

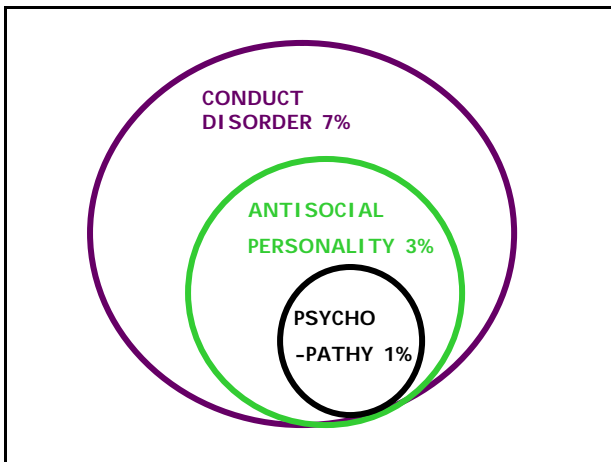
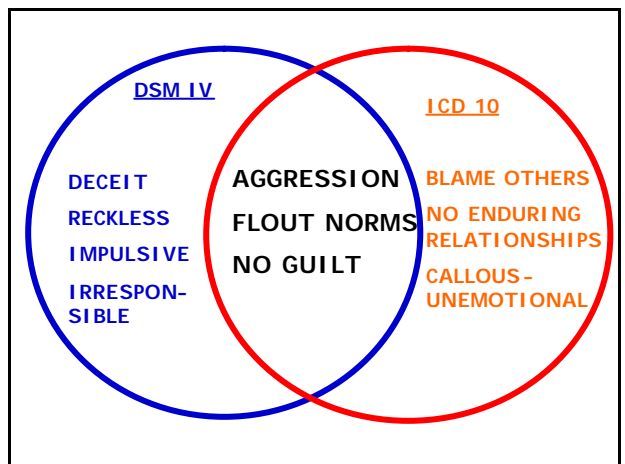
# Can parenting interventions help prevent antisocial personality? The role of the parenting academy.

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*National Antisocial Behaviour Clinic,*

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*King's College London, Institute of Psychiatry*

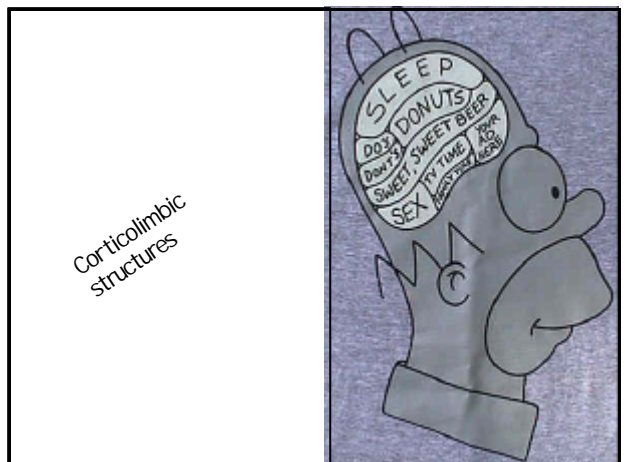


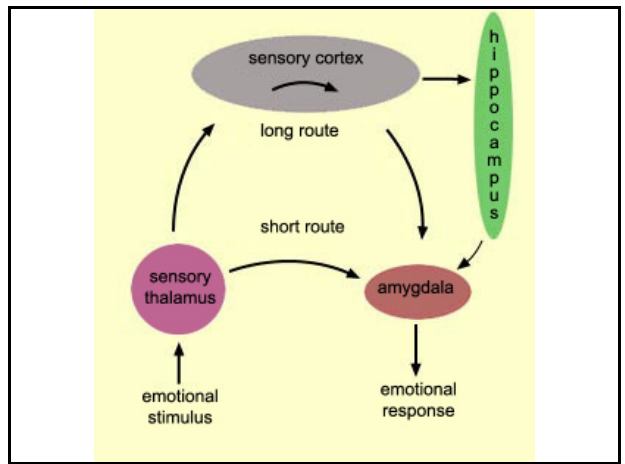
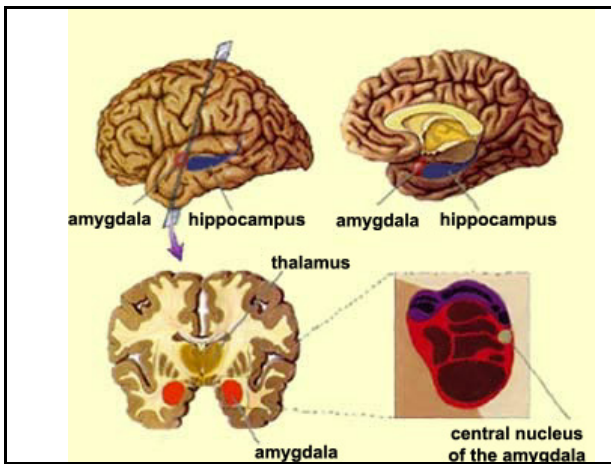
## What is Psychopathy?

- Cleckley (1941); Hare's PCL (R) operationalises
- Two elements of (1) antisocial behaviour, and (2) affective/interpersonal traits 'Callous-Unemotional'
- Now replicated in childhood as personality dimensions with APSD (Frick & Hare 2001)
- TEDS: 1350 7 year old twins, factor (1) antisocial behaviour alone relatively low heritability (30%); with (2) 'C-U' high (81%) (Viding et al 2004)

## Causes of psychopathy

- Implication might be that altering environment will affect factor 1 more than 2, C-U
- Emotional recognition down in adults (Blair 2001), and children (Dadds 2005) [also autism]
- Punishment Insensitivity: as if Behavioural Inhibitions System (Gray 1981) not working; rewards do work
- In adults, amygdala hypofunction (Blair & Frith 2000) and ? Violence Inhibitory Mechanism (Blair 1995)





## What are the consequences of negative parenting ?

### Immediate impact

feel emotionally excluded  
 don't learn social skills  
 feel stupid & incompetent  
 little persistence  
 feel frustrated and angry

### Long-term outcome

low attachment to family, school  
 No good friends, fail in love  
 poor confidence, touchy  
 low qualifications, poor work  
 antisocial, criminal, drug misuse

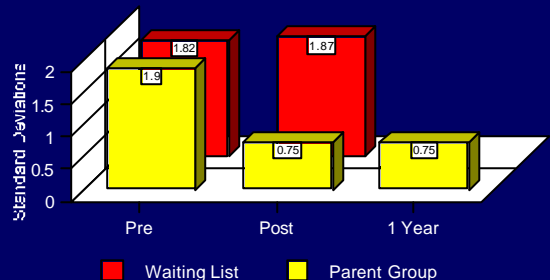


## Clinical trial (Scott et al 2001)

- 141 children age 3-7 referred to CAMHS
- severe, persistent antisocial behaviour (worst 1%)
- 'Incredible Years' parenting programme:
  - videotapes shown in group, 3 wks each of
    - Play
    - praise & rewards
    - setting limits
    - handling misbehaviour

## Child Antisocial Behaviour

PACS Interview Score

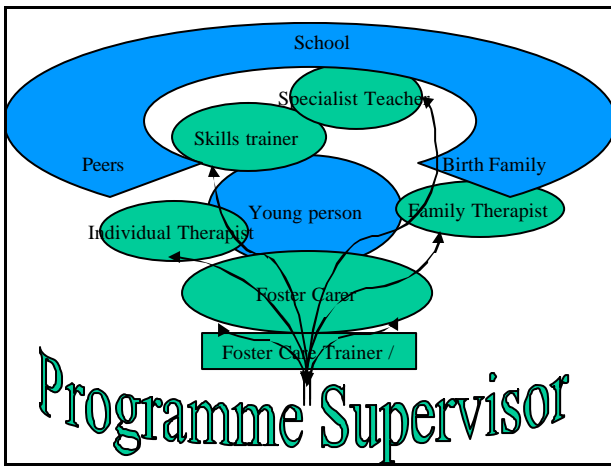
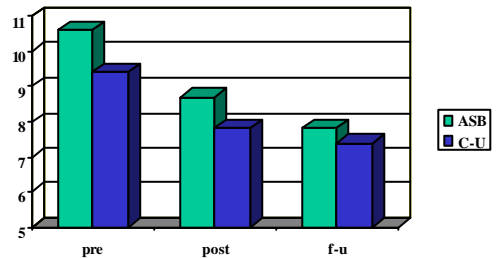


## Ten year Follow-Up

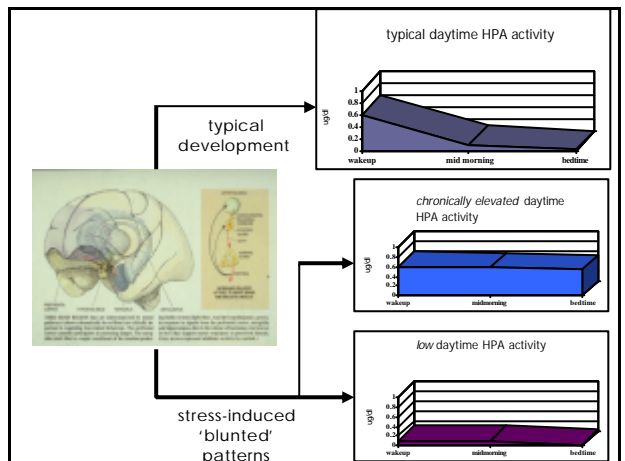
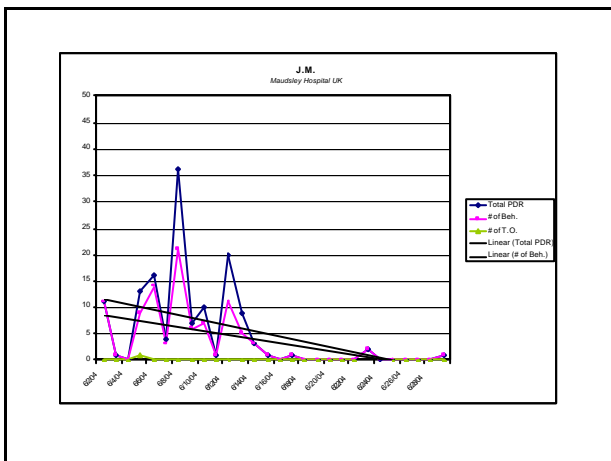
- 107/141 traced now aged 13-17
- Only 6 had both ODD/CD and >90<sup>th</sup> %ile CU
- Compared to Standard Treatment or no treatment, Parenting Group showed:
  - fewer symptoms of Oppositional Defiant Disorder on CAPA interview
  - Lower conduct problem scores on SDQ
  - Lower psychopathy score on SDQ, borderline on APSD

## Are C-U traits unchangeable?

(Hawes and Dadds 2006)



Behaviour	Description	By	Pts
Up on time	Out of bed	7:00	10
Ready A.M.	Teeth brushed, hair combed, dressed	7:30	10
AM tidy up	Bed made, clothes put away, room tidy	7:45	10
At school	Go to each class; no lateness or truancy		4 ea
School card	Get teacher sign card; bring home daily	3:45	2 ea
School Behaviour	No bad reports; for each full day without a bad report, 4-point bonus	End of day	1 per cla
Homework	50 minutes (not include letter writing)	7:50	20
Attitude & Maturity	Be helpful, take criticism well, be pleasant, not push limits; not moody	1:00; bed	15 15
Volunteer	Volunteering to do extra tasks		2-10
Chores	explained each day; take 10 to 15 mins	6:00	10
In bed with lights out	If you <i>can</i> buy "basics"	9:30	10
	If you <i>can't</i> buy "basics"	9:00	

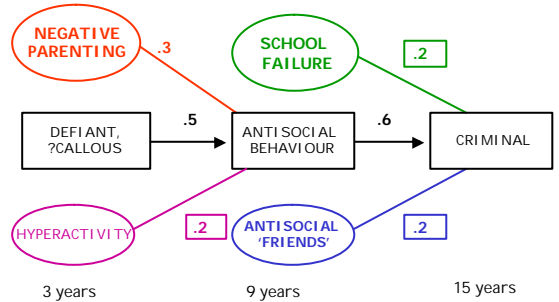


# Prevention

Get individuals before condition fully established: feasible for antisocial behaviour (vs eg depression); government

1. Recognisable by screening (SDQ, ASPD)
2. Treatable early, not treatable late
3. High morbidity untreated (Fergusson et al 2005) and financial cost (Scott, Knapp et al 2001)

# HOW TO MAKE CHILDREN GROW UP ANTI SOCIAL



## PREVENTION AT A POPULATION LEVEL

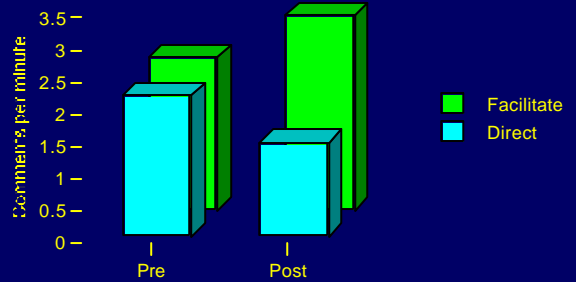
### the SPOKES Programme in schools

(Scott, Sylva et al 2005)

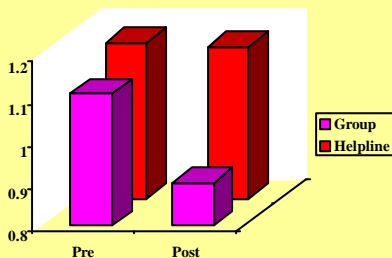
- Address a whole population
- Get them young
- Engage the most deprived
- Address child behaviour AND learning
- Use the most effective interventions
- Make it normal and fun

## Directive and Facilitating behaviour by Parents

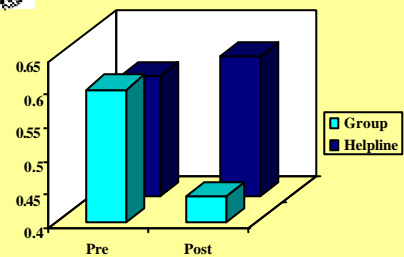
(direct observation, n=20)



## Child Antisocial Behaviour - PACS Interview scores

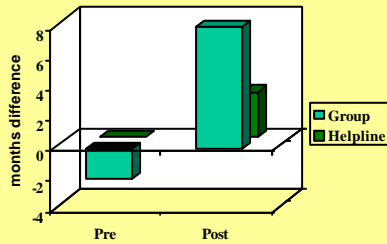


## Child Hyperactivity - PACS Interview Scores



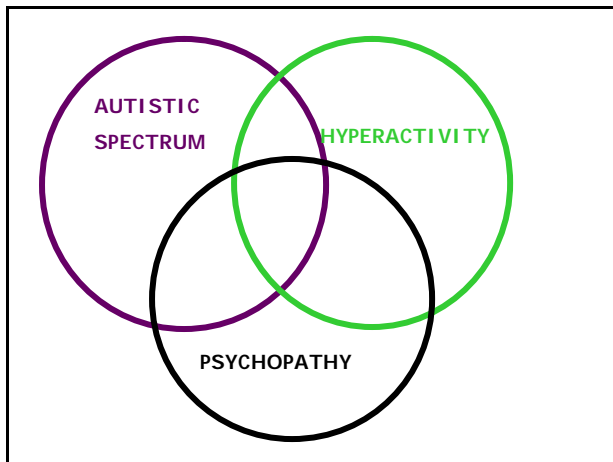


## Child Reading: BAS RA-CA



## Predictors of less improvement

- Child hyperactive/inattentive
- Child younger
- Parent attended fewer sessions
- Parent hostile attributions about child
- Lower treatment fidelity to manual



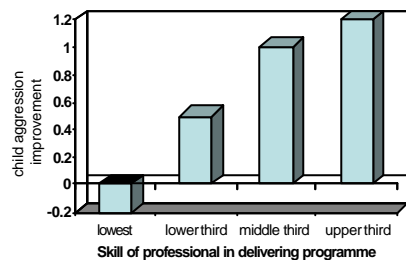
## What are serious ASPDs?

- (Hobson 2007) 102 cases from both trials given emotional processing and executive function tests
- Psychopathic individuals did indeed show expected differences
- BUT these disappeared after ADHD accounted for

## After ritalin



Child outcome and professional skill



## Conclusions from trial

- Antisocial behaviour preventable, can hit multiple risk factors through one portal
- Comorbid hyperactivity might overlap with psychopathy – could treat prospectively
- 10 year follow-up now in progress, including ASPD and Goodman psychopathy
- So far, follow up in clinical sample finding high (10%) autistic spectrum disorders; fewer have prototypic severe ASPD

## Future research

- Distinguish C-U from ASD and ADHD
- Are there environmental determinants of Punishment Insensitivity (animals)
- Does high heritability and prediction of worse outcomes (Dadds 2004) necessarily mean untreatable? No: Dadds own evidence
- Tailor treatment to phenotype: less punishment (time out), more immediate rewards – eg MTFCE, supported by MHRN



### NAPP location

King's College London,  
Strand Campus



RER Consortium: Rigour, Expertise, Reach