306624X; Factor de impacto: 1.006; Fuente: 2016 Journal Citation Reports® (Thomson Reuters, 2016)

II. Pechorro, P., Jiménez, L., Hidalgo, V., y Nunes, C. (2015). The DSM-5 Limited Prosocial Emotions subtype of Conduct Disorder in incarcerated male and female juvenile delinquents. *International Journal of Law and Psychiatry*, 39, 77-82. Doi: 10.1016/j.ijlp.2015.01.024. ISSN: 1873-6386; Factor de impacto: 1.000; Fuente: 2016 Journal Citation Reports® (Thomson Reuters, 2016)

III. Pechorro, P., Nunes, C., Jiménez, L., y Hidalgo, V. (2015). Incarcerated youths with high or low callous–unemotional traits: A comparison controlling for age of crime onset. *Journal of Forensic Psychiatry and Psychology*, 26(1), 78-93. Doi: 10.1080/14789949.2014.971853. ISSN: 1478-9949; Factor de impacto: 0.598; Fuente: 2016 Journal Citation Reports® (Thomson Reuters, 2016)

# **1. INTRODUCCIÓN GENERAL**

## 1.1. Investigación del constructo de psicopatía y su aplicación a jóvenes

La investigación científica sobre la psicopatía tiene alrededor de 200 años y está intrínsecamente conectada a la historia de la psiquiatría (Arrigo y Shipley, 2001; Millon, Simonsen, y Birket-Smith, 1998). A pesar de que etimológicamente la palabra psicopatía signifique simplemente enfermedad psíquica, el término se ha venido utilizando en la cultura y en la ciencia occidentales para designar a un grupo de personas que se caracterizan por mostrar típicamente conductas impulsivas, irresponsables, antisociales o desviadas en el contexto de una determinada sociedad (Hare, 1985).

La primera descripción de la psicopatía en la literatura científica la realizó el médico francés Pinel (cit. en Arrigo y Shipley, 2001) en 1801 utilizando el término *manía sin delirio*, con el cual designaba los actos agresivos y de violencia extrema cometidos por determinados individuos que aparentente no sufrían de alteraciones ni en la percepción de la realidad ni en su capacidad de razonamiento. Rush (cit. en Millon et al., 1998), psiquiatra americano, documentó en 1812 casos que también se caracterizaban por un *libertinaje moral de la conducta*, que atribuyó principalmente a causas congénitas.

Pritchard (Cantero, cit. en Soeiro y Gonçalves, 2010), psiquiatra inglés, introdujo en 1835 el término *moral insana* para referirse a los individuos cuya moral o principios de conducta eran fuertemente pervertidos e indicadores de conducta antisocial, cuya etiología atribuyó a la influencia del ambiente en el que se hallaban inmersos. Koch (Gonçalves, cit. en Soeiro y Gonçalves, 2010), psiquiatra alemán, presentó en 1888 la designación *inferioridad psicopática* para definir una anomalía de carácter en gran parte atribuida a aspectos congénitos o resultantes de una enfermedad psíquica.



Maudsley (cit. en Arrigo y Shipley, 2001), psiquiatra inglés, avanzó en 1895 con el término *imbecilidad moral* para referirse al déficit extremo o completa ausencia de un sentido moral, encontrada frecuentemente según el autor en delincuentes crónicos provenientes de clase social baja, sin capacidad de autocontrol.

Krafft-Ebing (cit. en Millon et al., 1998), psiquiatra alemán, desarrolló en 1904 los aspectos del sadismo y de la agresión extrema presentes en determinados individuos que consideró *salvajes*, sin perspectivas de rehabilitación. El psiquiatra recomendaba que estos individuos se mantuvieran en asilos hasta el final de sus vidas por su propio bien y por el de la sociedad. Bimbaum (cit. en Millon et al., 1998), psiquiatra alemán, propuso en 1909 el término *sociopatía*, que se utilizaría en las versiones iniciales del *Manual Diagnóstico y Estadístico de los Trastornos Mentales* como sinónimo de psicopatía en cuanto trastorno de la personalidad, pero enfatizando el papel de las fuerzas sociales en la génesis de este tipo de inadaptaciones y crímenes.

Kraepelin (cit. en Arrigo y Shipley, 2001; Lykken, cit. en Soeiro y Gonçalves, 2010), psiquiatra alemán, introdujo en 1915 la designación *personalidad psicopática* – utilizada hasta la actualidad –, incluyéndola en una tipología más amplia que él mismo elaboró, con el fin de describir individuos con indicadores de comportamiento criminal anormal o inmoral. Posteriormente, Schneider (Cantero cit. en Soeiro y Gonçalves, 2010; Gonçalves, cit. en Soeiro y Gonçalves, 2010), psiquiatra alemán, a partir de 1923 redefinió el concepto de personalidad psicopática como una entidad integradora de ciertas patologías, proponiendo una distinción clara entre los conceptos de enfermedad mental y de psicopatía. Este autor consideraba errónea la definición de una perturbación que tiene por base rasgos psíquicos como enfermedad mental, dado que desde su perspectiva la psicopatía estaría relacionada con desviaciones cuantitativas de las características normales de la personalidad.

Cleckley (1941/1976), psiquiatra americano, hizo la contribución más importante para la definición vigente de psicopatía, proporcionando una descripción lúcida, coherente y detallada de la psicopatía y de sus manifestaciones. En su libro *The Mask of Sanity* retrató a los psicópatas como individuos camuflados bajo una máscara de aparente salud, pero profundamente perturbados en sus relaciones con los demás y con la sociedad. La importancia fundamental de Cleckley se debió a que atrajo la atención hacia el fuerte valor predictivo del constructo de la psicopatía para el comportamiento antisocial en general (Harpur, Hare, y Hakstian, 1989), y particularmente para sus relaciones con las conductas violentas, impulsivas y agresivas (Hare, Clark, Grann, y Thornton, 2000).

Cleckley (1941/1976) enumeró una serie de criterios clínicos base que consideraba los rasgos más significativos de la psicopatía: 1) Encanto superficial y buena inteligencia; 2) Inexistencia de alucinaciones u otras manifestaciones de pensamiento irracional; 3) Ausencia de nerviosismo o de manifestaciones neuróticas; 4) Ser indigno de confianza; 5) Ser mentiroso y no sincero; 6) Egocentrismo patológico e incapacidad para amar; 7) Pobreza general en las relaciones afectivas principales; 8) Vida sexual impersonal, trivial y poco integrada; 9) Ausencia de sentimientos de culpa y de vergüenza; 10) Pérdida específica de intuición; 11) Incapacidad para seguir cualquier plan de vida; 12) Amenazas de suicidio rara vez cumplidas; 13) Razonamiento pobre e incapacidad para aprender con la experiencia; 14) Comportamiento fantasioso y poco recomendable, con o sin ingesta de bebidas alcohólicas; 15) Incapacidad para responder a la generalidad de las relaciones interpersonales; 16) Exhibición de conductas antisociales sin escrúpulos aparentes.

El trabajo de Cleckley (1941/1976) constituyó un trabajo pionero que permitió reconocer que las raíces remotas de la psicopatía adulta se encontrarían en la infancia y

en la adolescencia. Sin embargo, a otros autores les correspondería el trabajo pionero de profundizar la cuestión del desarrollo temprano de la psicopatía en niños y adolescentes, lo que ha llevado a la cantidad ingente de investigación existente en la actualidad. Karpman (1949, 1950, cit. en Skeem et al., 2007, cit. en Salekin y Frick, 2005), contribuyó a establecer la definición de las características propias de la psicopatía, su etiología y la cuestión del tratamiento de este trastorno en niños y jóvenes, además de ser posiblemente el primer autor que distinguió entre psicopatía primaria y secundaria. Según su perspectiva, la psicopatía primaria tiene como base un déficit afectivo hereditario, mientras que la secundaria tiene como base un trastorno afectivo adquirido en el contexto ambiental, aunque las dos variantes sean semejantes desde el punto de vista fenotípico. Esta distinción ha sido desarrollada posteriormente por otros autores (e.g., Blackburn, 1975; Lykken, 1995; Mealey, 1995; Porter, 1996).

McCord y McCord (1964, cit. en Salekin y Frick, 2005) destacaron la importancia de identificar y tratar a jóvenes con problemas de conducta y rasgos psicopáticos, poniendo de manifiesto que los síntomas del trastorno psicopático de la personalidad en jóvenes con trastornos conductuales se manifiestan de forma distinta, y que éstos constituirían apenas el 14% de los delincuentes juveniles. Estos autores exploraron el papel del rechazo y la negligencia parentales en el desarrollo de la psicopatía como determinantes causales y reforzadores de otras influencias patógenas (estilo de temperamento sin miedo y desinhibido). Tales factores facilitarían el desarrollo de un estilo de personalidad caracterizado por la frialdad, insensibilidad, y desconexión emocional. Así, el comportamiento hostil y emocionalmente insensible del psicópata podría entenderse como una adaptación emocional secundaria a factores ambientales (e.g., rechazo o abusos parentales), y por ello sería más pasible de cambiar con terapia (Skeem, Poythress, Edens, Lilienfeld, y Cale, 2003).

Quay (1964, 1965, cit. en Frick y Moffitt, 2010) reconoció la importancia de la psicopatía en su intento de definir subtipos de delincuentes juveniles. Gracias a su trabajo se incluyeron especificadores en el diagnóstico de Trastorno Conductual (DSM-III; APA, 1980), a saber: socializados versus subsocializados, y agresivos versus no agresivos. El subtipo de joven subsocializado se caracterizaba por la dificultad para alcanzar un nivel normal de afecto, empatía y lazos emocionales con los demás, siendo típico de estos individuos el egocentrismo, la manipulación y la frialdad emocional, que conducirían a un pronóstico reservado de cara al tratamiento. Este subtipo se refería básicamente a la presencia de características de funcionamiento típicas de la psicopatía, aunque en el término no se mencionase explícitamente. Debido a confusiones etiológicas y metodológicas en la distinción de los varios subtipos, estos especificadores dejaron de ser utilizados.

A partir de 1990, en los avances en el estudio de la psicopatía en adultos (e.g., la conducta violenta reincidente), se asistió a un resurgimiento del interés por la aplicación del constructo de psicopatía a niños y jóvenes (Salekin y Frick, 2005). Fue particularmente a raíz del interés por comprender el desarrollo de la agresión en niños y jóvenes y de la predicción del riesgo de violencia, por lo que volvió a surgir el interés por el constructo de la psicopatía (e.g., Kotler y McMahon, 2005; Marczyk, Heilbrun, Lander, y DaMatteo, 2003).

Los investigadores, aprovechando la conceptualización inicialmente elaborada y utilizando en los estudios muestras de hombres adultos encarcelados, empezaron a modificar la red nosológica de la psicopatía de forma que se pudieran adaptar los instrumentos de investigación y evaluación a niños y jóvenes, mujeres y minorías étnicas, grupos prácticamente no abordados hasta la fecha (Ribeiro da Silva, Rijo, y Salekin, 2012; Verona y Vitale, 2006; Verona, Sadeh, y Javdani, 2010). Forth, Hart y

Hare (1990) pueden considerarse los autores pioneros que desencadenaron la ola actual de investigaciones con menores de edad, aunque inicialmente de una forma aún muy asociada a la medición del constructo y a lo que se había estudiado previamente con varones adultos (Salekin y Lynam, 2010).

Lynam (1996, 1997, 1998) es un autor de referencia en la aplicación del constructo de psicopatía a niños y adolescentes. Según este autor, los niños que exhibían una combinación de impulsividad, hiperactividad y déficit de atención, bien como de trastorno conductual, tendrían una variante especialmente grave de este trastorno que los haría “futuros psicópatas”.

Lynam sostuvo que estos niños poseían muchos de los atributos descritos en los psicópatas adultos y podían distinguirse de los demás niños utilizando medidas de psicopatía, de conducta antisocial y tareas de laboratorio construidas para evaluar la modulación de las respuestas y la dificultad para posponer las gratificaciones.

Frick y colaboradores (Frick, O'Brien, Wootton, y McBurnett, 1994; Frick, Bodin, y Barry, 2000) también son autores de referencia en la aplicación del constructo de psicopatía a niños y adolescentes, siendo responsables de gran parte de los estudios llevados a cabo actualmente. Frick, junto a sus colegas, se centró en la presencia de rasgos de insensibilidad emocional (e.g., falta de empatía, falta de culpabilidad, expresión emocional pobre) como elementos esenciales a la hora de definir a un subgrupo de jóvenes antisociales con déficits a nivel de conciencia moral y comportamientos agresivos graves y frecuentes, típico de los adultos con psicopatía.

No obstante, este tópico de investigación no quedó exento de polémica. La aplicabilidad del constructo de psicopatía a niños y jóvenes al principio fue cuestionada vehementemente por varios autores (e.g., Grisso, 1998; Hart, Watt, y Vincent, 2002; Murrie, Boccaccini, McCoy, y Cornell, 2007; Seagrave y Grisso, 2002). Los autores

mencionados argumentaron que estos rasgos pueden no representar características estables que persistirán en la edad adulta, siendo por lo contrario síntomas transitorios y maleables. Según su perspectiva, diagnosticar esta patología a los jóvenes conlleva etiquetarlos erróneamente como individuos peligrosos e irrecuperables para la sociedad, perjudicándolos gravemente en su trayectoria vital sin que haya aún evidencias empíricas con peso suficiente.

Ante todo, es importante definir correctamente y distinguir entre los términos psicopatía y rasgos psicopáticos (Andershed, 2010; Cooke y Michie, 2001; Cooke, Michie, Hart, y Clark, 2004; Hare, 2003). La psicopatía se describe frecuentemente como un síndrome mantenido a lo largo de la vida, abarcando una serie de rasgos extremos a nivel interpersonal, afectivo, conductual y de estilo de vida (Hare, 2003). Los psicópatas pueden identificarse en cuanto grupo distintivo de individuos que tiende a exhibir conductas antisociales graves y violentas de forma persistente, motivado por razones instrumentales tales como ganancias materiales y venganza (e.g., Serin, 1991; Vasey, Kotov, Frick, y Loney, 2005). Este tipo de enfoque puede definirse como categorial, dado que conceptualiza los psicópatas taxonómicamente como una clase distinta (es decir, psicópatas *versus* no psicópatas).

Los rasgos psicopáticos, por otra parte, pueden definirse como los rasgos/síntomas y conductas individuales que se manifiestan de forma más o menos intensa y estable, y que constituyen el síndrome de la psicopatía. Se revelan a través de un patrón de insensibilidad emocional, manipulación y ausencia de culpabilidad, importante para comprender las conductas antisociales. Estos rasgos también se han asociado a la delincuencia grave y violenta, de inicio temprano y persistente (e.g., Andershed, Gustafson, Kerr, y Stattin, 2002; Frick, Kimonis, Dandreaux, y Farrel., 2003; Vitacco et al., 2002). Este tipo de enfoque puede definirse como dimensional,

dado que presupone una estructura latente en la cual las diferencias en cuanto a rasgos psicopáticos son una cuestión de grado (es decir, existe un continuo en el cual los individuos pueden tener más o menos rasgos psicopáticos). Es posible que un determinado individuo evidencie rasgos psicopáticos más o menos intensos y estables conforme estén o no integrados con otros rasgos del síndrome de la psicopatía. Por ejemplo, un individuo puede exhibir conductas significativas de impulsividad sin ser emocionalmente insensible; otro puede ser narcisista y emocionalmente insensible sin tener una tendencia marcada a actuar impulsivamente. Es necesario por lo tanto tener en cuenta qué enfoque han adoptado los autores de los distintos estudios, aunque podemos afirmar que la mayoría de los estudios con niños y adolescentes que utilizan cuestionarios autoadministrados se centran en la evaluación de los rasgos psicopáticos en vez de en la psicopatía en sí misma.

Sin embargo, diversos estudios empíricos han contribuido a refutar las objeciones mencionadas más arriba acerca de la aplicabilidad del constructo de psicopatía a niños y a jóvenes. Obradovic, Pardini, Long y Loeber (2007) recurrieron a los datos del Pittsburgh Youth Study para analizar la estabilidad de los rasgos psicopáticos en la cohorte más joven del estudio, concluyendo que la estabilidad era de moderada a alta teniendo en cuenta el tiempo transcurrido entre las evaluaciones. Lynam, Caspi, Moffitt, Loeber y Stouthamer-Loeber (2007) optaron por estudiar el tópico utilizando una metodología longitudinal y métodos múltiples de evaluación e informantes. Estos autores analizaron la estabilidad de los rasgos psicopáticos en los participantes cuando éstos tenían 13 años y después de nuevo a los 24 años, concluyendo que los rasgos eran moderadamente estables.

Barry, Barry, Deming y Lochman (2008) estudiaron la estabilidad temporal de los rasgos psicopáticos en preadolescentes considerados agresivos a lo largo de tres

años, observando la existencia de una estabilidad de moderada a muy elevada según los diferentes rasgos analizados. Pardini y Loeber (2008), por ejemplo, demostraron que una mayor estabilidad de rasgos psicopáticos en jóvenes predecía niveles más altos de características antisociales en la adultez. También Salekin, Rosenbaum y Lee (2008) señalaron la existencia de muchas pruebas de que los indicadores de psicopatía en jóvenes y en adultos presentaban muchas semejanzas entre sí a nivel de la prevalencia, de la conexión entre problemas conductuales y comportamientos antisociales y de la estructura factorial de las medidas.

Lynam et al. (2009) realizaron un estudio con chicos entre los 7 y los 17 años ( $N = 1500$ ), advirtiendo que los rasgos psicopáticos podían evaluarse con precisión y eran estables a lo largo del tiempo, consiguiendo además predecir la reincidencia criminal. Forsman, Lichtenstein, Andershed y Larsson (2010) estudiaron de forma longitudinal prospectiva la relación entre psicopatía y comportamientos antisociales en una muestra de gemelos suecos ( $N = 2255$ ) desde la adolescencia a la adultez, concluyendo que los rasgos psicopáticos conseguían predecir los comportamientos antisociales.

Más recientemente, Hemphälä, Kosson, Westerman y Hodgins (2015) evaluaron a 180 adolescentes (99 chicas y 81 chicos; edad media = 16.8 años) en un contexto clínico por abuso de sustancias utilizando inicialmente la *Psychopathy Checklist: Youth Version* (PCL:YV; Forth, Kosson, y Hare, 2003), y cinco años después la *Psychopathy Checklist – Revised* (PCL-R; Hare, 2003). Estos autores encontraron una estabilidad de moderada a alta tanto en la puntuación total de la escala como en sus dimensiones. Además, la mayoría de los participantes no mostró cambios a lo largo de esos cinco años. Los autores concluyeron que los resultados apuntaban a una actuación temprana de los factores subyacentes a la psicopatía.



Si consideramos que los rasgos de personalidad en general son estables a lo largo del ciclo vital, y que en estos se incluyen, evidentemente, los rasgos psicopáticos, los resultados que acabamos de describir no son sorprendentes. La literatura publicada hasta ahora, a pesar de no ser muy extensa, nos lleva a concluir con un margen de seguridad bastante razonable que existen evidencias empíricas suficientes para poder afirmar que los rasgos psicopáticos tienen una estabilidad de moderada a alta en la transición de la infancia/adolescencia a la edad adulta.

Se ha defendido que los rasgos psicopáticos se combinan y manifiestan en las mismas dimensiones que caracterizan la psicopatía adulta, incluso en contextos culturales y étnicos diferentes (e.g., Bijttebier y DeCoene, 2009; Frick et al., 2000; Fung, Gao, y Raine, 2010; Van Baardewijk et al., 2008; Van Baardewijk et al., 2011). La estructura tridimensional –rasgos de insensibilidad emocional, impulsividad y narcisismo– es la que se ha trabajado más en la literatura relativa a niños y adolescentes (Feilhauer y Cima, 2013), como veremos seguidamente con más detalle, a pesar de que algunos autores sostienen la existencia de una cuarta dimensión designada como antisocial, asociada a los comportamientos criminales en sí mismos (e.g., Forth, et al., 2003; Hare y Neumann, 2010; Neumann, Hare, y Pardini, 2015).

En niños y adolescentes, cuando las tres dimensiones de rasgos de insensibilidad emocional, impulsividad y narcisismo se combinan se designan comúnmente como rasgos psicopáticos (Feilhauer y Cima, 2013; Flight y Forth, 2007). En lo que se refiere a instrumentos de medida de estos rasgos, la presente investigación se centrará principalmente en el *Antisocial Process Screening Device* (APSD; Frick y Hare, 2001), dado que se trata del instrumento más utilizado a nivel internacional con adolescentes y niños (Johnstone y Cooke, 2004; Patrick, 2010; Sharp y Kine, 2008). A continuación abordaremos más pormenorizadamente cada una de estas dimensiones.

La impulsividad, además de ser un eje fundamental en cualquier teoría de la personalidad (Lynam y Miller, 2004), se considera una de las piezas centrales de varias teorías criminológicas. Las conductas impulsivas en adolescentes se han asociado consistentemente a una mayor diversidad y cantidad de crímenes y comportamientos antisociales (e.g., Luengo, Carrillo-de-la-Peña, Otero, y Romero, 1994; Lynam, 1996, 1998). La impulsividad es posiblemente uno de los criterios diagnósticos utilizados con mayor frecuencia en el DSM-5 de la American Psychiatric Association (2013). Asimismo, es importante destacar que se han realizado estudios para desarrollar y adaptar medidas psicométricas de impulsividad en la población juvenil (e.g., Chahin, Cosi, Lorenzo-Seva, y Vigil-Colet, 2010; Fossati, Barratt, y Acquarini, 2002; Von Diemen, Szobot, Kessler, y Pechansky, 2007).

El narcisismo es considerado otra de las dimensiones que componen el constructo de la psicopatía. Concebido inicialmente como una defensa contra sentimientos de inadecuación e inferioridad, de forma más reciente se ha conceptualizado como la necesidad del individuo de tener un aprecio elevado de sí mismo y de llevar a las personas de su entorno a demostrar ese mismo aprecio elevado. El narcisismo en adolescentes se ha asociado a problemas de conducta, a agresión proactiva y a una baja autoestima (e.g., Washburn, McMahon, King, Reinecke, y Silver, 2004). Asimismo, se han llevado a cabo estudios para desarrollar y perfeccionar medidas psicométricas del narcisismo en la población forense juvenil (e.g., Calhoun, Glaser, Stefurak, y Bradshaw, 2000; Washburn et al., 2004).

Los rasgos de insensibilidad emocional (también designados como rasgos callosos o de frialdad emocional) se refieren a un estilo afectivo (e.g., ausencia de culpabilidad o de remordimiento, restricción de las emociones) e interpersonal (e.g., falta de empatía) que surge como una dimensión diferenciada del constructo de la

psicopatía. Se ha reconocido que este tipo de rasgos permiten diferenciar a los adolescentes delincuentes más graves y agresivos de una forma mucho más clara que las restantes dimensiones del constructo (Caputo, Frick, y Brosky, 1999; Kruh, Frick y Clements, 2005). También en este caso se han realizado estudios para desarrollar y perfeccionar medidas psicométricas de rasgos de insensibilidad emocional en niños y adolescentes (e.g., Essau, Sasagawa, y Frick, 2006; Kimonis et al., 2008; Roose, Bijttebier, Decoene, Claes, y Frick, 2010).

Desde la perspectiva de la psicología evolutiva, también ha habido un interés específico por el constructo de la psicopatía, ya que se considera que esta puede proporcionar algunas hipótesis sobre posibles ventajas adaptativas tanto en el ciclo vital de un determinado individuo como desde el punto de vista más lejano de la evolución humana (Workman y Reader, 2014). Algunos autores contemporáneos (e.g., Ellis, Del Giudice, y Shirtcliff, 2013; Gao, Raine, Chan, Venables, y Mednick, 2010) defienden que la psicopatía predomina más en ciertos contextos de desarrollo porque constituye una clara ventaja adaptativa en dichos contextos. Por ejemplo, Glenn, Kuzban y Raine (2011) afirman que factores del contexto psicosocial tales como negligencia infantil, abusos, experiencias tóxicas y un apego inseguro con los padres pueden originar o exacerbar conductas de abuso, explotación y manipulación que tienen como objetivo servir los intereses egoístas y narcisistas típicos del psicópata.

## **1.2. La relevancia de los rasgos de insensibilidad emocional en jóvenes**

Frick y Dickens (2006) realizaron una revisión de estudios sobre rasgos psicopáticos en general en la que incluyeron los rasgos de insensibilidad emocional, concluyendo que estos se asociaban a formas más graves de problemas conductuales, violencia, agresividad y delincuencia en jóvenes. Los rasgos de insensibilidad emocional en jóvenes se corresponden con el factor interpersonal/afectivo identificado en psicópatas adultos, como ya se ha referido anteriormente (Hare, 1991, 2003). Los estudios realizados sobre rasgos de insensibilidad emocional en particular, a pesar de que estén menos asociados con problemas conductuales que las demás dimensiones del constructo de la psicopatía (impulsividad y narcisismo), llevaron los autores a concluir que aquellos podrían ser particularmente útiles para el estudio de este constructo.

La investigación realizada desde entonces ha avalado de manera creciente el uso de los rasgos de insensibilidad emocional para identificar dentro del grupo de jóvenes antisociales en general a un subgrupo particular que demuestra un patrón de comportamiento más grave y agresivo, que se inicia de forma temprana en la infancia y tiende a mantener persistentemente los comportamientos antisociales y delincuentes a lo largo de la vida (Frick y White, 2008). Aunque no todos los jóvenes con rasgos de insensibilidad emocional demuestran conductas agresivas o violentas, la investigación ha demostrado que una parte importante de esos jóvenes tiende a desarrollar problemas de ese tipo que se amplifican progresivamente en cuanto a su gravedad y tendencia a la reincidencia (Fontaine, McCrory, Boivin, y Moffitt, 2011; Forth y Book, 2010; Pardini, 2006; Pardini y Loeber, 2008).

La investigación sugiere que los jóvenes antisociales con rasgos de insensibilidad emocional elevados poseen un número de características distintivas a nivel cognitivo, emocional y de personalidad que apoya la afirmación de que los

procesos causales que promueven su comportamiento antisocial son distintos a los subyacentes a los demás jóvenes antisociales. Específicamente, los jóvenes con rasgos de insensibilidad emocional parecen exhibir un temperamento caracterizado por déficits en la activación emocional ante el miedo y malestar ajenos, y anormalidad en sus reacciones a estímulos de castigo y peligro. Estas características temperamentales pueden conducir a niveles reducidos de malestar en cuanto a las consecuencias de su comportamiento y a una tendencia a mostrar conductas de búsqueda de sensaciones y novedad (Frick y White, 2008). Es también destacable que generalmente existe un historial familiar de trastorno antisocial de la personalidad (Taylor, Elkins, Legrand, Peuschold, y Iacono, 2007).

La creciente importancia de los rasgos de insensibilidad emocional llevó a Frick y Viding (2009) a integrarlos en una teoría de psicopatología del desarrollo con el propósito de comprender la etiología de los problemas conductuales graves. Teniendo en mente la distinción realizada por Moffitt (2006) y otros autores entre los problemas conductuales surgidos en la infancia de los que emergen en la adolescencia, Frick y Viding (2009) hipotetizaron que los problemas conductuales graves surgidos en la adolescencia estarían relacionados con problemas en el desarrollo de la identidad, típicos de esta fase, mientras que los problemas conductuales graves que surgen en la infancia se hallarían relacionados con problemas en los procesos de desarrollo más duraderos y que causarían problemas a lo largo de diversas etapas evolutivas. Estos autores propusieron la existencia de dos trayectorias dentro del grupo de inicio en la infancia, a saber: una trayectoria relacionada con problemas de regulación emocional y conductual, y otra trayectoria relacionada con problemas en el desarrollo de la conciencia, caracterizada por un estilo interpersonal insensible y frío (Frick et al., 2013).

Frick y Viding (2009) dirigieron su atención especialmente hacia la trayectoria de inicio temprano, caracterizada por rasgos de insensibilidad emocional, que parece permitir identificar un grupo distintivo de niños y adolescentes que demuestran tener un patrón de problemas de conducta particularmente grave, agresivo y estable y que también poseen factores de riesgo específicos a nivel emocional, cognitivo, temperamental, biológico y social. Estos autores propusieron que estos niños y jóvenes tienen problemas de conducta graves y rasgos de insensibilidad emocional elevados (en contraste con otros niños y jóvenes con problemas graves de conducta), como son sus características de temperamento (i.e., ausencia de miedo, insensibilidad al castigo, baja sensibilidad a pistas de malestar en los demás), que pueden interferir con el desarrollo normal de la conciencia y colocarles en situación de riesgo para desarrollar un patrón de conducta antisocial particularmente grave y agresivo.

Según Frick et al. (2013, 2014) la investigación etiológica debe abandonar el enfoque clásico de estudiar a todos los jóvenes con problemas conductuales como si fuesen un único grupo homogéneo. En vez de esto, la investigación debe tener en cuenta cómo las causas pueden operar de forma distinta en diferentes subgrupos de niños y jóvenes con problemas de comportamiento. La inclusión de los rasgos de insensibilidad emocional en los criterios diagnósticos de los trastornos disruptivos de la conducta sería una adhesión a este nuevo enfoque, dado que estos están asociados a mostrar comportamientos antisociales en el futuro y predicen resultados antisociales incluso controlando variables como el nivel y la gravedad de los problemas de conducta, el nivel de agresividad, el nivel de impulsividad, la edad de inicio de los problemas conductuales, el uso de estupefacientes, la existencia de un grupo de iguales delincuentes y el comportamiento criminal previo.

Debido a ello, la 5ª edición del *Manual Diagnóstico y Estadístico de los*

*Trastornos Mentales* (DSM-5; American Psychiatric Association, 2013) añadió al diagnóstico de Trastorno de Conducta un especificador para designar a los jóvenes con problemas graves de la conducta que también demuestran niveles elevados de rasgos de insensibilidad emocional. En un intento de minimizar los potenciales efectos iatrogénicos de la etiqueta psicopatía, el especificador se denominó Emociones Prosociales Limitadas. Este es consistente con la conexión de estos rasgos con el desarrollo de la empatía y la culpa (emociones prosociales o sociomorales, Frick et al., 2014). Se ha destacado también la importancia de utilizar varios informantes, la necesidad de que estas características persistan durante más de 12 meses y aparezcan en más de un contexto (Frick y Moffitt, 2010).

Algunas líneas de investigación se han centrado específicamente en la cuestión de la conexión de la psicopatía con los trastornos disruptivos de la conducta, tal como estos se definen en el campo de la psiquiatría. Es importante destacar el Trastorno de Conducta, manifestado por un patrón de comportamiento persistente y repetitivo en el que se violan los derechos básicos de los demás y las reglas o normas sociales importantes propias de la edad del individuo. Salekin, Leistico, Neumann, DiCicco y Duros (2004), por ejemplo, analizaron la relación entre psicopatía juvenil y trastornos disruptivos de la conducta, concluyendo que existían correlaciones moderadamente altas. Sevecke y Kosson (2010) refieren prevalencias en la población general del 1,8% al 16% en chicos y del 0,8% al 9,2% en chicas; mientras que en muestras forenses de adolescentes delincuentes la prevalencia se sitúa entre el 31% y el 100%. Estos autores también mencionan que se estima que cerca del 40% de los niños y jóvenes diagnosticados muestran posteriormente durante la adultez criterios diagnósticos de trastorno antisocial de la personalidad.

La investigación sugiere que los niños y jóvenes que presentan simultáneamente

un diagnóstico psiquiátrico de Trastorno de Conducta y rasgos de insensibilidad emocional presentan similitudes con el procesamiento emocional de los adultos diagnosticados como psicópatas (Wilson, Juodis, y Porter, 2011). Concretamente, el procesamiento emocional de estos jóvenes se caracterizaría por niveles bajos de miedo, afecto superficial y respuesta basada en la recompensa inmediata (Forth et al., 2003; Sylvers, Brennan, y Lilienfeld, 2011; Vitale et al., 2005; White y Frick, 2010). De esta forma, se hace evidente que el constructo de psicopatía incluye a individuos con características heterogéneas, lo que sugiere la existencia de subtipos que, a su vez, tiene relevancia de cara a las conexiones con perturbaciones psiquiátricas (Lahey y Waldman, 2003; Sevecke y Kosson, 2010).

En lo que respecta a la estabilidad temporal de los rasgos de insensibilidad emocional a lo largo del desarrollo durante la infancia, la adolescencia y la transición a la adultez, se han realizado diversos estudios. Frick et al. (2003), recurriendo a una muestra comunitaria mixta ( $N = 98$ ; edad media = 10.65 años), demostraron que estos rasgos eran bastante estables a lo largo de cuatro años (coeficiente de correlación intraclase [ICC] = .71). Asimismo, Loney, Taylor, Butler y Iacono (2007) utilizaron una muestra comunitaria de chicos ( $N = 352$ ; rango de edad = 16-18 años) y concluyeron que estos rasgos eran moderadamente estables a lo largo de seis años (ICC = .40). Recientemente, Barker y Salekin (2012) estudiaron una muestra comunitaria mixta ( $N = 5923$ ), evaluándola cuando los participantes tenían 7 años y de nuevo a los 13 años, concluyendo que existía una estabilidad moderada ( $r = .39$ ). En la revisión que realizaron sobre el tema, Frick et al. (2013) determinaron que la estabilidad temporal de los rasgos de insensibilidad emocional parece ser más alta que en otros tipos de psicopatologías y es comparable a lo que se ha hallado respecto a otros rasgos de personalidad.



En lo que se refiere al tratamiento, diversos autores, entre los que se incluye Cleckley (1941/1976), han venido defendiendo que la psicopatía es fundamentalmente un disturbo intratable. Losel (1998) expresa que el escepticismo existente en cuanto a la posibilidad de tratar psicópatas es el equivalente a la doctrina del *nada funciona* en la rehabilitación de delincuentes. Harris y Rice (2006) consideran incluso que las intervenciones terapéuticas pueden agravar la sintomatología de la psicopatía, aportando a los individuos competencias a nivel personal y social que les servirán para perfeccionar sus actividades criminales y evitar ser detenidos.

Otros autores (e.g., Hawes y Dadds, 2005; López-Romero, Romero, y Gómez-Fraguela, 2015; McDonald, Dodson, Rosenfield, y Jouriles, 2011; Salekin, 2010; Thornton y Blud, 2007) tienen una opinión menos pesimista, señalando que ciertos tipos de terapias y programas de prevención aplicados tempranamente a jóvenes (e.g., intervención familiar) pueden tener resultados prometedores. El hecho de que los rasgos psicopáticos en jóvenes tengan una estabilidad moderada y puedan estar conectados a la psicopatología de tipo internalizada como la depresión y la ansiedad puede potencialmente mejorar el pronóstico (Kubak y Salekin, 2009; Price, Salekin, Klinger, y Barker, 2013).

No obstante, incluso entre los autores que abogan por la posibilidad de tratamiento, se mantienen reservas considerables cuando se trata de ciertas variantes del trastorno como es la presencia de rasgos de insensibilidad emocional (e.g., Haas et al., 2011).

### **1.3. Medidas utilizadas en la evaluación del constructo de psicopatía en jóvenes**

La psicopatía puede considerarse un constructo multidimensional de la personalidad compuesto por componentes afectivo (e.g., déficit de afecto, ausencia de culpa y empatía), interpersonal (e.g., narcisismo, manipulación, grandiosidad) y conductual (e.g., impulsividad, estilo de vida desviante), los cuales contribuyen a la identificación de individuos que se involucran persistentemente en conductas criminales y antisociales graves (Douglas, Vincent, y Edens, 2006; Hare y Neumann, 2008; Porter y Woodworth, 2006).

Los diversos intentos que se han realizado recientemente para extender el concepto de psicopatía a los jóvenes sugieren que aquellos con rasgos psicopáticos elevados constituyen un grupo particularmente importante de individuos caracterizado por sus conductas delictivas, que tienden a cometer de forma más persistente delitos graves y violentos, además de mostrar resultados menos efectivos a los intentos terapéuticos (Edens, Campbell, y Weir, 2007; Frick, 2009; Frick y White, 2008; Salekin y Lynam, 2010). Por lo tanto, los rasgos psicopáticos pueden tener una fuerte relevancia forense y clínica para identificar a un subgrupo de jóvenes antisociales con etiologías únicas y comportamientos delictivos particularmente graves (e.g., Forth y Book, 2010; López-Romero, Romero, y Luengo, 2012).

El trabajo de Cleckley (1941/1976) constituyó la base sobre la cual se desarrolló la escala *Psychopathy Checklist* (PCL y PCL-R; Hare, 1991, 2003), siendo el instrumento psicométrico más utilizado a nivel internacional en la evaluación de la psicopatía en adultos. A partir de este instrumento pionero se originaron muchos otros, adaptados para evaluar la psicopatía en niños y adolescentes, siendo destacables los siguientes: *Psychopathy Checklist: Youth Version* (PCL:YV; Forth et al., 2003), *Antisocial Process Screening Device* (APSD; Frick y Hare, 2001), *Child Psychopathy*

*Scale* (CPS; Lynam, 1997) y *Youth Psychopathic Traits Inventory* (YPI; Andershed, Kerr, Stattin, y Levander, 2002).

La mayoría de los instrumentos de evaluación de la psicopatía en jóvenes han sido traducidos y adaptados a la lengua portuguesa (Pechorro, Maroco, Poiares, y Vieira, 2013; Pechorro, Andershed, Ray, Maroco, y Gonçalves, 2015; Pechorro, Barroso, Maroco, Vieira, y Gonçalves, 2015). Así mismo, en Portugal se han validado también instrumentos de referencia que evalúan las tres dimensiones de la psicopatía en jóvenes, a saber: los rasgos de insensibilidad emocional (*Inventory of Callous-Unemotional Traits*; Essau et al., 2006; Pechorro, Ray, Barroso, Maroco, y Gonçalves, 2016), la impulsividad (*Barratt Impulsiveness Scale – 11*; Fossati et al., 2002; Pechorro, Ray, Maroco, y Gonçalves, 2015) y el narcisismo (*Narcissistic Personality Inventory – 13*; Gentile et al., 2013; Pechorro, Gentile, Ray, Nunes, y Gonçalves, in press).

Johnstone y Cooke (2004) subrayan que, independientemente del aumento de la cantidad de instrumentos desarrollados para evaluar la psicopatía en niños y adolescentes, es importante que estos se perfeccionen en cuanto a sus propiedades psicométricas, ya que los instrumentos con problemas a nivel de validez y precisión pueden causar dificultades en la investigación. Por ejemplo, la falta de concordancia con respecto al número de dimensiones que constituyen el constructo de la psicopatía en jóvenes es un asunto de extrema importancia que deberá ser investigado a fondo para permitir comparar directamente los resultados de distintas investigaciones realizadas mediante la utilización de muestras diversas (forenses, clínicas, comunitarias).

A pesar de que la PCL se considere a menudo el instrumento estrella en la evaluación de la psicopatía, no es el instrumento ideal para evaluar el funcionamiento psicopático en muestras grandes ya que requiere un entrenamiento extenso por parte de

los evaluadores y su administración es larga. Además, esta escala tiene poca utilidad con determinadas muestras (e.g., comunitarias), dado que requiere información adicional (como datos oficiales institucionales) que frecuentemente no está disponible para la mayoría de los investigadores. Con el objetivo de superar estos problemas, se han desarrollado otros formatos, como los cuestionarios autoadministrados y las escalas de evaluación que recurren a otros informantes (como padres o profesores) (ver Andershed et al., 2002; Caputo et al., 1999; Frick et al., 2000; Lynam, 1997).

El presente trabajo se centra en el APSD (Frick y Hare, 2001), dado que éste es actualmente el instrumento más utilizado para evaluar el constructo de psicopatía en niños y jóvenes (Patrick, 2010; Sharp y Kine, 2008). El APSD se ha traducido y adaptado a diversos idiomas, entre los cuales se incluyen el francés (Deshaies, Toupin, y Déry, 2009), el holandés (De Wied, Van der Baan, Raaijmakers, De Ruiter, y Meeus, 2014), el chino (Wang, Deng, Armour, Bi, y Zeng, 2015), el portugués (Pechorro et al., 2013) y el español (Romero, Luengo, Gómez-Fraguela, Sobral, y Villar, 2005).

Esta escala está compuesta por 20 ítems con formato ordinal de tres puntos (0 = *Falso*, 1 = *Verdadero algunas veces*, 2 = *Totalmente verdadero*) originalmente destinada a niños con edades comprendidas entre los 6 y los 13 años. El contenido de los ítems se adaptó para reflejar las experiencias de los niños en el colegio, con la familia y el grupo de iguales. En su versión actual, el APSD es básicamente una adaptación de la *Psychopathy Checklist-Revised* (PCL-R; Hare 1991, 2003), destinada a niños que se administra a adultos (padres, profesores). Por ejemplo, el ítem 12 “*Se siente culpable cuando hace algo mal*” (ítem a invertir) se basa en el ítem que evalúa la frialdad emocional / falta de empatía; el ítem 6 “*Miente fácilmente*” se basa en el ítem que evalúa la mentira patológica.

Caputo et al. (1999) adaptaron una versión experimental del APSD como cuestionario autoadministrado (APSD-SR) para su utilización con jóvenes entre los 12 y los 18 años. Estos autores, utilizando una muestra de adolescentes institucionalizados ( $N = 69$ ), demostraron que las puntuaciones en el APSD-SR conseguían diferenciar a los delincuentes sexuales violentos de los delincuentes sexuales no violentos y de los delincuentes no violentos. Además, las puntuaciones en este instrumento correlacionaban con la existencia de delitos previos a la institucionalización y con violencia durante la institucionalización. Según Frick, Barry y Bodin (2000), los cuestionarios autoadministrados van siendo más fiables, válidos y útiles a medida que los niños entran en la adolescencia, especialmente en lo que respecta a las tendencias antisociales y a las actitudes no observables por padres y adultos. Por todo ello, y especialmente por no haber sido originalmente concebida para su uso con jóvenes delincuentes, es especialmente importante evaluar las propiedades psicométricas del APSD-SR en esta población.

Varios estudios han examinado el APSD utilizando métodos de análisis factorial. Frick et al. (2000) investigaron la estructural factorial de este instrumento en una muestra no clínica ( $n = 1136$ ) y otra clínica ( $n = 160$ ) de niños, proponiendo un nuevo modelo tridimensional, en oposición al modelo bidimensional anterior. Sin embargo, reconocieron que el nuevo modelo no presentaba un mejor ajuste que el anterior, no explicaba más varianza y excluía los ítems 2 y 6. Posteriormente, Frick y Hare (2001), al revisar los resultados de estudios adicionales, argumentaron que el modelo tridimensional –compuesto por las dimensiones rasgos de insensibilidad emocional (IE), impulsividad (Imp) y narcisismo (Nar)– es el más consistente. Los autores también recalcaron la importancia de los rasgos de insensibilidad emocional, definidos como un estilo afectivo (e.g., ausencia de culpabilidad) e interpersonal (e.g., falta de empatía),

que emerge como una dimensión distintiva que permite identificar a delincuentes juveniles graves de forma más precisa que las otras dimensiones.

Algunos estudios que han utilizado la versión autoadministrada del APSD (APSD-SR) han proporcionado evidencias empíricas que apoyan el modelo tridimensional. Por ejemplo, Vitacco, Rogers y Neumann (2003), utilizando dos muestras independientes de delincuentes juveniles de sexo masculino y femenino internados en centros de máxima seguridad ( $n = 78$ ) y en centros de detención juvenil local ( $n = 77$ ), obtuvieron un buen ajuste para el modelo tridimensional. Sin embargo, los ítems 19 y 20 no alcanzaron una saturación de .30, lo que despertó dudas sobre la adecuación de los mismos a la dimensión de rasgos de insensibilidad emocional. Poythress, Dembo, Wareham y Greenbaum (2006), utilizando una muestra de jóvenes detenidos por primera vez ( $N = 165$ ), informaron de un buen ajuste para una versión modificada del modelo tridimensional del APSD-SR excluyendo los ítems 19 y 20.

Vaughn y Howard (2005) revisaron la literatura sobre los instrumentos autoadministrados disponibles para la evaluación de la psicopatía en jóvenes. Los autores identificaron inicialmente nueve instrumentos que analizaron utilizando criterios de validez (convergente, discriminante, de constructo, predictiva), fiabilidad (test-retest, consistencia interna), diseño del estudio, características de la muestra y otros resultados clave. El APSD otros cuatro instrumentos fueron clasificados como herramientas de evaluación válidas y precisas, habiéndolo demostrado a través de múltiples evidencias.

Existen datos disponibles de investigaciones transculturales utilizando el APSD-SR con muestras fuera del contexto norte-americano, pero los resultados distan de ser consistentes. Por ejemplo, Fritz, Ruchkin, Kaposov y Klinteberg's (2008), utilizando una muestra de jóvenes delincuentes detenidos en la Federación Rusa ( $N = 250$ ), no

encontraron buen ajuste ni para el modelo bidimensional ni para el tridimensional, pero optaron por mantener este último. Pechorro et al. (2013), utilizando una muestra mixta forense y comunitaria compuesta por chicos y chicas portuguesas ( $N = 760$ ) de distintos grupos étnicos, concluyeron que un modelo bidimensional modificado (incluyendo los ítems 2 y 6) era la mejor opción en cuanto a validez estructural y consistencia interna. Collins et al. (2014) examinaron la estructura factorial del APSD-SR en una muestra de chicas adolescentes detenidas en Bélgica ( $N = 191$ ), concluyendo que ni el modelo bidimensional ni el tridimensional presentaban un buen ajuste a pesar de que el bidimensional era el más aceptable. No obstante, optaron por utilizar el modelo tridimensional ya que era el recomendado por los autores del instrumento.

Otro tópico muy importante en lo que respecta a las propiedades psicométricas del APSD-SR es la consistencia interna de la dimensión de rasgos de insensibilidad emocional. Poythress, Douglas et al. (2006) descubrieron que los alfas de Cronbach relativos a esta dimensión eran relativamente débiles en 10 estudios con jóvenes implicados en problemas judiciales, hipotetizando que se debía a un estilo defensivo causado por el ambiente judicial en el que se hallaban. Estos autores sugirieron que los ítems 19 y 20 se excluyeran de la dimensión de insensibilidad emocional cuando se tratase de muestras forenses.

La inclusión reciente de los rasgos de insensibilidad emocional como un especificador del Trastorno de Conducta en el DSM-5 (American Psychiatric Association, 2013) hace que sea importante tener en cuenta las limitaciones de la dimensión de insensibilidad emocional del APSD. De hecho, el nuevo especificador designado con Emociones Prosociales Limitadas ha pasado a utilizarse para designar a individuos a los cuales diagnostican Trastorno de Conducta y que también demuestran dos de las cuatro características de los rasgos de insensibilidad emocional (i.e., falta de

remordimientos o de culpa, falta de empatía, despreocupación con actividades importantes, afecto superficial o deficitario) en dos o más contextos (e.g., colegio, casa).

La relevancia de este especificador en las poblaciones forenses hace necesaria la realización de más investigaciones que aborden la medición de los rasgos de insensibilidad emocional en muestras representativas de dichas poblaciones (Frick et al., 2014).

Otro parámetro de la validación del APSD-SR consiste en el análisis de su validez convergente y divergente con criterios externos relevantes. Generalmente, la investigación ha demostrado que los rasgos psicopáticos en general y los de insensibilidad emocional en particular están positivamente correlacionados con la edad de inicio de la actividad criminal, Trastorno de Conducta, agresión y delincuencia (Ciucci, Baroncelli, Franchi, Golmaryami, y Frick, en prensa; Essau et al., 2006; Fanti, Frick, y Georgiou, 2009; Kimonis et al., 2008; Roose et al., 2010). Algunos estudios han examinado también las asociaciones entre el APSD y otras medidas de los rasgos de insensibilidad emocional, habiendo hallado en general una convergencia fuerte con dichas medidas alternativas (Fink, Tant, Tremba, y Kiehl, 2012; Kimonis et al., 2008; Roose et al., 2010).

Otros correlatos relevantes de los rasgos psicopáticos en general y de los de insensibilidad emocional en particular incluyen el uso de sustancias y comportamientos sexuales de riesgo. Investigaciones previas han encontrado correlaciones modestas pero significativas entre los rasgos de insensibilidad emocional y el consumo de estupefacientes (e.g., Hillege, Das, y de Ruiter, 2010; Poythress et al., 2006). A pesar de que existe una afinidad con los comportamientos de riesgo (Frick et al., 2014), se han realizado escasos estudios testando la asociación entre los rasgos de insensibilidad



emocional y los comportamientos sexuales de riesgo (e.g., mantener relaciones sexuales sin utilizar preservativo). Sin embargo, algunos estudios (Rucevic, 2010; Wymbs et al., 2013) sugieren que los rasgos de insensibilidad emocional dejan de ser un factor de riesgo significativo cuando se controlan otras variables, tales como otras dimensiones de la psicopatía, el sexo de los participantes o el nivel de trastorno conductual.

#### **1.4. Autoinforme de rasgos psicopáticos**

Los cuestionarios de autoinforme que miden las conductas antisociales y criminales son instrumentos muy utilizados actualmente en los campos de la psicología forense, la criminología y la sociología. Thornberry y Krohn (2000) consideran incluso que este tipo de cuestionarios, que empezaron utilizándose en la década de 40 del siglo XX, son una de las herramientas de investigación criminológica moderna más importantes y que el tipo de información que proporcionan no lo pueden facilitar otro tipo de instrumentos o métodos de investigación.

Lilienfeld y Fowler (2006) hicieron una revisión acerca de las ventajas y desventajas inherentes a la evaluación de la psicopatía a través de métodos de autoinforme. Una de las ventajas asociadas a este método consiste en la noción del Yo en cuanto observador subjetivo privilegiado de sus rasgos y estados emocionales. Los cuestionarios autoadministrados pueden ser particularmente útiles en el reconocimiento de la relativa ausencia de estados y rasgos como la culpa, empatía, miedo e intimidad, y de la presencia marcada de determinadas emociones como rabia y alienación.

Otra ventaja referida por estos autores consiste en la sencillez de su uso. Mientras que las escalas de evaluación informadas por terceras personas (*rating scales*) como la PCL-R requieren un entrenamiento, certificación en sistemas de evaluación que implican entrevistas semiestructuradas largas (e.g., 90 minutos) y el acceso a datos del expediente, los métodos de autoinforme o autoadministrados son relativamente fáciles de administrar y corregir. Además, pueden utilizarse fácilmente en contextos no institucionales. Las medidas de autoinforme permiten también evaluar de forma fiable los estilos de respuesta a través de escalas de validez, algo especialmente útil cuando se trata de evaluar psicópatas. Este aspecto supone una ventaja en comparación con las escalas de evaluación basadas en entrevistas, que raramente incorporan indicadores de

estilos de respuesta del informante.

Por último, las medidas de autoinforme no presentan dificultades relacionadas con la fiabilidad inter-jueces, dado que son cumplimentadas por los propios sujetos y por ello no requieren de un examen de la coherencia en la evaluación entre varios observadores. Merece la pena subrayar que en el caso de la psicopatía, en la que existen de forma muy acentuada características como la manipulación y la ausencia de culpa, es aún más importante la capacidad de inferencia clínica por parte de los evaluadores y por lo tanto todavía es más improbable que se alcance una fiabilidad inter-jueces muy elevada.

Por otra parte, en relación a las desventajas que presentan las medidas de autoinforme, estas son variadas y se conocen desde hace décadas. Algunos autores (e.g., Haynes, Richards, y Kubanyet, cit. en Lilienfeld y Fowler, 2006; Edens, Hart, Johnson, Johnson, y Olver, 2000) han defendido que los cuestionarios autoadministrados no son los ideales para evaluar el constructo de la psicopatía. Existiría lo que llaman un desajuste método-modo resultante del uso de un método que no es el ideal para la evaluación de un determinado constructo (en este caso particular, la psicopatía).

La primera desventaja clásicamente reconocida se relaciona con la cuestión de la falta de sinceridad. Los psicópatas mienten a menudo sin sentir ni culpa ni ansiedad, incluso en situaciones en las cuales no obtienen ventajas por hacerlo (ver Hare, 1991, 2003). A pesar de que las medidas de autoinforme suelen incorporar escalas de validez, estas no siempre consiguen detectar los intentos sofisticados de falsificación de las respuesta que pueden ir tanto en un sentido positivo (e.g., una entrevista de trabajo) como negativo (e.g., fingirse inimputable).

La segunda desventaja de los cuestionarios autodministrados puede relacionarse con la falta de percepción (*insight*) sobre la naturaleza y extensión de los propios problemas (ver Cleckley, 1941/1976). Al psicópata le falta la capacidad de descentrarse y conseguir verse como los demás le ven. Este aspecto puede hacerse todavía más llamativo en la adolescencia, ya que los jóvenes todavía no disponen de la experiencia de vida necesaria que les permita conocerse a sí mismos y sus reacciones emocionales o la ausencia de las mismas con los demás de forma suficiente. Así, en este aspecto las evaluaciones realizadas por observadores externos tendrían mayores ventajas.

Otra debilidad relacionada con los cuestionarios autoadministrados está relacionada con el hecho de que la mayoría de los cuestionarios psicopatológicos están fuertemente saturados de emocionalidad negativa, dimensión de la personalidad que refleja la disposición para experimentar afectos negativos tales como irritación, hostilidad, ansiedad y desconfianza. Debido a ello, existe la posibilidad de que las medidas de psicopatía estén contaminadas por la emocionalidad negativa, particularmente en el caso de los cuestionarios de autoinforme que evalúan el estilo de vida antisocial y la conducta impulsiva asociados a la psicopatía.

No obstante, y a pesar de las debilidades destacadas en los párrafos anteriores, Lilienfeld y Fowler (2006) apuntan a la existencia de algunas ideas incorrectas en la literatura en lo que respecta a las medidas de autoinforme en la evaluación de la psicopatía, que han llevado a algunos autores a rechazar prematuramente este tipo de medidas. Una de estas ideas incorrectas se basa en el presupuesto de las respuestas verdaderas, argumentando que el narcisismo, la deshonestidad, la mentira patológica y la falta de autopercepción de los psicópatas llevarían a respuestas incorrectas. Sin embargo, un estudio reciente de Watts et al. (2015), que analizó los efectos estadísticos

(moderación, supresión) de la distorsión de respuestas en la validez de las medidas de autoinforme de psicopatía en una muestra de ofensores, demostró que no existe una pérdida significativa de validez cuando se emplea este tipo de medidas.

Otra idea incorrecta está ligada a la propensión de los psicópatas a dar consistentemente una imagen positiva de sí mismos en las medidas de autoinforme. Al revés, las medidas de autoinforme tienden a estar negativamente correlacionadas con índices de deseabilidad social porque los rasgos de personalidad y comportamiento de los individuos psicópatas tienden a ser socialmente indeseables. Esta correlación negativa sugiere que los psicópatas frecuentemente informan de manera fiable de la presencia de características valoradas negativamente por la sociedad, como comportamientos antisociales, hostilidad y un débil control de impulsos. Verschuere et al. (2014) demostraron que la relación inversa entre fingirse bueno (deseabilidad social) y la psicopatía medida por autoinforme reflejan verdadera varianza (i.e., baja deseabilidad social) y no un sesgo de respuesta.

Por último, otra idea incorrecta tiene que ver con la supuesta aptitud para disimular de los psicópatas, dado que se considera erróneamente que estos individuos son mucho más hábiles que los demás disimuladores (i.e., los no psicópatas) a la hora de manipular sus respuestas en los cuestionarios. Sin embargo, no existen evidencias empíricas sólidas que apoyen tal afirmación de forma consistente, sino únicamente algunas observaciones clínicas puntuales (e.g., Hare, 1985). El metanálisis efectuado por Ray et al. (2013), en el que se analizó la relación entre rasgos psicopáticos y estilos de respuesta distorsionados recurriendo a 45 estudios con muestras forenses, clínicas y comunitarias, ha contribuido a consolidar sólidamente la postura de que las medidas de autoinforme de psicopatía son válidas.

Es imprescindible tener en cuenta cuál es el contexto de aplicación y el método de evaluación. Miller, Jones y Lynam (2011) utilizaron los métodos de autoinforme y de recurso a informantes alternativos para analizar la convergencia de los mismos, utilizando tres índices de psicopatía y el *Modelo de Cinco Factores* (FFM) de la personalidad, concluyendo que los índices de convergencia eran elevados. Miller et al. (2011) argumentan que los psicópatas son capaces de informar fiablemente de sus características psicopáticas cuando no existen consecuencias nefastas directas para sí mismos. De esta forma, para fines de investigación la obtención de respuestas fidedignas en medidas de autoinforme en psicopatía se ve facilitada, por ejemplo, por la aplicación colectiva dado que los participantes están protegidos por el anonimato. Por el contrario, existe consenso en considerar que en los procesos de evaluación psicológica en un contexto forense o clínico nunca se deberían utilizar los cuestionarios de autoinforme para evaluar la psicopatía. Lo recomendable en estos casos es adoptar un enfoque multimétodo con recogida de datos a través de otras fuentes (e.g., datos del expediente, evaluaciones de observadores externos).

## **1.5. El diagnóstico de Trastorno de Conducta subtipo con Emociones Prosociales Limitadas del DSM-5 en delincuentes juveniles**

Entre los diversos intentos más recientes de extender el estudio de la psicopatía a los jóvenes, un enfoque se ha centrado específicamente en los rasgos asociados a los componentes afectivos de la psicopatía o rasgos de insensibilidad emocional (Feilhauer y Cima, 2013; Hare y Neumann, 2008). Los rasgos de insensibilidad emocional se caracterizan por la falta de culpabilidad, la despreocupación por los sentimientos ajenos, la expresión superficial de las emociones y la falta de preocupación con el desempeño en actividades importantes (Frick, 2009; Frick et al., 2013). Coincidiendo con los estudios realizados con adultos, la investigación con jóvenes sugiere que aquellos con rasgos de insensibilidad emocional elevados son un subgrupo particularmente importante de jóvenes antisociales que tienden a implicarse en comportamientos delictivos más graves y persistentes que otros jóvenes antisociales (Edens et al., 2007; Frick, 2009; Frick y White, 2008; Salekin y Lynam, 2010).

Los rasgos de insensibilidad emocional parecen estar asociados a un inicio precoz de problemas conductuales y a un patrón más estable del Trastorno de Conducta (e.g., Dandreaux y Frick, 2009; Rowe et al., 2010). Los jóvenes con rasgos de insensibilidad emocional elevados muestran variantes más graves de agresión, cometida de forma instrumental y premeditada cuando se les compara con otros jóvenes con problemas conductuales (e.g., Kruh et al., 2005; Lawing, Frick, y Cruise, 2010). Asimismo, los jóvenes antisociales demuestran tener respuestas débiles a emociones negativas (e.g., señales de malestar o miedo en los demás), son menos reactivos a los castigos y se caracterizan por rasgos de personalidad tales como niveles bajos de ansiedad (Frick et al., 2013).

Según Frick y White (2008), a pesar de que los rasgos de insensibilidad emocional estén relacionados con problemas conductuales, agresión y delincuencia, parecen presentar correlaciones menos elevadas con estos elementos que otras dimensiones de la psicopatía (i.e., narcisismo e impulsividad) en distintas muestras de jóvenes. Algunos estudios (e.g., Caputo et al., 1999; Kimonis, Frick, Fazekas, y Loney, 2006; Loney et al., 2003) han demostrado que las dimensiones impulsividad y narcisismo son más elevadas en jóvenes con perfiles criminales graves o en jóvenes con problemas de conducta de inicio temprano en la infancia, pero la dimensión de insensibilidad emocional permite identificar a jóvenes con problemas conductuales de características particularmente graves y agresivas, distinguiéndolos de otros jóvenes que también presentan problemas de conducta graves. Así, los rasgos de insensibilidad emocional tienen relevancia en la identificación temprana de un subgrupo de jóvenes antisociales, con trayectorias etiológicas únicas, que están en riesgo de cometer en el futuro delitos graves y violentos de forma persistente.

El estudio de la conexión de la psicopatía con el Trastorno de Conducta ha despertado particular interés (Frick y Dickens, 2006). El Trastorno de Conducta, que es una de las formas de psicopatología infantil más investigadas, puede definirse como un patrón repetitivo y persistente que viola los derechos ajenos (e.g., agresión, vandalismo, robo) o que viola las reglas o normas sociales apropiadas a la edad (e.g., falsedad, vagabundear, escaparse de casa). Entre el 3% y el 5% de los chicos preadolescentes, así como entre el 6% y el 8% de los chicos adolescentes cumplen criterios para que se les diagnostique este trastorno, y la proporción de chicos diagnosticados en la preadolescencia en el caso de las chicas es de 4:1 y de 2:1 en la adolescencia dependiendo de la definición utilizada (Frick y Dickens, 2006). Desde la aparición del DSM-IV en 1994 ha surgido una gran cantidad de información nueva



sobre el Trastorno de Conducta. Según Moffitt et al. (2008), se han descubierto algunos correlatos nuevos del Trastorno de Conducta y los estudios longitudinales iniciados en las últimas décadas han demostrado trayectorias interesantes de la infancia a la adultez. Las chicas, que anteriormente se habían ignorado en la investigación sobre el tema, han empezado a recibir una mayor atención en los últimos años. Los progresos a nivel de la investigación genética también han reavivado recientemente el entusiasmo sobre los datos de la historia familiar para comprender el Trastorno de Conducta. Tales avances científicos han cambiado la forma en la que investigadores y clínicos conceptualizan este trastorno y crean presión cuanto a la alteración del protocolo diagnóstico (Moffitt et al., 2008).

La inclusión de rasgos de insensibilidad emocional como un especificador del Trastorno de Conducta en el reciente DSM-5 (American Psychiatric Association, 2013) se fundamentó en una extensa base empírica (Barry et al., 2013; Frick y Moffitt, 2010). El nuevo especificador designado con Emociones Prosociales Limitadas ha pasado a utilizarse para designar los individuos a los que se les diagnostica el Trastorno de Conducta y que también demuestran dos de cuatro características de rasgos de insensibilidad emocional (i.e., falta de remordimientos o culpabilidad, falta de empatía, despreocupación con actividades importantes, afecto superficial o deficitario) en dos o más contextos (e.g., colegio, casa).

La relevancia de este especificador en poblaciones forenses hace que sea necesario llevar a cabo más investigaciones relativas a la medición de los rasgos de insensibilidad emocional. Algunos estudios recientes se han ocupado de este tipo de investigación (e.g., Colins y Vermeiren, 2013; Hawes et al., 2014; Kimonis et al., 2014; Pardini et al., 2012), pero se necesita contar con más evidencia para entender cómo capturar mejor estos rasgos con fines tanto de investigación como de evaluación clínica

y forense. También se necesitan más investigaciones sobre chicas con rasgos de insensibilidad emocional, ya que la mayoría de los estudios se ha centrado en chicos, y no está claro si estos rasgos exploran el mismo constructo latente en ambos sexos (Kunimatsu, Marsee, Lau, y Fassnacht, 2012; Moffitt et al., 2008). Asimismo, es necesario investigar si los rasgos psicopáticos en general y de insensibilidad emocional en particular presentan buena validez de constructo en niños y jóvenes que pertenezcan a minorías étnicas (Verona et al., 2010).

## **1.6. Los rasgos de insensibilidad emocional en delincuentes juveniles**

La investigación ha demostrado que los adultos con rasgos psicopáticos elevados tienden a involucrarse en comportamientos antisociales y criminales más violentos, agresivos y crónicos (e.g., Douglas et al., 2006; Porter y Woodworth, 2006). Coincidiendo con la literatura basada en muestras de adultos, la investigación reciente sugiere que los jóvenes con niveles elevados de rasgos de insensibilidad emocional son un subgrupo de jóvenes antisociales que tiende a implicarse en formas más graves y persistentes de delincuencia, además de responder peor al tratamiento (Edens et al., 2007; Frick, 2009; Frick y White, 2008; Kahn, Byrd, y Pardini, 2013; López-Romero, Gómez-Fraguela, y Romero, 2015; Salekin y Lynam, 2010).

Existen evidencias de que este subgrupo de jóvenes presenta procesos causales subyacentes distintos de otros jóvenes antisociales. Por ejemplo, la investigación ha mostrado de forma consistente que tienen escasas respuestas ante las emociones negativas (e.g., señales de malestar o miedo en los demás) y reaccionan menos a los castigos, particularmente cuando existen recompensas asociadas (ver Frick et al., 2013). Por los motivos ya enumerados, los rasgos de insensibilidad emocional probablemente tienen relevancia forense y clínica suficiente para identificar e intervenir terapéuticamente con estos jóvenes.

La literatura científica disponible en la actualidad ha incentivado la inclusión de los rasgos de insensibilidad emocional como especificador del Trastorno de Conducta en la 5ª edición del DSM (American Psychiatric Association, 2013). Este especificador, designado como con Emociones Prosociales Limitadas para evitar estereotipos dañinos, ha pasado a utilizarse para identificar a los individuos que son diagnosticados con Trastornos de Conducta y que demuestran al menos dos de cuatro características en dos

o más contextos (e.g., colegio, casa), a saber: falta de remordimientos o culpa, falta de empatía, despreocupación de actividades importantes, afecto superficial o deficitario. Frick y Moffitt (2010) y Moffitt et al. (2008) hacen hincapié en la necesidad de que la investigación se centre en la medición de los rasgos de insensibilidad emocional. Aunque algunos autores ya han emprendido este trabajo (e.g., Hawes et al., 2014; Kimonis et al., 2014), es necesario realizar más investigaciones.

La edad de comienzo del comportamiento antisocial se ha confirmado consistentemente como una de las informaciones más importantes para entender las conductas desajustadas, el uso de estupefacientes, el alcoholismo, la delincuencia y la entrada en el sistema judicial. Se ha observado que los comportamientos antisociales que emergen durante la infancia frecuentemente son un predictor de los comportamientos criminales que persisten durante la adolescencia y a lo largo de la adultez (DeLisi, Beaver, Wright, y Vaughn, 2008; DeLisi, Neppl, Lohman, Vaughn, y Shook, 2013; McCuish, Corrado, Lussier, y Hart, 2014; Vaughn y Howard, 2005).

Aproximadamente del 6% al 8% de los ofensores del sexo masculino son responsables de entre el 50% y el 70% de la criminalidad general, así como de entre el 60% y el 85% de los crímenes graves y violentos (e.g., Loeber, Farrington, y Waschbusch, 1998; Tolan y Gorman-Smith, 1998). Se ha demostrado consistentemente que este pequeño grupo tiene características diferentes de otros ofensores y de los no ofensores, específicamente en cuanto a la edad de inicio de la actividad criminal, la gravedad de los crímenes que cometen y la probabilidad de que continúen y se agrave su comportamiento criminal a lo largo de la vida.

Los investigadores que defienden el enfoque de los subtipos de edad de inicio criminal han identificado dos grupos de individuos: los de *inicio temprano* (Patterson,

DeBaryshe, y Ramsey, 1989) o *persistentes a lo largo de la vida* (Loeber y Stouthamer-Loeber, 1998; Moffitt, 1993), que cometen su primera trasgresión precozmente y persisten en la actividad criminal a lo largo de la vida; y los de *inicio tardío* (Patterson et al., 1989), *limitados a la adolescencia* (Moffitt, 1993), o de *duración limitada* (Loeber y Stouthamer-Loeber, 1998). Las definiciones de la conducta antisocial precoz generalmente especifican un inicio antes de los 11 o 12 años (Parker y Morton, 2009). La importancia de la distinción de la edad de inicio se reconoce por los dos subtipos de Trastorno de Conducta presentes en el DSM-IV y en el más reciente DSM-5 (American Psychiatric Association, 1994, 2013): el subtipo de inicio en la infancia antes de los 10 años de edad y el subtipo de inicio en la adolescencia a partir de esta misma edad.

Existe evidencia acerca de que los individuos con inicio temprano en la infancia demuestran consistentemente un patrón de conducta antisocial más agresivo y estable, poseen más factores de riesgo temperamentales/neuropsicológicos y presentan proporciones más elevadas de rasgos de insensibilidad emocional que los individuos con inicio tardío en la adolescencia (Bauer, Whitman, y Kosson, 2011; Brandt et al., 1997; Dandreaux y Frick, 2009; Moffitt, 2006; Silverthorn, Frick, y Reynolds, 2001). Sin embargo, a pesar de la evidencia reciente de que los rasgos de insensibilidad emocional son prometedores para identificar un subgrupo diferenciado de jóvenes antisociales, todavía no está claro de qué forma están relacionados con la tipología de inicio en la actividad criminal ni cuál es exactamente su relevancia específica en el aumento de la probabilidad de que eso ocurra.

Algunos estudios han señalado la utilidad de los rasgos de insensibilidad emocional (ver Frick y White, 2008), concluyendo que los jóvenes con Trastorno de Conducta de inicio en la adolescencia y con o sin rasgos de insensibilidad emocional han demostrado diferencias estadísticamente significativas en cuanto a su personalidad

y sus características cognitivas y emocionales. Dadds, Fraser, Frost y Hawes (2005), utilizando una muestra de niños (de 4 a 9 años) revelaron que los rasgos de insensibilidad emocional conformaban un factor diferenciado de los problemas conductuales y predecían un comportamiento antisocial grave un año después, controlando el nivel inicial de problemas conductuales. Viding, Blair, Moffitt y Plomin (2005), recurriendo a una muestra comunitaria de gemelos de 7 años, demostraron que los rasgos de insensibilidad emocional identificaban a un subgrupo distinto de niños dentro de aquellos con problemas conductuales elevados, llegando a la conclusión de que el grupo con dichos rasgos tenía un riesgo genético más alto asociado a su conducta problemática. Loeber et al. (2005), utilizando una muestra comunitaria de adolescentes de alto riesgo (con edades comprendidas entre los 7 y los 13 años), seguidos hasta la edad adulta, concluyó que los rasgos de insensibilidad emocional podían diferenciar significativamente entre ofensores violentos y no violentos.

Algunos estudios recientes sugieren que los rasgos de insensibilidad emocional (o los rasgos psicopáticos en general) predicen resultados antisociales más graves incluso cuando se controla específicamente la edad de inicio. Vitacco, Caldwell, van Rybroek y Gabel (2007), utilizando una muestra forense de jóvenes (con edades entre 12 y 17 años), mostraron que los rasgos de insensibilidad emocional con el nivel de lesiones en las víctimas después de haber controlado la edad de inicio (además del Trastorno de Conducta y la versatilidad criminal). Stickle, Kirkpatrick y Brush (2009), utilizando una muestra forense de jóvenes (de los 11 a los 17 años) demostraron que los rasgos de insensibilidad emocional explicaban la agresión autoinformada incluso después de haber controlado el inicio temprano de la conducta antisocial (y la impulsividad). McMahon, Witkiewitz, Kotler y The Conduct Problems Prevention Research Group (2010), utilizando una muestra comunitaria de alto riesgo evaluada en

el séptimo año de escolaridad, mostraron que los rasgos de insensibilidad emocional predecían significativamente el comportamiento antisocial adulto una vez controlado el Trastorno de Conducta de inicio precoz (y también otras variables), es decir, los individuos que exhibían simultáneamente rasgos de insensibilidad emocional y Trastornos de Conducta mostraron una mayor tendencia de comportamiento antisocial (e.g., ir a la cárcel) que los individuos que apenas tenían un Trastorno de Conducta.

## 1.7. Objetivos y preguntas de investigación

La revisión de la literatura científica publicada hasta la fecha nos permite concluir que ciertos aspectos de la psicopatología en general y de los rasgos de insensibilidad emocional en particular aplicados a delincuentes juveniles detenidos permanecen aún sin investigar en Portugal en particular, pero también en países de Europa del sur y a nivel internacional. La presente tesis tiene como principal objetivo la evaluación del constructo de la psicopatía, específicamente la dimensión de rasgos de insensibilidad emocional, en delincuentes juveniles detenidos que cumplen medidas tutelares-educativas en los Centros de Detención de Menores del Ministerio de Justicia en Portugal. El diseño de esta investigación puede clasificarse como cuantitativo, trasversal y no experimental (Bachman y Schutt, 2014; Gliner y Morgan, 2000).

Esta tesis incluye en su estructura tres estudios empíricos publicados como artículos científicos en revistas internacionales de la especialidad indexadas en el *Journal Citation Reports* (Gustavii, 2012). El presente trabajo tiene como objetivos responder a las preguntas de investigación que se enumeran a continuación, de las cuales se han formulado sus respectivas hipótesis de investigación:

I) ¿Se confirmará la adecuación de la estructura tridimensional y la consistencia interna del constructo de psicopatía medido por el APSD-SR en delincuentes juveniles del sexo masculino detenidos en Centros de Detención de Menores?

En relación con esta primera pregunta de investigación, establecimos las siguientes hipótesis:



a) Se encontrarán algunos problemas tanto en la saturación de los ítems en la estructura tridimensional del APSD-SR como en la consistencia interna de la dimensión de rasgos de insensibilidad emocional;

b) Se encontrarán asociaciones significativas con otras medidas de rasgos psicopáticos y con otros constructos relacionados (e.g., agresión proactiva);

c) Se hallarán asociaciones significativas con el Trastorno Conductual, la edad de inicio de la actividad criminal, la gravedad de los crímenes cometidos, los crímenes violentos y el uso de drogas y alcohol.

**II) ¿El nuevo subtipo con Emociones Prosociales Limitadas del diagnóstico de Trastorno de Conducta del DSM-5 demostrará ser relevante en delincuentes juveniles masculinos y femeninos detenidos?**

En relación con esta segunda pregunta de investigación se formularon las siguientes hipótesis:

a) Los delincuentes juveniles del sexo masculino y femenino con el especificador de Emociones Prosociales Limitadas del diagnóstico de Trastorno de Conducta obtendrán puntuaciones significativamente más elevadas de rasgos de insensibilidad emocional, rasgos psicopáticos generales, pertenencia a categoría psicopática, conductas delictivas autoinformadas y gravedad de crímenes cometidos. Asimismo, obtendrán puntuaciones más bajas en comportamiento prosocial, autoestima y deseabilidad social;

b) El especificador con Emociones Prosociales Limitadas del diagnóstico de Trastorno de Conducta, independientemente del sexo de los participantes, estará significativamente asociado a la edad de inicio en la actividad criminal y al primer problema con la ley.

**III)** ¿La utilidad específica de los rasgos de insensibilidad emocional en delincuentes juveniles masculinos y femeninos detenidos se mantiene incluso controlando la edad de inicio de la actividad criminal?

En relación a la tercera y última pregunta de investigación se formularon las siguientes hipótesis:

a) Los participantes con rasgos de insensibilidad emocional elevados presentarán más en comportamientos delictivos autoinformados, gravedad de crímenes cometidos, rasgos psicopáticos generales, pertenencia a la categoría psicopática, y problemas de conducta, así como menos conducta prosocial una vez controlada la edad de inicio en la actividad criminal;

b) Las puntuaciones obtenidas en comportamientos delictivos autoinformados, gravedad de crímenes cometidos, rasgos psicopáticos generales, pertenencia a la categoría psicopática, problemas conductuales y conductas prosociales se relacionarán significativamente con rasgos de insensibilidad emocional después de controlar la edad de inicio en la actividad criminal.

## **2. ARTÍCULOS PUBLICADOS**

## **2.1. Artículo I**

Pechorro, P., Hidalgo, V., Nunes, C., y Jiménez, L. (en prensa). Confirmatory factor analysis of the Antisocial Process Screening Device: Self-Report among incarcerated male juvenile offenders. *International Journal of Offender Therapy and Comparative Criminology*. Doi: 10.1177/0306624X15588903

Confirmatory factor analysis of the Antisocial Process Screening Device: Self-  
Report among incarcerated male juvenile offenders

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### **Abstract**

The main aim of the present study was to examine the factor structure, internal consistency and some additional psychometric properties of the Antisocial Process Screening Device – Self-Report (APSD-SR) among a large forensic sample of incarcerated male juvenile offenders ( $N = 438$ ). The results, based on this forensic sample, support the use of the APSD-SR in terms of its factor structure, and internal consistency despite the fact an item had to be removed from the callous-unemotional (CU) dimension. Statistically significant positive associations were found with measures of psychopathic traits, callous-unemotional traits, narcissism, and aggression, as well as negative associations with a measure of empathy. Findings provide support for the use of the APSD-SR among the incarcerated male juvenile offender population.

**Keywords:** Antisocial Process Screening Device – Self-Report (APSD-SR); adolescence; juvenile delinquency; psychopathic traits; validation

Over the last decades research has extended the concept of psychopathy to children and adolescents, suggesting that those with elevated psychopathic traits are a particularly important subgroup of antisocial youth who tends to engage in more severe, persistent, and aggressive types of behaviors and also shows especially poor treatment responses compared to antisocial youth with normative levels of psychopathic traits (Edens, Campbell, & Weir, 2007; Feilhauer & Cima, 2013; Frick, 2009; Frick & White, 2008; Salekin & Lynam, 2010). Therefore, psychopathic traits may have strong clinical and forensic relevance for identifying a subgroup of antisocial youth with unique etiologies and particularly severe and persistent behavior problems and delinquent behaviors.

The Antisocial Process Screening Device (APSD; Frick & Hare, 2001) is currently the most researched questionnaire measure of child and youth psychopathy (Patrick, 2010; Sharp and Kine, 2008). It was developed as a 20-item measure originally designed for children (aged 6 to 13 years), whose items are scored on a 3-point ordinal scale and were adapted to better reflect life experiences in school, peer, and family domains. In its current version, the APSD is basically a downward extension of the Psychopathy Checklist–Revised (PCL-R; Hare 1991) adult model of psychopathy, and originally it was called Psychopathy Screening Device. For example, item 12. “Feels bad or guilty” (R) from the callous-unemotional (CU) dimension relates to the PCL-R item that assesses callousness/lack of empathy; item 6. “Lies easily and skillfully” taps the pathological lying item. The APSD ratings are obtained from adults (parents or teachers) who know the youths well and are willing to collaborate.

Caputo et al. (1999) adapted an experimental self-report version of the APSD (APSD-SR) for use with older youths (aged 12 to 18 years) by creating second person stems for each item (e.g., item 6. “You lie skillfully and easily”). These authors, using a

sample of adjudicated male adolescents ( $N = 69$ ), were able to show that APSD-SR scores distinguished violent sex offenders from non-sexual violent offenders and nonviolent offenders, and were correlated with a variety of offenses before institutionalization and with violence while incarcerated. Self-report tends to become more reliable and valid as a child enters adolescence, especially for assessing antisocial tendencies and attitudes that may not be observable to parents and other significant adult (see Frick, Barry, & Bodin, 2000). Although not originally designed specifically for use with justice-involved youths, it is particularly important to evaluate the self-report version of the APSD with this population because it has become a popular measure for assessing psychopathic features in justice-involved adolescents (Poythress, Douglas, et al., 2006).

The issue of factor structure is important due to the ongoing process of how best to define and measure psychopathy. According to Forth, Kosson, and Hare (2003), the possibility that the PCL family of instruments (e.g., PCL-R, PCL:YV, APSD) may share a similar factor structure suggests that there may be considerable continuity in the structure of psychopathy from adolescence to adulthood. Some studies using the APSD-SR have provided supporting evidence for the three-factor model. For example, Vitacco, Rogers, and Neumann (2003), using two separate samples of male and female adolescent offenders incarcerated in a maximum security facility ( $n = 78$ ) and a local juvenile detention facility ( $n = 77$ ), examined the factor structure of the APSD-SR and reported a very good fit for the three-factor model, but that the original two-factor model fit their data poorly. However, items 19. “Does not show emotions” and 20. “Keeps same friends” (R) failed to reach a minimum .30 loading which raised concerns about these items of the CU dimension, especially item 19. Poythress, Dembo, Wareham, and Greenbaum (2006), using a sample of 165 male and female adolescents



referred to a arbitration program for youths arrested for the first time, reported a good fit for a modified version of the three-factor model of the APSD-SR excluding items 19 and 20.

Cross-cultural research with the APSD-SR on the structural variance of youth psychopathy measures is also emerging in non-North American countries, although results regarding its factor structure are not consistent. For example, Fritz, Ruchkin, Kaposov, and Klinteberg's (2008), using a Russian youth inmate sample ( $N = 250$ ) who voluntarily completed the APSD-SR, found poor fits for both the three-factor model and two-factor model; as a second option, they used a principal components analysis that offered some support for the three-factor model. Pechorro et al. (2013), using a mixed community and forensic sample of Portuguese male and female youths ( $N = 760$ ) concluded that a modified two-factor structure (including items 2 and 6) provided the best option for the APSD-SR in terms of structural validity and internal consistency. Colins et al. (2014) examined the factor structure of the APSD-SR in a sample of detained Belgian female adolescents ( $N = 191$ ), and found that the three-factor model and the two-factor model did not reach the criteria for acceptable fits; despite the fact the two-factor model was better in terms of fit these authors decided to use the three-factor structure in all further analysis because the developer of the APSD-SR suggested that was the factor structure of choice.

The debate to determine the most appropriate factor structure of the APSD-SR is still ongoing, and it remains unclear whether and how the findings generalize cross-culturally as most studies are based on North American samples. Some studies (e.g., Colins et al., 2014) provide stronger evidence for the presence of two main factors: the CU factor comprising items tapping interpersonal and affective dimensions of psychopathy such as lack of guilt and absence of empathy, and an impulsivity-conduct

problems (I-CP) factor containing items tapping overt behavioral manifestations of poor impulse control. Other studies (e.g., Fritz et al., 2008) provide stronger evidence for the presence of three main factors: the CU factor and two further factors, namely impulsivity, and narcissism. This leads us to conclude that further investigation is needed regarding the factor structure of the APSD-SR, particularly studies among non-North American subjects.

Another very important issue regarding the psychometric properties of the APSD-SR is the internal consistency of the CU dimension. Poythress, Douglas, et al. (2006) found that it was consistently poor across 10 studies of juvenile justice-involved youths, raising the possibility this was due to a defensive response style triggered by their involvement in the justice system; these authors suggested that investigators should exclude items 19 and 20 for purposes of assessing CU features when using the APSD-SR with justice-involved adolescents. Addressing these limitations is extremely important given the recent inclusion of CU traits as a specifier (“with Limited Prosocial Emotions”) for Conduct Disorder in the Fifth Edition of the Diagnostic and Statistical Manual for Mental Disorders (DSM-5; American Psychiatric Association, 2013). Given its relevance, more research is needed regarding the measurement of CU traits in samples representative forensic populations (Frick, Ray, Thornton, & Kahn, 2014a).

In terms of the concurrent validity of the APSD-SR with relevant external criteria, research typically finds that psychopathic traits in general and CU traits in particular are positively correlated with age of criminal onset, conduct disorder, aggression, and antisocial outcomes including delinquency (Ciucci, Baroncelli, Franchi, Golmaryami, & Frick, in press; Essau, Sasagawa, & Frick, 2006; Fanti, Frick, & Georgiou, 2009; Kimonis et al., 2008; Roose, Bijttebier, Decoene, Claes, & Frick, 2010). A few studies have also examined the associations between the APSD and other

measures of CU traits and, in general, find strong convergence (Fink, Tant, Tremba, & Kiehl, 2012; Kimonis et al., 2008; Roose et al., 2010). Other relevant correlates of psychopathic traits and CU traits in particular include substance use (e.g., Hillege, Das, & de Ruiter, 2010; Poythress et al., 2006).

The APSD-SR has become a popular research instrument in studies with justice-involved youth, but more research is needed to support its increased use among this population. The main aim of this study is the analysis of the structural validity and internal consistency of the APSD-SR, giving special attention to its CU dimension, among a large sample of incarcerated male juvenile offenders. It is hypothesized that: a) some problems will be found in terms of item loadings of the three-factor structure, and also in terms of the internal consistency of the CU dimension; b) significant associations will be found with other psychopathic traits measures and related constructs (e.g., proactive aggression); and c) significant associations will be found with conduct disorder, age of criminal onset, crime seriousness, violent crimes, alcohol use, and drug use.

## **Method**

### **Participants**

Male inmates from the eight nation-wide juvenile detention centers managed by the Portuguese Ministry of Justice voluntarily agreed to participate in the current study ( $N = 438$ ). They were all detained by the court's decision. Incarceration into juvenile detention centers is the hardest measure a Portuguese court can decide. Seven of the detention centers are considered low to medium security, and one is considered maximum security (exclusively used for youths tried as adults).

The participants (mean age = 17.15 years;  $SD = 1.76$  years; range = 12 – 20 years) were mainly white Europeans (56.7%) from an urban background (93.5%). On average, participants reported their first criminal problems beginning at the age of 11.78 years-old ( $SD = 2.36$ ), most were detained before they were 16 years old ( $M = 15.36$ ,  $SD = 1.38$ ), and had been convicted to an average of 25 months in detention ( $M = 25.38$ ,  $SD = 6.97$ ). Most of them (89.8%) were convicted of having committed serious and violent crimes (e.g., homicide, robbery, assault, rape).

### **Measures**

The Antisocial Process Screening Device – Self-Report (APSD-SR; Frick & Hare, 2001; Caputo, Frick, & Brodsky, 1999) is a multidimensional 20-item measure designed to assess psychopathic traits in adolescents. It was modeled after the PCL-Revised (PCL-R; Hare, 2003). Each item is scored on a 3-point ordinal scale (0 = *Not at all true*, 1 = *Sometimes true*, or 2 = *Definitely true*). The total score, as well as each dimension score, is obtained by adding the respective items. Higher scores are indicative of an increased presence of psychopathic traits (Frick & Hare, 2001, p. 1). The Portuguese adaptation of the APSD-SR (Pechorro et al., 2013) was used. Internal consistency reliability statistics for the APSD-SR will be given later in this paper.

The Youth Psychopathic Traits Inventory (YPI; Andershed, Kerr, Stattin, & Levander, 2002) is a 50-item self-report measure designed to assess the core personality traits of the psychopathic personality constellation in youth aged 12-years-old and up. Each item is scored on an ordinal 4-point Likert scale ranging from *Does not apply at all* to *Applies very well*. The YPI consists of 10 subscales (with 5 items each) designed in line with a three-dimensional conceptualization of the psychopathy construct, namely: the Grandiose-Manipulative dimension, the Callous-Unemotional and the Impulsive-Irresponsible dimension. Higher scores reflect an increased presence of the

characteristics associated, namely psychopathic traits. The Portuguese validation of the YPI was used (Pechorro, Andershed, Ray, Maroco, & Gonçalves, submitted). The internal consistency for the current study, estimated by Cronbach's alpha, was: YPI total = .88; Grandiose-Manipulative dimension = .87; Callous-Unemotional = .71; and Impulsive-Irresponsible dimension = .79.

The Inventory of Callous-Unemotional Traits (ICU; Essau et al., 2006; Kimonis et al., 2008) is a 24-item self-report scale designed to assess callous-unemotional traits in youth derived from the callous-unemotional (CU) subscale of the Antisocial Process Screening Device (APSD; Frick & Hare 2001). Each item is scored on a four-point scale (from 0 = *Not at all true*, to 3 = *Definitely true*). The ICU provides both a total score and three subscale scores, namely: Callousness, Uncaring, and Unemotional. Scores are calculated by reverse-scoring the positively worded items and then summing the items to obtain a total score. Higher scores indicate an increased presence of CU traits. The Portuguese version of the ICU was used (Pechorro, Andershed, Barroso, Maroco, & Gonçalves, in press). The internal consistency for the current study, estimated by Cronbach's alpha, was: ICU total = .91; Callousness dimension = .89; Uncaring dimension = .86; and Unemotional dimension = .88.

The Narcissistic Personality Inventory – 13 (NPI-13; Gentile et al., 2013) is a short form of the Narcissistic Personality Inventory (NPI; Raskin & Terry, 1988) which is considered by far the most widely used measure of grandiose narcissism. The NPI-13 consists of 13 statements, among which one is considered to confirm an attitude of narcissism, and the other is not. The NPI-13 provides both a total score and three subscale scores, namely: Leadership/Authority, Grandiose Exhibitionism, and Entitlement/Exploitativeness. Higher scores indicate an increased presence of the associated characteristics. A Portuguese version of the NPI-13, especially adapted for

use with adolescents, was used (Pechorro, Gentile, Ray, Nunes, & Gonçalves, submitted). The internal consistency for the current study, estimated by Kuder-Richardson coefficient, was: NPI-13 total = .84; Leadership/Authority dimension = .77; Grandiose Exhibitionism dimension = .72; and Entitlement/Exploitativeness dimension = .62.

The Basic Empathy Scale (BES; Jolliffe & Farrington, 2006) is a 20-item self-report measure designed to assess empathy in youths. The BES was developed as a concise and coherent scale with the aim of measuring two distinct factors: affective empathy (11 items), and cognitive empathy (9 items). Each item is scored on a five-point ordinal scale (from 1 = *Strongly disagree* to 5 = *Strongly agree*). Scores are calculated by reverse-scoring the positively worded items and then summing the items to obtain the total score and the factors scores. Higher scores indicate an increased presence of the associated characteristics. The Portuguese version of the BES was used (Pechorro, Ray, Salas-Wright, Maroco, & Gonçalves, in press). The internal consistency for the current study, estimated by Cronbach's alpha, was: BES total = .91; Affective dimension = .87; and Cognitive dimension = .90.

The Reactive-Proactive Aggression Questionnaire (RPQ; Raine et al., 2006) is a self-report measure that distinguishes between reactive and proactive aggression. The RPQ consists of 23 items rated on a 3-point ordinal scale (0 = *Never*, 1 = *Sometimes*, 2 = *Often*). A total of 11 items assess reactive aggression (e.g., "Reacted angrily when provoked by others") and 12 items assess proactive aggression (e.g., "Hurt others to win a game"). Summed scores provide a measure of reactive or proactive aggression, as well as total aggression. Higher scores indicate higher levels of aggression. The RPQ is appropriate for use with youth in late adolescence and young adults. The Portuguese version of the RPQ was used (Pechorro, Ray, Raine, Maroco, & Gonçalves, submitted).

The internal consistency for the current study, estimated by Cronbach's alpha, was: RPQ total = .93; Reactive dimension = .86; and Proactive dimension = .91.

The Sellin-Wolfgang Index of Crime Seriousness (ICS; Wolfgang et al., as cited in White et al., 1994) guided the delinquency seriousness classification of the official court reports. Level 0 consisted of no delinquency. Level 1 consisted of minor delinquency committed at home, such as stealing minor amounts of money from mother's purse. Level 2 consisted of minor delinquency outside the home including shoplifting something worth less than 5 euros, vandalism and minor fraud (e.g. not paying bus fare). Level 3 consisted of moderately serious delinquency such as any theft over 5 euros, gang fighting, carrying weapons, and joyriding. Level 4 consisted of serious delinquency such as car theft and breaking and entering. Level 5 consisted of having performed at least two of each of the behaviors in level 4.

A questionnaire was constructed to describe the socio-demographic and criminal characteristics of the participants, to offer a descriptive account of the sample, and to explore the association of some of these variables (e.g., age of onset) with APSD-SR scores. This questionnaire included variables such as participants' age, nationality, ethnic group (white Europeans vs. minorities), level of schooling completed, age of crime onset, age of first problem with the law, age of first incarceration, length of the conviction, taking of psychiatric drugs, use of physical violence in committing crimes, alcohol use, cannabis use, and cocaine/heroin use. DSM-5's Conduct Disorder (CD; American Psychiatric Association, 2013) was assessed using the official diagnostic criteria (i.e., the standard method described in the DSM-5).

## **Procedures**

Authorization to assess youths was obtained from the General Directorate of Reintegration and Prison Services – Ministry of Justice (*Direção-Geral de Reinserção e*

*Serviços Prisionais – Ministério da Justiça*). The detainees were informed about the nature of the study and asked to voluntarily participate. The participation rate was approximately 90%. Motives for not participating included: refusal to participate (5%), inability to participate due to not understanding the Portuguese language (4%) and inability to participate due to security issues (1%). Participants who were unwilling or unable to collaborate were excluded. The measures were administered by means of individual face-to-face interviews in an appropriate setting by the first author of this article (which is a trained forensic psychologist and Professor of Forensic Psychology). Institutional files were also used to complement the information obtained (e.g., prior criminal activity and detentions). Some of the information (e.g., socio-demographic variables) was obtained from self-reports.

The data were analyzed using SPSS v22 (IBM SPSS, 2013) and EQS 6.2 (Bentler & Wu, 2008). The factor structure of the Portuguese language version of the APSD-SR was assessed with Confirmatory Factor Analysis (CFA) performed in EQS 6.2 (Bentler & Wu, 2008; Byrne, 2006). Goodness of fit indices were calculated, including Satorra-Bentler chi-square/degrees of freedom, comparative fit index (CFI), incremental fit index (IFI), and root mean square error of approximation (RMSEA). A chi-square/degrees of freedom value  $< 5$  is considered adequate,  $\leq 2$  is considered good and values = 1 are considered very good (Maroco, 2014; West, Taylor, & Wu, 2012). A CFI  $\geq .90$  and RMSEA  $\leq .10$  indicate adequate fit, whereas a CFI  $\geq .95$  and RMSEA  $\leq .06$  indicate good model fit (Byrne, 2006). The incremental fit index, also known as Bollen's IFI, is relatively insensitive to sample size; values that exceed .90 are regarded as acceptable. In terms of the Akaike Information Criterion (AIC), which measures the expected discrepancy between the true model and the hypothesized model, the model with the smallest AIC should be selected (West et al., 2012).



The CFA was performed on the original scale items and only items with standardized loading above .30 were retained (Nunnally & Bernstein, 1994). Polychoric correlations with robust methodologies were used to perform the CFA on the ordinal items and modification indices were considered (Byrne, 2006). Pearson correlations were used to analyze associations between scale variables, Spearman correlations were used with ordinal variables, and point-biserial correlations were used to analyze associations between nominal dichotomous variables and scale variables (Leech, Barrett, & Morgan, 2015).

## **Results**

Our first step in examining the psychometric properties of the Portuguese version of the APSD-SR among incarcerated male juvenile delinquents was to attempt to replicate, by means of CFA using the ML method, the different factor structures proposed for this instrument. In Table 1 are shown the goodness of fit indices we obtained regarding the different models. The single-factor first-order model did not fit the data well, and we must mention that the  $S-B\chi^2/df$  index was never below the more recommended level of 2 in any of the models, including the three-factor first order inter-correlated modified model which had the lowest AIC. We were able to find the strongest support in terms of goodness-of-fit indices for the three-factor first order inter-correlated modified robust structure not including items 20, 2 and 6. It is worth pointing out that item 20 did not reach a minimum .30 loading, and that items 2 and 6 were not originally included in the three-factor structure (see Frick & Hare, 2001; see also Table 2).

Table 1

*Goodness of fit indexes for the different ML models of the APSD-SR*

APSD-SR	S-B $\chi^2$ / df	IFI	CFI	RMSEA (90% CI)	AIC
1-factor †	4.43	.85	.85	.09(.08-.10)	412.99
2-factor (Frick et al.) ††	2.33	.94	.94	.06(.05-.06)	44.03
2-factor (i20 exc)	2.32	.95	.95	.06(.05-.06)	38.01
2-factor (i2 & i6 inc) ††	2.58	.93	.93	.06(.05-.07)	98.49
3-factor (manual) ††	2.23	.94	.94	.05(.05-.06)	30.21
3-factor (i20 exc)	2.21	.95	.95	.05(.04-.06)	24.05
3-factor (i19 & i20 exc)	2.41	.95	.95	.06(.05-.07)	41.65

*Note.* APSD-SR = Antisocial Process Screening Device – Self-Report; S-B $\chi^2$  = Satorra-Bentler chi-square; df = degrees of freedom; IFI = Incremental Fit Index; CFI = Comparative Fit Index; RMSEA (90% CI) = Root Mean Square Error of Approximation (90% Confidence Interval); AIC = Akaike Information Criterion; ML = Maximum Likelihood; 2-factor (Frick et al.)\* = 2-factor (Frick, Bodin, & Barry, 2000); 2-factor (i20 exc) = 2-factor with item 20 excluded; 2-factor (i2 & i6 inc)\* = 2-factor with items 2 and 6 included; 3-factor (i20 exc) = 3-factor with item 20 excluded; 3-factor (i19 & i20 exc) = 3-factor with items 19 and 20 excluded

† = items 7, 19, and 20 did not reach a .30 loading; †† = item 20 did not reach a .30 loading

Table 2 displays the item loadings for the three-factor first order inter-correlated modified robust structure without items 2, 6, and 20 with the ML robust method. While this model is not entirely consistent with prior research in not including item 20 in the CU dimension because it did not reach the minimum acceptable level of loading (i.e., .30), it can be gleaned from the table that the loadings of the items are very similar with factors identified in prior research (Frick & Hare, 2001).

Table 2

*Item loadings for the confirmatory 3-factor first order inter-correlated modified robust structure without items 2, 6, and 20*

APSD-SR items	Factor 1	Factor 2	Factor 3
1. Blames others for mistakes	.53		
2. Engages in illegal activities	--	--	--
3. Concerned about schoolwork (R)			.60
4. Acts without thinking	.48		
5. Shallow emotions		.39	
6. Lies easily and skillfully	--	--	--
7. Keeps promises (R)			.33
8. Brags about accomplishments		.53	
9. Gets bored easily			
10. Uses or cons others	.34	.70	
11. Teases other people		.65	
12. Feels bad or guilty (R)			.65
13. Risky and dangerous behaviors			
14. Charming in insincere ways	.52	.55	
15. Becomes angry when corrected		.48	
16. Thinks he is more important		.63	
17. Does not plan ahead	.50		
18. Concerned about feelings of others (R)			.70
19. Does not show emotions			.57
20. Keeps same friends (R)	--	--	--

*Note.* APSD-SR = Antisocial Process Screening Device – Self-Report; R = Reversible items

Table 3 presents the correlations among the APSD-SR total and its dimensions. These correlations were moderate to strong as expected, thus, further analyses examining associations with external criteria accounted for the shared variance among the subscales.

Table 3

*Pearson correlations matrix*

	APSD total	3-factor total	IMP	NAR	CU
APSD total	1				
3-factor total	.99***	1			
IMP	.79***	.81***	1		
NAR	.83***	.84***	.61***	1	
CU	.68***	.69***	.33***	.29***	1

*Note.* APSD = Antisocial Process Screening Device –Self-Report; IMP = Impulsivity dimension; NAR = Narcissism dimension; CU = Callous-Unemotional dimension

\*\*\*significant at the .001 level

Our next step was the estimation of Cronbach's alpha, mean inter-item correlation and corrected item-total correlation range (see Table 4). Most of these values can be considered good.

Table 4

*Cronbach's Alpha, mean inter-item correlation, and corrected item-total correlation range*

APSD-SR	Cronbach $\alpha$	MIIC	CITCR
APSD-SR total	.83	.20	.00 – .58
3-factor total	.82	.21	.26 – .56
IMP	.60	.23	.29 – .42
NAR	.76	.31	.36 – .60
CU	.70	.32	.26 – .57

*Note.* APSD-SR = Antisocial Process Screening Device –Self-Report; IMP = Impulsivity dimension; NAR = Narcissism dimension; CU = Callous-Unemotional dimension; Cronbach  $\alpha$  = Cronbach's alpha; MIIC = Mean inter-item correlation; CITCR = Corrected item-total correlation range

The convergent validity of the APSD-SR total and its dimensions with the YPI, the ICU, the NPI-13, and the RPQ revealed mostly the expected moderate to high statistically significant positive correlations. On the other hand, the discriminant validity

with the BES revealed the expected negative or null correlations due to non-overlapping constructs (see Table 5).

Correlations of the APSD-SR and its dimensions with other variables (e.g., age, education) were also analyzed (see Table 6). Statistically significant correlations were found with age of crime onset, CD symptoms (scored as a scale), CD diagnosis (coded No = 0, Yes = 1), crime seriousness (coded as ordinal scale), violent crimes (coded No = 0, Yes = 1), alcohol use, cannabis use, and cocaine/heroin use (coded as five-point ordinal scales). It is worth mentioning that the Callous-Unemotional dimension of the APSD-SR had a low statistically significant negative correlation with the age variable. Regarding the DSM-5 Conduct Disorder diagnostic, a very high prevalence rate of 92.6% was found in our sample.

Table 5

*Correlations of the APSD-SR with other measures*

	APSD-SR total	APSD-SR 3-factor total	APSD-SR Impulsivity	APSD-SR Narcissism	APSD-SR Callous-Unemotional
YPI total	.64***	.63***	.52***	.60***	.31***
YPI GM	.57***	.56***	.42***	.62***	.19**
YPI CU	.46***	.46***	.33***	.42***	.29***
YPI II	.55***	.55***	.55***	.39***	.34***
ICU total	.62***	.62***	.43***	.35***	.68***
ICU Callousness	.58***	.58***	.47***	.40***	.48***
ICU Uncaring	.53***	.54***	.32***	.29***	.65***
ICU Unemotional	.25***	.23***	.10 <sup>ns</sup>	.02 <sup>ns</sup>	.44***
NPI-13 total	.40***	.38***	.35***	.46***	.04 <sup>ns</sup>
NPI-13 LA	.33***	.32***	.27***	.39***	.06 <sup>ns</sup>
NPI-13 GE	.27***	.25***	.26***	.33***	-.04 <sup>ns</sup>
NPI-13 EE	.42***	.39***	.33***	.45***	.08 <sup>ns</sup>
RPQ total	.68***	.66***	.61***	.63***	.26***
RPQ Reactive	.59***	.57***	.57***	.56***	.18**
RPQ Proactive	.65***	.63***	.55***	.60***	.28***
BES total	-.13*	-.14*	.11 <sup>ns</sup>	.05 <sup>ns</sup>	-.49***
BES Affective	-.17**	-.17**	.08 <sup>ns</sup>	-.02 <sup>ns</sup>	-.46***
BES Cognitive	-.06 <sup>ns</sup>	-.08 <sup>ns</sup>	.10 <sup>ns</sup>	.08 <sup>ns</sup>	-.38***

*Note.* APSD-SR = Antisocial Process Screening Device – Self-Report; YPI = Youth Psychopathic Traits Inventory; YPI GM = Grandiose-Manipulative dimension; YPI CU = Callous-Unemotional dimension; YPI II = Impulsive-Irresponsible dimension; ICU = Inventory of Callous-Unemotional Traits; NPI-13 = Narcissistic Personality Inventory 13 items short version; NPI-13 LA = Leadership/Authority dimension; NPI-13 GE = Grandiose Exhibitionism dimension; NPI-13 EE = Entitlement/Exploitativeness dimension; RPQ = Reactive-Proactive Aggression Questionnaire; BES = Basic Empathy Scale

\*\*\* significant at the .001 level; \*\* significant at the .01 level; \* significant at the .05 level; *ns* = non-significant

Table 6

*Correlations of the APSD-SR with other variables*

	APSD-SR total	APSD-SR 3-factor total	APSD-SR Impulsivity	APSD-SR Narcissism	APSD-SR Callous-Unemotional
Age	-.01 <sup>ns</sup>	-.04 <sup>ns</sup>	-.02 <sup>ns</sup>	.06 <sup>ns</sup>	-.15*
Education (years)	-.01 <sup>ns</sup>	-.03 <sup>ns</sup>	-.12 <sup>ns</sup>	.05 <sup>ns</sup>	-.03 <sup>ns</sup>
Ethnicity	-.12 <sup>ns</sup>	-.13 <sup>ns</sup>	-.11 <sup>ns</sup>	-.09 <sup>ns</sup>	-.10 <sup>ns</sup>
Psychiatric drugs	.13 <sup>ns</sup>	.16*	.24***	.10 <sup>ns</sup>	.05 <sup>ns</sup>
ACO	-.23***	-.22***	-.20**	-.15*	-.16*
AFPL	-.12 <sup>ns</sup>	-.11 <sup>ns</sup>	-.14*	-.04 <sup>ns</sup>	-.09 <sup>ns</sup>
AFIJDC	-.13 <sup>ns</sup>	-.14*	-.09 <sup>ns</sup>	-.05 <sup>ns</sup>	-.18**
CD symptoms	.52***	.49***	.43***	.41***	.29***
CD diagnosis	.29***	.26***	.26***	.19**	.15*
ICS	.28***	.27***	.23**	.23**	.16*
PVC	.21**	.21**	.15*	.19**	.13 <sup>ns</sup>
NCC	.04 <sup>ns</sup>	.05 <sup>ns</sup>	.10 <sup>ns</sup>	.03 <sup>ns</sup>	.00 <sup>ns</sup>
Alcohol	.27***	.25***	.29***	.17**	.14*
Cannabis	.32***	.31***	.33***	.21**	.19**
Cocaine/heroin	.35***	.34***	.27***	.30***	.22***
Unprotected sex	.10 <sup>ns</sup>	.08 <sup>ns</sup>	.15*	.11 <sup>ns</sup>	-.09 <sup>ns</sup>

*Note.* ACO = Age of crime onset; AFPL = Age of first problem with the law; AFIJDC = Age of first incarceration into a Juvenile Detention Center; CD symptoms = DSM-5 Conduct Disorder symptoms scored as a scale; CD diagnosis = DSM-5 Conduct Disorder diagnosis; ICS = Index of Crime Seriousness; PVC = Previous violent crimes; NCC = Number of criminal charges

\*\*\* significant at the .001 level; \*\* significant at the .01 level; \* significant at the .05 level; *ns* = non-significant

## Discussion

The main aim of this study was the analysis of the structural validity and internal consistency of the APSD-SR among a Portuguese sample of incarcerated male juvenile offenders. We hypothesized that we would find some problems in terms of item loadings and in terms of the internal consistency of the CU dimension, and that significant associations would be found with other measures (e.g., YPI, ICU) and variables (e.g., CD, age of criminal onset, crime seriousness, violent criminality, alcohol use, drug use). Regarding the factor structure of the APSD-SR, the fit indices for the two-factor models were considered acceptable but most three-factor models showed an increase in fit. We were able to find the strongest support for the three-factor first order inter-correlated modified model without items 2, 6, and 20. Items 2 and 6 were not included in the factor-model (as originally proposed by Frick and Hare, 2001), and the exclusion of item 20 from the CU dimension is consistent with prior research assessing CU traits using the APSD-SR with justice-involved adolescents (see Poythress, Douglas, et al., 2006). Our study provides additional evidence for a three-factor model of the APSD-SR, and is in line with previous North American studies (e.g., Vitacco et al., 2003). The correlations between the APSD-SR total, the three-factor structure and its dimensions showed mostly moderate to high statistically significant positive associations. These values were somewhat higher than the ones found in prior studies (e.g., Pechorro et al., 2013).

The analysis of the internal consistency revealed mostly good to very good values, with most values exceeding the recommended minimum Cronbach's alpha of .70 (Kaplan & Saccuzzo, 2009), again somewhat higher than those reported in previous studies (e.g., Lee, Vincent, Hart, & Corrado, 2003; Kruh, Frick, & Clements, 2005). Even the CU dimension had a good alpha of .70 due to the removal of item 20 from this



dimension. The exception was the Impulsivity dimension, with an alpha of .60 which puts into question the fidelity of measurements for this dimension, although it was higher than values reported in previous studies (e.g., Falkenbach, Poythress, & Heide, 2003; Poythress et al., 2006). Regarding the mean inter-item correlations, no problems were found because the APSD-SR total and its dimensions within the recommended value range of .15 - .50 (Clark & Watson, 1995; Domino & Domino, 2006), revealing an adequate homogeneity between the items that was not found in other previous studies (e.g., Lee et al., 2003). In terms of the corrected item-total correlation range, most of the results obtained were above the minimum recommended value of .20 (Kaplan & Saccuzzo, 2009; Nunnally & Bernstein, 1994). The exception was the APSD-SR total with a minimum correlation value of .00 caused by item 20, not present in the three-factor structure and in the rest of the dimensions (including the CU dimension).

The convergent validity of the APSD-SR and its dimensions with the YPI, the ICU, the NPI-13 and the RPQ revealed mostly moderate to high statistically significant positive correlations demonstrating the expected overlap in line with the ones found in previous studies (e.g., Colins et al., 2014; Kimonis et al., 2008; Poythress et al., 2006; Roose et al., 2010). The exception was the CU dimension, which had non-significant correlations with the NPI-13 total and its dimensions. With regard to discriminant validity, the correlation with the BES revealed the expected non-significant or negative correlations (American Psychological Association, 1999; Kaplan & Saccuzzo, 2009). The concurrent validity of the APSD-SR and its dimension with DSM-5's Conduct Disorder (American Psychiatric Association, 2013) symptoms (scored as a scale) and diagnosis revealed the expected moderate to moderate-high associations that were within the typical correlation range found with measures of youth psychopathy (e.g., Forth et al., 2003; Pechorro et al., 2013); the exception was again the CU dimension

with the lowest correlations. The prevalence of conduct disorder found in the current sample was higher than those generally found among forensic samples (Sevecke & Kosson, 2010).

The correlations between the APSD-SR and measures of criminal behavior revealed mostly moderate-low negative associations with age of crime onset, moderate-low positive associations with crime seriousness and previous violent crimes. Additionally, these findings were consistent across the subscales of the APSD-SR, with the exception of the CU dimension which revealed mostly low correlations and a non-significant correlation (with the previous violent crimes variable). Such negative associations between psychopathic traits scores and the age of crime onset have been consistently reported in the literature (e.g., Forth et al., 2003), although the present study mostly failed to show significant correlations with age of first problem with the law and age of first incarceration into a Juvenile Detention Center. Positive associations between measures of psychopathic traits and antisocial and criminal behavior similar to those identified in the current study have been consistently reported in prior studies (e.g., Dolan & Rennie, 2006; Poythress et al., 2006; Salekin et al., 2010). The correlations of the APSD-SR and its dimensions with alcohol use, cannabis use, and cocaine/heroin use revealed mostly moderate positive associations in line with what has been reported regarding other measures of psychopathic traits (e.g., Colins et al., 2012; Hillege, Das, & de Ruiter, 2010; Poythress et al., 2006), and it is worth mentioning that the CU dimension obtained the lowest correlations with these variables.

Our findings provide some additional support for the use of the APSD-SR among incarcerated male juvenile offenders across different cultures and ethnicities. We were able to add some more evidence to prior investigations, namely in terms of confirming the three-factor structure of the APSD-SR as the best option, demonstrating

that the CU dimension of the APSD-SR can indeed be improved in terms of reliability, and corroborating the presence of significant associations with other measures and criminal variables. In terms of limitations of our study, cross-validation samples would have been useful to confirm the present findings, and more sophisticated nested models statistics could have been used to compare the different factor-models we tested. We could also have used measures of psychopathy that are not self-report (e.g., PCL:YV) to analyze the convergent validity. We must point out that further research is needed, especially using samples of female juvenile offenders because females are a growing part of the incarcerated youth population. We hope that our study may promote future research and a more optimized use of the APSD-SR among incarcerated youths in Southern European countries and Portuguese speaking countries.

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## 2.2. Artículo II

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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.

**Keywords:** Callous-unemotional; Conduct Disorder; DSM-5; Limited Prosocial Emotions specifier; Juvenile delinquency

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, 2013). Consistent with the adult literature, research has suggested that those youth 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 youth (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). Youth with elevated CU traits display more severe forms of aggression and more instrumental and premeditated aggression compared to other youth with severe conduct problems (e.g., Kruh et al., 2005; Lawing et al., 2010). Also, antisocial youth 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., 2013).

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 youth. Some

studies (e.g., Caputo et al., 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, 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 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 cohorts 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 et al., 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 et al., 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.

## **Method**

### **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; age 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; age range = 13–18 years). The female sample was made up of 98 participants ( $M = 15.96$  years;  $SD = 1.28$  years; age 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; age 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; age range = 14–18 years).



## **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 et al., 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 problems 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, Poiars, & Vieira, 2011). Internal consistency for the male sample of 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 = 2), where higher scores signify greater involvement in criminal activities. A Portuguese version of the ASRDS was used. Pechorro (2011) was able to

demonstrate psychometric properties that justify its use with the Portuguese adolescent population in terms of factorial validity, internal consistency (Cronbach's  $\alpha = .96$ ), temporal stability ( $r = .88$ ;  $p \leq .01$ ), discriminant validity ( $\Lambda$  Wilks = .51;  $\chi^2 = 508.88$ ;  $p \leq .001$ ), divergent validity ( $r = -.13$ ;  $p \leq .01$ ), convergent validity ( $r = .66$ ;  $p \leq .01$ ), concurrent validity ( $r_{pb} = .40$ ;  $p \leq .01$ ), retrospective validity ( $r = -.44$ ;  $p \leq .01$ ), cutoff score (CS = 16, sensibility = 86.4%, specificity = 85.5%, ROC = .86), corrected item-total correlation (range = .32 – .80) and average inter-item correlation (.38). For this study the internal consistency, estimated by Cronbach's alpha, regarding the male sample was .92, and .90 regarding the female sample.

The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1989) is a brief self-report measure that evaluates self-esteem in adolescents and adults. The RSES can be scored by simply adding the ten items on a 4-point ordinal scale (Strongly disagree = 0, Disagree = 1, Agree = 2, Strongly agree = 3) after reversing the appropriate items (namely, items 2, 5, 6, 8 and 9). Higher scores indicate higher levels of self-esteem. A Portuguese version of the RSES was used (Pechorro, Marôco, Poiares, & Vieira, 2011). Internal consistency for the present study, estimated by Cronbach's alpha, was .76 for the male sample, and .66 for the female sample.

The Marlowe-Crowne Social Desirability Scale (MCSDS; Crowne & Marlowe, 1960) short composite (MCSDS-SF) version was designed by Ballard (1992) from the original Marlowe-Crowne scale; it is recognized as a composite sub-scale and is currently probably the most used of all the subscales that have been derived from the original MCSDS items (e.g., "I sometimes feel resentful when I don't get my way"). A Portuguese version of the MCSDS-SF, especially translated and adapted for adolescents, was used (Pechorro, Vieira, Poiares, & Marôco, 2012). Internal consistency for the present study (using a 12 items version of the MCSDS-SF), estimated by Kuder-

Richardson coefficient, was .61 for the male sample and .57 for the female sample. These values are somewhat low but still acceptable for research purposes (DeVellis, 1991).

The delinquency seriousness classification of the official court reports was guided by the Sellin-Wolfgang Index of Crime Seriousness (ICS; Wolfgang et al., as cited in White et al., 1994). Level 0 consisted of no delinquency. Level 1 consisted of minor delinquency committed at home, such as stealing minor amounts of money from mother's purse. Level 2 consisted of minor delinquency outside the home including shoplifting something worth less than €5, vandalism and minor fraud (e.g., not paying bus fare). Level 3 consisted of moderately serious delinquency such as any theft over €5, gang fighting, carrying weapons, and joyriding. Level 4 consisted of serious delinquency such as car theft and breaking and entering. Level 5 consisted of having performed at least two of each of the behaviors in level 4 or violent crimes against other people.

In addition, a questionnaire was constructed to describe the socio-demographic and criminal characteristics of the participants. This questionnaire included questions about participants' age, nationality, ethnic group, rural *versus* urban origin, years of schooling completed, socio-economic status, parents' marital status, nationality, number of siblings/half-siblings, taking of psychiatric drugs, age of first transgression, age of first problem with the law, and age of first entry into a Juvenile Detention Center. Socio-economic status was measured by a combination of the parent's level of education and profession, appropriate to the Portuguese reality (Simões, 1994).

## Procedures

The age range for youth participation in the study was previously set between 12 and 18 years since this is the age range when young people are amenable to interventions under the Portuguese judicial system's Educational Guardianship Act (*Lei Tutelar-Educativa*) and can be diagnosed as having conduct disorder. We chose to use male and female participants, although there is a relative scarcity of girls admitted to the Portuguese Juvenile Detention Centers (*Centros Educativos*). Each questionnaire was preceded by an informed consent form, in which participants were informed of the voluntary and confidential nature of participation in the study.

Collection of questionnaires was carried out individually after obtaining authorization from the General Directorate of Reintegration and Prison Services – Ministry of Justice (*Direção-Geral de Reinserção e Serviços Prisionais – Ministério da Justiça*). All the detainees from the Juvenile Detention Centers managed by the Portuguese Ministry of Justice were informed about the nature of the study and asked to participate. The participation rate was around 91%. Not all young people agreed or were able to participate; reasons included refusal to participate (5%), inability to participate due to not understanding the language (2%) and inability to participate due to security issues (2%). The directors of each Detention Center collaborated personally with the main author of this study in order to motivate youths to participate in the study, clarifying any questions that arose regarding participation. No material incentives to encourage participation were given, but the fact that Detention Centers' directors were personally involved in encouraging participation might have contributed to increase the participation rate. All questionnaires of those who participated were appropriately completed. The collected information was based on youth self-report, interview, and judicial file review.

Questionnaire data which were considered valid (i.e., appropriately completed by participants diagnosed with conduct disorder and within the selected age range) were analyzed using SPSS v22 (IBM SPSS, 2013). Following data entry, 50% of the questionnaires were randomly selected so as to evaluate the quality of their entry. The quality was considered very good as practically no entry errors were detected. Consistent with the proposed subtyping scheme for DSM-5, participants who exhibited at least two of the four symptoms of Limited Prosocial Emotions (LPE) were diagnosed as having the subtype. It was found that proportionately less participants (31.34% of boys, and 29.6% of girls) were diagnosed with the LPE subtype of CD (American Psychiatric Association, 2013). Then the two types of groups were formed based on the presence or absence of the new LPE specifier.

ANOVAs were used to compare groups when the assumptions of normality (skewness and kurtosis between -2 and 2) and homogeneity of variance were validated; Welch's ANOVA was used when the assumptions of normality were validated but group variances were heterocedastic. Mann-Whitney's *U* test was used when the variables were ordinal or when the data clearly violated both the assumption of normality and homogeneity of variance (Leech, Barrett, & Morgan, 2008). The Chi-square test was used to compare nominal variables. Point-biserial correlations were used to analyze the association between nominal dichotomous variables and scale variables. The results were considered significant if  $p \leq .05$  and marginally significant if  $p \leq .1$  (Aron, Coups, & Aron, 2013).

Effect size and power calculations were made (as described in Marôco, 2010) to clarify the degree of accuracy/reliability of the statistical judgments and the strength of the relationship between the variables. The following values were obtained regarding the male groups: APSD-SR Total ( $\eta_p^2 = .10$ ; power = .98); APSD-SR I-CP ( $\eta_p^2 = .00$ ;

power = .13); APSD-SR CU ( $\eta_p^2 = .35$ ; power = .99); CATS ( $\eta_p^2 = .04$ ; power = .77); SDQ-SR TDS ( $\eta_p^2 = .01$ ; power = .24); SDQ-SR P ( $\eta_p^2 = .07$ ; power = .96); ASRDS ( $\eta_p^2 = .03$ ; power = .75); ICS ( $\eta_p^2 = .04$ ; power = .84); RSES ( $\eta_p^2 = .00$ ; power = .12); MCSDS-SF ( $\eta_p^2 = .04$ ; power = .76). Regarding the female groups the values were: APSD-SR Total ( $\eta_p^2 = .11$ ; power = .92); APSD-SR I-CP ( $\eta_p^2 = .00$ ; power = .09); APSD-SR CU ( $\eta_p^2 = .47$ ; power = 1); CATS ( $\eta_p^2 = .02$ ; power = .23); SDQ-SR TDS ( $\eta_p^2 = .00$ ; power = .07); SDQ-SR P ( $\eta_p^2 = .07$ ; power = .86); ASRDS ( $\eta_p^2 = .01$ ; power = .11); ICS ( $\eta_p^2 = .03$ ; power = .35); RSES ( $\eta_p^2 = .11$ ; power = .28); MCSDS-SF ( $\eta_p^2 = .01$ ; power = .13).

## Results

In the initial phase of data treatment, variables of the socio-demographic questionnaire were analyzed. No statistically significant differences were found between the LPE and the No LPE male groups regarding the variables age ( $F = 2.451$ ;  $p = .12$ ), ethnicity ( $\chi^2 = .653$ ;  $p = .45$ ), years of schooling completed ( $F = 1.335$ ;  $p = .25$ ), socio-economic level ( $U = 2619$ ;  $p = .39$ ), parents' marital status ( $\chi^2 = 8.201$ ;  $p = .08$ ), number of siblings/half-siblings ( $F_w = 2.341$ ;  $p = .13$ ), nationality ( $\chi^2 = .520$ ;  $p = .81$ ), rural *versus* urban origin. ( $\chi^2 = .447$ ;  $p = .68$ ), and the taking of psychiatric drugs ( $\chi^2 = .023$ ;  $p = 1$ ). No statistically significant differences were found between the LPE and the No LPE female groups regarding the variables age ( $F = 2.547$ ;  $p = .12$ ), ethnicity ( $\chi^2 = .68$ ;  $p = .89$ ), years of schooling completed ( $F = .573$ ;  $p = .45$ ), socio-economic level ( $U = 592.5$ ;  $p = .49$ ), parents' marital status ( $\chi^2 = 9.375$ ;  $p = .052$ ), number of siblings/half-siblings ( $F = 1.715$ ;  $p = .19$ ), nationality ( $\chi^2 = 6.82$ ;  $p = .07$ ), rural *versus* urban origin. ( $\chi^2 = .425$ ;  $p = .70$ ), and the taking of psychiatric drugs ( $\chi^2 = 1.909$ ;  $p = .23$ ).

The criminal variables were then analyzed. Results showed statistically significant differences between the LPE and the No LPE male groups regarding age of crime onset ( $F = 5.784$ ;  $p \leq .05$ ) and age of first problem with the law ( $F = 6.579$ ;  $p \leq .05$ ), but no differences were found regarding age of first entry into a Juvenile Detention Center ( $F = 2.178$ ;  $p = .14$ ), indicating that the male participants from the LPE group had an earlier onset of criminal activities and had their first problem with the law earlier in life. The results of the criminal variables showed statistically significant differences between the LPE and the No LPE female groups regarding age of crime onset ( $F = 4.52$ ;  $p \leq .05$ ) and age of first problem with the law ( $F = 4.204$ ;  $p \leq .05$ ), but no differences were found regarding age of first entry into a Juvenile Detention Center ( $F = .16$ ;  $p = .69$ ), indicating that the female participants from the LPE group had an earlier onset of criminal activities and had their first problem with the law earlier in life.

Regarding the psychometric measures, statistically significant differences were found when comparing the CD no LPE and the CD LPE male groups (see Table 1).



Table 1

*Descriptive statistics, ANOVAs and U Test for the DSM-5 CD no LPE and LPE male groups*

	DSM-5 CD no LPE male group	DSM-5 CD LPE male group	<i>F</i> or <i>U</i> and <i>p</i> value*
APSD-SR total			<i>F</i> = 23.04
<i>M</i> ( <i>SD</i> )	14.49 (4.55)	17.92 (5.02)	<i>p</i> ≤ .001
APSD-SR I-CP			<i>F</i> = .699
<i>M</i> ( <i>SD</i> )	10.09 (4.19)	10.65 (4.91)	<i>p</i> = .40
APSD-SR CU			<i>F</i> = 109.259
<i>M</i> ( <i>SD</i> )	4.40 (1.90)	7.27 (1.58)	<i>p</i> ≤ .001
CATS			<i>F<sub>w</sub></i> = 8.098
<i>M</i> ( <i>SD</i> )	6.55 (1.01)	6.95 (.89)	<i>p</i> ≤ .01
SDQ-SR TDS			<i>F</i> = 1.547
<i>M</i> ( <i>SD</i> )	15.70 (4.56)	14.84 (4.54)	<i>p</i> = .22
SDQ-SR P			<i>F</i> = 14.324
<i>M</i> ( <i>SD</i> )	7.63 (1.90)	6.52 (1.97)	<i>p</i> ≤ .001
ASRDS			<i>F</i> = 7.032
<i>M</i> ( <i>SD</i> )	30.62 (12.56)	35.78 (13.28)	<i>p</i> ≤ .01
ICS			<i>U</i> = 3296.5
<i>MR</i> ( <i>IR</i> )	93.39 (2)	117.67 (2)	<i>p</i> ≤ .01
RSES			<i>F</i> = .561
<i>M</i> ( <i>SD</i> )	20.08 (4.60)	20.62 (5.02)	<i>p</i> = .46
MCSDS-SF			<i>F</i> = 7.275
<i>M</i> ( <i>SD</i> )	18.05 (2.24)	17.13 (2.28)	<i>p</i> ≤ .01

*Note.* DSM-5 CD LPE = DSM-5 Conduct Disorder Limited Prosocial Emotions subtype diagnosis; APSD-SR = Antisocial Process Screening Device Self-report; APSD-SR I-CP = Impulsivity-Conduct Problems dimension; APSD-SR CU = Callous-Unemotional dimension; CATS = Child and Adolescent Taxon Scale; SDQ-SR = Strengths and Difficulties Questionnaire–Self-report; SDQ-SR TDS = Total Difficulties Score; SDQ-SR P = Prosocial Behavior; ASRDS = Adapted Self-Report Delinquency Scale; ICS = Index of Crime Seriousness; MCSDS-SF = Marlowe–Crowne Social Desirability Scale–Short Form

\*ANOVA or *U* Mann-Whitney Test (Exact sig. 2-tailed); *F<sub>w</sub>* = Welch’s ANOVA; *M* = Mean; *SD* = Standard-deviation; *MR* = Mean Rank; *IR* = Interquartile Range

Some statistically significant differences were found when comparing the CD no LPE and the CD LPE female groups regarding the psychometric measures (see Table 2).

Table 2

*Descriptive statistics, ANOVAs and U Test for the DSM-5 no LPE and LPE female groups*

	DSM-5 CD no LPE female group	DSM-5 CD LPE female group	<i>F</i> or <i>U</i> and <i>p</i> value*
APSD-SR total			$F_w = 8.78$
<i>M</i> ( <i>SD</i> )	14.09 (4.75)	18.17 (6.76)	$p \leq .01$
APSD-SR I-CP			$F = .319$
<i>M</i> ( <i>SD</i> )	11.30 (4.48)	11.93 (6.12)	$p = .57$
APSD-SR CU			$F = 85.256$
<i>M</i> ( <i>SD</i> )	2.78 (1.74)	6.24 (1.57)	$p \leq .001$
CATS			$F = 1.518$
<i>M</i> ( <i>SD</i> )	6.52 (1.20)	6.21 (1.05)	$p = .22$
SDQ-SR TDS			$F_w = .156$
<i>M</i> ( <i>SD</i> )	16.04 (3.57)	15.61 (5.15)	$p = .70$
SDQ-SR P			$F = 9.578$
<i>M</i> ( <i>SD</i> )	8.78 (1.08)	7.82 (1.68)	$p \leq .01$
ASRDS			$F_w = .406$
<i>M</i> ( <i>SD</i> )	25.41 (8.76)	23.79 (11.83)	$p = .53$
ICS			$U = 820.5$
<i>MR</i> ( <i>IR</i> )	52.11 (3)	43.29 (2)	$p = .15$
RSES			$F = 1.905$
<i>M</i> ( <i>SD</i> )	19.84 (4.29)	21.18 (3.76)	$p = .17$
MCSDS-SF			$F_w = .625$
<i>M</i> ( <i>SD</i> )	18.08 (1.91)	18.50 (2.44)	$p = .43$

*Note.* DSM-5 CD LPE = DSM-5 Conduct Disorder Limited Prosocial Emotions subtype diagnosis; APSD-SR = Antisocial Process Screening Device Self-report; APSD-SR I-CP = Impulsivity-Conduct Problems dimension; APSD-SR CU = Callous-Unemotional dimension; CATS = Child and Adolescent Taxon Scale; SDQ-SR = Strengths and Difficulties Questionnaire–Self-report; SDQ-SR TDS = Total Difficulties Score; SDQ-SR P = Prosocial Behavior; ASRDS = Adapted Self-Report Delinquency Scale; ICS = Index of Crime Seriousness; MCSDS-SF = Marlowe–Crowne Social Desirability Scale–Short Form

\*ANOVA or *U* Mann-Whitney Test (Exact sig. 2-tailed);  $F_w$  = Welch's ANOVA; *M* = Mean; *SD* = Standard-deviation; *MR* = Mean Rank; *IR* = Interquartile Range

To assess the individual associations of the DSM-5 Conduct Disorder Limited Prosocial Emotions (American Psychiatric Association, 2013) subtype diagnosis (coded 0 = CD no LPE, 1 = CD LPE) with the other variables and measures we utilized point-biserial correlations (see Table 3).

Table 3

*Point-biserial correlations of the DSM-5 Conduct Disorder Limited Prosocial Emotions subtype diagnosis with other variables and measures for males and females*

$r_{pb}$	Male sample	$p$ value	Female sample	$p$ value
ACO	-.17	$p \leq .05$	-.21	$p \leq .05$
AFPL	-.18	$p \leq .05$	-.21	$p \leq .05$
AFEJDC	-.10	$p = .14$	.04	$p = .69$
APSD-SR total	.32	$p \leq .001$	.33	$p \leq .001$
APSD-SR I-CP	.06	$p = .40$	.06	$p = .57$
APSD-SR CU	.60	$p \leq .001$	.69	$p \leq .001$
CATS	.19	$p \leq .01$	-.13	$p = .22$
SDQ-SR TDS	-.09	$p = .22$	-.05	$p = .66$
SDQ-SR P	-.26	$p \leq .001$	-.33	$p \leq .01$
ASRDS	.19	$p \leq .01$	-.08	$p = .49$
ICS	.20	$p \leq .01$	-.15	$p = .15$
RSES	.05	$p = .46$	.16	$p = .17$
MCSDS-SF	-.19	$p \leq .01$	.10	$p = .40$

*Note.*  $r_{pb}$  = Point biserial correlation; DSM-5 CD LPE = DSM-5 Conduct Disorder Limited Prosocial Emotions subtype diagnosis; ACO = age of crime onset; AFPL = age of first problem with the law; AFEJDC = age of first entry into a juvenile detention center; APSD-SR = Antisocial Process Screening Device - Self-report; APSD-SR I-CP = Impulsivity-Conduct Problems dimension; APSD-SR CU = Callous-Unemotional dimension; CATS = Child and Adolescent Taxon Scale; SDQ-SR = Strengths and Difficulties Questionnaire–Self-report; SDQ-SR TDS = Total Difficulties Score; SDQ-SR P = Prosocial Behavior; ASRDS = Adapted Self-Report Delinquency Scale; ICS = Index of Crime Seriousness; MCSDS-SF = Marlowe–Crowne Social Desirability Scale–Short Form

## Discussion

The aim of our study was to examine the relevance of the new DSM-5 CD LPE specifier among incarcerated male and female Portuguese juvenile delinquents. We hypothesized that participants diagnosed with the CD LPE specifier would 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. We also hypothesized that, independently of gender, the CD LPE specifier would be significantly associated with age of crime onset, and age of first problem with the law.

When comparing the male and female participants of the CD LPE group with the CD no LPE group regarding criminal variables, results showed that the participants from the LPE group had an earlier age of crime onset and were younger when they had their first problem with the law. These data are consistent with previous studies linking higher CU traits to earlier onset of antisocial activity and to earlier contacts with the police and other authorities (e.g., Dadds et al., 2005; Loeber et al., 2005; Pechorro et al., 2014), and reinforce the role of the interrelationship of CU traits with early criminal onset (e.g., Dandreaux & Frick, 2009; Rowe et al., 2010).

In comparisons between the male CD LPE group and the CD no LPE group regarding the psychometric measures statistically significant differences were mostly found. The male CD LPE group obtained significant higher values for CU traits (APSD-SR CU), general psychopathic traits (APSD-SR), psychopathy taxon membership (CATS), self-reported delinquency (ASRDS), and crime seriousness (ICS), and lower values for prosocial behavior (SDQ-SR P), and social desirability (MCSDS-SF). No differences were found in terms of general conduct problems (SDQ-SR TDS), and self-esteem (RSES). The fact that LPE group obtained a significantly higher values in terms of psychopathy taxon membership, self-reported delinquent behaviors, and crime severity is indicative of a greater frequency, diversity and severity of antisocial and criminal behaviors in this group. Such findings are consistent with the literature that describes the association between psychopathic traits and delinquent behaviors (e.g., Sevecke & Kosson, 2010; Van Baardewijk, Vermeiren, Stegge & Doreleijers, 2011), especially the CU dimension of psychopathic traits (e.g., Edens, Campbell, & Weir, 2007; Frick, 2009; Frick & White, 2008; Salekin & Lynam, 2010).

The low values obtained regarding prosocial behavior were expected due to the fact the LPE specifier in itself implies low prosociality when these individual are

diagnosed. With regard to social desirability it may seem like these results are counter-intuitive, as higher scores for social desirability could be expected in youths with high psychopathic traits so as to try to portray more positive images of themselves. However, Lilienfeld and Fowler (2006) had already showed that psychopathic individuals frequently report the presence of socially devalued characteristics, such as antisocial behaviors, hostility and weak impulse control, reliably. Quite frequently it is wrongly considered that psychopathic individuals are supposedly more manipulative of their questionnaire answers, but there is no consistent empirical evidence that supports such a claim, only a few specific clinical observations. We found no differences in terms of general conduct problems (the main difference between our two groups was the presence of the LPE specifier, not the level of conduct problems/frequency of CD symptoms) and self-esteem, although some literature classically associates low self-esteem with a higher prevalence of antisocial behaviors (e.g., Caldwell, Beutler, Ross & Silver, 2006; Mason, 2001).

In comparisons between the female CD LPE group and the CD No LPE group regarding the psychometric measures few statistically significant differences were found. The female CD LPE group obtained significant higher values for CU traits (APSD-SR CU), and for general psychopathic traits (APSD-SR), and lower values for prosocial behavior (SDQ-SR P), but no differences were found in terms of psychopathy taxon membership (CATS), self-reported delinquency (ASRDS), crime seriousness (ICS), general conduct problems (SDQ-SR TDS), self-esteem (RSES), and social desirability (MCSDS-SF). Our findings seem to put into question the potential utility of the new LPE specifier regarding delinquent female youths. The higher level of CU traits and the lower level of prosocial behavior was expected due to the fact the LPE specifier

in itself implies high callousness-unemotionality and low prosociality when these individual are diagnosed.

We can conclude that the CD LPE specifier is indeed useful in the characterization of delinquent male youths, allowing the variables analyzed from this perspective to highlight a number of problematic issues that characterize them. However, the specifier seems to be less useful when we consider delinquent female youths. Therefore we consider there is evidence that supports our first initial hypothesis, specifically when considering male juvenile offenders.

With regard to the correlations of the CD LPE specifier with age of crime onset and age of first problem with the law we found they were statistically significant for both genders, reinforcing the role of the interrelationship of CU traits with early criminal onset (e.g., Dandreaux & Frick, 2009; Rowe et al., 2010). Significant correlations were also found with other variables (e.g., crime seriousness), at least regarding the male participants. There is therefore also evidence in this case which mostly confirms the hypothesis that was set. We must conclude that the new CD LPE specifier is important for the early identification of young people at potential high risk and for the rigorous assessment of young people who have already come into contact with the judicial system, thus helping to identify unique etiological pathways in the development of antisocial behavior and promoting an empirically grounded basis to guide interventions (Frick & White, 2008; Kotler & McMahon, 2005).

Our study is the first study examining the new DSM-5 CD LPE specifier in a sample of incarcerated Portuguese male and female youths. The identification of these serious and persistent juvenile delinquents allows some space to improve the therapeutic interventions in terms of costs/benefits given that it becomes possible to focus

particularly in them the very scarce available resources. The benefits of focusing interventions in these individuals should be assessed in the future in terms of their recidivism rates. It is, however, necessary to point out some limitations of our study. The use of self-report measures and the low internal consistency of some scale dimensions (e.g., APSD-SR CU) were limitations in terms of measurement reliability. Another serious limitation was that we did not statistically control for age of CD onset and age of criminal onset, which are confounding variables that can seriously influence results and that future research in this area should control for.

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### **2.3. Artículo III**

Pechorro, P., Nunes, C., Jiménez, L., y Hidalgo, V. (2015). Incarcerated youths with high or low callous–unemotional traits: A comparison controlling for age of crime onset. *Journal of Forensic Psychiatry and Psychology*, 26(1), 78-93. Doi: 10.1080/14789949.2014.971853

Incarcerated youths with high or low callous-unemotional traits:

A comparison controlling for age of crime onset

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## **Abstract**

The aim of this study was to analyze the relevance of callous-unemotional (CU) traits in incarcerated juvenile delinquents. A sample of 160 incarcerated male youths was used. Results showed that youths with high CU traits had an earlier age of crime onset and of trouble with the law, and also had higher levels of conduct disorder. When controlling for age of crime onset, youths with high CU traits showed higher levels of general psychopathic traits and of psychopathy taxon membership as well as lower levels of prosocial behavior, but no differences were found for self-reported delinquency, crime seriousness, impulsivity-conduct problems, and general conduct problems. Also, no significant associations of CU traits with self-reported delinquency and crime seriousness were found when controlling for age of crime onset. Future studies of CU traits should take into account the specific importance of age of onset.

**Keywords:** juvenile delinquency; callous-unemotional traits; age of onset; psychopathic traits; conduct problems

Research has shown that adults with psychopathic traits tend to engage in more violent, aggressive, and persistent antisocial and criminal behaviors (e.g., Douglas, Vincent, & Edens, 2006; Porter & Woodworth, 2006). Consistent with the adult literature, more recent research has suggested that those youth with high levels of callous-unemotional (CU) traits are a particularly important subgroup of antisocial youth, i.e., this subgroup tends to engage in more severe, persistent, and aggressive types of behaviors and also show particularly poor treatment responses compared to antisocial youth with normative levels of CU traits (Edens, Campbell, & Weir, 2007; Frick, 2009; Frick & White, 2008; Kahn, Byrd, & Pardini, 2013; Salekin & Lynam, 2010). Additionally, there is evidence that this subgroup of antisocial youth has distinct causal processes that explain their antisocial behaviors compared to other antisocial youth. For instance, research consistently finds that antisocial youth with elevated levels of CU traits have diminished responses to negative emotions (e.g., signs of distress or fear in others) and are less responsive to cues of punishment, particularly when reward dominant response sets are primed (see Frick, Ray, Thornton, & Kahn, 2013 for a review). Therefore, CU traits probably have forensic and clinical relevance for identifying a subgroup of antisocial youth with unique etiologies and particularly severe and persistent behavior problems.

The research literature presently available encouraged the inclusion of CU traits as a specifier for Conduct Disorder in the Fifth Edition of the Diagnostic and Statistical Manual for Mental Disorders (DSM-5; American Psychiatric Association, 2013). This specifier (designated “with Limited Prosocial Emotions” to avoid potential harmful labeling effects) will be used to identify those individuals who are diagnosed with conduct disorder and who also show two of four CU characteristics in two or more settings (e.g., school, home), namely: lack of remorse or guilt, callous-lack of empathy,

unconcern about performance in important activities, and shallow or deficient affect. Frick and Moffitt (2010) and Moffitt et al. (2008) highlight the need for research that focuses on advancing the measurement of CU traits. There have been several recent notable studies that have already begun such endeavors (e.g., Hawes et al., 2013; Kimonis et al., 2014); however, more research is needed to better understand how to best capture these traits for forensic, clinical, and research purposes.

The age of onset of antisocial behavior has been consistently confirmed as one of the most critical pieces of information in understanding maladaptive behaviors, substance use, alcoholism, delinquency, and criminal justice system involvement; antisocial behaviors that emerge during childhood are often harbingers of sustained antisocial behavior that persists through adolescence and endures into adulthood (DeLisi, Beaver, Wright, & Vaughn, 2008; DeLisi, Neppl, Lohman, Vaughn, & Shook, 2013; McCuish, Corrado, Lussier, & Hart, 2014; Vaughn & Howard, 2005). Approximately 6% to 8% of males commit an estimated 50% to 70% of general crimes and an estimated 60% to 85% of the serious and violent crimes (e.g., Loeber, Farrington, & Waschbusch, 1998; Tolan & Gorman-Smith, 1998). It has been consistently demonstrated that this small group was different from other offenders and non-offenders, not only in the harm they imposed and in the age of initiation of criminal behavior but also in the likelihood of continuing criminal behavior into adulthood, increasing seriousness of their crimes.

Researchers who support the age of onset subtyping approach have identified two main groups of individuals: the “early starters” (Patterson, DeBaryshe, & Ramsey, 1989) or “life-course-persistent” (Loeber & Stouthamer-Loeber, 1998; Moffitt, 1993), who commit their first transgression early and persist in offending throughout the lifespan; and the “late starters” (Patterson et al., 1989), “adolescence-limited” (Moffitt,

1993), or “limited duration” (Loeber & Stouthamer-Loeber, 1998). Operational definitions of early onset of antisocial behavior generally specify a beginning before age 11 or 12 (Parker & Morton, 2009). The importance of the age-of-onset distinction is recognised by the two subtypes of Conduct Disorder (CD) present in the DSM-IV (American Psychiatric Association, 1994) and in the more recent DSM-5 (American Psychiatric Association, 2013): a childhood-onset type characterized by onset prior to age 10, and an adolescent-onset type characterized by onset after age 10.

It is known that childhood-onset individuals consistently show a more aggressive and stable pattern of antisocial behavior, more severe temperamental and neuropsychological risk factors, and higher rates of CU traits than adolescent-onset individuals (Bauer, Whitman, & Kosson, 2011; Brandt et al., 1997; Dandreaux & Frick, 2009; Moffitt, 2006; Silverthorn, Frick, & Reynolds, 2001). However, despite the recent evidence that CU traits are most promising for delineating a distinct subgroup of antisocial youth, it still remains unclear how these traits are related with the more traditionally established age of onset subtyping scheme and what exactly is their specific incremental relevance.

Some studies point to the utility of CU traits (see Frick & White, 2008), namely concluding that youths with childhood-onset of CD and with or without CU traits show statistically significant differences in terms of personality, cognitive, and emotional characteristics. Dadds, Fraser, Frost, and Hawes (2005), using a community sample of children (age range 4-9 years) revealed that CU traits formed a separate factor from conduct problems and predicted more severe antisocial behavior one year later controlling for the initial level of conduct problems. Viding, Blair, Moffitt, and Plomin (2005), using a community sample of 7-year old twins, showed that CU traits identified a distinct group of children within those with high conduct problems, concluding that

the group with CU traits had an higher genetic risk associated to their problem behavior. Loeber et al. (2005), using a community sample of high-risk preadolescents (age range 7-13 years) followed into adulthood, concluded that CU traits could significantly differentiate violent offenders from non-violent offenders.

A few recent important studies suggest that CU traits (or more general psychopathic traits) predicted more severe antisocial outcomes even when specifically controlling for age of onset. Vitacco, Caldwell, van Rybroek, and Gabel (2007), using a forensic sample of youths (age range 12-17 years, showed that CU traits were associated with extent of victim injury when controlling for the effects of age of onset (and also CD, and criminal versatility). Stickle, Kirkpatrick, and Brush (2009), using a forensic sample of youths (age range 11-17 years), demonstrated that CU traits explained self-reported aggression even after controlling for early onset of antisocial behavior (and impulsivity). McMahon Witkiewitz, Kotler, and The Conduct Problems Prevention Research Group (2010), using a high-risk community sample assessed in the 7<sup>th</sup> grade, showed that CU traits significantly predicted adult antisocial outcomes after controlling for childhood onset of CD (and also ADHD, CD, and ODD), i.e., those with both elevated CU traits and CD showed greater tendency than those with CD only for antisocial outcomes (e.g., arrests).

CU traits are rapidly becoming an important area of study, but there is a lack of research on this topic, especially with European samples (Frick et al., 2014). To our knowledge this is the first study examining the relevance of the specific interplay between CU traits and age of onset in a forensic sample of Portuguese adolescents. Considering the theoretical framework mentioned above, this study aimed to test two hypotheses: a) participants with higher CU traits show significantly higher values of self-reported delinquent behaviors, crime seriousness, general psychopathic traits,

psychopathy taxon membership, behavior problems, as well as lower values of prosocial behavior after controlling for age of onset; b) scores obtained from self-reported delinquent behaviors, crime seriousness, general psychopathic traits, psychopathy taxon membership, behavior problems, prosocial behavior are significantly associated with high or low CU traits after controlling for age of onset.

## **Method**

### **Participants**

The sample was made up of 160 participants ( $M = 16.01$  years,  $SD = 1.17$  years, range = 13-18 years) recruited from Juvenile Detention Centers; of this total, 88 participants formed the Low CU traits group ( $M = 16.10$  years,  $SD = 1.30$  years, range = 14-18 years) and 88 participants formed the High CU traits group ( $M = 15.91$  years,  $SD = 1.02$  years, range = 13-18 years). They were detained by the court's decision.

### **Instruments**

The Antisocial Process Screening Device–Self-report (APSD-SR; Frick & Hare, 2001; Caputo et al., 1999) 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 (0 = *Never*, 1 = *Sometimes*, 2 = *Often*); 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 et al., 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 problems factor (I-CP, tapping behavioral aspects of conduct

problems and impulse control problems). Frick, Barry, and 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 present study, estimated by Cronbach's alpha, was: APSD-SR total = .71, APSD-SR I-CP = .77, and APSD-SR CU = .59. Although rather low, the values obtained for the CU dimension were similar to those obtained by other studies (e.g., Colins, Bijttebier, Broekaert, & Andershed, 2014; Poythress et al., 2006).

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*). The total score is obtained by adding the items. Higher scores mean higher psychopathic-like 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 (0 = *Never*, 1 = *Somewhat true*, 2 = *Often*). 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 summed 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 present study, estimated by Cronbach's alpha, was: SDQ-SR TDS = .64, SDQ-SR Prosocial = .69. 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 assess adolescent involvement in illegal and antisocial activities. The ASRDS score can be obtained by adding the items from a 3-point ordinal scale (0 = *Never*, 1 = *Sometimes*, 2 = *Frequently*), where higher scores signify greater involvement in criminal activities. A Portuguese version of the ASRDS was used (Pechorro et al., in press). Pechorro (2011) was able to demonstrate psychometric properties that justify its use with the Portuguese adolescent population in terms of factorial validity, internal consistency (Cronbach's  $\alpha = .96$ ), temporal stability ( $r = .88$ ;  $p \leq .01$ ), discriminant validity ( $\Lambda$  Wilks = .51;  $\chi^2 = 508.88$ ;  $p \leq .001$ ), divergent validity ( $r = -.13$ ;  $p \leq .01$ ), convergent validity ( $r = .66$ ;  $p \leq .01$ ), concurrent validity ( $r_{pb} = .40$ ;  $p \leq .01$ ), retrospective validity ( $r = -.44$ ;  $p \leq .01$ ), cutoff score (CS = 16, sensibility = 86.4%, specificity = 85.5%, ROC = .86), corrected item-total correlation (range = .32 – .80) and average inter-item correlation (.38). The internal consistency, estimated by Cronbach's alpha, regarding this study was .91.

The delinquency seriousness classification of the official court reports was guided by the Sellin-Wolfgang Index of Crime Seriousness (ICS; Wolfgang et al., as cited in White et al., 1994). Level 0 consisted of no delinquency. Level 1 consisted of minor delinquency committed at home, such as stealing minor amounts of money from



mother's purse. Level 2 consisted of minor delinquency outside the home including shoplifting something worth less than €5, vandalism and minor fraud (e.g., not paying bus fare). Level 3 consisted of moderately serious delinquency such as any theft over €5, gang fighting, carrying weapons, and joyriding. Level 4 consisted of serious delinquency such as car theft and breaking and entering. Level 5 consisted of having performed at least two of each of the behaviors in level 4.

In addition, a questionnaire was constructed to describe the socio-demographic and criminal characteristics of the participants. This questionnaire included questions about participants' age, nationality, ethnic group, rural *versus* urban origin, years of schooling completed, socio-economic status, parents' marital status, nationality, number of siblings/half-siblings, taking of psychiatric drugs, age of first transgression, age of first problem with the law and age of first incarceration in a Juvenile Detention Center. Socio-economic status was measured by a combination of the parent's level of education and profession, appropriate to the Portuguese context (Simões, 1994).

## **Procedures**

The age range for youth participation in the study was previously set between 12 and 20 years since this is the age range when young people are amenable to interventions under the Portuguese judicial system's Educational Guardianship Act (*Lei Tutelar-Educativa*) and can be diagnosed as having conduct disorder. We chose to use male participants only because very few girls are admitted to the Portuguese Juvenile Detention Centers (*Centros Educativos*). Each questionnaire was preceded by an informed consent form, in which participants were informed of the voluntary and confidential nature of their participation in the study.

Collection of questionnaires was carried out individually after obtaining authorization from the General Directorate of Reintegration and Prison Services – Ministry of Justice (*Direção-Geral de Reinserção e Serviços Prisionais – Ministério da Justiça*). All the detainees from the existing Juvenile Detention Centers managed by the Portuguese Ministry of Justice were informed about the nature of the study and asked to participate. The participation rate was around 91%. Not all young people agreed or were able to participate; reasons included refusal to participate (5%), inability to participate due to not understanding the language (2%) and inability to participate due to security issues (2%). The directors of each Detention Center collaborated personally with the main author of this study in order to motivate youths to participate in the study, clarifying any questions that arose regarding participation. All questionnaires of those who participated were appropriately completed. No material incentives to encourage participation were given. The measures were administered by means of individual face-to-face interviews in an appropriate setting. It was stressed that there were no right or wrong answers and that for each item the youth should consider what he generally thinks or feels. Some of the information (e.g., socio-demographic variables) was obtained from self-reports. Institutional files were used to complement the information obtained (e.g., prior criminal activity and detentions). The first author made the diagnosis of Conduct Disorder (American Psychiatric Association, 2013) on the basis of an interview with each youth and reading of the institutional case-files (which in some cases also included previous official psychiatric diagnosis and psychological assessments), while blind to posterior group membership.

Questionnaire data which were considered valid (i.e., appropriately completed by male participants within the selected age range) were analyzed using SPSS v22 (IBM SPSS, 2013). Following data entry, 50% of the questionnaires were randomly selected

so as to evaluate the quality of their entry; the quality was considered very good as practically no entry errors were detected. Then the two groups were formed based on the median score obtained by participants on the CU dimension of the APSD-SR. Thirty-nine participants (with a *Mdn* = 5) were excluded in order to maximise differentiation between high CU scorers (CU+: *n* = 88) and low CU scorers (CU-: *n* = 88). The remaining participants were then approximately matched *a posteriori* on age, socio-economic status and ethnicity to control for the possible confounding effects of these variables (i.e., to obtain no statistically significant differences between the groups with regard to these variables) and create equal group sizes; eighteen participants that could not be matched were also excluded.

The Chi-square test was used to compare nominal variables, and Mann-Whitney's *U* test was used when the variables were ordinal (Leech, Barrett, & Morgan, 2008). ANCOVAS were used to jointly analyze the multiple dependent variables, while controlling for the age of criminal onset covariable. The fact the group sizes were identical provided robustness to meet the homogeneous regression slopes and the homogeneous variance/covariance assumptions (Maroco, 2014). Point-biserial correlations and partial point-biserial correlations were used to analyze the association between dichotomous variables and scale variables.

Effect size and power calculations were made (as described in Marôco, 2014) to clarify the degree of accuracy/reliability of the statistical judgments and the strength of the relationship between the variables. The following values were obtained regarding the ANCOVAS: APSD-SR Total ( $\eta_p^2 = .20$ ; power = 1); APSD-SR I-CP ( $\eta_p^2 = .00$ ; power = .09); APSD-SR CU ( $\eta_p^2 = .75$ ; power = 1); CATS ( $\eta_p^2 = .04$ ; power = .73); SDQ-SR TDS ( $\eta_p^2 = .01$ ; power = .23); SDQ-SR P ( $\eta_p^2 = .16$ ; power = 1); ASRDS ( $\eta_p^2 = .01$ ; power = .28); ICS ( $\eta_p^2 = .04$ ; power = .31).

## Results

In the initial phase of data treatment, variables of the socio-demographic questionnaire were analyzed. No statistically significant differences were found between the Low CU traits group and the High CU traits group regarding the variables age ( $F = 1.031$ ;  $p = .31$ ), ethnicity ( $\chi^2 = 1.354$ ;  $p = .73$ ), years of schooling completed ( $F = 3.256$ ;  $p = .07$ ), socio-economic level ( $U = 2961.5$ ;  $p = .22$ ), parents' marital status ( $\chi^2 = 8.91$ ;  $p = .06$ ), number of siblings/half-siblings ( $F = .004$ ;  $p = .95$ ), nationality ( $\chi^2 = 1.444$ ;  $p = .80$ ), rural *versus* urban origin ( $\chi^2 = .00$ ;  $p = 1$ ), and the taking of psychiatric drugs ( $\chi^2 = 1.242$ ;  $p = .35$ ). The criminal variables were then analyzed, with the results showing statistically significant differences between the Low CU traits group and the High CU traits group regarding age of crime onset ( $F = 6.022$ ;  $p \leq .05$ ), and age of first problem with the law ( $F = 11.938$ ;  $p \leq .001$ ), but not regarding age of first entry into a Juvenile Detention Center ( $F = 2.767$ ;  $p = .10$ ). Statistically significant differences were found in DSM-5's Conduct Disorder (American Psychiatric Association, 2013) diagnosis ( $\chi^2 = 7.828$ ;  $p \leq .01$ ), with the High CU traits group having a greater proportion of diagnosed youths. In terms of the total sample a very high prevalence rate of CD was found, namely 91.3%.

Table 1 displays the results of the ANCOVAS controlling for the age of criminal onset covariable. Some statistically significant differences were found when comparing the Low CU traits and the High CU traits groups in terms of the measures used, but it is worth pointing out that the self-reported delinquency and crime seriousness variables became non-significant when controlling for age of criminal onset covariable.

Table 1

*Descriptive statistics and ANCOVAS for the Low and High CU traits groups controlling for the age of criminal onset covariable*

	Low CU traits group	High CU traits group	Covariable's <i>F</i> and <i>p</i> value	<i>F</i> and <i>p</i> value
APSD-SR total			<i>F</i> = 8.059	<i>F</i> = 40.308
<i>M</i> ( <i>SD</i> )	12.28 (4.48)	17.35 (4.85)	<i>p</i> ≤ .01	<i>p</i> ≤ .001
APSD-SR I-CP			<i>F</i> = 5.379	<i>F</i> = .358
<i>M</i> ( <i>SD</i> )	9.49 (4.18)	10.22 (4.69)	<i>p</i> ≤ .05	<i>p</i> = .55
APSD-SR CU			<i>F</i> = 5.228	<i>F</i> = 462.672
<i>M</i> ( <i>SD</i> )	2.79 (1.23)	7.13 (1.26)	<i>p</i> ≤ .05	<i>p</i> ≤ .001
CATS			<i>F</i> = 23.839	<i>F</i> = 6.719
<i>M</i> ( <i>SD</i> )	6.19 (1.21)	6.79 (1.04)	<i>p</i> ≤ .001	<i>p</i> ≤ .01
SDQ-SR TDS			<i>F</i> = 1.191	<i>F</i> = 1.511
<i>M</i> ( <i>SD</i> )	15.84 (5.55)	15.05 (3.89)	<i>p</i> = .28	<i>p</i> = .22
SDQ-SR P			<i>F</i> = 3.759	<i>F</i> = 29.49
<i>M</i> ( <i>SD</i> )	8.27 (1.64)	6.56 (2.04)	<i>p</i> ≤ .05	<i>p</i> ≤ .001
ASRDS			<i>F</i> = 51.670	<i>F</i> = 1.925
<i>M</i> ( <i>SD</i> )	27.96 (13.33)	33.05 (12.93)	<i>p</i> ≤ .001	<i>p</i> = .17
ICS			<i>F</i> = 54.673	<i>F</i> = 2.165
<i>M</i> ( <i>SD</i> )	2.20 (1.37)	2.75 (1.36)	<i>p</i> ≤ .001	<i>p</i> = .14

*Note.* APSD-SR = Antisocial Process Screening Device Self-report; APSD-SR I-CP = Impulsivity-Conduct Problems dimension; APSD-SR CU = Callous-Unemotional dimension; CATS = Child and Adolescent Taxon Scale; SDQ-SR = Strengths and Difficulties Questionnaire–Self-report; SDQ-SR TDS = Total Difficulties Score; SDQ-SR P = Prosocial Behavior; ASRDS = Adapted Self-Report Delinquency Scale; ICS = Index of Crime Seriousness; *M* = Mean; *SD* = Standard-deviation

Table 2 presents the point-biserial correlations and also the partial point-biserial correlations controlling for age of criminal onset used to assess the individual associations of the Low or High CU traits groups membership (coded 0 = Low CU traits group, 1 = High CU traits group) with the other measures. Interestingly, the significant associations with self-reported delinquency and crime seriousness became non-significant when controlling for age of crime onset.

Table 2

*Point-biserial correlations and partial point-biserial correlations controlling for the age of criminal onset with the Low and High CU traits groups*

	$r_{pb}$ CU traits group	$p$ value	Partial $r_{pb}$ CU traits group	$p$ value
APSD-SR total	.48	$p \leq .001$	.45	$p \leq .001$
APSD-SR I-CP	.08	$p = .30$	.05	$p = .55$
APSD-SR CU	.87	$p \leq .001$	.86	$p \leq .001$
CATS	.26	$p \leq .001$	.20	$p \leq .01$
SDQ-SR TDS	-.08	$p = .30$	-.10	$p = .22$
SDQ-SR P	-.42	$p \leq .001$	-.40	$p \leq .001$
ASRDS	.19	$p \leq .05$	.11	$p = .17$
ICS	.20	$p \leq .05$	.12	$p = .14$

*Note.*  $r_{pb}$  = Point biserial correlation; CU = Callous-Unemotional; APSD-SR = Antisocial Process Screening Device - Self-report; APSD-SR I-CP = Impulsivity-Conduct Problems dimension; APSD-SR CU = Callous-Unemotional dimension; CATS = Child and Adolescent Taxon Scale; SDQ-SR = Strengths and Difficulties Questionnaire–Self-report; SDQ-SR TDS = Total Difficulties Score; SDQ-SR P = Prosocial Behavior; ASRDS = Adapted Self-Report Delinquency Scale; ICS = Index of Crime Seriousness

Table 3 displays the hierarchical binary logistic regression coefficients for the Low and High CU traits groups entering the age of crime onset as a covariate on the first step, and also self-reported delinquency (ASRDS) as a predictor on the second step. The crime seriousness variable was not included in the equation because of it was highly correlated ( $r \geq .50$ ) with self-reported delinquency (Leech, Barrett, & Morgan, 2008). Note that when age of crime onset and self-reported delinquency were entered together on the second step they became non-significant.

Table 3

*Hierarchical binary logistic regression coefficients for the Low and High CU traits groups*

	<i>B</i>	<i>SE</i>	<i>Wald</i>	<i>Exp(B)</i>	<i>p value</i>
1 <sup>st</sup> step					
ACO	-.193	.081	5.687	.825	$p \leq .05$
Constant	2.227	.949	5.501	9.269	$p \leq .05$
2 <sup>nd</sup> step					
ACO	-.128	.093	1.905	.880	$p = .16$
ASRDS	.020	.014	1.882	1.020	$p = .17$
Constant	.887	1.354	.429	2.428	$p = .51$

*Note.* ACO = Age of criminal onset; ASRDS = Adapted Self-Report Delinquency Scale

### Discussion

The aim of our study was to examine the relevance of the CU traits among incarcerated male Portuguese juvenile delinquents while controlling for age of onset. We hypothesized that participants with high CU traits would show significantly higher values of self-reported delinquent behaviors, crime seriousness, general psychopathic traits, psychopathy taxon membership, and behavior problems, as well as lower values of prosocial behavior after controlling for age of onset. We also hypothesized that scores obtained from self-reported delinquent behaviors, crime seriousness, general psychopathic traits, psychopathy taxon membership, behavior problems, and prosocial behavior would be significantly associated with high or low CU traits after controlling for age of onset.

When comparing the participants of the Low CU traits and High CU traits groups regarding socio-demographic variables no differences were found. Significant differences were found regarding the criminal variables: results showed that the

participants from the High CU traits group had an earlier age of crime onset and were younger when they had their first problem with the law, but only marginally significant differences were found in terms of age of first detention. These data are consistent with previous studies linking higher CU traits to earlier onset of antisocial activity and to earlier contacts with the police and other authorities (e.g., Dadds et al., 2005; Loeber et al., 2005), and reinforce the role of the interrelationship of CU traits with early criminal onset (e.g., Dandreaux & Frick, 2009; Rowe et al., 2010). We also found that the High CU traits group had a higher proportion of youths diagnosed with Conduct Disorder (American Psychiatric Association, 2013), and the very high prevalence rate of conduct disorder we found in our total sample (91.3%) was in the higher range of what is typical of some forensic samples (Sevecke & Kosson, 2010).

In comparisons between the Low CU traits group and the High CU traits group regarding the psychometric measures some statistically significant differences were found when controlling for the age of crime onset covariable. The High CU traits group obtained significant higher values for general psychopathic traits (APSD-SR), CU traits (APSD-SR CU), and psychopathy taxon membership (CATS), as well as lower values for prosocial behavior (SDQ-SR P), but no differences were found in self-reported delinquency (ASRDS), crime seriousness (ICS), impulsivity-conduct problems (APSD-SR I-CP), and general conduct problems (SDQ-SR TDS). The fact that High CU group obtained a significantly higher values in terms of general psychopathic traits, CU traits, and psychopathy taxon membership, as well as low values in prosocial behavior was expected due to way the CU groups were formed (i.e., splitting the participants into high or low CU psychopathic traits). For example, the low values obtained in prosocial behavior were expected due to the fact that higher CU traits would imply low prosociality.



We found no differences in terms of self-reported delinquency, crime seriousness, impulsivity-conduct problems and general conduct problems when controlling for age of crime onset covariable. It is important to highlight the fact that, at least regarding self-reported delinquency and crime seriousness, significant differences were previously present when not controlling for age of crime onset, and that the presence of the covariable statistically affected those two dependent variables (i.e., they became non-significant). Our results do not corroborate previous studies in which CU traits predicted more severe antisocial behaviors and outcomes even after controlling for age of onset (McMahon et al., 2010; Stickle et al., 2009; Vitacco et al., 2007). The findings lead us to argue that additional research is needed when investigating the associations described in the literature between antisocial behaviors and psychopathic traits (e.g., Sevecke & Kosson, 2010; Van Baardewijk, Vermeiren, Stegge & Doreleijers, 2011), especially the CU dimension of psychopathic traits (e.g., Edens, Campbell, & Weir, 2007; Frick, 2009; Frick & White, 2008; Salekin & Lynam, 2010), namely taking into increased consideration the important role of early onset. Therefore we consider that the first hypothesis set was not supported.

With regard to the correlations and the partial correlations of the CU traits' group membership with the other psychometric measures and variables, the most surprising finding was the fact that the significant associations with self-reported delinquency and crime seriousness disappeared when controlling for age of crime onset. The hierarchical binary logistic regression model also showed that if we control for age of crime onset and include self-reported delinquency as a predictor both variables become non-significant. Again, this was not consistent with some previous studies (e.g., Stickle et al., 2009; Vitacco et al., 2007), and raises the possibility that the relation between CU traits and frequency, diversity and severity of antisocial and criminal

behaviors is moderated by age of crime onset. Therefore, also in this case, the hypothesis that was previously set was not confirmed.

Our study adds to the universality of the psychopathic construct among delinquent youth and specifically contributes to the research on juvenile CU traits in southern European samples. This is the first study examining the relevance of the specific interplay between CU traits and age of onset among incarcerated Portuguese male youths. It is, however, necessary to point out some limitations of our study. The use of self-report measures and the low internal consistency of some scale dimensions (e.g., APSD-SR CU) were limitations in terms of measurement reliability. Another limitation of our study was due to the fact we did not control for the number of CD symptoms, and we recommend that this should be done in future investigations.

We can conclude that the CU traits are useful in the characterization of delinquent male youths when age of crime onset is taken into consideration, allowing the variables analyzed from this perspective to highlight a number of problematic issues that characterize them. CU traits are important for the identification of young people at potential high risk and for the rigorous assessment of young people who have already come into contact with the judicial system, thus helping to identify unique etiological pathways in the development of antisocial behavior and promoting an empirically grounded basis to guide interventions (Frick & White, 2008; Kotler & McMahon, 2005). The identification of serious and persistent juvenile delinquents allows some space to improve the therapeutic interventions in terms of costs/benefits given that it becomes possible to focus particularly in them the sometimes scarce available resources.

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### 3. DISCUSIÓN GENERAL

El trabajo hasta aquí presentado se enmarca en el ámbito de la psicopatía en delincuentes juveniles detenidos. La investigación acerca de este tópico continúa creciendo rápidamente a nivel internacional, especialmente en Estados Unidos y Canadá, por lo que resulta pertinente investigarlo en el contexto europeo en general y portugués en particular. La relativa novedad del tema en Portugal hace que exista un amplio espacio para realizar estudios innovadores con potencial para publicarlos en revistas internacionales de lengua inglesa y de calidad reconocida, con objeto de facilitar su acceso a la comunidad científica internacional de forma extensiva. En el marco teórico presentado en la parte inicial de la presente tesis enunciaremos las siguientes preguntas de investigación: ¿Se confirmará la adecuación de la estructura tridimensional y la consistencia interna del constructo de la psicopatía tal medida según el APSD-SR en delincuentes juveniles de sexo masculino detenidos en Centros de Detención de Menores? ¿Demostrará su relevancia el nuevo subtipo de Emociones Prosociales Limitadas del diagnóstico de Trastorno de Conducta del DSM-5 en delincuentes juveniles masculinos y femeninos detenidos? ¿Se mantendrá la utilidad específica de los rasgos de insensibilidad emocional en delincuentes juveniles masculinos y femeninos detenidos una vez controlada la edad de inicio de la actividad criminal? Las hipótesis de investigación específicas y los hallazgos empíricos obtenidos en los artículos publicados se discutirán conjuntamente a continuación en este apartado y en las conclusiones.

En el primer estudio, titulado *Confirmatory factor analysis of the Antisocial Process Screening Device: Self-Report among incarcerated male juvenile offenders* se examinó la estructura factorial y algunas propiedades psicométricas del APSD-SR,

recurriendo a una muestra forense de delincuentes juveniles del sexo masculino detenidos en los Centros de Menores del Ministerio de Justicia en Portugal.

Formulamos las hipótesis de que se encontrarían algunos problemas en cuanto a la saturación de los ítems en la estructura tridimensional del APSD-SR y también en cuanto a la consistencia interna de la dimensión de rasgos de insensibilidad emocional. Además, se hipotetizó que se hallarían relaciones significativas con otras medidas de rasgos psicopáticos y constructos relacionados (e.g., agresión proactiva) y con el Trastorno de Conducta, la edad de inicio de la actividad criminal, la gravedad de los crímenes cometidos, los crímenes violentos y el uso de drogas y alcohol.

El mejor modelo estructural obtenido para el APSD-SR fue el de tres factores de primer orden intercorrelacionados, excluyendo los ítems 20, 2 y 6. Es de destacar que estos dos últimos ítems tampoco se incluyeron en el modelo originalmente propuesto por Frick y Hare (2001). El modelo unidimensional de primer orden no obtuvo un buen ajuste, mientras que los índices de ajuste para los demás modelos alternativos, incluyendo los modelos bifactoriales, demostraron un aumento considerable de los indicadores de ajuste (e.g., IFI, CFI, RMSEA, AIC) que los hizo aceptables. No obstante, merece la pena mencionar que el índice  $S-B\chi^2/gf$  nunca bajó del valor óptimo recomendado de dos, incluyendo el modelo de tres factores de primer orden modificado que obtuvo el AIC más bajo. Las correlaciones entre el APSD-SR total, la estructura de tres factores y sus dimensiones demostraron ser positivas, de moderadas a altas. Estas fueron más elevadas que aquellas obtenidas en estudios anteriores.

El análisis de la consistencia interna reveló índices de buenos a muy buenos, con la mayoría excediendo el mínimo de .70 de alfa de Cronbach (Cortina, 1993; Kaplan y Saccuzzo, 2009), siendo de nuevo más altos que aquellos informados en

estudios anteriores (e.g., Lee, Vincent, Hart, y Corrado, 2003; Kruh et al., 2005). Incluso la dimensión de insensibilidad emocional obtuvo un alfa de Cronbach de .70 debido a la eliminación del ítem 20 de la misma. La excepción fue la dimensión de Impulsividad, con un alfa de .60, lo que cuestiona la fiabilidad de esta dimensión, a pesar de que este índice sea más alto que aquellos informados en estudios previos (e.g., Falkenbach, Poythress, y Heide, 2003; Poythress et al., 2006).

En cuanto a la media de las correlaciones inter-ítem, no se encontraron problemas porque el APSD-SR total y sus dimensiones siempre estuvieron dentro del rango recomendado entre .15 - .50 (Clark y Watson, 1995; Domino y Domino, 2006), revelando una homogeneidad adecuada entre los ítems que no se había hallado en estudios anteriores (e.g., Lee et al., 2003). En lo que respecta a la amplitud de correlaciones ítem-total, la mayoría de los resultados obtenidos estuvieron por encima del .20 recomendado (Kaplan y Saccuzzo, 2009; Nunnally y Bernstein, 1994). La excepción fue el APSD-SR total, con una correlación mínima de .00 causada por el ítem 20, ausente en la estructura de tres factores y en las restantes dimensiones (incluyendo la dimensión de insensibilidad emocional).

La validez convergente del APSD-SR y sus dimensiones con el YPI, el ICU, el NPI-13 y el RPQ reveló principalmente correlaciones significativas positivas de moderadas a altas, demostrando el solapamiento esperado consistente con otros estudios previos (e.g., Colins et al., 2014; Kimonis et al., 2008; Poythress et al., 2006; Roose et al., 2010). La excepción fue la dimensión de insensibilidad emocional, que no demostró correlaciones significativas con el NPI-13 total y sus dimensiones.

En cuanto a la validez discriminante, la correlación con el BES reveló de forma esperada correlaciones bajas no significativas o negativas (American Psychological

Association, 1999; Kaplan y Saccuzzo, 2009). La validez convergente del APSD-SR y sus dimensiones con los síntomas de Trastorno de Conducta puntuados en escala y con el diagnóstico de Trastorno de Conducta del DSM-5 (American Psychiatric Association, 2013) mostró asociaciones de moderadas a altas en consonancia con lo que habitualmente se encuentra en medidas de psicopatía juvenil (e.g., Forth et al., 2003; Pechorro et al., 2013); siendo de nuevo la excepción la insensibilidad emocional, con las correlaciones más bajas. La prevalencia del Trastorno de Conducta hallada en nuestra muestra fue más elevada que la que se ha descrito habitualmente en muestras forenses (Sevecke y Kosson, 2010).

Las correlaciones entre el APSD-SR y las variables criminales revelaron principalmente asociaciones negativas moderadas-bajas con la variable edad de inicio de la actividad criminal, y positivas moderadas-bajas con la variable gravedad de los crímenes cometidos y con la variable crímenes violentos previos. Estos resultados fueron consistentes en las distintas subescalas del APSD-SR, a excepción de la dimensión de insensibilidad emocional que reveló fundamentalmente correlaciones bajas y no significativas (con la variable crímenes violentos previos). Tales asociaciones negativas entre las puntuaciones en rasgos psicopáticos y la edad de inicio en la actividad criminal han sido documentadas consistentemente en la literatura (ver Forth et al., 2003), a pesar de que en el presente estudio no se hayan observado correlaciones significativas con la edad del primer problema con la ley ni con la edad de primera detención en un Centro de Menores. En la literatura se han informado consistentemente de asociaciones positivas entre medidas de rasgos psicopáticos y conductas criminales/antisociales semejantes a las halladas en el presente estudio (e.g., Dolan y Rennie, 2006; Poythress et al., 2006; Salekin et al., 2010).

Las correlaciones del APSD-SR y sus dimensiones con el consumo de alcohol, de cannabis y de cocaína/heroína revelaron principalmente asociaciones moderadas, coincidiendo con lo que se ha venido informando para otras medidas de rasgos psicopáticos (e.g., Baskin-Sommers, Waller, Fish, y Hyde, en prensa; Colins et al., 2012; Hillege et al., 2010; Poythress et al., 2006; Wymbs et al., 2012). Cabe destacar que la dimensión de insensibilidad emocional mostró las correlaciones más bajas con estas variables. La dimensión de Impulsividad reveló asociaciones significativas apenas con la variable sexo sin protección, a pesar de que en estudios anteriores utilizando otras medidas de rasgos psicopático se había informado de asociaciones significativas s (e.g., Rucevic, 2010; Wymbs et al., 2013).

El segundo estudio, titulado *The DSM-5 Limited Prosocial Emotions subtype of Conduct Disorder in incarcerated male and female juvenile delinquents* consistió en analizar la relevancia del nuevo especificador de Trastorno de Conducta con Emociones Prosociales Limitadas (TC EPL) del DSM-5 en delincuentes juveniles del sexo masculino y femenino detenidos en los Centros de Menores del Ministerio de Justicia de Portugal. Formulamos la hipótesis de que los participantes diagnosticados con este nuevo especificador demostrarían niveles más elevados de rasgos de insensibilidad emocional, rasgos psicopáticos generales, pertenencia a categoría psicopática, delincuencia autoinformada y gravedad de los crímenes cometidos, además de niveles más bajos de conducta prosocial, autoestima y deseabilidad social. También formulamos la hipótesis de que, independientemente del sexo, el especificador TC EPL estaría significativamente asociado a la edad de inicio de la actividad criminal y a la edad del primer problema con la ley.

Al comparar los participantes (chicos y chicas) que pertenecían al grupo TC EPL con los participantes (chicos y chicas) que pertenecían al grupo TC sin EPL,



observamos que los primeros eran más jóvenes cuando iniciaron su actividad criminal y tuvieron su primer problema con la ley. Estos resultados son consistentes con estudios previos que han relacionado niveles más elevados de rasgos de insensibilidad emocional con el comienzo de la actividad criminal temprana y contactos tempranos con la policía y otras autoridades (e.g., Dadds et al., 2005; Loeber et al., 2005; Pechorro et al., 2014), y corroboran el papel de la interrelación entre rasgos de insensibilidad emocional e inicio criminal temprano (e.g., Dandreaux y Frick, 2009; Rowe et al., 2010).

En las comparaciones realizadas entre el grupo TC EPL masculino y el grupo TC sin EPL se encontraron diferencias estadísticamente significativas en las dimensiones evaluadas. El grupo TC EPL masculino obtuvo puntuaciones más altas en rasgos de insensibilidad emocional (APSD-SR CU), rasgos psicopáticos generales (APSD-SR), pertenencia a categoría psicopática (CATS), delincuencia autoinformada (ASRDS) y gravedad de los crímenes cometidos (ICS), así como puntuaciones más bajas en conducta prosocial (SDQ-SR P) y deseabilidad social (MCSDS-SF). No se encontraron diferencias en cuanto a problemas de conducta generales (SDQ-SR TDS) ni autoestima (RSES). EL hecho de que el grupo EPL haya obtenido puntuaciones significativamente más elevadas en las medidas referidas indica una mayor frecuencia, diversidad y severidad de conductas antisociales y criminales. Estos resultados son consistentes con la literatura que describe la asociación entre comportamientos delictivos y rasgos psicopáticos (e.g., Sevecke y Kosson, 2010; Van Baardewijk, Vermeiren, Stegge, y Doreleijers, 2011), especialmente la dimensión de insensibilidad emocional de rasgos psicopáticos (e.g., Edens et al., 2007; Frick, 2009; Frick y White, 2008; Salekin y Lynam, 2010).

Las puntuaciones obtenidas en conducta prosocial eran esperables, debido al hecho de que el especificador EPL en sí mismo implica una baja prosociabilidad cuando

es diagnosticado. En cuanto a la deseabilidad social, puede parecer que estos resultados son anti-intuitivos porque se esperarían puntuaciones más altas en deseabilidad social en jóvenes con rasgos psicopáticos altos, en la medida en que estos intentarían transmitir una imagen más positiva de sí mismos. Sin embargo, Lilienfeld y Fowler (2006) ya habían demostrado que los individuos psicopáticos a menudo informan con fiabilidad la presencia de características mal vistas socialmente, como conductas antisociales, hostilidad, y un débil control de los impulsos. Con alguna frecuencia se considera erróneamente que los individuos psicopáticos son más manipuladores en las respuestas que dan en los cuestionarios, pero no existe ninguna evidencia empírica consistente que apoye dicha afirmación más allá de observaciones clínicas puntuales. No hallamos diferencias en cuanto a los problemas de conducta generales (la principal diferencia entre los dos grupos fue la presencia del especificador EPL, no el nivel de Trastorno de Conducta o frecuencia de síntomas de TC) ni en la autoestima, a pesar de que en parte de la literatura clásica sobre el tema se ha asociado la baja autoestima a una mayor prevalencia de conductas antisociales (e.g., Caldwell, Beutler, Ross, y Silver, 2006; Mason, 2001).

En las comparaciones realizadas entre el grupo TC EPL femenino y el grupo TC sin EPL se encontraron pocas diferencias estadísticamente significativas en las dimensiones evaluadas. El grupo TC EPL femenino obtuvo puntuaciones significativamente más altas en rasgos de insensibilidad emocional (APSD-SR CU) y en rasgos psicopáticos generales (APSD-SR), además de puntuaciones más bajas en conducta prosocial (SDQ-SR P), pero no se encontraron diferencias en cuanto a pertenencia a la categoría psicopática (CATS), delincuencia autoinformada (ASRDS), gravedad de los crímenes (ICS), problemas de conducta generales (SDQ-SR TDS), autoestima (RSES) ni deseabilidad social (MCSDS-SF). Así, nuestros resultados

cuestionan la utilidad potencial del nuevo especificador EPL con delincuentes juveniles del sexo femenino. El nivel más alto de rasgos de insensibilidad emocional y de conducta prosocial era esperado, dado que el especificador EPL en sí implica la presencia de tales características cuando se diagnostica a estas delincuentes.

Podemos concluir que el especificador TC EPL es útil en la caracterización de delincuentes juveniles del sexo masculino, mostrando los aspectos problemáticos que definen a estos jóvenes. No obstante, el especificador parece ser menos útil cuando consideramos a las participantes del sexo femenino. Es posible que las chicas jóvenes tengan características propias que no estén siendo debidamente captadas por el especificador TC EPL tal y como está formulado en la actualidad. Será necesario profundizar en esta cuestión y examinar la necesidad de modificar el especificador para adaptarlo al sexo femenino. Estos resultados nos llevan a considerar que existen evidencias que permiten confirmar parcialmente nuestra hipótesis inicial, específicamente en lo que respecta a los participantes del sexo masculino.

En lo que respecta a las correlaciones del especificador TC EPL con la edad de inicio de la actividad criminal y la edad del primer problema con la ley, observamos que eran estadísticamente significativas en ambos sexos, corroborando el papel de la interrelación de rasgos de insensibilidad emocional con este tipo de variables (e.g., Dandreaux y Frick, 2009; Rowe et al., 2010). Se hallaron también correlaciones significativas con otras variables (e.g., gravedad de los crímenes cometidos), al menos en lo que respecta a los participantes del sexo masculino. Existen también en este caso evidencias que confirman la hipótesis formulada previamente. Podemos concluir que el nuevo especificador TC EPL es importante para la identificación temprana de jóvenes en riesgo y para la evaluación rigurosa de los jóvenes que ya han tomado contacto con el sistema judicial. Así, se contribuye a identificar trayectorias etiológicas específicas en

el desarrollo de las conductas antisociales y se proporciona una base empírica para orientar las intervenciones con estos menores (Frick y White, 2008; Kotler y McMahon, 2005).

El tercer estudio, con el título *Incarcerated youths with high or low callous-unemotional traits: A comparison controlling for age of crime onset* consistió en analizar la relevancia de los rasgos de insensibilidad emocional en delincuentes juveniles del sexo masculino internados controlando estadísticamente la variable de inicio de la actividad criminal. Establecimos la hipótesis de que los participantes con rasgos de insensibilidad emocional obtendrían puntuaciones significativamente más altas en conductas delictivas autoinformadas, gravedad de los crímenes cometidos, rasgos psicopáticos generales, pertenencia a la categoría taxonómica psicopática y problemas conductuales, así como puntuaciones más bajas en conducta prosocial, una vez controlada la variable de inicio en la actividad criminal. Al comparar a los participantes de los dos grupos de rasgos de insensibilidad emocional bajos y altos en cuanto a las variables sociodemográficas no se observaron diferencias significativas. En lo que respecta a las variables de tipo criminal, los resultados mostraron que los participantes del grupo de rasgos de insensibilidad emocional elevados presentaban edades de inicio criminal y de primer problema con la ley más tempranas, pero las diferencias fueron marginalmente significativas en cuanto a la edad de la primera detención. Nuestros resultados fueron consistentes con estudios previos que han demostrado asociaciones entre rasgos de insensibilidad emocional elevados e inicio temprano de la actividad criminal, contactos tempranos con la policía y otras autoridades (e.g., Dadds et al., 2005; Loeber et al., 2005), corroborando la conexión entre rasgos de insensibilidad emocional e inicio criminal precoz (e.g., Dandreaux y Frick, 2009; Rowe et al., 2010). También demostramos que el grupo de rasgos de

insensibilidad emocional elevados incluía una proporción más elevada de jóvenes diagnosticados con Trastorno de Conducta (American Psychiatric Association, 2013), y que la alta prevalencia de este trastorno informada en nuestro estudio (91.3%) se sitúa en el límite superior típico de algunas muestras forenses (Sevecke y Kosson, 2010).

En las comparaciones entre los grupos de rasgos de insensibilidad emocional bajos e de rasgos de insensibilidad emocional altos relativamente a las medidas psicométricas, se encontraron diferencias estadísticamente significativas cuando se controló la edad de inicio en la actividad criminal como covariable. El grupo de rasgos de insensibilidad elevados obtuvo puntuaciones significativamente más altas en rasgos psicopáticos generales (APSD-SR), rasgos de insensibilidad emocional específicos (APSD-SR CU) y pertenencia a la categoría taxonómica psicopática (CATS), así como puntuaciones más bajas en conducta prosocial (SDQ-SR P), pero no se hallaron diferencias en delincuencia autoinformada (ASRDS), gravedad de los crímenes cometidos (ICS), impulsividad-problemas de conducta (APSD-SR I-CP) ni problemas de conducta generales (SDQ-SR TDS). El hecho de que el grupo de rasgos de insensibilidad emocional elevados haya obtenido puntuaciones más altas en rasgos psicopáticos generales (APSD-SR), rasgos de insensibilidad emocional específicos (APSD-SR CU) y pertenencia a la categoría taxonómica psicopática (CATS), así como puntuaciones más bajas en conducta prosocial (SDQ-SR P) era esperable debido a la metodología en la cual se basó la formación de los grupos (i.e., división de los participantes en rasgos de insensibilidad emocional altos y bajos). Por ejemplo, las bajas puntuaciones en conducta prosocial eran esperables debido al hecho de que los rasgos de insensibilidad emocional más elevados implican necesariamente una menor prosocialidad.

No se observaron diferencias en cuanto a la delincuencia autoinformada, gravedad de los crímenes cometidos, impulsividad-problemas conductuales ni problemas de conducta generales cuando se controló la edad de inicio en la actividad criminal como covariable. Es importante destacar el hecho de que, por lo menos en lo que respecta a la delincuencia autoinformada y a la gravedad de crímenes cometidos, las diferencias estadísticamente significativas estaban presentes previamente al control realizado de la variable inicio de la actividad criminal, y que la presencia de esa covariable afectó a las dos variables dependientes (i.e., se hicieron no significativas). Nuestros resultados contradicen estudios previos en los cuales los rasgos de insensibilidad emocional predecían conductas antisociales más graves incluso controlando la edad de inicio en la actividad criminal (McMahon et al., 2010; Stickle et al., 2009; Vitacco et al., 2007). Esto nos lleva a argumentar que serán necesarias investigaciones adicionales en relación a las asociaciones entre conductas antisociales y rasgos psicopáticos (e.g., Sevecke y Kosson, 2010; Van Baardewijk et al., 2011), especialmente la dimensión de insensibilidad emocional de los rasgos psicopáticos (e.g., Edens et al., 2007; Frick, 2009; Frick y White, 2008; Salekin y Lynam, 2010), tomando en especial consideración el papel de la edad de inicio en la actividad criminal. Por lo tanto, consideramos que nuestra hipótesis previa no se ha confirmado.

En lo que se refiere a las correlaciones totales y parciales de los grupos de rasgos de insensibilidad emocional con las demás variables, el resultado más sorprendente fue que las asociaciones significativas con la delincuencia autoinformada y la gravedad de los crímenes cometidos hayan desaparecido cuando se controló la edad de comienzo de la actividad criminal. El modelo de regresión logística jerárquica también demostró que cuando se controla edad de comienzo de la actividad criminal y se incluye la delincuencia autoinformada como variable predictiva ambas pierden su significatividad

estadística. Una vez más, estos resultados no son consistentes con parte de la literatura existente (e.g., Stickle et al., 2009; Vitacco et al., 2007), y sugieren que la relación entre los rasgos de insensibilidad emocional y la frecuencia, la diversidad y la gravedad de la conducta antisocial y criminal puede estar moderada por la edad de inicio de la actividad criminal. Por lo tanto, también en este caso nuestra hipótesis enunciada previamente no se ha confirmado.

En resumen, podemos afirmar que los resultados de nuestro primer estudio han proporcionado evidencia adicional que apoya el uso del APSD-SR en jóvenes detenidos del sexo masculino al demostrar propiedades psicométricas robustas que justifican su uso futuro con la población juvenil forense. Este estudio ha tenido el mérito de ser el primero en Portugal en testar las propiedades psicométricas del APSD-SR en una muestra exclusivamente forense compuesta por jóvenes del sexo masculino detenidos. No obstante, debemos mencionar algunas limitaciones. Así, es necesario que en el futuro se analicen las propiedades de este instrumento con jóvenes detenidas del sexo femenino que, aunque sean claramente una minoría, representan un grupo en aumento. Además, es necesario realizar análisis psicométricos adicionales (e.g., fiabilidad test-retest) y se recomienda que las investigaciones futuras utilicen fuentes de información múltiples, recurriendo a distintas muestras y métodos de evaluación (e.g., escalas de evaluación y escalas autoadministradas).

En lo referente a los resultados de nuestro segundo estudio, estos se centraron en la aplicabilidad del nuevo especificador TC EPL del DSM-5 en delincuentes juveniles detenidos. A través de este estudio concluimos que el especificador es útil con jóvenes del sexo masculino pero parece tener una utilidad reducida con las jóvenes del sexo femenino. Cabe subrayar que nuestro estudio ha sido el primero en analizar la importancia de este nuevo especificador de TC del DSM-5 en jóvenes portugueses

detenidos. En cuanto a las limitaciones de este estudio, cabe señalar el uso de medidas autoinformadas y la baja consistencia interna de algunas escalas. Otra limitación importante se relaciona con el hecho de no haber controlado estadísticamente variables importantes, como por ejemplo la edad de inicio del Trastorno de Conducta, que pueden influir seriamente en los resultados de este tipo de investigación y deberán ser controladas en estudios futuros.

Por último, en relación a los resultados de nuestro tercer estudio podemos concluir que los rasgos de insensibilidad emocional pierden su significatividad estadística en su relación con la frecuencia, la diversidad y la gravedad de las conductas antisociales y criminales cuando se controla estadísticamente la edad de inicio en la actividad criminal. Una vez más, hacemos hincapié en que este ha sido el primer estudio que ha analizado la relevancia de la interrelación entre los rasgos de insensibilidad emocional y la edad de inicio de la actividad criminal en jóvenes portugueses. En lo que respecta a sus limitaciones, debemos mencionar de nuevo el uso de medidas autoadministradas, que presentaban una baja consistencia interna en algunas subescalas. Además, no se controló estadísticamente el número de síntomas de Trastorno de Conducta, siendo recomendable que se haga en investigaciones futuras.



## **4. CONCLUSIONES**

Nuestra investigación ha contribuido a apoyar la idea de la universalidad de los rasgos psicopáticos, y específicamente la importancia de la dimensión de los rasgos de insensibilidad emocional en delincuentes juveniles detenidos. Podemos concluir que los rasgos psicopáticos en general y los de insensibilidad emocional en particular son particularmente útiles en la caracterización descriptiva de delincuentes juveniles del sexo masculino. Concretamente, pueden contribuir en la evaluación de problemas específicos (e.g., evaluación del riesgo de criminalidad violenta) y en la identificación de trayectorias etiológicas específicas conectadas al desarrollo de conductas antisociales y delictivas graves, además de proporcionar una potencial base empírica consistente para orientar posibles intervenciones (Frick y White, 2008; Kotler y McMahon, 2005).

Sin embargo, a pesar de todos los progresos descritos en términos de descripción, evaluación y etiología de la psicopatía, es necesario adoptar algunas precauciones. Así, no todas las hipótesis que formulamos previamente se han confirmado del todo dado que: a) Fue necesario eliminar un ítem de la dimensión de rasgos de insensibilidad emocional del APSD-SR; b) el nuevo especificador de Emociones Prosociales Limitadas pareció tener una utilidad bastante limitada en las jóvenes detenidas de sexo femenino; y c) no se observaron relaciones estadísticamente significativas entre los rasgos de insensibilidad emocional, la delincuencia autoinformada y la gravedad de los crímenes cometidos una vez controlada la edad de inicio de la actividad criminal. Lahey (2014) había advertido ya algunos de los problemas que encontramos en nuestra investigación, concretamente: los problemas de saturación de ítems en el APSD, las evidencias muy limitadas sobre la aplicabilidad y utilidad del especificador con Emociones Prosociales Limitadas en chicas y la ausencia de control estadístico de variables esenciales en las investigaciones sobre rasgos de insensibilidad emocional (e.g., gravedad y cantidad de síntomas de trastorno

conductual) que pueden interferir en los resultados. Así, concluimos que sus preocupaciones se encontraban al menos parcialmente justificadas, a pesar de las objeciones manifestadas por Frick, Ray, Thornton y Kahn (2014b).

La investigación sobre los delincuentes juveniles graves y persistentes caracterizados por demostrar rasgos psicopáticos elevados abre camino para mejorar en el futuro las intervenciones cuanto a coste/beneficio, ya que permitirá dirigir los recursos a veces escasos a este grupo de jóvenes con dificultades especialmente graves. De hecho, aún contamos con enormes lagunas en lo que respecta al desarrollo de programas orientados específicamente a tratar la psicopatía en jóvenes y a la posterior evaluación de su eficacia terapéutica (Haltz y Prieto-Ursúa, 2015; Ribeiro da Silva et al., 2013). Esta carencia estará relacionada con las ideas generalmente aceptadas de que los psicópatas son una categoría cualitativamente distinta, que la psicopatía tiene fuertes bases biológicas que la hacen crónica a lo largo de la vida, y que la mentira, la manipulación, la baja motivación para el cambio y la falta de vinculación afectiva de los psicópatas les hacen resistentes e inmunes a las intervenciones psicosociales (Farrington, 2005).

Algunos autores (e.g., Lynam et al., 2007; Salekin et al., 2008) defienden la importancia de identificar de la forma más precoz posible a los menores en riesgo de desarrollar psicopatía, implementando programas de intervención que incluyan a los padres e impidan que los futuros jóvenes consoliden estas características psicopáticas de forma crónica a lo largo de la vida. La eficacia de las intervenciones, sean preventivas o terapéuticas, deberá evaluarse en el futuro a través de seguimientos longitudinales de estos individuos, teniendo en cuenta sus tasas de delitos y reincidencia. Considerando el enorme coste que los individuos con niveles elevados de psicopatía causan debido a sus crímenes, así como los efectos colaterales en sus víctimas y en la sociedad en general,

esperamos que nuestra investigación pueda contribuir para fomentar estudios futuros sobre la psicopatía en jóvenes detenidos.

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## **ANEXOS**

- Anexo A      Declaraciones de los directores de la tesis doctoral
- Anexo B      Pedido y autorización de la DGRSP
- Anexo C      Cuestionario sociodemográfico y escalas
- Anexo D      Primera página de los artículos y capítulo de libro publicados

## Anexo A

Declaraciones de los directores de la tesis doctoral



Dpto. de Psicología Evolutiva y de la Educación  
Facultad de Psicología

### SUPERVISION LETTER

PhD Lucía Jiménez, professor at the Department of Developmental and Educational Psychology at Seville University (Spain), with mail address for notification at [luciajimenez@us.es](mailto:luciajimenez@us.es),

#### DECLARES THAT:

Pedro Fernandes dos Santos Pechorro is enrolled as PhD student at the Official Doctoral Program in Psychology at the Faculty of Psychology in Seville University (Spain). Pedro Fernandes dos Santos Pechorro is developing the doctoral thesis entitled “Incarcerated juvenile delinquents: Psychopathic traits and the relevance of callous-unemotional traits” under my direction with regular supervision meetings.

Seville, September 3<sup>rd</sup>, 2014

Lucía Jiménez García

## *DECLARAÇÃO*

Maria Cristina de Oliveira Salgado Nunes, docente do Departamento de Psicologia e Ciências da Educação, da Faculdade de Ciências Humanas e Sociais da Universidade do Algarve, com a categoria de professora associada, vem pela presente declarar que é orientadora da tese de doutoramento de Pedro Fernandes dos Santos Pechorro intitulada “Incarcerated juvenile delinquents: Psychopathic traits and the relevance of callous-unemotional traits”, em Psicologia, a desenvolver na Faculdade de Psicologia da Universidade de Sevilha.

Faro, 28 de Agosto de 2014



Cristina Nunes

Professora Associada.

## Anexo B

Pedido y autorización de la DGRSP

**Exmo. Senhor Director-Geral  
de Reinserção e Serviços Prisionais**

Pedro Fernandes dos Santos Pechorro, funcionário nº 72696, técnico superior na Equipa Algarve 2, vem por este meio requerer a V. Exma. a autorização para aplicação de questionários, no âmbito do seu doutoramento Psicologia na Universidade de Sevilha, nos Centros Educativos da DGRSP e incluindo também a Prisão-Escola de Leiria. A tese terá como título: “Incarcerated juvenile delinquents: Psychopathic traits and the relevance of callous-unemotional traits”. As orientadoras serão as Professoras Doutoradas Victória Hidalgo, Cristina Nunes e Lucia Jiménez.

A investigação irá trazer mais-valias à DGRSP, pois, para além de incidir sobre uma das suas áreas de intervenção – delinquência juvenil –, da mesma constam as validações para Portugal testes psicológicos que poderão passar a ser utilizadas nos Centros Educativos e Equipas de Reinserção. Coloca-se a hipótese de haver uma colaboração com o Gabinete de Projectos (GP) no âmbito da validação do teste Dispositivo de Despiste de Processo Antissocial.

Estando-me atribuídas funções de técnico superior na Equipa Algarve 2, saliento que em caso algum será posto em causa o meu trabalho, mantendo o compromisso de realização das actividades profissionais das quais estou incumbido.

Peço deferimento.

Pedro F. dos Santos Pechorro



Exmo(a) Senhor(a)  
Pedro F. dos Santos Pachorro  
Equipa Algarve 2

C/c: joao.a.batista@dgrs.mj.pt e à  
Delegação Regional do Algarve

*para se dar umhe a menho  
ao pnterocado.*

*V/ referência*                      *N/ referência*                      *Ofício N.º*                      *Data*

**Assunto:** Investigação académica

Tenho a honra de informar que, por despacho do Senhor Director-Geral de 122/DSPRE foi V. Ex.<sup>a</sup> autorizado a realizar a investigação em epígrafe no Estabelecimento Prisional de Leiria (Jovens)

Daqui decorre que poderá a requerente contactar o referido estabelecimento para os devidos efeitos.

Dando cumprimento ao disposto na Circular nº 5/GDG/2001 de 18 de Junho – que regula estágios e investigações académicas – chama-se a atenção para o facto da realização deste estudo estar sujeita às condições de que:

- 1 a execução do trabalho decorra nos Estabelecimento Prisional de Leiria (J) e esteja sempre dependente da disponibilidade e coordenação com a respectiva Direcção;
2. o requerente, enquanto elemento da Equipa Algarve 2 da DGRSP, realize este projecto sem prejuízo para o normal funcionamento das suas actividades no serviço e em articulação com o respectivo responsável hierárquico;
3. a aplicação dos instrumentos de recolha de dados, a um máximo de 30% dos reclusos condenados, seja assegurada pelo requerente nos termos a definir com a Direcção do Estabelecimento;
4. a recolha do consentimento informado por parte dos reclusos que colaborarem, reservando-se-lhes o direito de, a qualquer momento, poderem interromper a sua colaboração. O assentimento do recluso e técnicos ser passado a escrito, ficando cópia no EP;
5. o requerente e respectivo orientador do projecto fiquem obrigados a preservar o anonimato dos dados e das pessoas que venham a colaborar, através de declaração escrita.



Com os melhores cumprimentos.

Pa

A Direcção de Serviços de Organização, Planeamento  
e Relações Externas

Yves Yves Le Gaud. Quina  
(JJ Sem)

VPF/



## Anexo C

### Cuestionario sociodemográfico y escalas

## **TERMO DE CONSENTIMENTO INFORMADO**

Versão Centro Educativo

Concordo em participar neste estudo de doutoramento de Pedro Fernandes dos Santos Pechorro a decorrer no presente Centro Educativo.

Foi-me dada uma explicação da natureza e objectivos deste estudo e concedida a possibilidade de perguntar e esclarecer todos os aspectos que me pareceram pertinentes.

Foi-me dada a informação de que os dados obtidos por este questionário são confidenciais.

Concordo em que os dados recolhidos sejam analisados pelos investigadores envolvidos no estudo.

Sei que a minha participação é voluntária e que sou livre de desistir deste estudo se for esse o meu desejo.

Local \_\_\_\_\_

Data \_\_\_\_\_

*Não deixes nenhuma pergunta por responder*

## Questionário Sócio-demográfico

1. Qual é a tua data de nascimento? \_\_\_\_\_; Idade: \_\_\_\_\_ anos

2. Qual é o teu sexo?

Masculino       Feminino

3. Qual é a tua raça/etnia?

Branco       Negro       Mulato       Cigano

Outra. Qual? \_\_\_\_\_

4. Qual é a tua nacionalidade?

Portuguesa       Países da Europa       Países de África

Outra. Qual? \_\_\_\_\_

5. Em que localidade moras habitualmente? \_\_\_\_\_

6. Que escolaridade tens já completa? \_\_\_\_\_

7. Que escolaridade têm os teus pais?

Pai

- Sem estudos/analfabeto
- 1º Ciclo (4º ano)
- 2º Ciclo (6º ano)
- 3º Ciclo (9º ano)
- Ensino Secundário (12º ano)
- Ensino Superior/Universitário
- Não sei

Mãe

- Sem estudos/analfabeta
- 1º Ciclo (4º ano)
- 2º Ciclo (6º ano)
- 3º Ciclo (9º ano)
- Ensino Secundário (12º ano)
- Ensino Superior/Universitário
- Não sei

8. Que profissão têm os teus pais?

Pai \_\_\_\_\_

Não sei

Mãe \_\_\_\_\_

Não sei

9. Assinala a situação que corresponde melhor à situação dos teus pais:

- O meu pai e a minha mãe estão casados / vivem juntos
- O meu pai e a minha mãe estão divorciados / separados
- O meu pai já faleceu
- A minha mãe já faleceu

10.1. Com quem vives habitualmente em tua casa?

---

---

10.2. Quantas pessoas vivem em tua casa ao todo (incluindo tu)?

- Somos \_\_\_\_\_ pessoas.

11. Tens quantos irmãos ao todo (incluindo tu)?

- Somos \_\_\_\_\_ irmãos.

12. Estás a tomar medicamentos para os “nervos” ou “cabeça” (psiquiátricos)?

- Não             Sim

13. Já te envolvereste em actividades ilegais (contra a lei)?

- Não             Sim

13.2. Se respondeste Sim, que idade tinhas quando te envolvereste pela primeira vez nessas actividades ilegais?

- Tinha \_\_\_\_\_ anos.

14. Já tiveste problemas com a lei (policia, esquadra, etc.)?

- Não             Sim

14.2. Se respondeste Sim, que idade tinhas quando tiveste problemas pela primeira vez com a lei?

- Tinha \_\_\_\_\_ anos.

15. Já estiveste internado num Centro Educativo (“reformatório”) do Ministério da Justiça?

Não  Sim

15. Se respondeste Sim, que idade tinhas quando estiveste internado pela primeira vez num Centro Educativo?

Tinha \_\_\_\_\_ anos.

## RSES

De seguida tens afirmações que se referem a sentimentos gerais que tens acerca de ti próprio. Lê atentamente e responde assinalando a opção correcta para cada uma delas.

	Totalmente falso	Em parte falso	Totalmente verdade	Em parte verdade
1. De um modo geral estou satisfeito comigo próprio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Por vezes penso que não presto.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sinto que tenho algumas boas qualidades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sou capaz de fazer coisas tão bem como a maioria das outras pessoas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sinto que não tenho motivos para me orgulhar de mim próprio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Por vezes sinto-me um inútil.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Sinto que sou uma pessoa de valor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Deveria ter mais respeito por mim próprio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. De um modo geral sinto-me um fracassado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Tenho uma boa opinião de mim próprio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SDQ - SR

Para cada umas das afirmações seguintes assinala a opção de resposta correcta.  
 Responde a todas as afirmações o melhor que puderes baseando-te na forma como as coisas te corriam nos últimos 6 meses antes de entrares nos Centros Educativos...

*Muitas vezes verdade*  
*Por vezes verdade*  
*Falso*

	<i>Muitas vezes verdade</i>	<i>Por vezes verdade</i>	<i>Falso</i>
1. Tento ser simpático com as outras pessoas. Preocupo-me com o que sentem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sou irrequieto, não consigo ficar quieto muito tempo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tenho muitas dores de cabeça, de barriga ou vómitos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gosto de partilhar com os outros (comida, jogos, canetas, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Irrito-me e perco a cabeça muitas vezes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Estou quase sempre sozinho, jogo sozinho.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Normalmente faço o que me mandam.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Preocupo-me muito com as coisas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Gosto de ajudar se alguém está magoado, aborrecido ou doente.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Não sossego, estou sempre a mexer as pernas ou as mãos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Tenho pelo menos um bom amigo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ando sempre à pancada. Consigo obrigar os outros a fazer o que eu quero.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Ando muitas vezes triste, desanimado ou a chorar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Os meus colegas geralmente gostam de mim.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Estou sempre distraído. Tenho dificuldades em me concentrar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Fico nervoso em situações novas. Facilmente fico inseguro.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Sou simpático para as crianças mais pequenas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Sou muitas vezes acusado de mentir ou enganar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Os outros jovens metem-se comigo, ameaçam-me ou intimidam-me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Gosto de ajudar os outros (pais, professores ou outros jovens).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Penso nas coisas antes de as fazer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Tiro coisas que não são minhas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Dou-me melhor com adultos do que com os da minha idade.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Tenho muitos medos, assusto-me facilmente.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Geralmente acabo o que começo. Tenho uma boa capacidade de atenção.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ASDS

**Os jovens fazem muitas coisas diferentes e podem quebrar algumas regras de vez em quando. Lê atentamente as questões e responde assinalando a opção correcta para cada uma delas. Nos últimos 12 meses antes de entrares nos Centros Educativos tu...**

1

*Algumas vezes*  
*Muitas vezes*  
*Nunca*

1. Roubaste mais de 10 €?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Arrombaste uma casa com intenção de roubar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Roubaste menos de 10 €?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Roubaste coisas de outras pessoas (exemplo: telemóvel)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Roubaste coisas numa loja?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Conduziste um carro ou mota a mais de 120 km/h?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Passaste um semáforo vermelho quando conduzas um carro ou mota?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Roubaste um carro ou mota?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Participaste em corridas de carros ou motas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Guiaste sem teres carta de condução?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Guiaste um carro ou mota roubados?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Compraste bebidas alcoólicas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Bebeste bebidas alcoólicas em sítios públicos (exemplo: em discotecas)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Fumaste haxixe ("ganza") ou marijuana ("erva")?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Usaste drogas duras (exemplo: ecstasy, cocaína ou heroína)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Vendeste drogas a outras pessoas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Guiaste um carro ou mota quando estavas bêbado?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Participaste num roubo usando a força ou uma arma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Usaste a força para conseguir coisas de outras pessoas (exemplo: dinheiro)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Estiveste envolvido num acidente de carro ou mota e a seguir fugiste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Andaste armado ou usaste algum tipo de arma (exemplo: faca, pistola)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Estragaste de propósito material da escola (exemplo: cadeira, porta)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Estragaste de propósito coisas públicas (exemplo: jardim, caixote do lixo)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Estragaste de propósito coisas de outras pessoas (exemplo: carro, partir vidros)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Ateaste de propósito um fogo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## ASDS

Os jovens fazem muitas coisas diferentes e podem quebrar algumas regras de vez em quando. Lê atentamente as questões e responde assinalando a opção correcta para cada uma delas. Nos últimos 12 meses antes de entrares nos Centros Educativos tu...

2

*Nunca*  
*Algumas vezes*  
*Muitas vezes*

26. Abanaste ou bateste em máquinas de venda automática (exemplo: de bebidas)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Pintaste graffitis em sítios públicos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Envolvete-te em lutas entre grupos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Bateste em alguém?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Foste suspenso ou expulso da escola?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Viste filmes pornográficos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Fizeste telefonemas a ameaçar ou insultar alguém?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Não pagaste bilhete (exemplo: nos transportes públicos)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Faltaste às aulas sem justificação?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Fugiste de casa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## MCSDS SF

Em seguida encontra uma série de frases que se referem a traços e atitudes pessoais.

Lê cada uma delas e decide se essa frase é Falsa ou Verdadeira fazendo uma cruz na opção que melhor corresponde ao que pensas de ti.

	Falso	Verdade
1. Por vezes, quando não consigo o que quero fico chateado.	<input type="checkbox"/>	<input type="checkbox"/>
2. Já me aconteceu desistir de fazer certas coisas por pensar que não tinha capacidade para as fazer.	<input type="checkbox"/>	<input type="checkbox"/>
3. Já senti vontade de me revoltar contra as pessoas com mais autoridade do que eu, apesar de saber que elas tinham razão.	<input type="checkbox"/>	<input type="checkbox"/>
4. Ouço sempre com muita atenção todas as pessoas com quem falo, sejam elas quem forem.	<input type="checkbox"/>	<input type="checkbox"/>
5. Já fingi estar doente para me safar de uma situação.	<input type="checkbox"/>	<input type="checkbox"/>
6. Já me aproveitei de outras pessoas para meu benefício pessoal.	<input type="checkbox"/>	<input type="checkbox"/>
7. Quando cometo um erro estou sempre disposto a admitir que o cometi.	<input type="checkbox"/>	<input type="checkbox"/>
8. Por vezes, tento vingar-me em vez de perdoar e esquecer.	<input type="checkbox"/>	<input type="checkbox"/>
9. Sou sempre simpático, mesmo se as pessoas são mal-educadas para mim.	<input type="checkbox"/>	<input type="checkbox"/>
10. Nunca me aborreci quando as pessoas tinham ideias contrárias às minhas.	<input type="checkbox"/>	<input type="checkbox"/>
11. Houve alturas em que tive bastante inveja da boa sorte dos outros.	<input type="checkbox"/>	<input type="checkbox"/>
12. Por vezes, fico irritado com as pessoas que insistem em me pedir favores.	<input type="checkbox"/>	<input type="checkbox"/>
13. Nunca disse coisas para magoar os sentimentos de outra pessoa.	<input type="checkbox"/>	<input type="checkbox"/>

RPQ

Responde a todas as afirmações o melhor que puderes baseando-te na forma como tens sido nos últimos meses. Com que frequência tu...

	Quase nunca / Nunca	Pouca vezes	Algumas vezes	Muitas vezes	Quase sempre / Sempre
1. Gritaste com outras pessoas quando elas te chatearam?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ficaste zangado quando certas pessoas te provocaram?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ficaste zangado quando as coisas não correram como tu querias?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Fizeste birras ou ficaste de mau humor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Estragaste ou danificaste coisas porque estavas zangado?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Ficaste zangado quando não conseguiste fazer o que querias?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Ficaste zangado ou de mau humor quando perdeste um jogo ou uma aposta?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Ficaste zangado quando outras pessoas te ameaçaram?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Sentiste-te melhor depois de bateres ou gritares com alguém?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Bateste noutras pessoas para te defenderes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Zangaste-te ou bateste noutras pessoas por te estarem a gozar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Discutiste com outras pessoas para mostrares quem manda?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ficaste com coisas de outros miúdos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Estragaste ou danificaste coisas só para te divertires?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Participaste em lutas entre grupos (por exemplo: para te armares em bom)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Aleijaste outras pessoas para ganhares um jogo ou uma aposta?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Usaste força física para lewares outros a fazerem o que tu querias?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Usaste força para obter dinheiro ou coisas de outras pessoas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Ameaçaste ou intimidaste alguém?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Fizeste telefonemas a ameaçar ou a gozar com alguém para te divertires?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Juntaste-te a um grupo para fazeres "a folha" a alguém?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Andaste com uma arma (por exemplo: faca) para utilizares numa luta?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Gritaste com outras pessoas para elas fazerem o que tu querias?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Consumiste bebidas alcoólicas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Consumiste drogas, como haxixe ("pólen") ou marijuana ("erva")?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Consumiste drogas, como ecstasy ("pastilhas"), cocaína ("branca") ou heroína?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Tiveste relações sexuais sem utilizares preservativo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## APSD-SR

Lê cada uma das questões seguintes e decide o quanto te descreve.

Responde a todas as afirmações o melhor que puderes baseando-te na forma como eras nos últimos meses antes de entrares nos Centros Educativos.

	Falso	Por vezes verdade	Muitas vezes verdade
1. Culpas os outros pelos teus erros?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Envolve-te em actividades ilegais (contra a lei)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fazes as coisas sem pensares nas consequências?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Pareces ser falso às outras pessoas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. És bom a mentir?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Gabas-te muito das coisas que fazes ou tens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Ficas facilmente aborrecido?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Enganas ou usas as pessoas para teres o que queres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Gozas ou divertes-te à custa das outras pessoas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Fazes coisas arriscadas ou perigosas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Fazes-te de simpático para conseguires as coisas que queres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Ficas zangado quando te corrigem ou castigam?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Pensas que és melhor ou mais importante que os outros?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Deixas as coisas que tens a fazer sempre para o último minuto?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Preocupas-te com o teu desempenho na escola ou no trabalho?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. És bom a manter as promessas que fazes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Sentes-te mal ou culpado quando fazes alguma coisa de errado?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Preocupas-te com os sentimentos dos outros?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Mostras os teus sentimentos às outras pessoas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Tens mantido a amizade com os mesmos amigos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## BES

Lê cada uma das questões seguintes e decide o quanto te descreve.

Responde a todas as afirmações o melhor que puderes baseando-te na forma como eras nos últimos meses antes de entrares nos Centros Educativos.

	Totalmente falso	Em parte falso	Muitas vezes verdade	Em parte verdade	Totalmente verdade
1. Sou bastante sensível aos sentimentos dos meus amigos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Depois de falar com um amigo que está triste geralmente também fico triste.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fico assustado quando vejo filmes de terror.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sou facilmente influenciado pelos sentimentos das outras pessoas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Fico triste quando vejo outras pessoas a chorar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sou bastante sensível aos sentimentos das outras pessoas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Fico frequentemente triste quando vejo coisas tristes na televisão ou em filmes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Ver pessoas zangadas a discutir perturba-me emocionalmente.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Quando os meus amigos estão nervosos eu também fico nervoso.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Costumo deixar-me influenciar pelos sentimentos dos meus amigos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. A infelicidade dos meus amigos faz-me ficar infeliz também.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Consigo perceber a felicidade dos meus amigos quando acontecem coisas boas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Tenho facilidade em perceber quando os meus amigos estão nervosos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Quando as pessoas se sentem em baixo geralmente costumo perceber como elas se sentem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Geralmente costumo perceber quando os meus amigos estão nervosos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Geralmente costumo perceber como as pessoas se sentem mesmo antes de elas me dizerem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Geralmente costumo perceber quando as pessoas estão contentes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Geralmente costumo perceber rapidamente quando um amigo está zangado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Geralmente apercebo-me bem dos sentimentos dos meus amigos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Tenho facilidade em perceber quando os meus amigos estão felizes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ICU

Lê cada uma das questões seguintes e decide o quanto te descreve.

Responde a todas as afirmações o melhor que puderes baseando-te na forma como eras nos últimos meses antes de entrares nos Centros Educativos.

	Totalmente falso	Quase sempre falso	Por vezes falso	Por vezes verdade
4. Não me importa quem magoo para conseguir o que quero.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Não me preocupo com os sentimentos das outras pessoas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Não me importo de me meter em problemas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Não sinto remorsos quando faço coisas erradas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Não me preocupo em fazer as coisas bem feitas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Os sentimentos das outras pessoas não são importantes para mim.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Não me preocupo em ser pontual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Não gosto de gastar tempo a fazer as coisas bem feitas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. O que eu penso ser certo ou errado é diferente do que as outras pessoas pensam.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Não deixo os meus sentimentos controlarem-me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Pareço ser muito frio e insensível às outras pessoas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Tento sempre fazer as coisas o melhor possível.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Trabalho duramente nas coisas que faço.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Peço desculpa quando magoo outras pessoas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Preocupo-me com o meu desempenho na escola ou no trabalho.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Tento não magoar os sentimentos das outras pessoas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Tento fazer com que as outras pessoas se sintam bem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Admito facilmente quando estou errado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sinto-me mal ou culpado quando faço algo de errado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Expresso os meus sentimentos abertamente.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Sou uma pessoa muito sentimental e emocional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Mostro as minhas emoções às outras pessoas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Não escondo os meus sentimentos das outras pessoas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. As outras pessoas percebem facilmente como eu me sinto.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## NPI ee

Lê cada uma das questões seguintes e decide o quanto te descreve.

Responde a todas as afirmações o melhor que puderes baseando-te na forma como eras nos últimos meses antes de entrares nos Centros Educativos.

	Falso	Verdadeiro
7. Gosto de ser o centro das atenções.	<input type="checkbox"/>	<input type="checkbox"/>
30. Gosto mesmo de ser o centro das atenções.	<input type="checkbox"/>	<input type="checkbox"/>
15. Gosto de exhibir o meu corpo.	<input type="checkbox"/>	<input type="checkbox"/>
20. Gosto de me exhibir quando tenho oportunidade.	<input type="checkbox"/>	<input type="checkbox"/>
24. Sou muito exigente com as outras pessoas.	<input type="checkbox"/>	<input type="checkbox"/>
38. Fico aborrecido quando não reparam no meu bom aspecto.	<input type="checkbox"/>	<input type="checkbox"/>
3. Faria quase tudo se me desafiassem.	<input type="checkbox"/>	<input type="checkbox"/>
12. Gosto de ter autoridade sobre outras pessoas.	<input type="checkbox"/>	<input type="checkbox"/>
25. Só ficarei satisfeito quando obtiver tudo a quanto tenho direito.	<input type="checkbox"/>	<input type="checkbox"/>
35. Consigo fazer as pessoas acreditarem em tudo o que lhes digo.	<input type="checkbox"/>	<input type="checkbox"/>
13. É fácil para mim manipular as outras pessoas.	<input type="checkbox"/>	<input type="checkbox"/>
6. Geralmente consigo desenrascar-me de qualquer situação.	<input type="checkbox"/>	<input type="checkbox"/>
32. As pessoas parecem sempre reconhecer a minha autoridade.	<input type="checkbox"/>	<input type="checkbox"/>
21. Sei sempre o que estou a fazer.	<input type="checkbox"/>	<input type="checkbox"/>
4. Eu sei que sou bom porque as pessoas me dizem sempre isso.	<input type="checkbox"/>	<input type="checkbox"/>
23. Todas as pessoas gostam de ouvir as minhas histórias.	<input type="checkbox"/>	<input type="checkbox"/>
16. Facilmente consigo perceber como as outras pessoas são.	<input type="checkbox"/>	<input type="checkbox"/>
22. Raramente dependo de outras pessoas para fazer as coisas.	<input type="checkbox"/>	<input type="checkbox"/>
39. Tenho mais capacidade de fazer as coisas que a maioria das outras pessoas.	<input type="checkbox"/>	<input type="checkbox"/>

## NPI a (2)

Lê cada uma das questões seguintes e decide o quanto te descreve.

Responde a todas as afirmações o melhor que puderes baseando-te na forma como eras nos últimos meses antes de entrares nos Centros Educativos.

	Verdadeiro	Falso
18. Quero vir a ser alguém importante na vida.	<input type="checkbox"/>	<input type="checkbox"/>
10. Vejo-me a mim próprio como um bom líder.	<input type="checkbox"/>	<input type="checkbox"/>
9. Penso que sou uma pessoa especial.	<input type="checkbox"/>	<input type="checkbox"/>
14. Insisto em que as pessoas me respeitem.	<input type="checkbox"/>	<input type="checkbox"/>
8. Vou ter sucesso na vida.	<input type="checkbox"/>	<input type="checkbox"/>
40. Sou uma pessoa extraordinária.	<input type="checkbox"/>	<input type="checkbox"/>
37. Gostaria que alguém um dia escrevesse a história da minha vida.	<input type="checkbox"/>	<input type="checkbox"/>
36. Ser líder está na minha natureza.	<input type="checkbox"/>	<input type="checkbox"/>
34. Vou ser uma grande pessoa.	<input type="checkbox"/>	<input type="checkbox"/>
29. Gosto de me olhar no espelho.	<input type="checkbox"/>	<input type="checkbox"/>
11. Sou uma pessoa decidida que sabe o que quer.	<input type="checkbox"/>	<input type="checkbox"/>
33. Prefiro ser o líder.	<input type="checkbox"/>	<input type="checkbox"/>
26. Gosto de ser elogiado.	<input type="checkbox"/>	<input type="checkbox"/>
28. Gosto de iniciar novas modas e manias.	<input type="checkbox"/>	<input type="checkbox"/>
17. Gosto de tomar a responsabilidade pelas minhas decisões.	<input type="checkbox"/>	<input type="checkbox"/>
2. Sou uma pessoa simples ou humilde.	<input type="checkbox"/>	<input type="checkbox"/>



## DSM-IV-TR PC & CATS

**Responde a todas as questões o melhor que puderes baseando-te no que fazias antes de entrares nos Centros Educativos.**

Não      Sim

	Não	Sim
1. Com frequência insultaste, ameaçaste ou intimidaste outras pessoas?	<input type="checkbox"/>	<input type="checkbox"/>
2. Com frequência iniciaste lutas físicas?	<input type="checkbox"/>	<input type="checkbox"/>
3. Utilizaste uma arma que poderia causar ferimentos físicos aos outros (exemplo: pau, soqueira, chivo, faca, arma de fogo)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Foste fisicamente cruel (exemplo: aleijaste ou magoaste) com as pessoas?	<input type="checkbox"/>	<input type="checkbox"/>
5. Foste fisicamente cruel (exemplo: aleijaste ou magoaste) com os animais?	<input type="checkbox"/>	<input type="checkbox"/>
6. Roubaste uma pessoa (exemplo: roubo, roubo por esticção, roubo à mão armada)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Forçaste alguém a ter actividades sexuais?	<input type="checkbox"/>	<input type="checkbox"/>
8. Pegaste um fogo (incêndio) de propósito com intenção de causar danos?	<input type="checkbox"/>	<input type="checkbox"/>
9. Destruíste de propósito propriedade alheia (pública ou de outras pessoas)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Arrombaste a casa, a propriedade ou o carro de outra pessoa?	<input type="checkbox"/>	<input type="checkbox"/>
11. Menteste com frequência para obteres ganhos ou favores ou evitares obrigações?	<input type="checkbox"/>	<input type="checkbox"/>
12. Roubaste objectos de certo valor sem te confrontares com vítimas (exemplo: furto em lojas ou noutros sítios)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Desde antes dos 13 anos de idade, frequentemente permanecias fora de casa à noite apesar da proibição dos teus pais (ou familiares)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Fugíste de casa durante a noite pelo menos 2 vezes enquanto vivias em casa dos teus pais (ou familiares), ou 1 só vez durante um período prolongado?	<input type="checkbox"/>	<input type="checkbox"/>
15. Desde antes dos 13 anos de idade, faltavas frequentemente à escola?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
I. Na escola tiveste problemas de disciplina ou por faltares às aulas?	<input type="checkbox"/>	<input type="checkbox"/>
II. Consumíste bebidas alcoólicas com alguma frequência?	<input type="checkbox"/>	<input type="checkbox"/>
III. Antes dos 15 anos de idade, agredíste fisicamente um colega ou outra pessoa?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
V. Já foste suspenso ou expulso da escola?	<input type="checkbox"/>	<input type="checkbox"/>
VI. Antes dos 16 anos de idade, foste levado para a esquadra pela polícia ou preso?	<input type="checkbox"/>	<input type="checkbox"/>
VII. O teu pai ou a tua mãe abusaram das bebidas alcoólicas?	<input type="checkbox"/>	<input type="checkbox"/>
VIII. Os teus pais separaram-se antes de tu teres 16 anos de idade?	<input type="checkbox"/>	<input type="checkbox"/>

## ICS

**Responde Falso ou Verdadeiro às afirmações abaixo sobre actos que possas ter cometido antes de entrares nos Centros Educativos.**

	Falso	Verdadeiro
	<input type="checkbox"/>	<input type="checkbox"/>
1. Cometi pequenos actos contra a lei <u>em minha casa</u> , tais como por exemplo pelo menos um dos seguintes: roubar pequenas quantias de dinheiro em casa <u>ou</u> coisas de valor inferior a 5 euros.	<input type="checkbox"/>	<input type="checkbox"/>
2. Cometi pequenos actos contra a lei <u>fora de casa</u> , tais como por exemplo pelo menos um dos seguintes: roubar coisas de valor inferior a 5 euros, não pagar bilhete de autocarro/comboio <u>ou</u> fazer graffiti em sítios proibidos.	<input type="checkbox"/>	<input type="checkbox"/>
3. Cometi actos contra a lei, tais como por exemplo pelo menos um dos seguintes: roubar coisas de valor superior a 5 euros (exemplo: telemóveis), participar em lutas entre grupos <u>ou</u> porte de armas (exemplo: faca, pistola).	<input type="checkbox"/>	<input type="checkbox"/>
4. Cometi actos contra a lei, tais como por exemplo pelo menos um dos seguintes: roubar carros, motas, arrombar e roubar casas, lojas <u>ou</u> garagens.	<input type="checkbox"/>	<input type="checkbox"/>
5. Cometi actos contra a lei, tais como por exemplo pelo menos um dos seguintes: crimes violentos contra pessoas, agressões com armas (exemplo: faca, pau, pistola) <u>ou</u> agressões físicas (exemplo: murros, pontapés).	<input type="checkbox"/>	<input type="checkbox"/>

YPI

Lê cada uma das questões seguintes e decide o quanto se aplica a ti.  
 Responde a todas as afirmações o melhor que puderes baseando-te na forma como tens sido nos últimos meses antes de entrares nos Centros Educativos.

	Discordo totalmente	Discordo	Concordo	Concordo totalmente
1. Gosto de estar onde acontecem coisas excitantes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Geralmente fico calmo em situações em que as outras pessoas ficam assustadas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Prefiro gastar logo o dinheiro em vez de o poupar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Aborreço-me rapidamente quando as coisas são sempre iguais.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Provavelmente já faltei à escola ou ao trabalho mais vezes do que a maioria das pessoas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. É fácil para mim ser charmoso e sedutor para conseguir das pessoas aquilo que quero.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. É divertido inventar histórias e tentar levar as pessoas a acreditarem nelas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Tenho a capacidade de não me sentir culpado nem arrependido de coisas más que tenha feito.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Considero-me uma pessoa bastante impulsiva.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Sou melhor que os outros em quase tudo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Consigo fazer as pessoas acreditar em quase tudo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Acho que chorar é sinal de fraqueza mesmo que ninguém nos veja.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Se eu ganhasse muito dinheiro no euromilhões (lotaria) desistia da escola ou do trabalho e passava a fazer só coisas divertidas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Tenho jeito para enganar as pessoas, usando o meu charme e o meu sorriso.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Sou bom a fazer as pessoas acreditarem em mim quando invento alguma história.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Já cheguei muitas vezes atrasado à escola ou ao trabalho.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Quando as outras pessoas têm problemas muitas vezes é por culpa delas, por isso não devíamos ajudá-las.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Muitas vezes falo primeiro e só penso depois.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Tenho capacidades que vão muito além das capacidades das outras pessoas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. É fácil para mim manipular as pessoas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Raramente me arrependo das coisas que faço, mesmo se as outras pessoas achem que são erradas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Gosto de fazer coisas apenas pela excitação que me provocam.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. É importante para mim não ferir os sentimentos das outras pessoas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Às vezes minto sem motivo, só porque é divertido.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Estar nervoso e preocupado é um sinal de fraqueza.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## YPI (2)

**Lê cada uma das questões seguintes e decide o quanto se aplica a ti.  
Responde a todas as afirmações o melhor que pudeses baseando-te na forma como tens sido nos últimos meses antes de entrares nos Centros Educativos.**

	Discordo totalmente	Discordo	Concordo	Concordo totalmente
26. Se eu tiver a oportunidade de fazer algo divertido, faço-o independentemente do que tenha estado a fazer antes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Quando alguém me pergunta alguma coisa, geralmente dou uma resposta rápida que parece verdadeira, ainda que tenha acabado de a inventar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Quando alguém descobre que fiz algo de errado, sinto-me mais zangado do que culpado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Aborreço-me muito depressa se estiver a fazer sempre as mesmas coisas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. O mundo seria um lugar bem melhor se fosse eu que mandasse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Para levar as pessoas a fazerem o que eu quero, muitas vezes o melhor é enganá-las.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Muitas vezes faço coisas sem pensar nas consequências.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Muitas vezes comporto-me de forma charmosa e simpática, mesmo com pessoas de quem não gosto, para conseguir o que quero.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Já me aconteceu várias vezes pedir uma coisa emprestada e depois perdê-la.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Geralmente sinto-me triste e comovido quando vejo coisas tristes na televisão ou no cinema.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. O que assusta os outros normalmente não me assusta a mim.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Sou mais importante e tenho mais valor que as outras pessoas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Quando é preciso, uso o meu sorriso e o meu charme para tirar partido dos outros.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Não entendo como há pessoas que ficam tão emocionadas ao ponto de chorarem com o que vêem na televisão ou nos filmes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Muitas vezes não fiz a tempo os trabalhos escolares.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Estou destinado a ser uma pessoa importante e bem conhecida.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Gosto de fazer coisas excitantes e perigosas, mesmo que sejam proibidas ou ilegais.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Às vezes dou comigo a mentir sem um motivo especial.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. É sinal de fraqueza sentir culpa e remorsos por coisas que fizemos e que magoaram os outros.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Não deixo que os meus sentimentos me afetem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Já aconteceu eu ter-me aproveitado (usado) de alguém para conseguir o que queria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Gosto de exagerar e inventar quando estou a contar alguma coisa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. É uma perda de tempo sentir culpa e lamentar o que fizemos de errado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Geralmente fico triste quando vejo outras pessoas tristes ou a chorar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Muitas vezes meti-me em sarilhos por ter mentido demasiado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Anexo D

Primera página de los artículos y capítulo de libro publicados

# Confirmatory Factor Analysis of the Antisocial Process Screening Device: Self-Report Among Incarcerated Male Juvenile Offenders

International Journal of  
Offender Therapy and  
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1–17

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and Lucía Jiménez<sup>1</sup>**

## Abstract

The main aim of the present study was to examine the factor structure, internal consistency, and some additional psychometric properties of the Antisocial Process Screening Device–Self-Report (APSD-SR) among a large forensic sample of incarcerated male juvenile offenders ( $N = 438$ ). The results, based on this forensic sample, support the use of the APSD-SR in terms of its factor structure, and internal consistency despite the fact an item had to be removed from the callous-unemotional (CU) dimension. Statistically significant positive associations were found with measures of psychopathic traits, CU traits, narcissism, and aggression, as well as negative associations with a measure of empathy. Findings provide support for the use of the APSD-SR among the incarcerated male juvenile offender population.

## Keywords

Antisocial Process Screening Device–Self-Report (APSD-SR), adolescence, juvenile delinquency, psychopathic traits, validation

Over the last decades, research has extended the concept of psychopathy to children and adolescents, suggesting that those with elevated psychopathic traits are a particularly important subgroup of antisocial youth who tends to engage in more severe,

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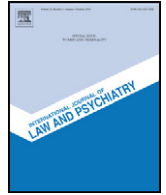
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# The DSM-5 Limited Prosocial Emotions subtype of Conduct Disorder in incarcerated male and female juvenile delinquents



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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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## Incarcerated youths with high or low callous–unemotional traits: a comparison controlling for age of crime onset

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The aim of this study was to analyze the relevance of callous–unemotional (CU) traits in incarcerated juvenile delinquents. A sample of 160 incarcerated male youths was used. Results showed that youths with high CU traits had an earlier age of crime onset and of trouble with the law, and also had higher levels of conduct disorder. When controlling for age of crime onset, youths with high CU traits showed higher levels of general psychopathic traits and of psychopathy taxon membership as well as lower levels of prosocial behavior, but no differences were found for self-reported delinquency, crime seriousness, impulsivity–conduct problems, and general conduct problems. Also, no significant associations of CU traits with self-reported delinquency and crime seriousness were found when controlling for age of crime onset. Future studies of CU traits should take into account the specific importance of age of onset.

Keywords: juvenile delinquency; callous–unemotional traits; age of onset; psychopathic traits; conduct problems

Research has shown that adults with psychopathic traits tend to engage in more violent, aggressive, and persistent antisocial and criminal behaviors (e.g. Douglas, Vincent, & Edens, 2006; Porter & Woodworth, 2006). Consistent with the adult literature, more recent research has suggested that those youth with high levels of callous–unemotional (CU) traits are a particularly important subgroup of antisocial youth, that is this subgroup tends to engage in more severe, persistent, and aggressive types of behaviors and also show particularly poor treatment responses compared to antisocial youth with normative levels of CU traits (Edens, Campbell, & Weir, 2007; Frick, 2009; Frick & White, 2008; Kahn, Byrd, & Pardini, 2013; Salekin & Lynam, 2010). Additionally, there is evidence that this subgroup of antisocial youth has distinct causal processes that explain their antisocial behaviors compared to other antisocial youth. For instance, research consistently finds that antisocial youth with elevated levels of CU traits have diminished responses to negative emotions

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# El constructo de psicopatía y su aplicación en niños y adolescentes

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La psicopatía puede ser definida como un constructo multidimensional, que se manifiesta a través de un trastorno de personalidad compuesto por componentes afectivos (e.g., déficit de afecto, ausencia de culpa y de empatía), interpersonales (e.g., narcisismo, manipulación, grandiosidad) y comportamentales (e.g., impulsividad, estilo de vida desviante) que contribuyen a la identificación de personas que exhiben comportamientos delictivos y antisociales graves de forma persistente (Douglas, Vincent, y Edens, 2006; Hare y Neumann, 2008). Aunque etimológicamente la palabra psicopatía significa simplemente enfermedad mental, el término se ha utilizado en la cultura y ciencia occidentales para designar al grupo de personas que se caracterizan por mostrar conductas antisociales o desviadas en el contexto de una sociedad dada (Hare, 1985, 2003).

La investigación científica de la psicopatía tiene unos 200 años de antigüedad y está intrínsecamente ligada a la historia de la psiquiatría (Arrigo y Shipley, 2001; Millon, Simonsen, y Birket-Smith, 1998). Actualmente la psicopatía es considerada uno de los trastornos psiquiátricos más devastadores debido a su impacto a nivel interpersonal y social, principalmente dada la tendencia de estos individuos a exhibir conductas criminales graves y violentas de forma persistente, siendo usuarios de una amplia gama de servicios sociales desde la cárcel a terapia (Haly y Prieto-Ursúa, 2015).

La primera descripción de la psicopatía en la literatura científica fue realizada por el médico francés Pinel en 1801 (cit. en Arrigo y Shipley, 2001), utilizando el término «locura sin delirio» para referirse a aquellos actos de extrema violencia cometidos por ciertos individuos con una percepción de la realidad y una capacidad de razonamiento aparentemente intactas. Otros

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