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Psychopathy, Conduct Disorder, and Stigma: Does Diagnostic Labeling Influence Juvenile Probation Officer Recommendations?

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This study investigated the potential influence of labeling a juvenile as psychopathic. Juvenile probation officers (JPOs; N = 260*) rendered hypothetical recommendations based on eight mock psychological evaluations. The evaluations varied the presence of two diagnostic criteria (antisocial behavioral history and psychopathic personality traits) and diagnostic labels (psychopathy, conduct disorder, no diagnosis) in order to distinguish criterion effects from labeling effects. The diagnostic criteria of antisocial behavior had a substantial effect on JPO recommendations (effect sizes .50–.79), while the diagnostic criteria of psychopathic personality traits had a more limited effect. Surprisingly, diagnostic labels had little effect, and there were no appreciable differences between conduct disorder and psychopathy diagnoses. These findings illustrate the importance of distinguishing diagnostic criterion effects from diagnostic labeling effects.*

KEY WORDS: psychopathy; labeling; juvenile offenders; conduct disorder.

Psychopathy has become so widely recognized as an indicator of violence and criminal recidivism that clinicians often incorporate psychopathy assessment into evaluations of adult criminal defendants and psychiatric patients (Hemphill, Templeman, Wong, & Hare, 1998; Otto & Heilbrun, 2002; Salekin, Rogers, & Sewell, 1996). However, there is considerable controversy concerning the assessment and diagnosis of psychopathy in juveniles. Some have contended that the early identification of psychopathy traits might allow clinicians to intervene sooner and more effectively with youths who presumably are at great risk to continue antisocial behavior into adulthood (Lynam, 1996; Frick, 1998). In contrast, others have pointed out that the construct of juvenile psychopathy has not been

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adequately established, and that it would be inappropriate for clinicians to use a diagnosis that has negative and presumably stigmatizing connotations (Edens, Skeem, Cruise, & Cauffman, 2001; Hart, Watt, & Vincent, 2002; Seagrave & Grisso, 2002; Steinberg, 2002). Indeed, some psychology and law scholars question the "ethical and moral appropriateness" of labeling a youth as psychopathic given that "the label may drive decision making in the legal setting in a punitive direction" (Petrila & Skeem, 2003, p. 691). However, no study has yet demonstrated that the psychopathy label sways juvenile justice professionals towards punitive responses. Therefore, the purpose of this study was to investigate the recommendations of juvenile court probation officers when presented with psychological evaluations that systematically varied antisocial behavioral history, psychopathic personality traits, and diagnostic label (psychopathy, conduct disorder, or no diagnosis) in a juvenile offender.

Psychopathy Traits Among Juveniles

Over the past decade, researchers have explored whether the construct of adult psychopathy can be extended downward to youth (for reviews, see Edens et al., 2001; Forth & Mailloux, 2000; Frick, Barry, & Bodin, 2000). Studies have identified measures of juvenile psychopathy that reliably identify personality features or behaviors that are phenotypically similar to the enduring traits characteristic of adult psychopaths. For example, scores on measures of psychopathy-like features in juveniles have been related to prospective measures of recidivism (Brandt, Kennedy, Patrick, & Curtin, 1997; Gretton, McBride, Hare, O'Shaughnessy, & Kumka, 2001; Kosson, Cyterski, Steuerwald, Neumann, & Walker-Matthews, 2002), institutional violence (Murrie, Cornell, Kaplan, McConville, & Levy-Elkon, 2004; Stafford & Cornell, 2003), and self-reported aggression (Frick, Cornell, Barry, Bodin, & Dane, 2003).

Despite the proliferation of research and the development of several measures of psychopathic features in youth, there are still questions and concerns about applying the psychopathy construct to youth (Hart et al., 2002; Johnstone & Cooke, 2004; Vincent & Hart, 2002). One question is whether transient developmental characteristics that are relatively common to adolescents (e.g., impulsivity or irresponsibility) could be mistaken for indications of adult psychopathy (Edens et al., 2001; Seagrave & Grisso, 2002). Another question is whether those who exhibit psychopathic features as juveniles will continue to manifest such traits as adults (Edens et al., 2001; Hart et al., 2002; Steinberg, 2002). A key underlying concern is that diagnosing a juvenile as psychopathic would prove so highly stigmatizing that the juvenile justice system would impose excessively punitive legal consequences on juvenile offenders and be unwilling to make use of therapeutic or rehabilitative options (Petrila & Skeem, 2003; Skeem & Cauffman, 2003; Steinberg, 2002; Vincent & Hart, 2002).

Diagnostic Labels and Stigma in the Legal System

There is evidence to support concerns about the potentially stigmatizing consequences of a psychopathy diagnosis. Two studies examined the impact that

a psychopathy label exerted on mock-juror impressions of a hypothetical adult criminal defendant in a death-penalty trial. In the first study (Edens, Desforges, Fernandez, & Palac, 2004), researchers presented 338 undergraduate mock jurors with a written description of a defendant that experimentally manipulated the defendant's clinical diagnosis (psychopathy, psychosis, or no diagnosis). Participants rated the defendant described as psychopathic as posing more risk of future violence than the defendant described as having no mental disorder. However, this study did not find a stigmatizing effect specific to psychopathy; similar effects were observed for defendants described as psychotic. The authors later speculated that perhaps jurors exhibited "a general bias towards individuals with mental disorders rather than a unique bias towards individuals labeled as psychopathic" (Edens, Colwell, Desforges, & Fernandez, in press, p. 6).

In a follow-up to the Edens et al. (2004) study, Edens et al. (in press) administered modified instructions regarding death-penalty sentencing to 205 undergraduates, and again found that they attributed greater dangerousness to psychopathic defendants than defendants without a diagnosis. Also, they again found no difference between dangerousness ratings for psychopathic versus psychotic defendants. However, mock jurors were more likely to support the death penalty for psychopathic defendants (60%) than for psychotic (30%) or non-disordered (38%) defendants (Edens et al., in press).

Two published studies have examined the influence that psychopathy-like traits may have in legal contexts involving *youth*. Edens, Guy, and Fernandez (2003) presented 360 undergraduates with modified newspaper accounts of a 16-year-old defendant facing the death penalty. The authors manipulated the presence of psychopathy-like features (the term "psychopathy" was never used) and found that this manipulation increased respondents' support for a death sentence and decreased support for treatment while in prison. Specifically, the "psychopathic" condition of the newspaper article included quotations from a parent and teacher who described the juvenile as "the kind of teenager who did not feel remorse for his behavior or guilty when he got into trouble . . . a 'pathological liar' who manipulated people . . . arrogant." In contrast, the "non-psychopathic" condition featured a description of the youth as "the kind of teenager who felt remorseful and guilty when he got into trouble . . . a 'trustworthy adolescent' who never conned people . . . modest and humble" (p. 22). Consistent with the authors' hypothesis, participants were more likely (odds ratio = 2.30) to support a death penalty for the youth described as having psychopathic features than for youth described without such features.

Salekin, Rogers, and Ustad (2001) surveyed psychologists and juvenile court judges (Salekin, Yff, Neumann, Leistico, & Zalot, 2002) to elucidate prototypical descriptions of the concepts of "dangerousness, sophistication-maturity, and amenability to treatment"—criteria that professionals often use to identify juveniles appropriate for waiver to adult court. Though neither psychopathy traits nor diagnostic labeling were the primary focus of either study, the surveys featured some items (e.g., lack of empathy or remorse, pathological lying) drawn from descriptions of the psychopathic personality (Cleckley, 1941; Hare, 1991); thus, these results offer some suggestive evidence regarding the influence that reference to psychopathy

traits might have on decision makers. A factor analysis of the prototypicality ratings that psychologists assigned to individual items resulted in four factors that determined whether a juvenile was sufficiently dangerous[4] to warrant transfer to adult criminal court. "Psychopathic Personality Traits" constituted one of these four factors and accounted for 5.3% of the variance in dangerousness ratings. Like psychologists in the previous study (Salekin et al., 2001), juvenile court judges in the second study (Salekin et al., 2002) considered psychopathy-like features somewhat influential in determining which youth warranted waiver to adult court. A factor analysis of judges' responses yielded one Psychopathic Personality Traits factor that accounted for 7.8% of the variance in dangerousness ratings.

Studies like those by Edens et al. (2003), and by Salekin et al. (2001, 2002) demonstrated the influence of behavioral characteristics that are commonly associated with psychopathy, but did not specifically investigate the effects of the psychopathy *label*. It is important to distinguish effects of the juvenile psychopathy label from the antisocial behavior or personality features that are associated with the diagnosis. Clinicians might refrain from using the psychopathy label but still communicate influential information about antisocial characteristics. For example, Hare (1998) suggested that clinicians might avoid problematic use of the "sticky label" (p. 115) *psychopath*, and instead list the diagnostic traits and behaviors that describe a psychopathic adult criminal. It might be that the use of a diagnostic label is more stigmatizing than a description of diagnostic characteristics alone, because laypersons perceive the label as formalizing such characteristics into a more serious condition.

Although concern about the inappropriate labeling of young offenders has focused on the construct of psychopathy (e.g., Steinberg, 2002), the more commonly used diagnosis of conduct disorder apparently has not been subject to similar scrutiny. Our review of literature failed to identify any studies that empirically addressed the effects of a conduct disorder diagnosis. However, a few authors have debated the possibility of stigmatizing effects (see, e.g., correspondence between Greenland, 1999, and Lipman, Bennett, Racine, & Offord, 1999). Richters and Cicchetti (1993) suggested that any negative connotations may be more severe when conduct disorder is conceptualized as a mental disorder rather than a constellation of environmentally influenced behaviors. One way to gauge the effect of psychopathy labeling is to compare it to the effect of the more established and widely used diagnostic label of conduct disorder. Moreover, as Edens et al. (in press) mentioned in their study of juror decision-making, labeling effects may not be specific to the psychopathy diagnosis, but could be attributable to the general impact of any mental disorder diagnosis.

In their research, Frick and colleagues (Frick, 1998; Frick et al., 2000; Frick, O'Brien, Wootton, & McBurnett, 1994) acknowledged potential negative connotations to the diagnostic terms psychopathy and conduct disorder. They noted that some might erroneously assume an inherent biological basis to psychopathic features and presume "negative long-term outcomes" among psychopathic youth.

[4]In addition to dangerousness, two other broad factors were key components in the waiver decisions: sophistication/maturity and amenability to treatment.

The authors (Frick et al., 2000, p. 9; see Frick, 1998, p. 162 for similar statement) cautioned against such premature assumptions, and observed,

> Unfortunately, the common alternative to explicitly applying the concept of psychopathy to children is to implicitly consider all children with conduct disorder as showing a childhood manifestation of psychopathy (e.g., Richters & Cicchetti, 1993). This alternative is even more problematic because many of the malignant, impairing, and unique dispositional features associated with psychopathy may apply to only a subset of children with conduct disorder.

Perhaps for such reasons, Vincent and Hart (2002) encouraged research on "differences between stereotypes for psychopathy and those for related mental disorders such as CD and ODD" (p. 158).

Although scholarly writing on juvenile psychopathy emphasizes the "negative label" (Vincent & Hart, 2002, p. 154) or even the "damning label" (Edens et al., 2001, p. 76) of psychopathy, it is unclear whether it is the label, per se, that influences decision makers. A fundamental methodological issue in studying the potentially stigmatizing effects associated with any diagnostic label is to distinguish among three possible sources of influence: *general labeling effects* associated with diagnosis of any mental disorder, *specific label effects* for a specific diagnosis such as psychopathy, and what might be termed *criterion effects* associated with the diagnostic criteria, such as underlying symptoms or characteristics associated with a diagnosis. In the case of "juvenile psychopathy" it is important to distinguish the specific labeling effect of the psychopathy diagnosis from the general labeling effect that might be found with other diagnoses, such as conduct disorder. Additionally, any labeling effect specific to the psychopathy diagnosis must be distinguished from the criterion effects, i.e., the effects of describing psychological characteristics used as criteria for the diagnosis.

Present Study

In the present study, we investigated the potential labeling effects of juvenile psychopathy on the opinions and recommendations of juvenile court probation officers. Juvenile court probation officers are charged by the court to conduct presentence evaluations of juvenile offenders; their opinions and recommendations often influence the legal disposition for a juvenile offender (Office of Juvenile Justice and Delinquency Prevention [OJJDP], 1996; Colley, Culbertson, & Latessa, 1987). We presented a sample of 260 juvenile court probation officers with a series of vignettes that systematically varied the diagnosis and clinical history of a juvenile defendant. We compared the influence of two diagnostic labels—psychopathy[5] and conduct disorder—and also varied a history of antisocial behavior (present/absent) and the presence of psychopathic personality characteristics (present/absent).

Probation officers were asked to rate the likelihood that they would support a series of recommendations ranging from psychological services to incarceration

[5]There is reason to be cautious about diagnosing psychopathy in juveniles; however, in order to study the impact of the diagnostic label, it was necessary to prepare mock reports that presented a formal diagnosis of psychopathy.

(i.e., psychological services, deferred prosecution, intensive supervision/probation, secure residential placement, commitment to juvenile correctional facility, transfer to adult court). A second series of questions asked participants to estimate the likelihood of several possible outcomes, including ratings that the youth would or would not benefit from mental health services, commit future crimes, commit future violent crimes, and become a criminal as an adult.

METHODS

Participants

Participants were 260 juvenile probation officers (JPOs) drawn from two large metropolitan juvenile probation departments in Texas. These JPOs reported a mean of 9.70 ($SD = 7.4$) years of experience, although the range (0–33) varied considerably. Age of the JPOs ranged from 25 to 71 (mean = 38, $SD = 8.33$). The group was ethnically diverse, with 64 (25%) white, 98 (38%) African-American, and 73 (28%) Hispanic. Seven (3%) described their ethnicity as "other" and 18 (7%) declined to list their ethnicity. Gender distribution was 51% male and 49% female. Regarding specific job titles, 225 (87%) identified themselves as JPOs, while 22 (9%) identified themselves as juvenile probation supervisors and 6 (2%) identified another supervisory/administrative role.

Measures

The authors developed a mock summary of a psychological evaluation (see the appendix) after consulting with clinicians who work for the psychological services center at one of the juvenile probation sites and reviewing their evaluations. In order to allow experimental manipulations to have maximal effect, we devised an offense scenario of moderate severity (the defendant injured a peer in a fight, to an extent that required hospitalization) and described the scenario in ambiguous terms (e.g., no details about who initiated the altercation or whether the youth behaved in an instrumental or reactive manner). We described the defendant in terms that would be fairly common among adjudicated youth (e.g., he was from an unstable and abusive family background, and he obtained slightly below average cognitive and achievement testing scores).

These mock evaluations manipulated history of antisocial behavior (present/absent), psychopathic personality traits (psychopathic/not psychopathic), and diagnosis (psychopathy, conduct disorder, or none), as detailed in the appendix. The description of the antisocial behavior history ("engaged in physical fights with peers, stole merchandise from stores, used illegal drugs, and vandalized property") featured items from the diagnostic criteria for conduct disorder (American Psychiatric Association, 2000) and the additional item of substance abuse. The description of psychopathic personality traits mentioned affective/interpersonal features (e.g., shallow affect, impression management, failure to accept responsibility, lack of remorse) drawn from the Youth Version of the Psychopathy Checklist (PCL:YV: Forth, Kosson, & Hare, 2003).

Manipulating the antisocial, psychopathy, and diagnosis variables could create 12 ($2 \times 2 \times 3$) vignettes. However, four of these combinations would include blatantly implausible situations: two vignettes would describe a youth who received a psychopathy diagnosis but was described as *not* manifesting psychopathy traits, and two would involve a youth who was diagnosed with CD in the absence of an antisocial behavioral history. Therefore, we created only eight vignettes: (a) antisocial history, psychopathic, with psychopathy label; (b) antisocial history, psychopathic, with conduct disorder label; (c) antisocial history, psychopathic, with no diagnostic label; (d) antisocial history, not psychopathic, with conduct disorder label; (e) antisocial history, not psychopathic, with no diagnostic label; (f) no antisocial history, not psychopathic, with no diagnostic label; (g) no antisocial history, psychopathic, with a psychopathy label; (h) no antisocial history, psychopathic, with no diagnostic label.

After reading the mock evaluation summary, participants completed a questionnaire regarding their recommendations to the court. Specifically, they were asked to rate on a 6-point Likert-type scale (1 = very unlikely, 2 = unlikely, 3 = slightly unlikely, 4 = slightly likely, 5 = likely, 6 = very likely) the likelihood that they would recommend each of six options: psychological services, deferred prosecution, intensive supervision and probation, secure residential treatment, adjudication to the state correctional facility for youth, and transfer to adult court. A second series of questions asked participants to estimate the likelihood that the youth would: benefit from mental health services, commit future crimes, commit future violent crimes, and be a criminal as an adult. Finally, participants were asked to provide demographic information about themselves, including age, gender, job title, and years of experience.

Procedure

The study was approved by the affiliated university's Institutional Review Board and the Chiefs of Juvenile Probation in the two jurisdictions that participated in the study. Researchers provided regional juvenile probation supervisors with packets of study protocols containing random assortments of the eight vignettes. Supervisors then administered the questionnaires to JPOs during a weekly staff meeting. Standard instructions were printed on a cover sheet preceding study protocols. Each questionnaire included a consent form describing the optional and confidential nature of the study. Questionnaires were returned in sealed envelopes with signed consent forms which were separated from the data. Three probation officers declined participation.

RESULTS

Participants were randomly assigned one of the eight vignette conditions; there were no significant differences across conditions in participant years of experience [$F(7, 236) = 0.63$, $p = .73$], age [$F(7, 245) = 0.71$, $p = .67$], or gender [$\chi^2(7, N = 252) = 8.33$, $p = .30$]. Of 55 possible correlations between the

5 participant characteristics and the 11 dependent variables, only 2 were significant. There was a correlation of .14 ($p < .05$) between participant age and ratings on the item, "How useful would an evaluation like this one be in preparing your recommendations for court?" with older participants rating the mock evaluation as more useful. There was a correlation of −.14 ($p < .05$) between years of experience as a JPO and likelihood of recommending deferred prosecution.

Table 1 summarizes participant ratings across all conditions. Overall, participant ratings tended to support referring the youth for psychological services (mean rating of 5.07 out of a possible 6.00) and, to a somewhat lesser extent, were positive with regard to the expectation that the youth would benefit from mental health services ($M = 4.54$). Mean ratings were unsupportive of transfer to adult criminal court ($M = 1.68$) or to the state juvenile correctional facility ($M = 2.32$). Instead, intensive supervision/probation ($M = 4.74$) or secure residential placement ($M = 3.46$) tended to receive higher mean ratings.

Analytic Strategy

As mentioned previously, this 2 × 2 × 3 study design did not include four implausible vignette scenarios, and so a single, fully-factorial analysis of variance was not possible. Therefore, we undertook a partially redundant analytic strategy to allow for a more complete presentation of findings. First, we conducted a series of simple group comparisons to identify the effects of individual independent variables (presence or absence of antisocial history, presence or absence of psychopathic personality traits, and diagnostic label) on each of the dependent variables (JPO ratings on 11 items). A Bonferroni adjustment (p of .05 divided by 11 comparisons) set the family-wise error rate at $p = .005$.

As shown in Table 2, a history of antisocial behaviors significantly influenced ratings on 7 of the 11 dependent variables; effect sizes (Cohen's d) for these

Table 1. Descriptive Statistics for Participant Ratings Across all Experimental Conditions

Participant ratings	Mean	*SD*
How likely are you to recommend . . .		
Psychological services?	5.07	1.19
Deferred prosecution?	2.18	1.32
Intensive supervision/probation?	4.74	1.31
Secure residential placement?	3.46	1.56
Commitment to juvenile correctional facility?	2.32	1.36
Transfer to adult court?	1.68	1.01
How likely is this youth to . . .		
Benefit from mental health services?	4.54	1.17
Commit future crime?	4.72	.09
Commit future violent crime?	4.49	.92
Become a criminal as an adult?	4.42	.89
How useful would an evaluation like this one be in preparing your recommendations for court?*	4.84	1.19

Note: *N*s ranged from 255 to 259. Ratings based on a scale of 1 (very unlikely) to 6 (very likely).
*Ratings based on a scale of 1 (useless) to 6 (very useful).

Table 2. Participant Ratings by Antisocial History, Psychopathic Features, and Diagnosis

	No antisocial history	Antisocial history present	*t*	*d*	No psychopathy features	Psychopathy features present	*t*	*d*	Psychopathy	Conduct disorder	No diagnosis	*F*	Eta-squared
How likely would you be to recommend…[a]													
Psychological services	4.87 (1.23)	5.18 (1.12)	2.04	.26	4.88 (1.28)	5.18 (1.12)	1.93	.25	5.29 (1.03)	5.39 (.75)	4.81 (1.36)	6.85* (2, 253)	.05
Deferred prosecution[b]	2.59 (1.48)	1.93 (1.14)	−3.72*	.50	2.17 (1.29)	2.18 (1.34)	.04	.01	2.37 (1.43)	2.10 (1.34)	2.12 (1.22)	.94 (2, 252)	.01
Intensive supervision/ probation	4.61 (1.35)	4.82 (1.23)	1.27	.16	4.73 (1.45)	4.75 (1.23)	.09	.01	4.48 (1.37)	5.00 (1.02)	4.75 (1.34)	2.56 (2, 254)	.02
Secure residential placement	2.98 (1.50)	3.74 (1.53)	3.85*	.50	3.38 (1.53)	3.50 (1.58)	.59	.08	3.66 (1.55)	3.73 (1.55)	3.23 (1.55)	2.88 (2, 254)	.02
Commitment to juvenile correctional facility	1.89 (1.12)	2.57 (1.44)	4.17*	.53	2.26 (1.34)	2.35 (1.38)	.55	.07	2.21 (1.32)	2.68 (1.49)	2.20 (1.30)	2.92 (2, 253)	.02
Transfer to adult court	1.44 (.82)	1.81 (1.09)	2.86*	.38	1.61 (1.01)	1.72 (1.02)	.83	.11	1.58 (.73)	1.81 (1.07)	1.66 (1.11)	.85 (2, 256)	.01
How likely is this youth to…[a]													
Benefit from mental health services	4.44 (1.21)	4.60 (1.15)	1.09	.14	4.56 (1.18)	4.53 (1.17)	−.24	.03	4.54 (1.17)	4.63 (1.08)	4.50 (1.21)	.30 (2, 256)	.00
Commit future crime[b]	4.30 (.92)	4.96 (.74)	5.89*	.79	4.49 (.99)	4.85 (.77)	3.00*	.41	4.77 (.81)	5.05 (.63)	4.54 (.95)	7.82* (2, 255)	.06
Commit future violent crime	4.15 (.96)	4.68 (.85)	4.61*	.58	4.29 (1.01)	4.61 (.86)	2.70	.34	4.60 (.79)	4.65 (.79)	4.36 (1.03)	2.64 (2, 254)	.02
Be a criminal as an adult	4.08 (.90)	4.61 (.83)	4.80*	.61	4.17 (.95)	4.55 (.83)	3.37*	.43	4.56 (.77)	4.55 (.78)	4.28 (.98)	3.11 (2, 254)	.02
How useful would an evaluation like this one be in preparing your recommendations for court?[c]	4.85 (1.19)	4.83 (1.20)	−.11	.02	4.96 (1.07)	4.77 (1.13)	−1.18	.17	4.80 (1.21)	5.05 (1.09)	4.76 (1.23)	1.25 (2, 254)	.01

Note: *N*s ranged from 255 to 259. Cohen's *d* and eta-squared are measures of effect size.
[a] All ratings based on a scale of 1 (very unlikely) to 6 (very likely).
[b] Because Levene's test for equality of variances indicated that equal variances could not be assumed for these variables, the more conservative *t*-value is reported.
[c] Ratings based on a scale of 1 (useless) to 6 (very useful). Due to multiple comparisons, a Bonferroni adjustment (p of .05 divided by 11 comparisons) was made to set an family-wise error rate of $p = .005$.
*$p < .005$.

significant ratings ranged from .50 to .79, which are in the medium to large range (Cohen, 1992).[6]

Next, we compared ratings for vignettes of youths with and without psychopathic personality traits. Ratings for only two of the dependent variables were significant at the family-wise error rate of $p < .005$: likelihood the youth would commit future crime, and likelihood he would be a criminal as an adult. Effect sizes ($d = .41$ and .43, respectively) were in the medium range.

Finally, we compared participant ratings across the three diagnostic labels (psychopathy versus CD versus no diagnostic label). Using Tukey's HSD, we found that JPOs were more likely to view youth who received *any* diagnostic label (psychopathy or CD) as more in need of psychological services, relative to youth with *no* diagnostic label, $F(2, 253) = 6.85$, $p < .01$, eta-squared = .05. Youth who received a CD diagnosis were judged more likely to commit future crimes than youth receiving no diagnosis, $F(2, 255) = 7.82$, $p < .001$, eta-square = .06. There was no difference between youth receiving a CD diagnosis versus a psychopathy diagnosis for any of the ratings. Finally, on the only other variable on which ratings differed by diagnostic label (i.e., "*How likely is this youth to commit future crime*?") participants were significantly ($p < .001$) more likely to expect a youth diagnosed with CD to commit future crime relative to the no-diagnostic-label condition. Ratings for the youth diagnosed with psychopathy fell between the CD and no-diagnosis conditions, but were not significantly different from either.

An alternate analytic approach to the group comparisons described earlier is to examine *individually* each of the eight vignettes, as opposed to examining the influence of the independent variables (antisocial history, psychopathic traits, and diagnostic label) *across* all vignette conditions. This alternate strategy involved 28 comparisons among the 8 vignettes × 11 dependent variables, which yielded a total of 308 comparisons. Results of these 308 comparisons are available from the first author by request. Overall, results were quite consistent with results of the original analytic approach,[7] demonstrating the effects of the experimental manipulations.

After the univariate analyses, we conducted a series of hierarchical regression analyses to assess the cumulative effects of several combinations of independent variables A primary aim of the present study was to distinguish a *general* labeling influence—attributable to any diagnosis—from a *specific* labeling influence attributable to the psychopathy label. We also hoped to disentangle these influences

[6]One reviewer suggested a possible threshold effect (i.e., participant ratings might differ on a 6-point Likert-type scale that ranged from *very likely* to *very unlikely* but would not differ in terms of whether the participant actually recommended for or against a given response). To address this concern, we collapsed the 6-point rating scale into a "likely to recommend" versus "unlikely to recommend" dichotomy. Results were nearly identical with one exception. The impact of an antisocial history on the likelihood of recommending transfer to adult court now only approached significance ($p = .068$).

[7]For example, on the seven dependent variables that revealed a significant effect for antisocial behavioral history in Table 2, *no* individual vignette with an antisocial behavioral history present was rated more favorably than any vignette with antisocial history absent, regardless of the experimental manipulations to other independent variables (i.e., psychopathic personality features and diagnostic label). Considering "*How likely is this youth to commit future crime*" as an example of the similarities in results, each vignette with an antisocial history present was rated less favorably than each vignette with antisocial history absent, with these differences reaching statistical significance in 6 of 15 possible comparisons.

from the effects of the underlying criteria (i.e., antisocial behavioral history and psychopathic personality features) associated with these diagnoses. Therefore, for a second series of analyses, we selected the eight dependent variables that revealed any significant differences in relation to any of the three independent variables. We performed hierarchical regression analyses by entering first the antisocial history variable and then the psychopathic personality variable. In the third step, we entered diagnosis (via two dummy variables, one coded for presence/absence of psychopathy label and the other for the presence/absence of the CD label).

The hierarchical linear regression analyses (see Table 3) revealed at the first step a consistent effect for antisocial history (R^2 change values of .06 for three of the five legal sanction variables, and R^2 change values of .08 to .13 for the prognostic variables). At the second step, the influence of psychopathic personality features over and above an antisocial behavior history was significant for four dependent variables. R^2 change values for the addition of psychopathic features tended to fall in the small to medium range: *How likely would you be to recommend psychological services*? = .02; *How likely is the youth to commit future crime*? = .05; *How likely is this youth to commit future violent crime*? = .03; and *How likely is this youth to be a criminal as an adult*? = .05.

At the third step, the influence of a diagnostic label was significant for one dependent variable: *How likely would you be to recommend psychological services*? Here, the addition of a diagnostic label (psychopathy or conduct disorder), over and above an antisocial history and psychopathic personality traits, rendered JPOs more likely to recommend psychological services (R^2 change = .03).

DISCUSSION

We sought evidence that the diagnostic label of psychopathy would adversely affect the judgments of JPOs. For example, we tested whether the use of the diagnostic label of psychopathy had an impact on JPO judgments that was distinguishable from the impact of merely describing the youth as having psychopathy-like features such as a lack of remorse or empathy, or from describing a history of antisocial behavior. We also examined whether JPOs would be more likely to recommend incarceration and advise against psychological services if a juvenile was diagnosed with psychopathy than if the juvenile was given no diagnosis or a diagnosis of conduct disorder.

Overall, our results suggested that diagnostic labels themselves were much less influential than the underlying conditions (antisocial behavior history and psychopathic personality features) on which those diagnostic labels are based. The most influential factor in JPO ratings was whether the youth manifested a history of antisocial behavior. This variable significantly influenced 7 of the 11 dependent variables, generating medium to large effect sizes of .50–.79. Notably, antisocial history affected four of the six items measuring legal sanctions, consistent with previous findings that juvenile sentencing dispositions are strongly related to prior delinquent behavior (Matarazzo, Carrington, & Hiscott, 2001; Sanborn, 1996). Antisocial history influenced three of the four prognostic items, such as "*How likely is this youth*

Table 3. Summary of Regression Models for Participant Ratings

	b	Standard error of b	Beta	t	p	R^2 change
How likely would you be to recommend psychological services?						
Step 1						.02*
Antisocial history	.31	.15	.13	2.04	.04	
Step 2						.02*
Antisocial history	.32	.15	.13	2.12	.04	
Psychopathic personality features	.31	.15	.12	2.01	.05	
Step3						.03*
Antisocial history	.18	.17	.07	1.09	.28	
Psychopathic personality features	.20	.17	.08	1.20	.23	
Psychopathy diagnosis[a]	.39	.20	.14	1.98	.05	
CD diagnosis[b]	.49	.20	.18	2.49	.01	
How likely would you be to recommend deferred prosecution?						
Step 1						.06**
Antisocial history	−.66	.17	−.24	−3.97	.00	
Step 2						.00
Antisocial history	−.66	.17	−.24	−3.96	.00	
Psychopathic personality features	−.02	.17	−.01	−.14	.89	
Step 3						.01
Antisocial history	−.76	.18	−.28	−4.12	.00	
Psychopathic personality features	−.11	.19	−.04	−.56	.57	
Psychopathy diagnosis[a]	.30	.22	.10	1.40	.16	
CD diagnosis[b]	.35	.22	.11	1.61	.11	
How likely would you be to recommend secure residential placement?						
Step 1						.06**
Antisocial history	.76	.20	.23	3.8	.00	
Step 2						.00
Antisocial history	.76	.20	.24	3.9	.00	
Psychopathic personality features	.15	.20	.05	.76	.45	
Step 3						.01
Antisocial history	.76	.22	.24	3.50	.00	
Psychopathic personality features	−.01	.22	.00	−.03	.98	
Psychopathy diagnosis[a]	.43	.26	.12	1.68	.10	
CD diagnosis[b]	.13	.26	.04	.49	.62	
How likely would you be to recommend commitment to a juvenile correctional facility?						
Step 1						.06**
Antisocial history	.67	.17	.24	3.91	.00	
Step 2						.00
Antisocial history	.68	.17	.24	3.94	.00	
Psychopathic personality features	.13	.17	.05	.75	.45	
Step 3						.00
Antisocial history	.60	.19	.21	3.14	.00	
Psychopathic personality features	.18	.19	.06	.91	.36	
Psychopathy diagnosis[a]	−.08	.22	−.03	−.34	.73	
CD diagnosis[b]	.18	.23	.06	.79	.43	
How likely would you be to recommend transfer to adult court?						
Step 1						.03**
Antisocial history	1.44	.10	.18	2.86	.01	
Step 2						.00
Antisocial history	.37	.13	.18	2.90	.00	
Psychopathic personality features	.12	.13	.06	.96	.34	
Step 3						.01
Antisocial history	.37	.14	.18	2.58	.01	
Psychopathic personality features	.19	.14	.09	1.34	.18	
Psychopathy diagnosis[a]	−.18	.17	−.08	−1.09	.28	
CD diagnosis[b]	−.04	.17	−.02	−.24	.81	

Table 3. Continued

	b	Standard error of b	Beta	t	p	R^2 change
How likely is this youth to commit future crime?						
Step 1						.13**
Antisocial history	.66	.11	.36	6.5	.00	
Step 2						.05**
Antisocial history	.67	.10	.37	6.55	.00	
Psychopathic personality features	.38	.10	.21	3.72	.00	
Step 3						.01
Antisocial history	.60	.11	.33	5.27	.00	
Psychopathic personality features	.39	.11	.21	3.38	.00	
Psychopathy diagnosis[a]	.04	.13	.02	.31	.76	
CD diagnosis[b]	.21	.13	.11	1.60	.11	
How likely is this youth to commit future violent crime?						
Step 1						.08**
Antisocial history	.53	.12	.28	4.61	.00	
Step 2						.03**
Antisocial history	.55	.11	.28	4.79	.00	
Psychopathic personality features	.34	.11	.18	3.00	.00	
Step 3						.00
Antisocial history	.55	.13	.29	4.35	.00	
Psychopathic personality features	.31	.13	.16	2.43	.02	
Psychopathy diagnosis[a]	.09	.15	.04	.57	.57	
CD diagnosis[b]	.02	.15	.01	.10	.92	
How likely is this youth to be a criminal as an adult?						
Step 1						.08**
Antisocial history	.53	.11	.29	4.8	.00	
Step 2						.05**
Antisocial history	.55	.11	.30	5.09	.00	
Psychopathic personality features	.41	.11	.22	3.75	.00	
Step 3						.00
Antisocial history	.57	.12	.31	4.74	.00	
Psychopathic personality features	.36	.12	.20	3.00	.00	
Psychopathy diagnosis[a]	.11	.14	.05	.77	.44	
CD diagnosis[b]	−.01	.14	−.01	−.07	.94	

Note: $N = 258$.
[a]This variable was dummy-coded (0 = no psychopathy diagnosis; 1 = psychopathy diagnosis) to enter into the regression analysis.
[b]This variable was dummy-coded (0 = no conduct disorder diagnosis; 1 = conduct disorder diagnosis) to enter into the regression analysis simultaneously with the psychopathy diagnosis variable.
$^{*}p < .05$; $^{**}p < .01$.

to commit future crime?" Conceivably, participants may have been operating on the axiom that the best predictor of future behavior is past behavior.

Although a history of antisocial behavior was the diagnostic criterion that had the greatest impact on JPO ratings, there was also some evidence of criterion effects related to the psychopathic personality features that underlie a psychopathy diagnosis. JPOs considered the youth described as manifesting psychopathic personality traits to be more likely to "commit future crime" ($d = .41$) and "be a criminal as an adult" ($d = .43$), as compared to the youth described as not manifesting psychopathic traits.

These findings give some credence to concerns that youths described as manipulative, emotionally shallow, and lacking empathy/remorse will be perceived as

likely to persist in criminal behavior into adulthood. To some extent, this perception is consistent with previous research findings; youth with psychopathy-like features are at increased risk for future aggression (e.g., Frick, Cornell, et al., 2003; Gretton et al., 2001). However, it remains important to weigh the evidence for continuity between juvenile psychopathy scores and adult criminal behavior (e.g., Gretton, Hare, & Catchpole, 2004) alongside the abundant evidence that many juvenile offenders desist criminal behavior upon entering adulthood (Elliott, 1994; Moffitt, 1993).

Although the presence of psychopathic personality features influenced two of the four prognostic variables, such features had no discernible effect on recommended sanctions. That is, contrary to common concerns (e.g., Petrila & Skeem, 2003; Steinberg, 2002), the presence of psychopathic personality features did not sway JPO raters towards recommending more punitive sanctions. Similarly, despite concerns that legal decision makers would be unwilling to make use of therapeutic interventions for youth who are described as psychopathic, participants were slightly *more* likely ($d = .25$) to recommend psychological services when reviewing vignettes that featured a youth described as manifesting psychopathic features. There was a modest R^2 change ($.02, p < .05$) with the addition of psychopathic features over antisocial history alone. Likewise, JPOs did not see youth manifesting psychopathic features as any less likely to benefit from mental health services; indeed, none of the experimental manipulations significantly influenced the variable, "*How likely is this youth to benefit from mental health treatment*?."

The aforementioned results shed some light on the impact that diagnostic *criterion* effects may have on legal professionals, but a primary goal of this study was to investigate *general* and *specific labeling* effects attributable to the psychopathy diagnosis. When we searched for *specific labeling effects* by comparing a psychopathy diagnosis to a conduct disorder diagnosis, there was little difference in the impact of these diagnoses on JPO judgments. Only one variable yielded a significant result with respect to diagnosis: "*How likely is this youth to commit a future crime*?" Youth with a conduct disorder label were judged more likely (mean rating = 5.05) to commit future crimes than youth with no diagnostic label (mean rating = 4.54), with a small effect size (eta-squared = .06). Those youth with a psychopathy diagnostic label received ratings (mean rating = 4.77) that fell between the other two conditions, but did not differ significantly from either.

One finding related to a *general* labeling effect emerged in the current study. JPOs were more likely to recommend psychological services to a youth with either a psychopathy diagnosis or a conduct disorder diagnosis versus a youth with no diagnosis (eta-squared = .05). This appears to be an encouraging finding, considering that one prominent concern in the literature is that youth given a psychopathy diagnosis will be denied opportunity for mental health treatment (e.g., Steinberg, 2002). The present results did not support fears that decision makers will automatically rule out therapeutic intervention for youths labeled with psychopathy. In contrast, the current JPO responses suggested a willingness to refer diagnosed youth for psychological services, and revealed no inclination to pursue more severe sanctions based on a diagnostic label.

Overall, although some authors have expressed concern about the hypothesized negative stigma of a psychopathy label, we found no results specific to the psychopathy diagnosis. However, our results suggest that researchers may want to devote more attention to *general labeling effects*, including the effects of the widely used conduct disorder diagnosis. For example, we need to know whether legal decision makers respond to the finding that a juvenile has a diagnosable mental disorder, regardless of the type of disorder, or if there are categories of mental disorder that have differential impact on their decision making. It is conceivable that some disorders influence the decision to recommend a juvenile for mental health services, but do not affect decisions about punitive sanctions, and vice versa. Our study was a limited comparison of conduct disorder versus psychopathy, which are related conditions. Future studies should compare a broader group of disorders.

Overall, our findings offer much more consistent support for diagnostic *criterion* effects than for diagnostic *labeling* effects. That is, the characteristics underlying a given disorder appeared much more influential to participant ratings than did diagnostic labels. For example, R^2 change values for antisocial behavior ranged from .02 to .13, and for psychopathic personality traits they ranged from .02 to .05. Presentation of a diagnostic label, however, had no discernible adverse impact on JPO ratings, and as noted earlier, had the positive effect of increasing recommendations for psychological services.

These findings with one group of professionals suggest that researchers should be cautious in making broad assumptions about the ways in which all consumers of psychological reports interpret diagnostic language. The present results suggest it is not the label but the underlying characteristics, *even in the absence of the label*, which tended to influence these consumers of psychological reports. Indeed, it may be that diagnostic labels have more impact on diagnosticians than on the consumers, particularly if the diagnosis guides which behaviors and traits the clinician identifies and emphasizes in written reports. Authorities have long urged clinicians to identify specific evidence that supports their diagnosis and forensic opinions (for examples, see Heilbrun, Marczyk, & DeMatteo, 2002), so it would seem inappropriate to recommend that clinicians refrain from reporting relevant clinical findings such as a history of antisocial behavior.

Limitations

One advantage of a vignette study is that it permits experimental manipulation and isolation of key variables. A related limitation, however, is that a vignette study may not fully reflect the complexity of real situations. Any actual case involves a much larger constellation of variables, and raters may respond differently to a real case than to a hypothetical one. In practice, JPOs may place greater weight on the idiosyncrasies of a particular crime or the qualities of the youth's interpersonal presentation, and these might be more salient than a brief written description. It may be that a clinician's attention to psychopathic features becomes more influential in a case involving an especially callous crime or a young defendant who presents in an atypically self-serving or grandiose manner. It would be important to disentangle

the relative contributions of the juvenile's actual behavior from the clinician's conceptualization and communication of that behavior. Future studies might attempt to code actual cases for the association between such variables and the recommendations legal professionals make.

To allow experimental manipulations to exert maximal effect, we devised a hypothetical crime of mid-range severity. Future studies should consider a range of crimes and perhaps vary other characteristics of the crime. For example, many juvenile offenders commit crimes as part of a group, or act under the authority of older co-offenders. It may be important to consider the role of these influences or other potentially mitigating factors. It is possible that we may have found different results had we presented a much more (or much less) severe crime scenario.

A second limitation is that we investigated only JPOs. Although JPOs play a critical role in determining dispositions for most juvenile offenders, it is important to examine the impact of psychopathy labeling on other key juvenile justice personnel, including judges and mental health professionals. Mental health professionals may be more familiar with the clinical lore (Salekin, 2002) surrounding psychopathy and as a result may be more susceptible to labeling influences than JPOs.

One possible reason that results revealed moderate effects for psychopathic personality characteristics but no effects for the psychopathy label may be that JPOs were not familiar with the label. We did not include a manipulation check to ensure they accurately understood the diagnostic labels, although the mock evaluations that mentioned a diagnosis of psychopathy or conduct disorder also included a brief definition and description of the disorder (see the appendix). Another possibility is that JPOs are highly experienced with troubled youth. They may be less reactive to diagnostic language in a psychological evaluation than are laypersons who have less direct experience with delinquent youth.

Finally, it is important to consider that the JPO reactions to the psychopathy label we documented in this study might differ when studied in the future. If—as some scholars (e.g., Seagrave & Grisso, 2002) anticipate—the construct of psychopathy becomes widely used in juvenile cases, decision makers may become more responsive to the psychopathy label or psychopathy features. On the other hand, the diagnosis of conduct disorder, already well known and widely applied in juvenile justice settings, appeared to have little impact on participant ratings.

CONCLUSIONS

Overall, our findings demonstrate some of the complexities in identifying labeling effects associated with psychopathy and other diagnoses. We suggest that future research continue to disentangle the influence of general labeling, specific labels, and underlying diagnostic criteria.

The present results justify some of the concerns regarding the attribution of psychopathy-like traits to juveniles (e.g., Edens et al., 2001, 2003), although there was little evidence that a specific *diagnosis* of psychopathy affected JPO judgments. These results alone should not be construed as supporting unqualified application of the psychopathy label to juvenile offenders, as there is need for more study of

diagnostic issues and other unresolved concerns about juvenile psychopathy. As mentioned previously, the field has only a few studies addressing the stability of psychopathic features identified in adolescence (Frick, Kimonis, Dandreaux, & Farell, 2003; Gretton et al., 2001, 2004) and even fewer studies concerning the impact of therapeutic interventions on such personality features. A second concern is that current measures used to assess psychopathy features in juveniles are not highly concordant (Lee, Vincent, Hart, & Corrado, 2003; Murrie & Cornell, 2002).

In the future, the manner in which juvenile justice authorities respond to the psychopathy construct will depend largely on our ability to provide them with meaningful information. Researchers have an important challenge in determining the stability and prognostic value of psychopathic characteristics in adolescence. Similarly, clinicians have an important responsibility to explain both the clinical significance and the limitations of their diagnostic conclusions.

APPENDIX: TEMPLATE OF MOCK SUMMARY OF PSYCHOLOGICAL EVALUATION

Confidential Psychological Evaluation

Summary and Conclusions

John Smith is a 16-year-old male referred for a psychological evaluation prior to his upcoming court appearance. John faces a charge of aggravated assault following an incident wherein he allegedly injured another youth while involved in a fight, to the extent that the other youth required hospitalization.

John experienced an unstable upbringing. He was raised by a single mother and had little contact with his father. During periods of financial hardship, his mother left him in the homes of relatives while she took jobs in another city. There were unsubstantiated allegations of physical abuse in one of these homes. John attended six different schools and had a high number of school absences. He has a history of learning problems and below-average grades.

(*Antisocial Behavioral History present*) Both John's self-report and a review of his records suggest that John has a substantial history of antisocial behaviors. That is, he has repeatedly engaged in physical fights with peers, stolen merchandise from stores, used illegal drugs, and vandalized property. The only formal legal charge on John's record relates to possession of alcohol as a minor.

OR

(*Antisocial Behavioral History absent*) Both John's self-report and a review of his records suggest that John has a minimal history of antisocial behaviors. That is, he has not engaged in physical fights with peers, stolen merchandise from stores, used illegal drugs, or vandalized property. The only formal legal charge on John's record relates to possession of alcohol as a minor.

Intelligence testing conducted as part of the present evaluation reveals abilities in the low average to average range (Full Scale IQ = 89), with his visual-spatial skills somewhat stronger than his verbal skills. Achievement testing revealed that John's academic skills are somewhat below average, commensurate with his intelligence.

Based on a clinical interview and psychological testing, John did not appear to have symptoms of a serious mental illness, although he acknowledged some feelings of depression related to his current legal situation.

(*Psychopathy-like personality features present*) Interpersonally, he presented as a somewhat charming, but manipulative, young man. Although rather articulate, he described his feelings about others in terms that seemed shallow or superficial, and he appeared to have difficulty expressing empathy for others. When questioned about his behavior, he tended to deny responsibility for his actions and responded in a manner that suggested he feels little remorse for the harm he has caused.

OR

(*Psychopathy-like personality features absent*) Interpersonally, he presented as a somewhat unsophisticated, but earnest young man. Although not articulate, he described his feelings about others in terms that seemed genuine, and he was able to express empathy for others. When questioned about his behavior, he acknowledged some responsibility for his actions and responded in a manner that suggested he feels remorseful for the harm he has caused.

With regard to formal diagnosis, John does not meet criteria for any mental disorder or personality disorder.

OR

With regard to formal diagnosis, John meets criteria for conduct disorder, a disorder characterized by a repetitive and persistent pattern of violating the rights of others or age-appropriate social norms.

OR

With regard to formal diagnosis, John meets criteria for psychopathy, a personality disorder characterized by manipulative and dishonest behavior with others, callous and superficial emotions, and impulsive and antisocial behaviors.

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REFERENCES

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.

Brandt, J., Kennedy, W., Patrick, C., & Curtin, J. (1997). Assessment of psychopathy in a population of incarcerated adolescent offenders. *Psychological Assessment*, *9,* 429–435.

Cleckley, H. M. (1941). *The mask of sanity*. St. Louis, MO: Mosby.

Cohen, J. (1992). A power primer. *Psychological Bulletin*, *112,* 155–159.

Colley, L., Culbertson, R. G., & Latessa, E. J. (1987). Juvenile probation officers: A job analysis. *Juvenile & Family Court Journal*, *38,* 1–12.

Edens, J. F., Colwell, L. H., Desforges, D. M., & Fernandez, K. (in press). The impact of mental health evidence on support for capital punishment: Are defendants labeled psychopathic considered more deserving of death? *Behavioral Science and the Law*.

Edens, J. F., Desforges, D. M., Fernandez, K., & Palac, C. A. (2004). Effects of psychopathy and violence risk testimony on mock juror perceptions of dangerousness in a capital murder trial. *Psychology, Crime, and Law*, *10,* 393–412.

Edens, J. F., Guy, L. S., & Fernandez, K. (2003). Psychopathic traits predict attitudes toward a juvenile capital murderer. *Behavioral Sciences and the Law*, *21,* 807–828.

Edens, J. F., Skeem, J. L., Cruise, K. R., & Cauffman, E. (2001). Assessment of "juvenile psychopathy" and its association with violence: A critical review. *Behavioral Sciences and the Law*, *19,* 53–80.

Elliott, D. S. (1994). Serious violent offenders: Onset, developmental course, and termination. The American Society of Criminology 1993 presidential address. *Criminology*, *32,* 1–21.

Forth, A. E., Kosson, D. S., & Hare, R. D. (2003). *The Psychopathy Checklist: Youth Version manual*. Toronto: Multi-Health Systems.

Forth, A. E., & Mailloux, D. L. (2000). Psychopathy in youth: What do we know? In C. Gacano (Ed), *The clinical and forensic assessment of psychopathy* (pp. 25–53). New Jersey: Lawrence Earlbaum.

Frick, P. J. (1998). Callous-unemotional traits and conduct problems: Applying the two-factor model of psychopathy to children. In D. J. Cooke, et al. (Eds.), *Psychopathy: Theory, research, and implications for society* (pp. 161–187). The Netherlands: Kluwer Academic Publishers.

Frick, P. J., Barry, S. D., & Bodin, S. D. (2000). Applying the concept of psychopathy to children: Implications for the assessment of antisocial youth. In C. Gacano (Ed.), *The clinical and forensic assessment of psychopathy*. New Jersey: Lawrence Earlbaum.

Frick, P. J., Cornell, A. H., Barry, C. T., Bodin, S. D., & Dane, H. E. (2003). Callous-unemotional traits and conduct problems in the prediction of conduct problem severity, aggression, and self-report of delinquency. *Journal of Abnormal Child Psychology*, *31,* 457–470.

Frick, P. J., Kimonis, E. R., Dandreaux, D. M., & Farell, J. M. (2003). The 4-year stability of psychopathic traits in non-referred youth. *Behavioral Sciences and the Law*, *21,* 713–736.

Frick, P. J., O'Brien, B. S., Wootton, J. M., & McBurnett, K. (1994). Psychopathy and conduct problems in children. *Journal of Abnormal Psychology*, *103,* 700–707.

Greenland, C. (1999). "What does early antisocial behaviour predict?": Reply. *Canadian Journal of Psychiatry*, *44,* 604.

Gretton, H. M., Hare, R. D., & Catchpole, R. (2004). Psychopathy and offending from adolescence to adulthood: A 10-year follow up. *Journal of Consulting and Clinical Psychology*, *72,* 636–645.

Gretton, H. M., McBride, M., Hare, R. D., O'Shaughnessy, R., & Kumka, G. (2001). Psychopathy and recidivism in adolescent sex offenders. *Criminal Justice and Behavior*, *28,* 427–449.

Hare, R. D. (1991). *The Hare Psychopathy Checklist-Revised*. North Tonawanda, NY: Multi-Health Systems.

Hare, R. D. (1998). The Hare PCL-R: Some issues concerning its use and misuse. *Legal and Criminological Psychology*, *3,* 99–119.

Hart, S. D., Watt, K. A., & Vincent, G. M. (2002). Commentary on Seagrave and Grisso: Impressions of the state of the art. *Law and Human Behavior*, *26,* 241–145.

Heilbrun, K., Marczyk, G., & DeMatteo, D. (Eds.). (2002). *Forensic mental health assessment: A casebook*. New York: Oxford University Press.

Hemphill, J., Templeman, P., Wong, S., & Hare, R. (1998). Psychopathy and crime: Recidivism and criminal careers. In D. J. Cooke, et al. (Eds.), *Psychopathy: Theory, research, and implications for society*. The Netherlands: Kluwer Academic Publishers.

Johnstone, L., & Cooke, D. J. (2004). Psychopathic-like traits in childhood: Conceptual and measurement concerns. *Behavioral Sciences and the Law*, *22,* 103–125.

Kosson, D. S., Cyterski, T. D., Steuerwald, B. L., Neumann, C. S., & Walker-Matthews, S. (2002). The reliability and validity of the PCL:YV in nonincarcerated adolescent males. *Psychological Assessment*, *14,* 97–109.

Lee, Z., Vincent, G. M., Hart, S. D., & Corrado, R. R. (2003). The validity of the Antisocial Process Screening Device as a self-report measure of psychopathy in adolescent offenders. *Behavioral Sciences and the Law*, *21,* 771–786.

Lipman, E. L., Bennett, K. J., Racine, Y. A., & Offord, D. R. (1999). "What does early antisocial behaviour predict?": The authors respond. *Canadian Journal of Psychiatry*, *44,* 604.

Lynam, D. R. (1996). Early identification of the chronic offenders: Who is the fledgling psychopath? *Psychological Bulletin*, *20,* 209–234.

Matarazzo, A., Carrington, P. J., & Hiscott, R. D. (2001). The effect of prior youth court dispositions on current disposition: An application of societal-reaction theory. *Journal of Quantitative Criminology*, *17,* 169–200.

Moffitt, T. E. (1993). Adolescence-limited and life-course persistent antisocial behavior: A developmental taxonomy. *Psychological Review*, *100,* 674–701.

Murrie, D. C., & Cornell, D. G. (2002). Psychopathy screening of incarcerated juveniles: A comparison of measures. *Psychological Assessment*, *14,* 390–396.

Murrie, D. C., Cornell, D. G., Kaplan, S., McConville, D., & Levy-Elkon, A. G. (2004). Psychopathy scores and violence among juvenile offenders: A multi-measure study. *Behavioral Sciences and the Law*, *49,* 22–67.

Office of Juvenile Justice and Delinquency Prevention (1996). *Juvenile probation: The workhorse of the juvenile justice system* (NCJ 158534). Washington DC: U.S. Government Printing Office.

Otto, R. K., & Heilbrun, K. (2002). The practice of forensic psychology: A look toward the future in light of the past. *American Psychologist*, *57,* 5–18.

Petrila, J., & Skeem, J. L. (2003). Juvenile psychopathy: The debate. *Behavioral Sciences and the Law*, *21,* 689–694.

Richters, J. E., & Cicchetti, D. (1993). Mark Twain meets DSM-III-R: Conduct disorder, development, and the concept of harmful dysfunction. *Development and Psychopathology*, *5,* 5–29.

Salekin, R. T. (2002). Psychopathy and therapeutic pessimism: Clinical lore or clinical reality? *Clinical Psychology Review*, *22,* 79–112.

Salekin, R. T., Rogers, R., & Sewell, K. W. (1996). A review and meta-analysis of the Psychopathy Checklist and Psychopathy Checklist-Revised: Predictive validity of dangerousness. *Clinical Psychology: Science and Practice*, *3,* 203–213.

Salekin, R. T., Rogers, R., & Ustad, K. L. (2001). Juvenile waiver to adult criminal courts: Prototypes for dangerousness, sophistication-maturity, and amenability to treatment. *Psychology, Public Policy, and Law*, *7,* 381–408.

Salekin, R. T., Yff, R., Neumann, C. S., Leistico, A. R., & Zalot, A. A. (2002). Juvenile transfer to adult courts: A look at prototypes for dangerousness, sophistication-maturity, and amenability to treatment though a legal lens. *Psychology, Public Policy, and Law*, *8,* 373–410.

Sanborn, J. B. (1996). Factors perceived to affect delinquent dispositions in juvenile court: Putting the sentencing decision into context. *Crime and Delinquency*, *42,* 99–113.

Seagrave, D., & Grisso, T. (2002). Adolescent development and the measurement of juvenile psychopathy. *Law and Human Behavior*, *26,* 219–239.

Skeem, J. L., & Cauffman, E. (2003). Views of the downward extension: Comparing the Youth Version of the Psychopathy Checklist with the Youth Psychopathic Traits Inventory. *Behavioral Sciences and the Law*, *21,* 737–770.

Stafford, E., & Cornell, D. (2003). Psychopathy scores predict adolescent inpatient aggression. *Assessment*, *10,* 102–112.

Steinberg, L. (2002). The juvenile psychopath: Fads, fictions, and facts. *National Institutes of Justice Perspectives on Crime and Justice: 2001 Lecture Series*, *5,* 35–64.

Vincent, G. M., & Hart, S. D. (2002). Psychopathy in childhood and adolescence: Implications for the assessment and management of multiproblem youths. In R. R. Corrado, et al. (Eds.), *Multiproblem violent youth: A foundation for comparative research on needs, interventions, and outcomes*. Amsterdam: IOS Press.