

# **A Measure of Depression 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 depression are reported by a significant portion of newly incarcerated juveniles. Literature suggests that approximately 15% of adjudicated adolescents report symptoms suggestive of a major depressive disorder (Teplin, Abram, McClelland, Dulcan, and Mricle, 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 depression for incarcerated adolescents.

 To assess the concurrent validity of the MACI as a measure of depression when compared with clinician ratings of depression 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., affective 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.

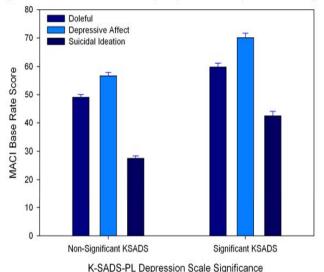
 The normative sample is comprised of male and female adolescents selected from a variety of mental health settings including outpatient mental health clinics, private practice settings, inpatient psychiatric and general medical units, and residential treatment units.

#### 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 Deficity Hyperactivity Disorder, Conduct Disorder, Oppositional Defient Disorder, Enuresis, Encopresis, Anorexia Nervosa, Bulimia, Substance Abuse, and Post-Traumatic Stress Disorder.

# Figure 1. Mean MACI Scale Score Grouped by K-SADS-PL Depression Scale Significance. MACI scales (e.g., Doleful, and Depressive Affect) were non-significant.



#### Sample of Selected MACI Items:

• Things in my life just go from bad to worse.

- I often feel sad and unloved.
- I sometime feel very unhappy with who I am.
- No one really cares if I live of die.
- More and more often I have thought of ending my life.
- My future seems hopeless.

# Procedures

• 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 = 769.96),  $\chi^2$  (611) = 55.29, p < .001.

- The predictor variables produced a significant reduction in the log likelihood function.
- Results indicated that the Suicidal Ideation scale contributed alone to a significant rating of depression as measured by the K-SADS-PL, Wald = 34.53, p < .001, as the remaining MACI scales (e.g. Doleful and Depressive Affect) were non-significant

• For each additional base rate point on the Suicidal Tendency Scale, the odds ratio of being classified as depressed according to the K-SADS-PL increases by 2.4%.

• The Hosmer and Lemeshow goodness of fit test indicated that the model fits the data and that 66.4% of cases were correctly classified,  $\chi^2$  (8) = 7.86, p = .45.

# Discussion

• This investigation examined the ability of selected MACI scales to assess for a rating of depression as measured by the K-SADS-PL for incarcerated juvenile offenders.

• The MACI Suicidal Tendency scale was the only significant predictor of depression based on K-SADS-PL ratings of depression.

 These results suggest that additional clinical attention is warranted for those individuals who endorse items on the MACI Suicidal Tendency scale given its item content as well as its meaningful relationship to a significant rating of depression as measured by the K-SADS-PL.

• Relatively weaker concurrent validity was measured between the MACI Doleful and Depressive Affect scales and a significant rating of depression on K-SADS-PL.

#### Future Directions:

• Examine specific MACI items and their ability to predict a significant rating of depression 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 <u>cookpat@auburn.edu</u> or visit the Burkhart research laboratory webpage to view additional projects examining juvenile offenders at <u>www.auburn.edu/~burkhbr</u>