



A Measure of Conduct Disorder for Incarcerated Juvenile Offenders

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Introduction

Previous Research

- At intake, incarcerated youth report a greater number of symptoms indicative of mental health problems compared to non-incarcerated youth (e.g., Vaughn, Howard, Foster, Dayton, & Zelner, 2005, and Abram, Teplin, McClelland & Dulcan, 2003).
- Of note, symptoms of conduct disorder are reported by a significant portion of newly incarcerated juveniles. Literature suggests that approximately 40% of adjudicated adolescents report symptoms suggestive of conduct disorder (Teplin, Abram, McClelland, Dulcan, and Mericle, 2002).
- Self-report assessment measures (e.g., personality tests, symptom screeners, etc.) are commonly administered to newly incarcerated adolescents in an attempt to gain additional information and insight regarding symptoms of psychopathology.

Goals

- To examine the ability of the Millon Adolescent Clinical Inventory (MACI) to identify symptoms of conduct disorder for incarcerated adolescents.
- To assess the concurrent validity of the MACI as a measure of conduct disorder when compared with clinician ratings of conduct disorder as measured by the Kiddie-Sads-Present and Lifetime Version (K-SADS-PL).
- To contribute to the limited literature regarding levels of psychopathology (e.g. disruptive behavior disorders) for juvenile offenders.

Method

Participants

- Juvenile youth-offenders incarcerated at an Alabama Department of Youth Services correctional facility.
- N= 625, Mean Age = 15.66 years old (SD = 1.56 years)
- Juvenile offenders incarcerated primarily on following charges: Assault, Theft of Property, Burglary, Disorderly Conduct, Drug Offenses, Rape (attempted), Sexual Abuse (attempted), or Sexual Assault (attempted).
- Demographic Breakdown: Caucasian (55.9%), African-Americans (40.9%), and "Other" (3.2%).

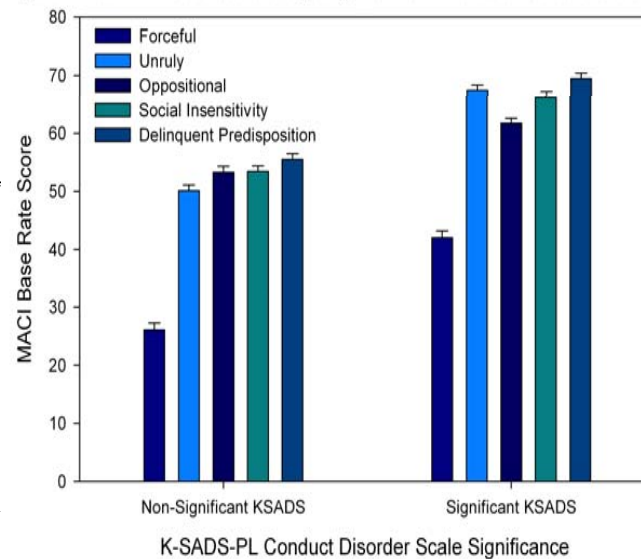
Instruments

- *Millon Adolescent Clinical Inventory* (MACI; Millon 1993).
- The MACI is a 160-item, self-report inventory specifically targeted to assess troubled adolescents.
- The MACI was designed to measure unique psychosocial concerns, personality styles, and clinical symptoms via a true-false format.
- The normative sample is comprised of male and female adolescents selected from a variety of mental health settings including outpatient mental health clinics, private practice settings, inpatient psychiatric and general medical units, and residential treatment units.

Instruments (contd.)

- *Kiddie-Sads-Present and Lifetime Version* (K-SADS-PL; Chambers, 1996).
- Semi-structured diagnostic interview designed to assess current and past episodes of psychopathology in children and adolescents using DSM-III and DSM-IV criteria.
- Symptoms are assessed as clinician uses probes to elicit relevant information needed to score each item for current and previous psychopathology.
- Primary diagnoses assessed include: Major Depression, Dysthymia, Mania, Hypomania, Cyclothymia, Bipolar Disorders, Schizoaffective Disorders, Schizophrenia, Panic Disorder, Agoraphobia, Separation Anxiety Disorder, Generalized Anxiety Disorder, Attention Deficit/Hyperactivity Disorder, Conduct Disorder, Oppositional Defiant Disorder, Enuresis, Encopresis, Anorexia Nervosa, Bulimia, Substance Abuse, and Post-Traumatic Stress Disorder.

Figure 1. Mean MACI Scale Score Grouped by K-SADS-PL Conduct Disorder Scale Significance.



Sample of Selected MACI Items:

- I've never done anything for which I could have been arrested.
- I've never been called a juvenile delinquent.
- I don't see anything wrong with using others to get what I want.
- I'm no different from lots of kids who steal things now and then.
- Too many rules get in the way of my doing what I want.
- I do what I want without worrying about its effect on others.

Procedure

- Participants completed the MACI and K-SADS-PL after an initial facility orientation period of approximately 10 days.
- Undergraduate research assistants orally administered the MACI as a component of an assessment battery comprised of self-report measures while graduate student clinicians completed the K-SADS-PL interview with students.
- MACI item responses were scored via computer scoring software and entered into a database for analysis.

Results

- Results revealed a significant overall effect (-2*Log Likelihood = 707.85), $\chi^2(611) = 123.06, p < .001$.
- The predictor variables produced a significant reduction in the log likelihood function.
- Results indicated that the Unruly scale contributed alone to a significant rating of conduct disorder as measured by the K-SADS-PL, Wald = 12.54, $p < .001$, as the remaining MACI scales (e.g., Forceful, Oppositional, Social Insensitivity, and Delinquent Predisposition) were non-significant.
- For each additional base rate point on the UnrulyScale, the odds ratio of being classified as conduct disorder according to the K-SADS-PL increases by 3.5%.
- The Hosmer and Lemeshow goodness of fit test indicated that the model fits the data and that 69.6% of cases were correctly classified, $\chi^2(8) = 9.07, p = .34$.

Discussion

- This investigation examined the ability of selected MACI scales to assess for a rating of conduct disorder as measured by the K-SADS-PL for incarcerated juvenile offenders.
- The MACI Unruly scale was the only significant predictor of conduct disorder based on K-SADS-PL ratings.
- These results suggest that additional clinical attention is warranted for those individuals who endorse items on the MACI unruly scale given its item content as well as its meaningful relationship to a significant rating of conduct disorder as measured by the K-SADS-PL.
- Relatively weaker concurrent validity was measured between the MACI Forceful, Oppositional, Social Insensitivity, and Delinquent Predisposition scales and a significant rating of conduct disorder on the K-SADS-PL.

Future Directions:

- Examine specific MACI items and their ability to predict a significant rating of conduct disorder on the K-SADS-PL.
- Examine additional MACI scales and their concurrent validity with K-SADS-PL ratings of significance.
- Continue to add to the limited data regarding psychopathology and juvenile offenders at time of incarceration and prior to release.

Contact Patrick Cook with any questions at cookpat@auburn.edu or visit the Burkhart research laboratory webpage to view additional projects examining juvenile offenders at www.auburn.edu/~burkhbr