

## CHILD AND ADOLESCENT PSYCHOPATHY: ASSESSMENT AND TREATMENT

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*A lo largo de este artículo se pretende defender la presencia de rasgos psicopáticos en población infanto-juvenil. Desde la psicología hay dos aportaciones teóricas fundamentales para la comprensión de este trastorno en la infancia. Una de ellas se centra más en los aspectos del comportamiento antisocial (Lynam, 1997); y, la otra destaca la presencia de un rasgo fundamental en la identificación del trastorno que es la insensibilidad emocional (CU, callous unemotional, Frick, O'Brien, Wootton y McBurnett, 1994). También se presentan algunos de los instrumentos más utilizados para la evaluación de la psicopatía infanto-juvenil, así como algunos resultados encontrados en el tratamiento de esta patología.*

**Palabras clave:** Psicopatía infantil, Evaluación, Tratamiento.

*Throughout this article we aim to defend the presence of psychopathic traits in child and adolescent population. In psychology there are two fundamental theoretical contributions to the understanding of this disorder in childhood. One focuses on the aspects of antisocial behaviour (Lynam, 1997); and the other highlights the presence of a fundamental characteristic in identifying the disorder, known as the callous unemotional trait (CU, Frick, O'Brien, Wootton & McBurnett, 1994). We also present some of the instruments that are most used in the assessment of child and adolescent psychopathy, as well as some results in the treatment of this disease.*

**Key words:** Child psychopathy, Assessment, Treatment.

**P**sychopathy is one of the most devastating psychiatric disorders present in any society, not only because of the severity and violence of the conducts that it generates but also because it requires the use of a wide range of services, from the prison and judicial system to the systems of mental health and wellbeing.

Robert Hare, one of the principal international experts in this field, has described psychopaths as "predators of their own kind" who use charm, manipulation and violence to control others and satisfy their own needs. Devoid of conscience and feelings for others, they are extraordinarily cold-blooded in their actions, violating social norms and expectations without the slightest sense of guilt or remorse (Hare, 2003a). Furthermore, these individuals are responsible for a large number of the serious crimes, violence and physical, emotional and social damage that occur in any society. But perhaps the most alarming fact is that virtually everyone is affected, at some point in their lives, by the antisocial conduct of psychopaths, since they are well represented among criminal recidivists, sex offenders, drug dealers, swindlers, mercenaries, corrupt politicians, unethical

lawyers, loan sharks, unscrupulous sellers, terrorists and leaders of religious sects.

One of the most important functions that we expect of the theories explaining psychopathology is to predict which people are more likely to exhibit highly troubled conducts. Our lack of understanding of the phenomenon of such serious violent acts has meant that many times we end up relegating these people to the realm of evil, "they are evil, wicked people". We wonder how someone could repeatedly kill, rape, steal, assault, etc., if not due to the manifestation of an evil force. But although we consider the acts that these people perform "evil", the individuals who commit them are undoubtedly human. Their "wickedness" lies in the premeditation with which they plan to harm others. In this sense, psychopaths are not "different" from us, but rather they show extreme aspects of the human being.

Hare argues that psychopathy is distinguished from other psychopathological disorders by a characteristic pattern of affective, interpersonal and behavioural symptoms (Hare, 2003a). At the affective level, these individuals are characterised by experiencing labile and superficial emotions; a lack of empathy, anxiety and genuine feelings of guilt and remorse; and an inability to form lasting bonds with others. At the interpersonal level, they are arrogant, egocentric, manipulative, domineering

and forceful. At the behavioural level, they are irresponsible, impulsive thrill-seekers; they often transgress social norms with ease, and are characterised by a socially unstable lifestyle that includes parasitic behaviours and a lack of planning.

The characteristics mentioned above are reflected in the instrument designed by Hare (PCL, the *Hare Psychopathy Checklist*, 1991) in the form of two factors. Factor I includes personality traits such as grandiosity, cruelty, lack of empathy, lack of guilt and remorse, emotional coldness and the ability to manipulate others. Factor II refers more to an antisocial behavioural style that is described as a chronically unstable behavioural pattern, impulsivity and criminal versatility.

Throughout this article we will explain the importance of defending the possibility of applying the construct of psychopathy in child and adolescent population, and we will look at some aspects of its evaluation and treatment possibilities.

### CAN WE TALK ABOUT PSYCHOPATHY IN THE CHILD AND ADOLESCENT POPULATION?

One of the first issues that we must address when speaking of child and adolescent psychopathy is the ongoing debate regarding whether psychopathy is a valid construct for young people since they are still in the sensitive stages of development. Some authors argue that many of the psychotic characteristics that appear in adolescence are simply normal aspects of development and that they tend to disappear when the subject reaches adulthood (Seagrave & Grisso, 2002). In contrast, there are other authors who, whilst agreeing with the previous statement, consider that many of the symptoms present in a diagnosis of psychopathy can be detected in children and constitute rather more than just normal manifestations of a developmental stage (Johnstone & Cooke, 2004).

From the first position, Seagrave and Grisso (2002) point out the similarity between how the teenager handles this stage of development and the characteristics of psychopathy. With regard to the interpersonal/affective factor of psychopathy, these authors note that grandiosity, lack of empathy and remorse, and failure to accept responsibility for their wrongdoings, which are typical of the psychopath, also occur in adolescents. The ability to see the reaction of others (e.g., empathising with the emotional reaction of their parents when they violate a rule) requires the development of skills that occurs between early and middle adolescence. Before this

development takes place, young people are particularly egocentric and may appear to have a serious lack of sensitivity to the feelings of others. These characteristics are typical of the developmental stage they are going through, and do not represent stable and lasting traits that are characteristic of psychopathy.

If we focus on the appearance of the antisocial behaviour of psychopathy, we find data that are similar to those mentioned previously. Although there are individual differences among adolescents, we find as a common denominator, certain impulsiveness, thrill-seeking and taste for risk that does not later manifest in the adult stages. Adolescence is a period characterised by a search for identity where the teenager has to "try" certain behaviours, including risky behaviours such as substance abuse, the violation of rules, risky sexual behaviour, and rebellion against authority (Erikson, 1968) that later tend to stabilise or disappear.

In short, seeing the similarities between measures of psychopathy in children / adolescents and the developmental characteristics of adolescence, these authors point out that it is important not to confuse what would constitute normal development with a pathology of the characteristics of psychopathy (Seagrave & Grisso, 2002). This does not mean that certain young people who present these characteristics that are considered normal in adolescence cannot turn into psychopaths as adults. It is the professional's job to distinguish between a behavioural problem pertaining to the developmental stage and the precursor of a disorder in adulthood.

Contrary to the arguments of Seagrave and Grisso, Johnstone and Cooke (2004) speculate that there are characteristics that can be detected very early in children, such as a lack of empathy, superficial charm, lack of guilt, etc. In studies of temperament, Kochanska (1997) argued that the levels of fearfulness in infants are important for the development of consciousness, and that there are certain children known as "low fearful" in whom the effects of socialisation are practically nil as they do not experience guilt or learn from punishment. In these children, the early precursors to the development of empathy fail, which in normal emotional development involves the detecting of discomfort and distress in others. The kind of emotions we are talking of, known as moral emotions, self-conscious or social emotions (Damasio, 1994) start to develop around 18 months when the child acquires self-consciousness, i.e., begins to live as an independent being from others. Among these emotions



are embarrassment, pride, guilt, shame, etc. They are the result of socialisation; parents teach the child when and how to experience them. When they punish, the emotional reaction that they are trying to instil in the child is guilt. In the case of children with psychopathic characteristics, it is not easy to instil this emotion because they have not developed it, and they have an inability to experience it. Therefore, such children do not feel the characteristic anxiety that other infants experience in the socialisation stage when they violate a rule and fear reprisals from their parents; this makes their socialisation very difficult.

Defending the existence of this construct in child and adolescent population facilitates its early identification, prevention and clinical intervention. Many authors prefer the term "psychotic characteristics" to "psychopathy" when talking about this kind of population in the developmental stages, since it somehow also eliminates the label of "untreatable" that is associated with adult psychopathy.

Another reason why we can defend the application of this construct in paediatric populations is the stability of these traits over time. Studies on the stability of psychopathy have shown that this construct has high stability from adolescence to adulthood (Lynam, Caspi, Moffitt, Raine, Loeber, & Stouthamer-Loeber, 2005). Related to temperament, the results of research by Glenn, Raine, Venables and Mednick (2007) show that people with higher scores on psychopathy in adulthood showed less fear and inhibition and increased sensation seeking and sociability at the age of three.

It has also been demonstrated in longitudinal studies that juvenile psychopathy measured by the PCL-R (Psychopathic-Checklist Revised, Hare, 2003b) youth version, PCL:YV (Psychopathic-Checklist: Youth Version, Forth, Brown, Hart & Hare, 1996), predicts criminal behaviour over a period of 10 years. The predictive validity of this instrument was particularly high for violent offenders with high scores on this instrument (Gretton, Hare & Catchpole, 2004). In 2008, Leistico, Salekin, DeCoster and Rogers conducted a meta-analysis that found that adolescents who had high scores on psychopathy showed a very high probability of committing a crime in the future, the same as adults with psychopathy.

In short, although we must bear in mind the developmental characteristics of adolescents, since often some of the symptoms associated with psychopathy may occur in adolescence simply as part of a developmental stage and, therefore, there is a risk of diagnosing false positives, the data allow us to confirm that we can detect psychopathic characteristics at an early age, which is very

important to enable us to carry out prevention work and to develop appropriate intervention strategies (Salekin, Rosenbaum & Lee, 2008) for this type of child/young person. These children are inexplicably "different" from normal children; they are more difficult, badly-behaved, aggressive and deceiving; they have difficulties engaging with or approaching others; and they are always trying to defy the rules and authority.

Within this large and heterogeneous group of children with behavioural problems, we have to know how to distinguish the group of them who, as well as having high levels of antisocial behaviour and constantly defying the rules and authority, are also cold, manipulative, deceitful subjects, who have difficulty in experiencing certain emotions, especially those associated with fear, and consequently they do not learn from punishment, so socialising them is very complicated. This group of young people requires special attention because we are not just talking about behaviour problems but about personality traits (emotional coldness, manipulation, lack of empathy, etc.) which, associated with a lack of internalisation of the rules, make them very problematic children for society.

It is the responsibility of the people responsible for working with this population to know how to distinguish between true positives, false positives and those young people with behavioural problems who do not display psychopathic personality traits (true negatives) (Seagrave & Grisso, 2002).

Having admitted the possible existence of the disorder in children and young people, the next step is to describe it. In the following section, we explain the contribution of psychology to the understanding of child and adolescent psychopathy.

### THE CONTRIBUTION OF PSYCHOLOGY TO THE UNDERSTANDING OF CHILD AND ADOLESCENT PSYCHOPATHY

In the 1990s, there was an increase in the research on psychopathy in young people due to the advances that were made in studies of adult psychopathy. These advances were very significant in measuring the construct, in the predictive validity and the emergence of sophisticated theoretical models that specified the possible affective and cognitive deficits associated with the traits of psychopathy (Hare, Hart & Harpur, 1991; Lykken, 1995).

Two conceptual approaches have been developed in the study of child and adolescent psychopathy. The approach developed by Lynam (1998) argues that children with



problems of hyperactivity/impulsivity and behavioural problems, compared with children who have behavioural problems alone, tend to have an increased risk of developing more severe and persistent antisocial behaviour in adulthood. Although Lynam's approach facilitates the identification of serious behavioural problems in children, one of the weaknesses of his theory is that the emphasis that it places on the dimension of hyperactivity/impulsivity does not correspond to the most important factor in adult psychopathy (i.e., that related to personality traits). In other words, placing such importance on the factors of impulsivity and antisocial behaviour, as Lynam emphasised them, was typical of the old behavioural approach, but neglects aspects relating to personality. These factors, which Lynam referred to, are more related to criminal records in adulthood or to antisocial personality disorder.

The second conceptual approach to the study of psychopathy was developed by Frick and colleagues (Frick, O'Brien, Wootton & McBurnett, 1994) who focused on the component of the callous unemotional trait (CU). CU has been the central trait in the conceptualisation of adult psychopathy (Cleckley, 1988) and it establishes significant differences within the group of antisocial subjects who show a deficit in the development of consciousness. The CU trait is understood as a lack of empathy, a lack of guilt, remorse and insensitivity to the emotions of others. It has been shown that in samples of children, both clinical and community samples, the presence of the CU trait consistently emerges as distinctive compared to other aspects of psychopathy such as impulsivity and narcissism (Frick et al., 1994). Impulsivity does not differentiate or distinguish subgroups within children with severe behavioural problems and early-onset, or adolescents with severe behavioural problems and delinquency, whereas high levels of the CU trait characterise a group of antisocial young people with characteristics associated with adult psychopathy (Essau, Sasagawa & Frick, 2006). Children who have behavioural problems and also display the CU trait have patterns of antisocial behaviour that are more severe and stable over time (López-Romero, Romero & Luengo 2011). Furthermore, compared to children with only behavioural problems, children with the CU trait minimise the consequences that their aggression causes their victims, they are not intimidated by the possibility of being punished for bad behaviour, they show less empathy to the emotion of sadness and they are more likely to initiate

substance use at an early age (Wymbs et al., 2012). Similar results to those found in boys have shown that girls who display the CU trait together with behavioural problems have more severe and persistent antisocial behaviour than girls who display only conduct disorders (Pardini, Stepp, Hipwell, Stouthamer-Loeber & Loeber, 2012).

## EVALUATION OF PSYCHOPATHY IN CHILD POPULATION

Once we have defended the existence of these psychotic characteristics in childhood it is important to know how to evaluate them. Interest in the evaluation of child and adolescent psychopathy experienced a significant increase due to the need to design a tool that could be applied in this population, since most of the assessment instruments were developed for use with adults.

As we mentioned above, Hare developed an assessment tool for adult psychopathy (*PCL*, Hare, 1991), which has become the instrument of choice for evaluating this disease in adulthood. The *PCL-R* is a semi-structured interview made up of 20 items, each of which is scored on a three-point scale (0-2), where 0 indicates that *the item does not apply to the individual*, 1 = *the item applies to a certain extent*, and 2 = *the item applies to the individual*. After the interview there is a second phase in which collateral information on the subject must be obtained for comparison with what has been said in the interview. This information is obtained from reports or judicial files from the penal institution. The total score, which can range from 0-40 points, reflects the degree to which an individual is similar to the prototype of a psychopath, where 30 points and above is considered to be the threshold for diagnosing psychopathy (Hare, 2003a).

The *PCL-R* (Hare, 1991, 2003b) is completely inappropriate in the child population because a large number of the items cannot apply to young people (e.g., "parasitic way of life", "several brief marital relationships", etc.). Thus the need arose to adapt the tools for adult assessment to children and to create new appropriate measures for this population. The majority of the measures that have been developed are derived from the *PCL-R*. In the following subsections, we will explain the most important of these measures:

### 1. Psychopathy Checklist: Youth Version (*PCL:YV*; Forth, Brown, Hart & Hare, 1996)

The *PCL: YV* is a direct adaptation of the *PCL-R* to



adolescents. With regards to the PCL-R, items such as "parasitic way of life", and "brief marital relationships" were omitted, and the score of the items related to "juvenile delinquency" and "criminal versatility" were modified because adolescents have had a short period of time to develop these behavioural histories. Generally it includes the same 20 items as the PCL-R, except the items mentioned above which cannot be applied to samples of young people, and the information sources have been changed with particular interest in the environment with peers, family and school adjustment, i.e., in addition to the information provided by the juvenile centre reports, information is requested from the family and the school.

Like the PCL-R, the PCL:YV is a semi-structured interview made up of 20 items scored on a scale of 0-2 points (0 = *the item does not apply to the subject*; 1 = *the item sometimes applies to the subject*; 2 = *the item fully applies to the subject*). It was originally recommended for use with adolescents aged 13 and older, although it seems that the PCL:YV has greater predictive validity in the age range of 12-15 years (Stockdale, Olver & Wong, 2010).

Regarding its factorial structure, there are two factors: the first one is related to interpersonal/affective aspects and the second factor is associated with a deviant behaviour style. Both are consistent with the original factor structure of the PCL-R.

Although it is one of the best instruments for evaluating child and adolescent psychopathy in depth, it is not without its critics (Kotler & McMahon, 2010). Among them, we find the same as with the PCL-R; it requires the person doing the interview to have undergone specialised training. Not all of the young people who are assessed have a life history with which to contrast the information conveyed in the interview, unless they are serving some kind of judicial sentence, so we return to the problem of generalising this measure to people who are not in prison. Supporting this latter limitation, we find that it is difficult to generalise this instrument to people that are not in prison due to the presence of items that require judicial rulings, such as "serious violation of parole" or "criminal versatility," items for which any young person that has not had contact with the justice system does not score any points.

For these reasons, alternative assessment tools to the PCL:YV have been developed enabling the identification of young people with psychopathic characteristics, and they can also be applied in non-forensic samples. A number of these tools are explained below.

## 2. Antisocial Process Screening Device (APSD; Frick & Hare, 2001)

The APSD is a questionnaire that is used as a measure of screening for psychopathy, which consists of 20 items that are formulated very similarly to the 20 items of the PCL-R. There is a version for parents, another for teachers and one for children. Its scores are based on a scale of 0-2 points (0 = *not true*; 1 = *sometimes true*; 2 = *completely true*). It is most often applied between the ages of 4 and 18 years. It is the most widely used self-report instrument for assessing psychopathic characteristics in children and adolescent population.

Although initially it was considered that the factorial structure was made up of two factors, subsequent investigations have shown that the best factorial solution is made up of three factors (Frick, Bodin & Barry, 2000). There is a subscale of narcissism consisting of seven items; a second subscale assessing impulsiveness consists of five items; and a third subscale that assesses the callous unemotional component (CU) is made up of six items.

The APSD is an instrument that is easy to apply, which enables the detection of psychopathic characteristics by multiple informants. However, it is not without limitations. Frick, Bodin and Barry (2000) identified some of them. Firstly, the instability of the factor of impulsivity/narcissism among different samples indicates that these constructs may not be being captured correctly due to the limitations of the items of the APSD. Secondly, the items of the CU factor have limited variance, which may be due to the brevity of the response scale (0 to 2 points). Finally, another of the limitations of the APSD is due to the difficulty in identifying a stable factor structure with adequate internal consistency in all factors.

## 3. Child Psychopathy Scale (CPS; Lynam, 1997)

In 1997, Lynam created the original scale, made up of 41 items selected from measures such as the Child Behavior Checklist (CBCL; Achenbach, 1991) and the California Child Q-Set (CCQ; Block & Block, 1980). Subsequent research used a version of 55 items in which the question format changed. No factorial analysis of CPS has been provided, however when Lynam (1997) launched the instrument he performed a confirmatory factor analysis that was consistent with the two-factor model of the PCL-R, but the extremely high correlations between the factors ( $r = 0.95$ ) indicated that they were indistinguishable, thus, for the subsequent analysis the CPS total score alone has been used.



Compared with the PCL: YV and the APSD, the CPS has been used on very limited occasions, it requires more research on its psychometric properties and it provides a measure of psychopathy in young people that is highly biased toward the antisocial behaviour factor (Kothler & McMahon, 2010). It is recommended for use in children over the age of 12 years.

#### **4. Youth Psychopathic Traits Inventory (YPI; Andershed, Kerr, Stattin & Levander, 2002)**

The YPI is a self-report based, theoretically, on the three-factor model of the PCL-R (Hare, 1991). It consists of 10 scales that assess 10 central traits of psychopathy: dishonest charm, grandiosity, lying, manipulation, remorselessness, unemotionality, callousness, impulsivity, irresponsibility and thrill seeking. Each scale consists of 5 items with 4 Likert-type options. It is designed to be applied to young people aged 12 and above, although it has also been found to have good psychometric properties in children aged 9-12 years. The results show the instrument has good internal consistency ( $\alpha=0.93$ ) (Cauffman, Kimonis, Dmitrieva & Monahan, 2009).

#### **5. Psychopathy Content Scale (PCS; Murrie & Cornell, 2000)**

The PCS is a scale constructed based on the items of the Millon Adolescent Clinical Inventory (MACI; Millon, 1993), a self-report used in the clinical population and adolescents with judicial sentences. The PCS includes 20 true/false items and although many of the items represent affective, interpersonal or behavioural characteristics consistent with the construct of psychopathy, the scale does not fit easily into the factor model of psychopathy. Although it does not specify an age range, studies that use the PCS include samples of adolescents between the ages of 12 and 18 years (Kothler & McMahon, 2010).

#### **6. Specific measures of callous unemotionality (CU)**

As we have seen above, the growing interest in the CU dimension as an explanatory factor in the etiology and prediction of serious behavioural problems has led to the creation of a specific measure of this trait. Frick (2004) developed the Inventory of Callous-Unemotional Traits (ICU), a self-report which consists of 24 items. Preliminary studies have shown that the test has a good internal consistency ( $\alpha = 0.81$ ) (Essau, Sasagawa & Frick, 2006) and is a strong candidate for evaluating the CU trait.

Having produced a round-up of the leading assessment tools and seeing the strengths and limitations of each one, when choosing a particular instrument we must take into account the characteristics of the sample that we are to analyse. For example, in a prison environment, with sufficient available reports and sources, the PCL:YV scale should be used. However, when dealing with community or clinical populations, where reports are not available and the information sources are limited, a screening measure is probably more appropriate. Secondly, we must take into account the age of the subjects; only the APSD and the CPS can be applied to children. The self-report measures work very well in older adolescents and sometimes it is good to complement them with other self-report instruments or the PCL:YV, if possible. Applying the test to other informants will usually complement the child's assessment well (Fink, Tant, Tremba & Kiehl, 2012), which is why many of the tests mentioned above, such as the APSD, for example, have a version for parents, teachers and for the child.

#### **TREATMENT OF PSYCHOPATHY**

The shortest chapter in any manual of psychopathy is the one referring to treatment, since it has not yet been shown that there exists any kind of successful intervention for these individuals.

The literature on the treatment of psychopathy is generally pessimistic. The majority of the authors agree that, to date, it has not been shown that there are effective programs for this group and some, such as Harris and Rice (2006) argue additionally that intervention may have an iatrogenic effect, i.e., it worsens them. This pessimism carries certain consequences, particularly in prisons, since many criminals are denied treatment due to the association that is made between psychopathy and a poor response to therapy (D'Silva, Duggan & McCarthy, 2004).

The main problems in finding a treatment are related, on the one hand to the methodological limitations of the various studies that have been conducted, and on the other hand, to the personal and behavioural characteristics of this group. Both of these variables have, in one way or another, hindered the design of effective interventions (Hare, 2003; Lösel, 2008), particularly in adults.

The results are no more encouraging in children. As was the case with adults, the callous unemotional characteristics (CU) make the treatment ineffective. Hawes and Dadds (2005) designed a 10-week intervention in which parental training was applied aimed at changing



the behaviour in two groups of children, some with only behavioural problems and others with behavioural problems plus CU traits. The results indicated that the presence of callous-unemotional traits was associated with greater behavioural problems prior to the treatment and a worse outcome 6 months after the intervention. Children with CU traits are less responsive to the parental discipline of "time-out" than those without CU traits and the intervention is less effective.

In short, at present psychology is not able to answer the question regarding what kind of intervention we can implement when we come across a child of these characteristics. More research is necessary to understand more about the brain structures involved and thus to be able to provide a joint solution, from within pharmacology and psychology, for the treatment of this disease.

## CONCLUSIONS

At present we are not close to finding a possible treatment for the children, adolescents or adults with this pathology, but the fact that there is increasing research demonstrating the existence of this disorder in stages of childhood means that we are going in the right direction. Kochanska (1997) highlights the importance of evaluating temperament in the child, since children who are temperamentally "low fearful" will have serious difficulties developing moral emotions such as guilt or empathy, which will affect the moral development of the child.

The importance of focusing on such sensitive stages of development is reflected in the proposal for the DSM-V of a subtype of behavioural problem that highlights the presence of the CU (callous emotional) trait. This classification will facilitate an improved differentiation of child behavioural problems, with special emphasis on the characteristics that are precursors of adult psychopathy, paving the way for a possible treatment.

## REFERENCES

- Achenbach, T. M. (1991). *Manual for the Child Behavior Checklist/4-18 and 1991 Profile*. Burlington: University of Vermont, Department of Psychiatry.
- Andershed, H., Kerr, M., Stattin, H., & Levander, S. (2002). Psychopathic traits in non-referred youths: Initial test of a new assessment tool. In E. Blaauw & L. Sheridan, (Eds.), *Psychopaths: Current international perspectives* (pp. 131-158). Hague, The Netherlands: Elsevier.
- Block, J., & Block, J. H. (1980). *The California Child Q-Set*. Palo Alto, CA: Consulting Psychologists Press.
- Cauffman, E., Kimonis, E. R., Dmitrieva, J. & Monahan, K. C. (2009). A multimethod assessment of juvenile psychopathy: Comparing the predictive utility of the PCL:YV, YPI, and NEO PRI. *Psychological Assessment*, 21(4), 528-542.
- Cleckley, H. (1988). *The mask of sanity* (5th ed.). St. Louis, MO: Mosby. (Original study published in 1941).
- D'Silva, K., Duggan, C., & McCarthy, L. (2004). Does treatment really make psychopaths worse? A review of the evidence. *Journal of Personality Disorders*, 18(2), 163-177.
- Damasio, A. (1994). *El error de Descartes. La emoción, la razón y el cerebro humano [Descartes' Mistake. Emotion, Reason and the Human Brain]*. Barcelona: Crítica
- Erikson, E. H. (1968). *Identity, youth and crisis*. New York: W. W. Norton
- Essau, C. A., Sasagawa, S. & Frick, P. J. (2006). Callous-Unemotional Traits in a Community Sample of Adolescents. *Assessment*, 13(4), 454-469.
- Fink, B., Tant, A. S., Tremba, K. & Kiehl, K. A. (2012). Assessment of Psychopathic Traits in an Incarcerated Adolescent Sample: A Methodological Comparison. *Journal of Abnormal Child Psychology*, 40(6), 971-986.
- Forth, A. E., Brown, S. L., Hart, S. D. & Hare, R. D. (1996). The assessment of psychopathy in male and female noncriminals: Reliability and validity. *Personality and Individual Differences*, 20(5), 531-543.
- Forth, A. E., Brown, S. L., Hart, S. D. & Hare, R. D. (1996). The assessment of psychopathy in male and female noncriminals: Reliability and validity. *Personality and Individual Differences*, 20(5), 531-543.
- Frick, P. J., Bodin, S. D., & Barry, C. T. (2000). Psychopathic traits and conduct problems in community and clinic-referred samples of children: Further development of the Psychopathy Screening Device. *Psychological Assessment*, 12, 382-393.
- Frick, P. J., O'Brien, B. S., Wootton, J. M. & McBurnett, K. (1994). Psychopathy and conduct problems in children. *Journal of Abnormal Psychology*, 103(4), 700-707.
- Frick, P. J., & Hare, R. D. (2001). *The Antisocial Process Screening Device (APSD)*. Toronto: Multi-Health Systems.
- Glenn, A., Raine, A., Venables, P. H. & Mednick, S. A. (2007). Early temperamental and psychophysiological precursors of adult psychopathic personality. *Journal of Abnormal Psychology*, 116(3), 508-518.



- Gretton, H. M., Hare, R. D. & Catchpole, R. E. H. (2004). Psychopathy and Offending From Adolescence to Adulthood: A 10-Year Follow-Up. *Journal of Consulting and Clinical Psychology, 72*(4), 636-645.
- Hare, R. D. (1991). *Manual for the Hare Psychopathy Checklist-Revised*. Toronto: Multi-Health Systems.
- Hare, R. D. (2003a). *Sin conciencia. El inquietante mundo de los psicópatas que nos rodean [No conscience. The disturbing world of the psychopaths around us]*. Barcelona: Paidós
- Hare, R. D. (2003b). *The Hare Psychopathy Checklist-Revised* (2nd Ed.). Toronto, ON: Multi-Health Systems.
- Hare, R. D., Hart, S. D., & Harpur, T. J. (1991). Psychopathy and the DSM-IV criteria for antisocial personality disorder. *Journal of Abnormal Psychology, 100*, 391-398.
- Harris, G.T., & Rice, M.E. (2006). Treatment of Psychopathy: A Review of Empirical Findings. In C.J. Patrick (Ed.). *Handbook of Psychopathy* (pp. 555-572). New York, NY: Guilford Press.
- Hawes, D.J., & Dadds, M.R. (2005). The Treatments of Conduct Problems in Children With Callous-Unemotional Traits. *Journal of Consulting and Clinical Psychology, 73*(4), 737-741.
- Johnstone, L., & Cooke, D. J. (2004). Psychopathic-like traits in childhood: Conceptual and measurement concerns. *Behavioral Sciences & the Law, 22*(1), 103-125.
- Kochanska, G. (1997). Multiple pathways to conscience for children with different temperaments: From toddlerhood to age 5. *Developmental Psychology, 33*(2), 228-240.
- Kotler, J. & McMahon, R. J. (2010). Assessment of child and adolescent psychopathy. In R. T. Salekin & D.R. Lynam (Eds.), *Handbook of Child and Adolescent Psychopathy*, (pp. 79-110). New York, NY, US: Guilford Press.
- Leistico, A. R., Salekin, R. T., DeCoster, J., & Rogers, R. (2008). A large-scale metaanalysis relating the Hare measures of psychopathy to antisocial conduct. *Law and Human Behavior, 32*, 28-45.
- López-Romero, L., Romero, E. & Luengo, M. A. (2011). La personalidad psicopática como indicador distintivo de severidad y persistencia en los problemas de conducta infanto-juveniles [Psychopathic personality as a distinctive indicator of severity and persistence for child and youth conduct problems]. *Psicothema, 23*, 660-665.
- Lösel, F. (2008). ¿Existe un tratamiento eficaz para la psicopatía?: Qué sabemos y qué deberíamos saber [Is there an effective treatment for psychopathy?: What we know and what we should know]. In A. Raine, & J. Sanmartín (Eds.). *Violencia y Psicopatía [Violence and Psychopathy]* (pp. 235-272). Barcelona: Ariel.
- Lykken, D. T. (1995). *The antisocial personalities*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Lynam, D. R. (1997). Pursuing the psychopath: Capturing the fledgling psychopath in a nomological net. *Journal of Abnormal Psychology, 106*(3), 425-438.
- Lynam, D. R. (1998). Early identification of the fledgling psychopath: Locating the psychopathic child in the current nomenclature. *Journal of Abnormal Psychology, 107*(4), 566-575.
- Lynam, D. R., Caspi, A., Moffitt, T. E., Raine, A., Loeber, R., & Stouthamer-Loeber, M. (2005). Adolescent Psychopathy and the Big Five: Results from Two Samples. *J Abnorm Child Psychol, 33*(4), 431-443. doi: 10.1007/s10648-005-5724-0
- Millon, T. (1993). *Millon Adolescent Clinical Inventory manual*. Minneapolis, MN: National Computer Systems.
- Murrie, D. C., & Cornell, D. G. (2000). The Millon Adolescent Clinical Inventory and psychopathy. *Journal of Personality Assessment, 75*, 110-125.
- Pardini, D. A. & Byrd, A. L. (2012). Perceptions of aggressive conflicts and others' distress in children with callous-unemotional traits: 'I'll show you who's boss, even if you suffer and I get in trouble'. *Journal of Child Psychology and Psychiatry, 53*(3), 283-291.
- Salekin, R. T., Rosenbaum, J., & Lee, Z. (2008). Child and adolescent psychopathy: Stability and change. *Psychiatry, Psychology, and Law, 15*, 224-236.
- Seagrave, D., & Grisso, T. (2002). Adolescent development and the measurement of juvenile psychopathy. *Law and Human Behavior, 26*(2), 219-239.
- Stockdale, K. C., Olver, M. E. & Wong, S. C. P. (2010). The psychopathy checklist: Youth version and adolescent and adult recidivism: Considerations with respect to gender, ethnicity, and age. *Psychological Assessment, 22*(4), 768-781.
- Wymbs, B., McCarty, C. A., King, K. M., McCauley, E., Stoep, A. V., Baer, J. S. & Waschbusch, D. (2012). Callous-Unemotional Traits as Unique Prospective Risk Factors for Substance Use in Early Adolescent Boys and Girls. *Journal of Abnormal Child Psychology, 40*(7), 1099-1110.