Black Male Incarceration: The Role of Childhood Oppositional Defiant Disorder and Conduct Disorder in Trajectories to Adulthood Psychopathy

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ABSTRACT

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by

Giraud H. Hope

Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Science Psychology

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ABSTRACT

This study attempts to examine the role of adolescent disruptive behavioral disorders in trajectories to adult psychopathy, and a treatment paradigm to evoke change in those at risk. Current research studies suggest that Calloused-unemotionality (CU) in adolescence and lower socioeconomic status (SES) are characteristics associated with antisocial personality disorder (APD) in adulthood, and thus the determining factor in such trajectories. Critical review of literature revealed individuals with APD are the same as those with psychopathy, and that such individuals are at risk of emotional detachment, imprisonment, homicide, and suicide. However, it is unclear whether the disproportionate number of Black male homicides, suicides, and incarcerations are associated with APD. Therefore a research proposition observing an ethnically diversified sample of adolescent males \( N = 200 \) with psychopathy measure scores must be observed through a 10 year period. Findings of research would display 2 different sets of treatment and control group participant scores on the Psychopathy Check List-Revised (PCL-R), 10 years after the participants scored significantly on the Psychopathy Check List- Youth Version (PCL-YV) through both a within and between analysis of variance (ANOVA). Longitudinal observation of adult psychopathy measure scores, from participants who scored significantly in adolescence, could suggest evidence of adolescent trajectories to adulthood psychopathy. Treatment will be offered to the experimental group where post psychopathy screening measures scores could provide evidence of change. Evidence of adolescent trajectories to adulthood psychopathy and positive treatment paradigm effects, could reduce the disproportionate Black male mortality rate in America.
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DEDICATION

This discussion is dedicated to my little brother James L. Hope, who genuinely displayed dignity, honor, and courage in showing us our lives are as equally described by death, as they are by life itself.
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Psychopathy is a term that is used to describe a variety of behavioral characteristics. The adulthood Psychopathic Personality Checklist-Revised (PCL-R) has helped researchers dichotomize these characteristics into two distinct facets (Hare, Harpur, Hakstain, Forth, Hart, & Newman 1990). The PCL-R captures what are called factor 1, core personality traits (e.g., superficial charm, conning or manipulative tendencies, lack of remorse, and lack of empathy). Factor 2 characteristics of the PCL-R, are those characteristics found in people who exhibit poor behavioral controls, impulsivity, juvenile delinquency, theft, sexual deviance, and violence (Barlow, 2005; Robins, 1966). Factor 2 characteristics are therefore of most concern to this discussion. This discussion is more concerned with the frequency of factor 2 scores of the PCL-R, and their relationship to criminality, than it is total PCL-R scores. The preponderance of evidence would suggest that a detached personality style is the most salient characteristic of psychopathy; this characteristic is displayed by an individual’s inability to respond to the emotionality of others (Poythress, Edens & Lilienfeld, 1998).

The disproportionate number of Black men who are incarcerated in the United States led way to questions of psychopathy. Antisocial personality disorder (APD) is a characteristic of psychopathy, which encompasses criminality. Equally important are the antisocial personality characteristics of this incarcerated group, which make APD and psychopathy appear synonymous with one another. Childhood etiologies as trajectories to adulthood psychopathy may be responsible for the devastating statistics of imprisonment,
and death within the Black male population in America. This discussion will explore claims of trajectories, and review the research in the area of psychopathy. Statistical methods of observation that require quantitative variables could easily be utilized between the treatment and control group PCL-R screening scores. Viable treatment methods may be effective in reducing the imprisonment and mortality of Black men if they have a lower frequency of post treatment factor 2 psychopathy screening measure scores.

In this discussion, the issue of generationally inherited trauma endured by Black children and their families has what is influential power that reverberates from generation to generation (Conyers, 2005; Post, 2003). Research has suggested that Black males with significant psychopathy screening measure scores display an impulsive behavioral style (Salekin, Neumann, Leistico, DiCicco & Duros, 2004). Salekin et al. (2004) suggested further, impulsivity appeared to be correlated with criminality. If psychopathy can be attributed to the impulsivity and criminality observed in PCL-R scores of Black men, viable treatment methods this discussion searches for could be of benefit to the entire community of America. This discussion addresses the condition of psychopathy and more specifically the impact of adolescent disruptive behavioral disorders that may be considered contributory to the trajectories that lead to adult psychopathy. Another aspect of this discussion will address the numerous issues that surround the criminality of Black men, and their ever-increasing census nearing 50% or greater in state and federal penitentiaries throughout the United States (Dyson, 2004). The Black male prison
population is disproportionate to the United States census reports of Black people, this statistical data calls for clarity as to why this exists (Dyson, 2004).

The issue of the psychopathic presence in the Black male prison population is one that has an impact on Black people and every other culture, ethnicity, and level of human existence in America. This matter is one that has its way of impacting families, across spatial barriers, socioeconomic status (SES) and religious boundaries. Therefore, it would be prudent of all interested in their own quality of life to pay close attention to the research findings that explain not only the preponderance of evidence describing the sample of people affected by this condition most, but the suggested psychological treatment methods that may reduce this travesty, allowing all to live in peace and safety.

Statement of the Problem

The foundation of the problem concerns treatment. There is no known documented treatment paradigm that addresses the issue of psychopathy in populations observed by researchers or practitioners. The PCL-R has been successful in measuring the characteristics and capturing the multifaceted aspects of psychopathy of adult participants under measure, however this has not addressed treatment (Cleckley, 1976). Another of the major problems for this discussion is the alarming rate of homicides, suicides, arrests, and convictions of Black men in America. Psychopathic screening measure scores of incarcerated Black men suggest the prevalence of impulsivity. Black male psychopathy suggests biological determinants lead to this condition within this population, but this condition maybe perpetuated by societal expectations, inequities through environmental influences, and inherited through generational trauma (Dyson, 2004; Freidman &
Nonetheless, generationally inherited trauma from subjugation could be responsible for the number of Black people affected by the disruptive behavioral precursors that lead to psychopathy, their subsequent imprisonment, and death throughout America (Conyers, 2005; Post, 2003).

The Department of Juvenile Justice in the State of North Carolina along with the Department of Social Services has clearly overlooked the connection between psychopathy and adolescent disruptive behavioral disorders (Ridenour, Cottler, Robins, Compton, & Spitznagel, 2002). Cohesiveness regarding treatment efforts is often thwarted by what appears to be lack of knowledge of mental health concerns by liaison professionals. The connection between axis I diagnoses (e.g., oppositional defiant disorder [ODD], attention deficit disorder-hyperactivity [ADDH], mood disorder [MD], attachment disorder [AD/RAD], and or conduct disorder [CD]) and potential psychopathy as a true diagnoses is often overlooked in many cases observed by Hope (2005). If trajectories to adulthood psychopathy exist from adolescent disruptive behavioral diagnoses, viable methods of treatment may reduce the episodes of criminality within the black community of America. Disruptive diagnoses appear to be correlated with Black male homicide and suicide rates (Barlow, 2005). Silverman (2004) has stated that any method of treatment used by therapists should be proven as effective before it is utilized or boldly broadcasted as a cure or viable method of treatment. Treatments of psychopathy over time, inherited trauma, and the age-old argument of nature versus nurture, together form the bedrock of longitudinal studies (Dodge, 1990; Edens, 2006b; Post, 2003). Black men in particularly, who while potentially psychopathic and in need of
treatment, are incarcerated in America (Conyers, 2005). This proposed research will also
explore the presence of lowered IQ scores, lowered socioeconomic status (SES), and
gender as variables in potential adolescent trajectories to adulthood psychopathy.

Purpose of the Research

The purpose of this discussion is to explore contributing factors of suggested
adolescent trajectories to adult psychopathy, despite the lack of evidence to conclusively
support they exist (J.F. Edens, personal communication, February 19, 2006). Exploration
of the emotional states, types, and possible trait characteristics of ODD, ADHD, or CD in
adolescents, combined with age, IQ score, race, SES, urbanized environment, and gender
as variables, may describe the pre-existing circumstances in the disproportionate
incarceration and mortality rate of Black men in America. Factor 2 characteristics of the
PCL-R encompass the impulsivity characteristics captured within the Black male prison
population in America, as a result, these findings in control and experimental group
participants are the most salient. Suicidality, criminality, homicidality, and APD are
equally identified by PCL-R factor 2 characteristics of this population. Adolescent
emotional disturbances that act in possible trajectories to adulthood psychopathy in this
population, once again reveal factor 2 characteristics as observed through the PCL-R.
This discussion hopes to identify the most salient of psychopathy variables in youthful
participants of this population, provide the treatment paradigm and lay the ground work
for future research to find methods of reducing their potential trajectories to adulthood
APD or psychopathy. Identification and treatment of callousness, impulsivity, and
episodes of rage will address psychopathy as observed in this population and their incarceration as well.

Rationale for Research

This discussion will attempt to examine Black adolescent males with disruptive emotional disturbances, and the trajectory of these conditions to the groups’ propensity of incarceration, death, and or psychopathy. Researchers have closely examined the link between adolescents with disruptive emotional disturbances and trajectories to adulthood psychopathy. Evidence would suggest although more research needs to be conducted to be thoroughly conclusive, there appears to be a causal relationship between childhood disruptive disorders and adulthood psychopathy (Cooke, Kosson & Michie, 2001; Hare et al., 1990; Lahey, Loeber, Burke & Applegate, 2005). Lowered socioeconomic status (SES) is believed to be the most salient of variables in what is adolescent trajectory to adulthood psychopathy, even when one completely controls for age, IQ scores and race. The disproportionate number of Black citizens living at or below poverty in America, places Black males in the spotlight of risk to lowered SES (Dyson, 2004). Dyson (2004) suggests the condition which is crippling the Black community may be the biased environmental influences responsible for SES issues, adulthood psychopathy, and adulthood criminality. Searching for proven methods of treatment to address the numbers of adolescents with some of these prerequisite conditions as youths, may assist with reducing the numbers of them as adults who would score within the significant range of psychopathy on the PCL-R.
Research Question

The following research questions have fueled this discussion, and what have become formal hypotheses presented in the methodology section of this discussion.

1. Is there any evidence to suggest the use of treatment paradigms for adolescents with emotional disturbances and calloused unemotionality will reduce the trajectories to psychopathy, adult criminality, and the alarming recidivism rates of their incarceration as adults?

2. To what degree are age, SES, IQ score, gender and race variables in adolescent trajectories to adulthood psychopathy?

Definition of Terms

Definition of Terminology

*ADHD*- Attention Deficit Disorder-Hyperactivity is often identified as a persistent pattern of inattentiveness or hyperactivity or impulsivity which must have been observed and noted before the age 7 years old.

*Adrenaline*- The chemical compound that is responsible for the display of endurance, increase in blood sugar, increase in heart rate, and muscular strength, secreted by the medulla of the adrenal glands.

*Amygdala*- The almond shaped structure of the anterior temporal lobe located anterior to the hippocampus which runs beneath the thalamus. The Amygdala is the structure which plays a role in the memory of emotional experiences.

*Antisocial Personality Screening Device (APSD)* - This is a self report measure that is structured in the same format as the PCL-R and the PCL-YV, where either the subject
and or other members of the subjects’ treatment team can score behavioral displays on the 20 item measure. Important difference between this measure and the PCL-YV it does not require the research of the subjects’ historical data to complete, which makes it ideal for test-retest methodology.

**APD** – Antisocial Personality Disorder. a condition as characterized according to the *DSM-IV-TR* (2000) as being capable of being present in adults whenever Conduct Disorder has been diagnosed before the age of 15 years.

**Behavioral Paradigm**- A single set of procedures developed to investigate a particular behavioral phenomenon. In this discussion the term will address the incidence where children and or adolescents with emotional conditions of ODD, CD, RAD, or APD like symptoms, who score within the psychopathic range on the PCL-R, are later provided therapeutic treatment approaches while under observation, and given the PCL-R in a test re-test scenario to evaluate the effectiveness of the treatment approach. Therefore the behavioral paradigm will be responsible for the reduction of child and adolescent trajectory from disruptive emotional disorders to adult psychopathy.

**Calloused-Unemotionality**- Described in this discussion as that aspect of an individuals personality Characteristics that lack concern for the health safety or welfare of others, as experienced by lack of reflexive response whenever responsible for inflicting harm against others. Offensive stimuli responsible for startle responses are ineffective with individuals who display this personality characteristic.

**CD** – Conduct Disorder, a condition as characterized by the *DSM-IV-TR* (2000) as being responsible for the behavioral characteristics of low constraint, high neuroticism,
calloused unemotionality and periodic episodes of violence toward others wherein the rights of others are violated.

CON – A term used to describe one of the behavioral characteristics thought to be indicative of the most salient of psychopathic tendencies low constraint, which would be equally predictive of high potentiation of thrill seeking behaviors.

Factor 1 Characteristics- Specific behavioral characteristics that are capable of being captured by the PCL-YV and considered more core personality characteristics resembling traits which remain consistent despite changes in time or space. These characteristics are best described by conning behaviors, superficial charm, manipulative tendencies, lack of remorse, and lack of empathy for others pain and suffering.

Factor 2 Characteristics- These behaviors can be captured in any one of the derivatives of the PCL-R, or the PCL-YV, where APD type characteristics are captured. In youthful participants this characteristic is best exemplified by thrill seeking behaviors, impulsivity, poor self control, and delinquency associated with criminality, which violates the rights of others.

Factor 3 Characteristics- These are considered new personality characteristics of the psychopathic tendencies in children and adolescence exemplified by irresponsible and impulsive behaviors in adolescence. Children age 12 and under identified with the PCL-YV consistent with psychopathy tendencies, where the three factor mode is used, are labeled as Narcissistic, Calloused and Unemotional, and Impulsive.

Generationally Inherited Trauma- In this discussion the phenomenon of trauma is believed to have the capacity to pass from generation to generation by way of familial
shaped behaviors and experiences that are repeated between parent and child interactions. In the case of Black children the question has been ever looming as to whether the vigilance necessary for Black people during subjugation, which included ancestrally inherited survival techniques is actually able to be behaviorally inherited in the nurturing of Black people since their arrival in America through to today.

*Hippocampus*- The structure located posterior to the Amygdala which is responsible for memories of spatial location.

*Hyper-Aroused Behaviors*- Behaviors described by Post (2003) as those behaviors that are displayed whenever stress impacts fear, exemplified by anger, hyperactivity, fidgetiness, and vigilance.

*Hypo-Aroused Behaviors*- Behaviors described by Post (2003) as those that are displayed whenever stress impacts fear, for example as defiance, resistance, depression, and withdrawal.

*Implicit Associations Test*- the IAT is a measure discussed by Greenwald et al. (2002) where attitudes are capable of being measured by time monitored responses to pairing of various variables.

*ODD*- Oppositional Defiant Disorder- According to the *DSM-IV-TR* (2000) this conditions is noted by the essential feature of recurrent pattern of negativistic, defiant, and hostile behavior toward figures of authority for a period of at least 6 months. characterized by losing temper, arguing with adults, refusal to comply with guidelines, blaming others for errors and intentionally creating situations that annoy others.
Psychopathy Check List-Revised (PCL-R) – The lens developed by Hare (1990) that is capable of capturing the dual facets of the construct we currently call psychopathy. Factor 1 scores of this measure are known as core affective interpersonal personality characteristics, and can be thought of as core personality characteristics marked primarily by conning, social potency or manipulative behaviors. Factor 2 scores are more closely associated with stimulation seeking thrill seeking behaviors, impulsivity, aggressive behaviors, which includes antisocial behaviors and emotional attachment issues.

Psychopathy Check List--Youth Version (PCL-YV)- The lens developed by Forth, Kosson, and Hare (in press, as cited by Murrie & Cornell, 2002) is the youthful version of the PCL-R and is considered the gold standard for measuring the construct of psychopathy in children and adolescents. This 20-item measure uses a symmetrical rating scale to calculate scores of either factor 1 or factor 2 scores in youthful samples. Individuals have the ability to obtain scores of 0, 1, or 2 on each of the measures twenty items. Thorough chart review is combined with in-depth structured interview, where the scores are calculated based on the belief from combined observation of subject records and structured interview whether the subject is attempting to manipulate the experimenter. 0= the item based on subject record and interview does not exist as an item in the participants personality. 1= the item based on subject record and interview might exist. 2= the item most certainly does exist in the subject record corroborated by interview process. If the subject receives 30 out of a possible 40 points often this is considered within the psychopathy range.
Psychopathy – A condition coined by Cleckley (1976) that is actually synonymous to sociopathic personality disorder. This condition is characterized by neuroticism, low constraint, sensation seeking, or thrill seeking behaviors, impulsivity, manipulative behaviors, conning or social potency and in adults a parasitic lifestyle, high emotionality, and calloused-unemotional characteristics or emotional detachment style of interpersonal interactions. The parasitic life style description and APD is never used with adolescents, or young persons who are identified with the condition of psychopathy below the age of adulthood, because it is generally believed that the variables necessary to live a parasitic life style (e.g., multiple marriages) or characteristics without the appropriate cut off age of 15 years old for onset of the violation of the rights of others cannot exist in adolescence.

RAD – Reactive Attachment Disorder. A condition generally characterized according to the *DSM-IV-TR* (2000) as an individuals marked disturbed and developmentally inappropriate social relatedness that begins in children before the age of 5 years, noted by patterns of excessively inhibited, hypervigilant, ambivalent responses, resistance to comfort.

Sociopathy- The term to be used according to Cleckley (1976) to be synonymous with psychopathy as used in Robins (1966).

Trajectory- The term as used in the literature regarding adulthood psychopathy and the causal relationship of variables responsible for the condition from childhood and adolescence. Current research has not provided conclusive evidence of the causal relationship from childhood and adolescent disruptive emotional disorders to adulthood.
psychopathy. Proposed illustration of this discussion attempts to reveal the existence of causal relationships between psychopathy’s existence and these two age groups.

Summary

The *American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders* (text revision, 2000) states the criteria for diagnosing APD begins with an individual exhibiting behavior similar to that in conduct disorder onset before the age of 15 and continue into adulthood. APD does exist in many of the adolescents treated for ODD, RAD, and in some cases ADHD (Post, 2003; Poythress et al.). This discrepancy between what is believed to actually exist in fieldwork compared to what is dictated in the *DSM-IV-TR* (2000) was one of the original discrepancies of this discussion. Neither many researchers nor the *DSM-IV-TR* (2000) appear to make this much needed distinction, despite understanding that labeling adolescents psychopathic, due to their vacillating behavioral qualities would be a monumental error.

Presumptions

Lower SES resulting from environmental influences, parental conflict and thus the emotional disturbances of children have been considered contributory to adulthood psychopathy (Robins, 1966). Ethnic and or socioeconomic privileges, and the emotional suffering of the oppressed, appear like residual effects in the construct of generationally inherited trauma (Commission to study, 1989; Conyers, 2005; Lott, 2002; Post, 2003). Institutionalized capitalistic practices depend on an oppressed population to exist, and historically oppressed people in America are at risk for inherited trauma and lower SES.
Lower SES is associated with APD. APD which is indicative of factor 2 characteristics of psychopathy on the PCL-R, is not only most prevalent in the sample of incarcerated Black male subjects, but is the psychopathic indicator presumably most associated with criminality, homicidal ideation, completions, and suicidality. Factor 2 characteristics of the PCL-R and APD are thought to be more personality states rather than traits and characteristics more responsive to treatment and change. Thus the proposed treatment paradigm of this discussion suggests it is possible to evoke change in the group considered at increased risk of psychopathy, incarceration, homicidal and suicidal tendencies.

Limitations

Although the above suggestions are presented as part of this discussion, currently there is no empirical evidence to suggest such conclusions are without either bias or error. In an attempt to present an argument responsible for promoting social change examination of these suggestions are encouraged for future research. The description of psychopathy and the variables which dissociate this condition in ethnicities is discussed in chapter 2. Relevant findings of research and the limitations of those findings are described in greater detail in chapter 2. The proposed treatment paradigm, methodology, and rationale for the experimental design of this discussion will be explored in greater detail in chapter 3. In conclusion chapter 4 will attempt to validate the previous chapters with a brief synopsis of the discussion.
CHAPTER 2:
LITERATURE REVIEW

In this chapter several topics are discussed beginning with what are the variables responsible for the disproportionate Black male prison population. The PCL-R factor 2 characteristics clearly suggest criminality is a facet of human behavior captured within psychopathy. Questions as to whether there was a relationship between what was discovered in the ethnically diversified and descriptive statistics of intellectuals and the scientific explanation of psychopathy presented by psychologist, compelled this search for literature. This chapter then became comprised of four subsections beginning with the history of this discussions primary issue, followed by the largest of sections, the findings of research. How and why research may have been considered limited for the purpose of this discussion was then followed by the environmental influences that may have been contributory to the history of the primary issue, closed by the summary.

Although the research on the topic of psychopathy insists on being recognized as unbiased, and analytically observant of the behavioral qualities of individuals labeled with the condition, dissociable findings between ethnicities consistently arose. Locating data on this subtly presented aspect of psychopathy was actually more salient than one would suppose. It would appear any research that examined male prison populations and the existence of psychopathy among participants, suggested findings presented by intellectuals regarding ethnically disproportionate prison populations. Walden University Ebsco Databases search of psychological articles began with the key word search for psychopathy. As articles on the subject grew in number, so did the reference sections of
supporting articles on the subject. Search engines through Walden University Ebsco Database psychological articles, using the name of authors presented in those references, revealed articles which supported this discussion. Casual readings and articles presented in online format that provided supporting statistics, or arguments presenting the history of the primary issue of this discussion, were also selected for support.

Barry et al. (2000) have found the PCL-R and PCL-YV has at least 5 items with questionable content validity in regards to the measure of psychopathy with Black subjects. This unanswered question obscures the clarity necessary to view such a complex construct. Nonetheless, the work by Barry et al. is thought to be one of the more supportive studies for the perspective of this discussion. In this chapter we must review this discussions longitudinal study of psychopathy, and the dissociable characteristics between ethnicities if they exist. Variables such as SES, age, gender, and IQ score, as well as the impact of emotional trauma on the prevalence of adolescent disruptive emotional disorders, must be controlled for in PCL-YV and PCL-R screening observations.

History of the Primary Issue

When the idea of measuring observable behavior became norm within this field of science, perhaps before psychology was even considered science, interest in behavioral displays became objects of measure (Brennan, 2003). Retrospective views of recorded episodes of oppositional defiance, and criminality, which are thought to be primary facets of APD or sociopathic behaviors, were critical to observations discussed by Robins (1966). More importantly than the history of what became termed psychopathy, Robins
(1966) supports the premises presented in this discussion’s hypothesis. Therefore, exploration of whether there is credence to the allegation that childhood emotional disturbances have the capability of being described as variables responsible for trajectory to adulthood psychopathy becomes salient. Where it is believed that the issue of psychopathy may play a role in the number of individuals that are incarcerated, the primary concern for this discussion is the disproportionate number of Black men who are incarcerated, compared to the overall number of prisoners held in American correctional facilities. The aspect of psychopathy that overlaps the concern of this discussion is criminality. When psychopathy is measured by the PCL-YV in adolescents, and the PCL-R in adults, episodes of criminality are often viewed as state characteristics of personality (Friedman & Schustack, 2006; Hare et al., 1998; Hare et al., 1990). APD, as discussed by Robins (1966), includes criminality and observed most frequently as a psychopathy aspect with the highest frequency in Black subjects.

Black men between the ages of 16 and 25 years of age, who are incarcerated for blue-collar crimes, often have lower IQ scores than their White counterpart (Cooke et al., 2001; Hare et al., 1998; Hicks, Markon, Patrick, Krueger, & Newman, 2004; Lahey et al., 2005; Poythress et al., 1998; Ridenour et al., 2002). Black people in the United States, inclusive of women and children, make up 12% of the national population and 48% of state and federal prison populations (Dyson, 2004). Black men in the United States, somehow make up close to 89% of that total 48%, while Black women constitute 11% (Dyson, 2004). Hicks et al. (2004) presented interesting data which indicated the number of individuals in any society that commit crimes, and are subsequently incarcerated, come
out to be only 5-6% of the overall population in any given culture. Thorough observation of the variables included in national census reports of this ethnic group, and the disproportionate numbers of the group which are incarcerated, clearly reveals that millions are negatively affected by this phenomenon.

Le et al. (2003) described that women overall have the highest numbers of suicide completions in the world, and that major depression, which is the most frequently occurring psychiatric diagnosis, is often the causal factor in these cases. Violent behavior exhibited through levels of aggressiveness and APD, often lead to suicide potentials and completions. Black men between the ages of 18 and 29 years old have suicide as the leading cause of preventable death in America (Caprara, Regalia & Bandura, 2002; Dyson, 2004; Verona et al., 2001). This discussion has addressed evidence from several studies of psychopathy where Black participants were the minority, yet were considered the majority percentage of the subject sample that exhibited the most severe of potential psychopathy characteristics. Black participants in at least one study were considered the largest group of sample participants to display evidence of being at greatest risk of trajectory from childhood and adolescent emotional disorder to adulthood psychopathy (Barry et al., 2000). Plausible explanations of Black male incarceration, homicide rates as victim and perpetrator within the same culture, incidences of suicide, the prevalence of psychopathy as viewed through the significant screening measure scores of psychopathy, seemingly come together under generationally inherited trauma, APD, and factor 2 scores of psychopathy on the PCL-R (Murrie & Cornell, 2002; Post, 2003; Robins, 1966).
It has always been the suggestion of this discussion that traumatic events coupled with environmental influences, namely lower SES experienced in the United States, are correlated with subsequent imprisonment. Therefore, a view of the circumstances surrounding the variables, and possible consequences apparent in psychopathy, criminality, APD characteristics, scores of the adulthood PCL-R with Black subjects, all call for clarity. The environmental influences in personality development of Black men, believed to be generationally inherited trauma, are possibly incumbent in behavioral shaping from said trauma (Commission to study, 1989). Emotionally traumatized children or adolescents and the emotional disturbances that follow, could contribute to adulthood psychopathic behaviors consistent among the incarcerated (Anderson, Lytton, & Romney, 1986; Lynam, 1998; Schaeffer et al., 2003).

In many cases, often unconsciously from generation to generation, Black people in America have reverberated historical trauma from ancestral relatives (Commission to study, 1989; Conyers, 2005; Post, 2003). Post (2003) provided discussion of the effects of repeated trauma on developing brain structures of children before the age of 7. Pinel (2003) also presented evidence that supported this claim, when he described the neurological development of the human brain after birth. Included in this argument is the suggestive evidence that generationally inherited trauma has detrimental impact on the developing neurological structures of children (Conyers, 2005; Post, 2003). Secondly, the proposed argument of environmental forces via various inequities in the Black community, suggest attitudinal biases of various ethnicities affect the sample of this discussion (Weitzman, as stated in Ponterotto, Casas, Suzuki & Alexander, 2001).
Neville, Worthington, and Spearman as stated in Ponterotto et al. (2001) have discussed privilege and the supposed inequities that have plagued people of color in America. It has been suggested that subjugation in America has been responsible for the damaging self image, lowered self-esteem and hopelessness among Black people (Conyers, 2005). These factors, among other psychological conditions, are supposedly responsible for a continuous bombardment of stressful interactions, which result in many being reactive from a state level of memory (Conyers, 2005; Post, 2003). Post (2003) has explained in his presentation that continuous exposure to stressful conditions as they impact fear, result in hypo-aroused behavior or hyper-aroused behavior. Depression, anger, defiance, resistance, and vigilance all appear again to be the ground-working components of APD according to the description of retrospective trajectory observations of psychopathy (Lahey et al., 2005; Post, 2003; Robins, 1966). Research appears to reveal the existence of generationally inherited trauma (Post, 2003; Robins, 1966).

APD is the focal point upon which to examine closely the possible causal relationship between the alleged inequities of environmental influences, the neurological results of continuous stress on fear, mortality issues, and frequency of factor 2 scores on the PCL-R within samples of disproportionately incarcerated Black men. This discussion suggests psychopathy cannot be viewed without taking these variables into account. It would appear that childhood and adolescent emotional disturbances act in trajectories to adulthood psychopathy, especially among those at the lower SES, with lower IQ scores, of which APD is included.
Relevant Findings of Research

Trajectories, from adolescent disruptive emotional disturbances to adulthood psychopathy, have been suggested in the study of Lahey et al. (2005). Lahey et al. and the *DSM-IV-TR*, (2000) both indicate the unlikelihood of APD being diagnosed in adolescents due to the age of onset criterion, CD, and other influential circumstances. Lahey et al. in their view of the trajectories of psychopathy from adolescent disruptive behavioral disorders provides evidence that (SES) within families, combined with diagnosis of CD, lead to higher predictability of psychopathic behaviors. Therefore, Lahey et al. suggest significant factor 2 and 3 scores on the Psychopathic Checklist-Youth Version (PCL-YV) are indicative of APD in adolescence and later adulthood (Salekin et al., 2004). APD, as viewed by psychopathy measures, has been one of the characteristics the PCL-R would later be considered responsible for capturing in adult subject factor 2 scores. Therefore, there is a relationship between adolescent and adulthood APD and factor 2 scores on both the PCL-YV and the PCL-R.

Lahey et al. (2005) addressed the relationship between the clinically assessed condition of CD and future predictions of young adulthood APD. The *DSM-IV-TR* (2000) suggests that APD is psychopathy. Lahey et al. suggest adolescent APD not only exists, it is considered a factor 2 and 3 characteristic of psychopathy according to the PCL-YV. Relevant findings of researchers raise questions of diagnosing psychopathy to adolescents (Edens, 2006b). It is important to note that Lahey et al. have indicated that the variables with which one predicts APD in adolescents and children is not a reliable indicator of APD in adulthood. Lahey et al. have provided arguments that predictability of change in
behavioral displays of these children and adolescents is such that indication of APD in adolescence, may not remain consistent in the same subject as an adult. This evidence supports the idea of APD as factor 2 and 3 characteristic of the PCL-YV with youthful subjects, and although indicative of antisocial and criminality characteristics of psychopathy in adolescence, not a stable trait characteristic. Circumstances in the environment are not necessarily consistently stable across time and situation. APD is not a core personality characteristic. Therefore, APD is a poor indicator of psychopathy in adolescence, and subjects’ subsequent adulthood (Robins, 1966).

CD in children and adolescents is a fairly strong indicator of APD in adulthood. Although unreliable as an indicator of trajectories to psychopathy, this evidence does assist this discussion with viewing the criminality of said individuals (Murrie & Cornell, 2002). If one is to consider the condition of APD, one must according to the studies done with psychopathic screening tools admit that the presence of APD is considered a psychopathy factor 2 characteristic in the PCL-R for adults. Therefore, APD is not considered a stable personality characteristic and indicator of psychopathy in adolescents or adults (Lahey et al., 2005). Nonetheless, additional evidence is suggested within this discussion to the effect that CD and lower SES of families have significant impact on the presence of APD in adolescents as they reached adulthood. Apparently, adolescents of lower SES with CD provide evidence to suggest the presence of these variables in adolescent and younger subjects will result in APD in the same participants as adults (Robins, 1966). Lower SES and single parent homes of said children are therefore suggested by Lahey et al. to be correlated at face value. Although this evidence is not
actually subjected to statistical measures that would empirically display the correlation, the suggestion is clearly being made.

In the study of Robins (1966) retrospective observation of clinically diagnosed psychopathy subjects were reviewed. Evidentiary outcomes were produced supporting the claim of adolescent emotional disturbances, being viewed as trajectories to adulthood psychopathy especially when SES was included. According to Lahey et al. (2005) in a British study conducted back in 1992 a sample of boys primarily from a foster home setting, who were given retrospective chart-review diagnoses of CD later met the criteria of *DSM III* criteria for APD in adulthood at a rate of 40%. Lahey et al. pointed out that 60% of a group of children who attended a psychiatry clinic during adolescence, were later interviewed as adults, and after meticulous review of these data found that all participants selected met the definition of childhood major depression, as well as diagnoses of APD like symptoms. Lahey et al. also indicated of the 60% that were diagnosed major depressive disorder, and APD like symptoms, 50% were also diagnosed CD included. Later, 45% of the adults who, as children, were observed as major depressive disorder, CD, and childhood APD like symptoms, were also meeting the criteria for adult APD according to the *DSM-III* (Lahey et al.). In retrospect only 1% of the children suffering from childhood depression, later showed any indication of APD. Nonetheless, more than 15% of the total sample displayed not only what we would call APD in adolescence, but trajectories from childhood disturbances to adulthood psychopathy (Lahey, et al.). Major depression, CD, and APD would appear to be highly correlated with homicide, suicide, and incarceration rates (Lahey et al.; Robins, 1966). It
was Cleckley (1976) that stated the terms sociopathy and psychopathy were synonymous with one another. Robins (1966) presented some evidence to suggest that race did not seem to be as much a determinant of sociopathy / psychopathy as lower SES. The presence of only one biological parent in the home of adolescents appeared to be a contributing factor when it was combined or viewed in terms of the families SES, and parent/child familial interaction (Lahey et al.; Robins, 1966).

This discussion viewed the proportional number of Black families headed by women, and many as a result that are living at or below the poverty level in America. Proportionally Black people in America are at greatest risk of living at the lower SES (Dyson, 2004). Ironically, the system of capitalism with intrinsic bias perpetuates this condition (Conyers, 2005; Dyson, 2004). Now if one applies the findings of Lahey et al. (2005) then one cannot escape the suggesting evidence that proportionally Black children with the diagnosis of CD will have the necessary ingredients for trajectory to APD in adulthood, if lower SES is a variable. These studies are evidence that the search for trajectories to adulthood psychopathy from childhood disruptive disorders may assist researchers with finding causal factors and methods of reducing the prevalence of these conditions. Nonetheless, statistically significant evidence to properly describe trajectories is weak. (Edens, 2006b).

In the search for means of measuring psychopathy in children and adolescents extraordinary caution is suggested so as not to confound measures and search for trajectories in children based on the presence of conduct problems, or childhood etiologies (Burns, 2000; Murrie & Cornell, 2000; Salekin et al., 2004). Burns (2000)
explains the need to ensure the content validity of a measure is dependant on its ability to use dissociable items to truly capture psychopathy, without confounding variables. The issue of discriminative validity arose concerning adolescent psychopathy measures in another study presented by Meijer and Baneke (2004). Edens (2006b) suggested we need to apply caution when attempting to identify psychopathy in adolescents due to their vacillating behavioral qualities and the type / state like qualities of APD.

Cooke et al. (2001) assembled samples of prisoners from either federal prison or a county jail for observation. 359 White prisoners and 356 Black prisoners were gathered and subjected to the 20 item PCL-R. The PCL-R displayed the capability of providing statistically significant results with small discrepancies in 5 of the 20 items that were used in the 20 item version of the measure with Black subjects. Although these results were proven to be significant, they did not lead the researchers to believe the measure would be considered biased based on those results (Cooke et al.). Cooke et al. suggested the PCL-R is thorough in its ability to measure psychopathy, despite the suggested ethnic differences between scores of either White or Black subjects. Studying PCL-R differences between Black and White prisoners can reduce the suggestion of racial bias, since prison officials make determinations regarding parole, releases, and other civil liberties whenever a subject scores in the psychopathy range on the PCL-R (Cooke, et al.; Edens, 2006a). There is some evidence to suggest that the structured environmental findings from prison samples, across ethnicities concerning psychopathy disorder, may be the result of differences in acculturation, and ethnically influenced response potentials to PCL-R items (Cooke, et al.). Black and White felons share in commonality the tendency
to commit violent and nonviolent crimes, suffer from some of the same cognitive deficits, but may have different response model deficits (Hare, McPherson, & Forth, 1988). Cooke et al. suggested that the differences in acculturation and environmental influences play a part in the difference between the two groups.

The numbers of prisoners from federal prison being White felons usually serving more time in prison are sent to such facilities for crimes that are considered of a higher caliber (Poythress et al., 1998). Felonious crimes resulting from theft of substantively valuable property, if not for serious acts of violence might be correlated to higher IQ scores in White participants (Poythress et al.). Black men in local county jails were incarcerated for crimes such as misdemeanors and punishment usually not to exceed three years, in contrast to those incarcerated for federal offenses, where interestingly all were of lower IQ compared to White prisoners the same age. A difference between ethnicities was also observed by Cooke et al. (2001) in the score of the Wechsler Adult Intelligence Scale-Revised (WAIS-R). The number of Black prisoners from either federal prison or county jail was disproportionately high, despite that IQ scores were lower among Black participants (Cooke et al.; Dyson, 2004). The percentages presented by Cooke et al. were 42% Black among federal prisoners and 52% Black among county jail prisoners, all within the age range of 26.3 years of age and their 31st birthday. Statistical observation of the disproportionate incarceration rates among Black participants becomes salient in this description (Cooke et al.; Dyson, 2004).

Cooke et al. (2001) stated psychopathy was measured in Black men using the PCL-R and found them to possess a more impulsive and irresponsible behavioral style, than
their White counterpart, who on the other hand, were considered more deceitful and arrogant. In both samples Black men had higher PCL-R total scores than their White counterpart (Cooke et al.). Researchers continue to explore whether higher PCL-R scores are indicative of being more psychopathic than those with lower PCL-R scores. The cut off score is normally considered 30 points on the 3 point scale out of 40. However, in youthful samples with the PCL-YV, and for specific purposes within adult samples, the scores have been considered within psychopathic range if participants scored as low as 21-30 out of 40 points, indicating higher and lower psychopathic characteristics (Hare et al., 1990; Salekin et al., 2004). Of the inmates from both federal prison and county jail samples combined Black men with lower IQ scores, scored higher than White men on the PCL-R who displayed higher IQ scores, despite that both groups from either sample scored well within the psychopathy range (Cooke et al.).

Of all the scores from county and federal samples, the lowest score from any group was 23.3, and the highest score was 25.7, both from county jail samples, and both from samples of Black men with lower IQ scores (Cooke et al., 2001). Understanding the scoring system of the PCL-R assists with understanding the purposeful usefulness of this lens and the PCL-YV which follows the same rating scale for adolescents. The 3-point scoring system is as follows:

- 0= evidence of item question not found from case file or structured interview.
- 1= some evidence suggesting the item is true based on case file and structured interview.
• 2= evidence exist item is true, based on case history and structured interview (Murrie & Cornell, 2002).

The curve from 0-2 is considered by relevant research to be symmetrical, as the probability of earning a 2 on particular item increases, the probability of earning 0 decreases for that item. When using the PCL-YV or the PCL-R the probability of all three responses at any given level of the measure must be in unity with one another (Barry, Frick, & DeShazo, 2000; Cooke et al.; Hare et al., 1990; McCoy, Ellis, & Loney, 2000; Mitchell, Kelly, Richell et al., 2002; Murrie & Cornell 2002; Poythress et al., 1998; Verona, Joiner, & Patrick, 2001). The body of research show’s a disproportionately high number of Black male inmates, have shown in several studies to have the highest PCL-R scores for adulthood psychopathy, and PCL-YV scores for adolescent psychopathy, while displaying lower IQ scores than other incarcerated ethnicities (Murrie & Cornell 2002; Dyson, 2004; Poythress et al., 1998). This evidence once again supports the original concern of this discussion, and the search for both the behavioral as well as environmental factors that lead to these factors, which constitute the possibility of trajectories from childhood disruptive disorders to adulthood psychopathy. The evidence presented from psychopathy screening measures entices researchers to suggest trajectories exist. J.F. Edens (personal communication, February 19, 2006) clearly warns against such logical leaps.

Behaviors consistent with adolescent psychopathy resemble adult psychopathic behaviors. For this reason, the concern with ethnicity alone in and of itself cannot be considered the primary factor in trajectories, thus SES and IQ score must be included.
The calloused-unemotional aspect of personality was viewed as causal while Barry et al. (2000) attempted to extend the concept of adult psychopathy from childhood disruptive disorders. Barry et al. provide data to suggest that post traumatic stress disorder (PTSD) could be used to assess the calloused-unemotional aspect of children in his exploration of causal effects of psychopathy from trajectories of CD/ODD and ADHD in school age children. Children with disruptive disorders such as CD/ODD and ADHD possess the capability of producing trajectories from such conditions into adulthood psychopathy personality diagnoses (Barry et al.). One of the most important aspects of the study presented by Barry et al. showed those children with ODD/CD and ADHD displayed a particularly severe level of symptomatology of psychopathy in the form of APD, and neuropsychological deficits. These conditions correlate with poor passive avoidance learning, cortical hypo/ hyper arousal, deficits in executive functions, and reactions from a state level of memory (Post, 2003). This evidence is characteristic of some of the neurological issues present in adult psychopathy (Post, 2003; Poythress et al., 1998).

Barry et al. (2000) observed the majority of children were predominantly White male children (78%) with an average age of 8.4 years across ethnicities. Black male children made up only 22% of the total 78% male sample, where the other 22% were female. The findings of Barry et al. that are of concern to this discussion were revealed in the number of Black male children, who although made up the minority in this sample, were the highest percentage of children with ADHD and ODD/CD in either the low or high end of CU at 41.7% and 37.5% respectfully. Black children also had the lowest full scale IQ score within the group of participants that possessed ADHD, ODD/CD, and CU,
with an average score of 84.42 (Barry et al.). Black children with ADHD, ODD/CD along
with high CU were also considered the group of children with the highest percentage of
thrill seeking behavior, a series of characteristics which are consistently captured with the
PCL-YV total factor scores, callousness, and low constraint (CON) (Barry et al.). Barry
et al. suggested these behaviors are correlated to some degree with lower SES in
adolescence. Corroborating evidence suggests these conditions also appear to be
associated with adulthood psychopathy exemplified on the PCL-R as APD and a parasitic
lifestyle (Murrie & Cornell, 2002).

Environmental influences or consistency with which the familial structure was

described did not seem to differ across ethnicities in the study of Barry et al. (2000).
Parents were interviewed as well as teachers, consistent with the protocol of gathering
information from collateral sources whenever examining these constructs (Cleckley,
1976; Murrie & Cornell, 2002; Friedman & Schustack, 2006). Symptomatology seen in
APD, which is characteristic of factor 2 aspects of the PCL-R in adults, and the PCL-YV
factor 2 and 3 scores in adolescents, is associated with criminality (Murrie & Cornell,
2002). This evidence would suggest that SES in Black participants may be more salient
an indicator of psychopathy than race (Cleckley, 1976; Dyson, 2004). Anxiety disorder is
considered more of a trait characteristic which is experienced by the sufferer due to the
expectation of negative events (Post, 2003). Therefore, anxiety disorder would be a factor
1 characteristic, since factor 1 characteristics are more stable trait core personality
characteristics. Barry et al. viewed adolescents and children who rated high on the CU
personality characteristics, displayed behaviors which correlated with high levels of
conduct problems, negative events, peer rejection, discipline problems, and peer confrontations. Barry et al. provided evidence suggesting this group of participants did not appear to be distressed by these events, at least not as much as children who suffer from conduct problems without CU traits. Barry et al. suggested that adults with more psychopathic core personality characteristics tend to exhibit such behaviors when they score low on measures of negative affect, compared to adults diagnosed as APD without such characteristic behaviors. Hare et al. (1990) corroborated, indicating neurological determinants may be responsible for nonreflexive responses to reflex evoking stimuli, and lowered incidence of anxiety disorder. Of the most important findings in this discussion, was the evidence to suggest children and or adolescents with psychopathy features are a group which are severely impaired, and quite likely constitute a severely treatment resistant group (Cleckley, 1976). Lastly, impulsivity and APD type behaviors in and of themselves do not encompass the construct of psychopathy in adolescence that would map onto the findings of adolescent anxiety disorders or adult psychopathy (Lahey et al., 2005). CD in childhood and adolescence is an intricate part of trajectories to adulthood psychopathic personality characteristics (Robins, 1966). Barry et al. have clarified the argument by refining this assumption, indicating callousness, unemotionality, CD/ODD, and or ADHD are necessary to draw substantive conclusions of childhood trajectories to adulthood psychopathy.

The *DSM-IV-TR* (2000) suggested that APD is considered present when clinical assessments indicate a pervasive pattern of the violation of the rights of others that begins in childhood and continues into adulthood. One of the primary issues of this discussion is
that the *DSM-IV-TR* indicates that APD is not to be diagnosed until evidence exists of unlawful behavior and deceitfulness in two examples, and that the condition of conduct disorder present in the subject before the age of 15 years. Conduct disorder is diagnosed when the child displays repetitive behaviors which violate the rights of others, major age-appropriate societal norms, or rules (*DSM-IV-TR*). The PCL-YV in the study of Murrie and Cornell (2002) has provided some compelling evidence which suggests adolescents below the age of 18 years are capable of scoring within the significant range of what appears to be PCL-R psychopathic factor 2 characteristics. Factor 2 characteristics of the PCL-R are indicative of adulthood APD. Clinicians will often avoid diagnosing APD in adolescence, which conflicts with these research findings.

An individual’s unemotional component within psychopathic personality characteristics has a profound effect on their responses to reflexive evoking stimuli. Combine this with the incidence of childhood and adolescent disruptive disorders responsible for causing harm to others, which appear to carry through to adulthood, and they suggest a need for viable treatment efforts. Blair et al. (2002) suggested there are findings that display the difficulty with which these psychopathic individuals face various situations. Two difficult situations for psychopathic individuals are societal dictated appropriateness surrounding empathy, and other appropriate responses to stimuli from environmental and human interaction (Blair et al.). In the observation of psychopathic individuals, Blair et al. paid specific attention to emotion in affect, tone, and body language, as well as physical responses to environmental stimuli. Blair et al. concluded lower responses to reflexive evoking stimuli are indicative of not only the emotional
component of the psychopathy condition, but the neurological components that act as precursors of adult psychopathy from childhood disruptive behavioral disorders.

Exhibited behaviors of children with ODD, CD, ADHD, reactive attachment disorder (RAD), and bipolar depression (BPD) as a result of exposure to traumatic stimuli over time, without opportunity to experience states of rest, cause neurological changes that affect both neurochemical agents, and brain structure (Post, 2003; Whisman, Uebelacker & Weinstock, 2004). As a result of these findings of Blair et al. (2002) where the study involved exposing participants to stimuli of tonal expressions, the results suggested lowered startle response activation among individuals that were diagnosed psychopathic. The difference between what was considered a change in tonal expression of emotion was not to be confused with the meaning of the actual word used, which may have had in its definition a particular emotional content (Blair et al.). Biological measurements of emotional responses to reflex evoking stimuli have been used before in a study of psychopathic women inmates in a prison facility (Blair et al.). Psychopathic women inmates were exposed to visual stimuli of horrific events, acts of violence, as well as extensive property destruction, and similar lower reflexive responses were observed among those with significant psychopathic screening scores (Blair et al.; Sutton, Vitale, & Newman, 2002). These studies suggest that whether one can capture this condition in adolescence, treat it properly and reduce the trajectory from childhood disruptive disorders to adulthood psychopathy, has a definite neurological component (Blair et al.). These studies point to neurological and behavioral differences characteristic of those individuals who suffer from psychopathy. These may include differences in gender
(Kibler, Prosser & Ma, 2004; Sutton et al., 2002). Sutton et al. provided evidence of the lowered biological responses to startling stimuli in women, suggesting the startle response mechanisms between men and women are indeed different. Men with the characteristics of psychopathy exhibit similar lowered startle responses to reflex provoking stimuli, whenever psychopathy characteristics are present (Blair et al.). Men show differences in significant psychopathy PCL-R scores. Discriminate differences between men and women with psychopathy suggest that certain behavioral aspects differ between the two genders (Blair et al., 2002; Sutton et al., 2002). Biological differences between men and women, could explain the difference of significant psychopathy scores on adulthood measures (Whisman et al., 2004).

Measurable biological reactions to emotionally provoking stimuli, presented in controlled environments with psychopathically diagnosed individuals, was considerably lower than it was in individuals without this diagnosis (Blair et al., 2002; Sutton et al., 2002). Cleckley (1976) made reference to the individuals within this population having impaired fear conditioning, and responses to fear inducing stimuli. Blair et al. have pointed out that through neuroimaging dissociable brain structures are apparently responsible for responses to facial expressions of fear or anger. Children with childhood conditions of CD, ODD, RAD, ADHD and some of the other disruptive behavioral disorders, who later along with calloused-unemotional characteristics of their personality are the group incapable of exhibiting autonomic arousal to facial expressions of sadness (Blair et al.). This group does not have a problem responding to expressions of anger (Blair et al.). All participants screened for psychopathy by Blair et al. for their
recognition of the emotional content of vocal intonations, that scored between 20-29 on
the PCL-YV or PCL-R were excluded from the study. Blair et al. presented individuals
with both male and female voices that each conveyed the emotion of happiness, disgust,
anger, sadness, and fear. Each word regardless of its intended meaning was expressed
with an emotional content accompanying it, each of the words was presented 10 times
alternating which emotion was going to be displayed. Evidence strongly suggested once
again that the psychopathic individuals displayed marked impairment of the fearful, and
sadness emotional content in vocal affect (Blair et al.).

Correlations found in the study of Blair et al. (2002) observed that the ability to
recognize fearful emotions in vocal content were significantly correlated with both adult
PCL-R factor scores of $r_s = .41, .40, \text{ and } .36, p < .05$, and $r_s = .51, .50, \text{ and } .49, p < .01$
for sadness, and for both factor 1 and factor 2 characteristics of adult psychopathy.
Interestingly, Blair et al. suggested that significant PCL-R scores correlated with the
inability to recognize happy, disgusted, or angry vocal affects. Moreover, both groups of
individuals who scored either high or low on factor 1 or 2 scores of the PCL-R, showed
no difference in their exhibited response when they displayed the prevalence to answer
happiness for disgust, sadness for happiness, disgust for anger and sadness for fear (Blair
et al.). 68% of the psychopathic individuals who were presented with happiness in the
form of vocal content in word presentations, responded with sadness as the answer, this
was the largest percentage of mistaken identification of emotional content by
psychopathic individuals (Blair et al.). Post (2003) described in his treatment paradigm
that cognitive treatment approaches were ineffective with traumatized children and
adolescents with CD or ODD due to the inability to emotionally respond to stimuli. The PCL-YV in adolescence as the PCL-R in adulthood is capable of capturing this callousness in the factor 2 scores of either measure. This evidence and the evidence of earlier presented studies suggests that children and adolescents with psychopathic tendencies as well as adults who are diagnosed with psychopathy, are indeed without autonomic activity to assist them with identifying facial or vocal expressions of correct emotional content (Barry et al., 2000; Blair et al.; Murrie & Cornell, 2002).

Data that suggest there is a measurable difference in psychopathic individuals’ ability to process and display sadness and fear, regardless if stimuli are presented in the form of either emotional intonations or facial display of said emotions. There is also difficulty with fearful recognition, which is more significant than it is with recognition of sadness (Blair et al., 2002; Roisman, Tsai & Chiang, 2004). Brain structures of abused children and adolescents, namely the amygdala and hippocampus begin to display dysfunctions with the constant exposure to norepinephrine and serotonin without periods free from stress (Lyman, 1998; Psychological Stress, 2005; Post, 2003). Evidence presented by Psychological Stress (2005) suggests norepinephrine and serotonin are two neurochemical transmitters constantly present during periods of stress, which Blair et al. present in what they believe to be crucial evidence to suggest the development of psychopathy in the developing brain of abused children and adolescents. Post (2003) described how and when the constant exposure of the amygdala to norepinephrine and serotonin during constant periods of stress without opportunity for rest, has been known
to reduce the actual volume of the amygdala and the adrenal glands responsible for producing adrenaline.

Brain structure lesions could be responsible for the reduction in autonomic responses to stimuli. Evidence strongly suggests that reduced amygdaloid volume is present in the brain of psychopathic individuals, as well as reduced amygdaloid activation (Blair et al., 2002; Lyman, 1998; Post, 2003). Post (2003) provided evidence that traumatized children and adolescents, rather than processing data from either their cognitive, emotional, or motor level of memory, were responding to stimuli from a state level of memory. Continuous exposure to traumatizing stimuli is suggested by Post (2003) to result in lesions within primary brain structures such as the amygdala and the hippocampus. This evidence is further supported by Blair et al. where the suggestion was that psychopathic individuals, like those who show impairments through aversive conditioning, display a reduced startle reflex potentiation due to amygdaloid lesions. Evidence in the form of neuroimaging studies have investigated and suggest that amygdaloid activation is essential to fearful intonations, and responses to visual stimuli intended to produce a startle reflex, despite other patients with amygdaloid lesions have not always supported these findings (Sutton et al., 2002). Therefore, psychopathic individuals exhibit neurological impairments for vocal and visual affect startle reflexes, due to decreased functioning of the amygdala. Evidence supports the claims that the condition of psychopathy is directly related to neurocognitive disorders. Repeatedly supplied data support the link between children with ODD, and CD along with CU characteristics and their trajectories to psychopathy in adulthood (Blair et al.; Post, 2003;
Sutton et al.). This evidence is supported by impairments of psychopathic individuals to recognize emotional intonations and visual startle reflexive stimuli in adulthood (Blair et al.; Psychological Stress, 2005; Post, 2003; Roisman et al., 2004; Sutton et al.).

Additional data supporting the criminality of those individuals with psychopathy are found in Verona et al. (2001). Suicidal ideation, attempts, and successful completion, present a major concern for practitioners of individuals with emotional disorders of psychoticism, depression, and or psychopathy (Verona et al.). Suicide, although considered highest among women suffering from major depression, is prevalent in other samples observed under clinical observation (Le, Munoz, Ghosh-Ippen, & Stoddard, 2003). Verona et al. have presented evidence suggesting individuals demonstrating reactive aggressiveness, persistent criminality, and APD are at heightened risk for suicidal behavior. Face value would suggest a correlation with these variables and the prevalence of suicidality in young Black men. Individuals who exhibit episodes of self-mutilation are at increased risk of self-harm that may result in death, which places said individuals at higher risk for eventual successful suicide (Le et al., 2003; Verona et al.). Incidences of major depression, BPD, and substance abuse are among the group of diagnosed individuals who have been noted for actual completion of suicide, which appear to correlate to APD (Verona et al.). Empirical evidence suggests that 65% of the individuals who attempt suicide eventually succeed (Verona et al.).

PCL-R and PCL-YV factor 1 characteristics of grandiosity, superficial charm, manipulative behaviors, and social potency in the form of conning others, are not the type of characteristics that one would think are associated with self-destructive behaviors or
suicide attempts (Cleckley, 1976). Cleckley (1976) did not think that suicidality was concern for the population who he had under study, due to the presence of factor 1 characteristics. Verona et al., (2001) have described that male inmates with histories of juvenile delinquency, and violent crime are associated with suicidal attempts and completions in later adulthood. This evidence is further suggestive of the connection between suicidal risk, criminality, and factor 2 and 3 characteristics of the PCL-YV (Verona et al.). The *DSM-IV-TR* (2000) corroborates Verona et al. when it made reference to the evidence that individuals with APD are at increased risk of death by violent means compared to other members of the general population who are not diagnosed as such. APD diagnosed individuals represent an 11% rate of suicide attempts, and 5% of the suicide completions in America (Le et al., 2003; Verona et al.). Individuals with measurable APD represent a group equally capable of homicide as they are suicide (Le et al.). These data are indicative of factor 2 and 3 characteristics of the PCL-YV, and therefore factor 2 characteristics of the PCL-R (Le et al.; Murrie & Cornell, 2002; Verona et al.). Dyson (2004) found that Black males in America between the ages of 18 and 29 have suicide as the leading cause of preventable death for this age group, which is at a rate higher than any other ethnic group in America. Homicide will take the life of a Black man in America between the ages of 15 and 34 years of age at a ratio of 1:21 (Dyson, 2004). Homicide rates of Black men in America also are indicative of the number of murders committed by Black men against Black men (Dyson, 2004).

Aggressiveness, and substance abuse among first relatives is considered genetically associated, where children with diagnoses of APD were seen to be at higher risk of
exhibiting self-destructive behaviors indicative of suicidal attempts (Le et al., 2003; Loukas, Zucker, Fitzgerald, & Krull, 2003; Verona et al., 2001). Verona et al. provided evidence suggesting that in a sample of individuals with psychopathic characteristics (e.g., high arrest rates, impulsive and irresponsible behavior, substance abuse, and extreme scores on delinquency scales) who were not hospitalized as a result of this condition or any other formal diagnoses, had a suicide attempt rate of 28.6%. These data appear to be strongly suggestive that the incidence of APD and PCL-YV factor 2 and 3 characteristics is predictive of suicide risk in adolescence (Verona et al.).

Correlations between reactive violence, and substance abuse, which are directly related to suicidal potentiation, are captured by factor 2 characteristics of the PCL-R in adulthood (Verona et al.). Core personality characteristics of individuals who showed higher suicidal potentials, exhibited consistent behavioral patterns that seemed to be present despite situational changes (e.g., high neuroticism, hostility, irritability, alienation, low socialization, high psychoticism, impulsivity, extroverted characteristics in sensation seeking, or calloused-unemotionality) (Verona et al.). Verona et al. have pointed out that these characteristics map onto what they believe are negative emotionality (NEM) as well as characteristics of (CON). Verona et al. describe positive emotionality (PEM) as evidence of extroverted characteristics of sociability and happiness.

Where the issue of a psychopathic individuals level of intelligence was the primary concern, Cleckley (1976) believed that the intellectual level of such individuals was extremely high despite the psychoticism present in their personality, and thus not the diagnosed individuals responsible for self-destructive behaviors such as suicide. Factor 2
characteristics of the PCL-R were positively correlated to fear, distress, anger, and impulsivity, where on the other hand factor 1 characteristics revealed high social potency (manipulative qualities over other individuals), low stress reactions, and high achievement (Poythress et al., 1998). Factor 1 characteristics are considered the core psychopathy personality traits that remain consistently stable despite influences over time, space, and circumstance (Poythress et al.; Verona et al., 2001). Cleckley (1976) indicated that there are those psychopathic individuals who are capable of masking the condition and existing in the community without ever truly being recognized. Moreover, evidence that factor 2 characteristics as revealed by scores on the PCL-YV in adolescence, are consistent with NEM and suicidality (Verona et al.).

Major depression has been described in the causal relationship with preventable death, in the form of suicide, and other self-destructive behaviors (Le et al., 2003). Major depression is the most prevalent mental disorder and third leading cause of preventable death in the world (Le et al.). Psychopathic individuals could be suffering from depression. More importantly said individuals may exemplify neurochemical differences as a result of what is believed to be changes in brain structure (Post, 2003). The reduced availability of serotonin which can occur in response to increased levels of stress, anxiety, and depression, as observed by fMRI scans corroborates Post (2003) (Psychological Stress, 2005). Verona et al. (2001) have provided evidence that the reduction of serotonin and the brain structures responsible for its production, are described as a neurobiological differences that are correlated with antisocial behaviors. Although additional research is required, it is clearly being suggested by the studies of
Post (2003) and Verona et al. that low serotonin along with NEM and CON place psychopathic individuals at risk for suicide, despite such behavior is closely associated with APD and not considered a stable core personality characteristic. Nonetheless, NEM and CON could easily be considered associated with other stable core personality trait characteristics. Impulsivity, hostile negative affect, along with anger, and rage are correlated with antisocial behaviors and suicide (Verona et al.). Corroborating evidence which indicated a reduction of teenage homicides between and by Black males were being observed in larger cities like Los Angeles and New York, but steadily rising in Milwaukee, Philadelphia, Kansas City, Charlotte, and St. Louis, and that those homicides appeared to be promoted by what police officers have noted as incidents of rage (Zerinike, 2006). Verona et al. have provided some understanding of the phenomenon of suicide with psychopathic individuals. Individuals with APD, reactive aggression, and episodes of violence are at an increased risk of being killed as a result of homicide than those individuals who are not in possession of these characteristics (Verona, et al.; Zerinike, 2006). This evidence is clearly suggesting that rage-related murder-suicide and other acts of violence may represent extreme episodes of psychopathic manifested tendencies (MSNBC, 2006; Verona et al.; Zerinike, 2006). Finally corroborating this evidence is the evidence presented by Dyson (2004) which suggested that homicide will be the cause of death of Black young men between the ages of 18, and 34 years old, and that such death will be the result of black on black crime. Black men between the ages of 18 and 29 years of age commit suicide more often than any other group in America (Dyson, 2004). The detrimental effects of subjugation in America have had and continue
to have an impact the healthy psychological development and survival of this group within the national population (Conyers, 2005). To be conclusive, the phenomena which impact the subject of this discussion to virtual levels of genocide must be studied further to provide empirical findings explaining their probability of existence.

Limitations of Research

Calloused-unemotional (CU) characteristics are considered consistent with the description of adult psychopathy (Murrie & Cornell, 2002; Poythress et al., 1998; Salekin, 2004). Therefore, CU aspect in children and adolescents, combined with either CD/ODD and/or ADHD would be responsible for providing evidence that closely resembled the psychopathy characteristics in adults. In essence, the suggestions presented by the DSM-IV-TR (2000) concerning the lack of APD in adolescence is questioned, as adolescents have produced scores on the PCL-YV, within the significant range of factor 2 and 3, which suggest such a construct does exist within this sample. Although scores presented by PCL-YV factor 2 or 3 do resemble APD as a condition, CU traits were not discussed as present in children and adolescents with ADHD, ODD, and CD by Barry et al. (2000).

Barry et al. described members of a sample with various psychopathic measures, where results were indicative of the need for treatment as adults, yet no discussion of possible treatment efforts for reduction of PCL-YV or PCL-R scores were presented. Since the PCL-YV and the PCL-R are somewhat correlated between items, it is appealing to suggest the meaning of adolescent and adult measure scores are correlated (J.F. Edens, personal communication, February 19, 2006). J.F. Edens (personal communication,
February 19, 2006) has clearly explained that this would be an error as the PCL-R is not an appropriate method of screening for psychopathy characteristics in adolescents. In regards to childhood disruptive disorders and trajectories to adult psychopathic personality characteristics, a number of limitations were revealed in the research of this discussion. There is no psychopathy treatment that can be measured and shown to reduce symptoms with significance on the PCL-YV in adolescence and the PCL-R in adulthood (Murrie & Cornell, 2002). One of the most salient limits of research that has an impact on all researchers indirectly, as well as the findings they have been provided, is the evidence supplied in the case summaries presented by Cleckley (1976). Cleckley (1976) provided evidence from a sample that was hospitalized. Primarily all the participants were of White ethnicity and varying levels of intellectual ability, the profiles of these psychopathic case histories were such that the potential of suicidality was ruled out. Evidence in the study of Verona et al. (2001) demonstrated through observations, how psychopathic individuals are capable of exemplifying suicidal tendencies.

5 of the 20 items listed in the PCL-R and possibly the PCL-YV are believed by Barry et al. (2000) to be invalid measures of psychopathy in Black adult or adolescent participants respectfully. What is more limiting as a result of this evidence is that Barry et al. (2000) was not clear as to which of the 5 items in the lenses were believed to have flawed usage with Black subjects. Considering 5 of the 20 PCL-R items have questionable validity with Black subjects, combined with the fact that this represents ¼ of the measures total scores, should have suggested compensated cut off scores when the measure is used with Black participants (Barry et al., 2000; Cooke et al., 2001).
Considering the small but significant difference between 5 of the 20 items of the PCL-R for Black versus White observation participants, Cooke et al. could have used the cut off score 35, instead of the usual 30 out of 40 points of the measure to search for evidence of psychopathy in Black participants. Uncompensated cut off scores in the use of the PCL-R in the study of Cooke et al. suggests skepticism of the evidence presented in this argument. Due to the possibility of confounding variables in the question of valid scores, and possible error or researcher bias, extreme risks may be present in the misuse of the PCL-YV and the PCL-R with Black subjects (J.F. Edens, personal communication, February 19, 2006). Although it has been stated that the PCL-YV or the PCL-R are capable of measuring people of different ethnicities without bias, salient questions concerning the misinterpretation of PCL-YV and PCL-R scores exist with Black participants (Cooke et al.). When considering the potential maintenance of disparaging circumstances, which may be perpetuating the loss of civil liberties awarded to Black prisoners in the criminal justice system, the political ramifications for making errors in judgment based on psychopathy measure scores has mortal weight (Cooke et al.; Dyson, 2004; Edens, 2006b; Poythress et al., 1998). The subjectivity of at least one of the PCL-R or PCL-YV scores (a 1 on any item) despite the high inter-rater reliability of the PCL-R ($r = .89$) combined with questions of the measure’s validity when used with Black subjects, should suggest skepticism with the PCL-R or any of its derivatives. Nonetheless, despite the significant but small incompatibility of 5 PCL-R items with Black subjects, the PCL-R is considered an unbiased measure. Barry et al. (2000) argued that the measurable differences were not substantive in the PCL-R, or the PCL-YV
between ethnicities, and are therefore capable of measuring the psychopathic construct without biases to race. However, despite vague inferences as to which 5 of the measures 20 items are questionable in terms of validity between ethnicities, evidence from scores is speculative (Murrie & Cornell, 2002).

Where Verona et al. (2001) provided suggestive evidence that the suicidality of the psychopathic participants under study was the result of serotonin level reductions in the brain of psychopathic patients, empirical measurement of chemical levels were not included, and would have been more supportive. Post (2003) has provided suggestive evidence in his educational presentation concerning the disruptive emotional disorders of children (e.g. ODD, ADHD, RAD, CD) and the method of treatment believed to be responsible for addressing these conditions. The relevance of such claims is provided when children with the above named conditions along with calloused-unemotionality, provide evidence suggesting trajectories of the childhood disruptive disorders to adult psychopathy exist (Barry et al., 2000). Although the study of Post (2003) is an excellent example of the neurological deficits in adolescence to adult psychopathy, the primary limit in the studies conducted by Post (2003) is the lack of statistically significant findings to suggest to future researchers the method of treatment provided in his presentation are indeed effective. Until such evidence is provided the claims remain limited in their scope and generalizability. Although the findings of Lahey et al. (2005) provided evidence to suggest the condition of CD, rather than ADHD, in children was responsible for predicting APD in those same individuals as adults, this study failed to supply the relevance of psychopathy as part of its suggestive findings.
It is clear that the condition of APD was the primary focus of Lahey et al. (2005). Although Lahey et al. suggested that the characteristic of APD is not a stable characteristic in adults this study could have recognized CU was included in APD, responsible for childhood and adolescent trajectories to adulthood psychopathy, and suicide potentiation. The body of evidence would suggest that evidentiary and existing core personality characteristics are those that quite likely will not change over time, and are captured with factor 1 characteristics of the PCL-YV and PCL-R in adolescence and adulthood respectfully (Friedman & Schustack, 2006).

Salekin et al. (2004) have pointed out the need for continued research in trajectories, and in so doing have called for empirical evidence gathered from longitudinal studies strongly supports the existence of the construct. Robins (1966) has provided evidence in which participants in 1966 were viewed retrospectively from 1920. Evidence of retrospective trajectories of childhood disruptive disorders to adult psychopathy exists, but the body of contemporary evidence would suggest that progressive studies would be more effective. Although Robins (1966) suggests from a retrospective perspective that such a construct as trajectories exist, this evidence is inconclusive simply due to the unknown variables that might have had influence in the 40 year span of the observation. J.F. Edens (personal communication, February 19, 2006) validly suggests that longitudinal studies are the only tool researchers should use to suggest child and adolescent emotional disturbances act in trajectories to adulthood psychopathy. Although research of psychopathy in juvenile offenders suggests trajectories exist, there is no conclusive evidence verifying this.
Impact of Emotional Trauma on Adolescent Disorders

This discussion is concerned with those disruptive emotional disorders in children and adolescents, which along with definitive personality characteristics, namely calloused-unemotionality, result in trajectories to adulthood psychopathy, and in many cases ultimate incarceration and or death. Where these circumstances play a role in the conduct and ultimate referral for mental health services for children of all cultures and ethnicities, this discussion is primarily concerned with Black children who portray these qualities, since the number of incarcerated Black men is disproportionately high to the overall census available in the United States (Dyson, 2004). Whether expressed in writing as causal or not, the law in many states of the United States often reference the familial guidance provided to those children and adolescents that are responsible for episodes of criminality (Commission to study, 1989). It is hardly unbiased to ignore the environmental influences of lower SES on familial interactions, and thus leave Black parents solely responsible for the APD behavioral displays of their children (Commission to study, 1989). There is a psychological power perpetuated by disparaging governmental influences, and discriminatory perceptions, which are sustained by capitalism, and impact the exhibited behavior of Black children in America (Commission to study, 1989). Practitioner conscientiousness through observation of children and adolescents, who exhibit some of the symptomatic disorders we later see as trajectories to adulthood psychopathic behaviors, must begin using tested and verifiable treatment paradigms to reduce the critical losses research observes. Post (2003) was partially correct in assuming the interaction in the nurturing environment of children before the age of 7 years, does
result in much of what we see of developing brain structures, neurochemical interactions, and subsequent behavioral displays. However, the environmental influences that impact the familial structure, especially when such influences impact SES, vocation, educational level of the parental guidance, and place of residence, are equally if not more prominent in such observations (Lott, 2002).

Perception of the various levels of identity, of any given human existence are apparent in the attitudinal biases exhibited during observations of participants through numerous lenses (Elliot, Fazio & Cejka, 1996; Fazio, Jackson, Dunton & Williams, 1995; Greenwald, Banaji, Rudman, Farnham, Nosek & Mellott, 2002; Ito, Larsen, Smith & Cacioppo, 1998; Ross, Ceci, Dunning & Toglia, 1994; Wells & Olson, 2001; Wells & Seelau, 1995). The attitudes of people can be influenced by what is perceived as negative information about any subject (Ito et al., 1998). Once negative information regarding a subject has been supplied to the brain, Positron Emission Topography scans (PET’s) as well as other measures including Implicit Association Test results (IAT) display the attitude of participants under observation is influenced and changed (Greenwald et al., 2002; Ito et al.). Most importantly, these findings provide evidence to suggest that once negative information has been supplied to the human brain, the change is heaviest in terms of neurological impact, regardless of alternative presentations about the same subject being supplied thereafter (Ito et al.). Suggested evidence presented in these studies display the perpetually damaging psychological impact of social inequities, lowered SES, lowered IQ scores, intellectual ability, and its impact on the oppressed as well as those who are responsible for perpetuating oppression.
Most cases that referred children or adolescents to treatment whenever the concern was a behavioral disorder, began in either school or through the criminal justice system, when the subject was a Black child in the study of Barry et al. (2000). It has been suggested that Black families rarely seek out treatment for mental health conditions for various reasons, some of which appear to be culturally and ethnically influenced, among which are concern for confidentiality, and trust in the system of care (Friedman & Schustack, 2006; Hill, 2004; Williams, 2000). Explicit memories of historical injustices in the Black community may very well be responsible for the implicit perception that the governmental structure is insensitive to their needs in every way (Terry, 2003). Williams (2000) has described by discourse with educators and other professionals responsible for utilizing helping skills equitably in American institutions, that there is a disparate opinion of those responsible for such professionalism, whenever employment of appropriate skills in necessary for alternative ethnicities by White professionals. Therefore, it would appear that lack of ethnically sensitive empathy in the community of treatment, and education is present in American society (Williams, 2000). Emotionally traumatic events in the development of oppressed children and adolescents appear to be related to the crippling cyclic nature of the ills that plague the Black community by way of familial structure (La Roche, 2005; Lott, 2002). According to Conyers (2005) it is fair to suggest the subjugation of Black people in America could be considered one of the causal variables responsible for the alarming statistics which demand treatment.

Cleckley (1976) honestly believed that the criminality of the psychopathic personality was merely an aspect of the overall condition. Compelling evidence would
suggest that nothing could be truer. Freidman and Schustack (2006) were corroborated by Williams (2000) with regard to inherent biases in the alleged measures of intelligence, and questions of being able to truly measure intelligence arose. These questions indicated one can hardly account for the true measurement of humanity in the search for intelligence. Nonetheless, we still rely heavily on intelligence measures. Criminality of Black adolescents and men is allegedly correlated with lower levels of intelligence (Poythress et al., 1998). Black children and adolescents, with lower intelligence measure scores, present the dangers of psychopathy trajectories, especially when lowered SES is factored into such observations. Black children with disruptive behavioral conditions, despite their minority in number of subjects, were often found to have significantly greater severity of childhood and adolescent disruptive disorders, lower SES, lower IQ scores, and greater probability of trajectory to adulthood psychopathy (Barry et al., 2000).

Dissociable Environmental Influences

This discussion has discovered in its exploration that the PCL-R is an unbiased lens in which to measure the construct of psychopathy in adults, regardless of subject ethnicity (Blair et al., 2002). Therefore based on structure and use, in at least the study of Salekin et al. (2004), the PCL-YV is an unbiased measure as well. However, it is difficult to consider the childhood and adolescent trajectory to psychopathy from disruptive emotional disorders, without considering the dissociable variables that impact ethnic groups in the environment where such conditions develop. Granted, the episodes of male criminality is an existing construct that occurs within groups despite ethnicity, and without including the multiple levels of identity that may very well transpire across
ethnicities, evidence suggest that Black males represent a disproportionately high number of incarcerated felons. Irregardless of dissociable ethnicities, the overwhelming evidence that compulsivity is a measurable construct within the psychopathic condition, along with CON, would suggest with some degree of power, that said items had influence in the criminality of the psychopathic adult from childhood compulsive behaviors, and or episodes of aggression, and acts of violence (McKay, Piacentini, Greisberg, Graae, Jaffer, & et al., 2003; Schectman, 2003).

Lott (2002) suggests the socioeconomic variables that distinguish the poor from the affluent, are easily viewed between the differences of the White poor and the White affluent in America. It was impossible to ignore the dissociable variables of race, ethnicity and the construct of poverty when conducting such an observation (Lott, 2002). Lott (2002) provided evidence to suggest that the number of persons living at or below the poverty level in the United States is such that White people in America constitute the majority nationwide. However, when examining the proportional percentages of those living at or below the poverty line, the numbers of Black people in America once again are disproportionately high in comparison to their White counterpart (Dyson, 2004; Lott, 2002). Thus, it is fair to suggest that the issue of lower SES, having been associated with APD and familial conflict is quite possibly an influential variable in lifestyle choices, perceptions of educational resources, availability to and decision to utilize healthcare resources, mental health resources, dread as well as despair, hopelessness, and major depression (Blair et al.; Conyers, 2005; Dodge, 1990; Dyson, 2004; Uswatte & Elliott, 1997).
Although the differences between being affluent and living at or below poverty in America, is considered an issue that addresses the poor in the general perception of governmental resources across ethnicities, there is a distinct difference between being poor and of minority ethnicity. Evidence that attitudinal biases of the poor or oppressed plague the thought processes of both governmental agencies and the affluent in each dissociable group, are blatant (Fazio, Jackson, Duntton, & Williams, 1995; Greenwald et al., 2002; Lott, 2002; Wells & Olson, 2001). Research and practice in psychology is not immune to the influences of perceptual biases that are created by cognitive distancing of professionals (Lott, 2002). Biases are exercised by professionals as they distance themselves from the poor, and moreover members of alternative racial and ethnic groups within this socioeconomic class, as observed often times within counseling sessions (Lott, 2002). Evidence of educators, governmental agencies and their agents, as well as psychologist and members of the community who attempt to rationalize the existence of the oppressed, actually develop an invisibility of classes and the subgroups that exist within this definition. The thought which suggests the position the oppressed find themselves, is their own fault is evidence of such distancing (Freidman & Schustack, 2006; Lott, 2002; Williams, 2000). Evidence suggesting that living at or below the poverty level in America is responsible for criminality could be suggested by the disproportionate numbers of incarcerated Black men. Black people in America represent the overall minority according to United States census reports, yet they are disproportionately unemployed, undereducated, living at or below poverty, and or incarcerated (Arbisi & McNulty, 2002; Barlow, 2005; Dyson, 2004). What could be
viewed as a result of this argument is that there are unforeseen and immeasurable variables responsible for such evidence. However, what becomes more salient is the biasness that naturally accompanies capitalism (Helms, as cited in Ponterotto et al., 2001; Wells & Seelau, 1995).

To develop a measurement of the variables responsible for the true contributors of calloused-unemotionality, and APD, whenever childhood and adolescent disorders act as trajectories to adulthood psychopathy, would be a difficult process. It could be the answer begins with childhood traumatic experiences that have the ability to contribute to the development of brain structures, and the presence or absence of certain neurochemical transmitters, and their influences on behavior (Post, 2003). Lahey et al. (2005) and Robins (1966) have suggested with empirical findings, SES is considered saliently contributory to childhood-adolescent familial conflicts, which repeatedly appear to be consistent with APD. Since APD is considered a factor 2 and 3 characteristic of psychopathy according to the PCL-YV in adolescents, and factor 2 characteristic according to the PCL-R in adults, it is suggested that such a variable is contributory in the trajectories of childhood/adolescent disorders to adulthood psychopathy (Benning, Patrick, Hicks, Blonigen, & Kruger, 2003).

Summary

Overall this section attempted to explore the dissociable influences on behavior among Black children, their subsequent disruptive emotional disorders, and trajectory to adulthood psychopathy and imprisonment. As mentioned in previous sections, the presentation by Post (2003) was indeed partially correct as it addressed the impact of
stress on fear and its subsequent hypo and hyper-aroused behaviors. Moreover, as presented by Pinel (2003) amygdala and hippocampal structures responsible for storing both experiential and spatial memories that possess emotionality aspects, respectfully, corroborates Post (2003). When the function of adrenal glands and the presence of epinephrine impact the functioning and development of lateral temporal lobe structures such as the amygdala and the hippocampus, Post (2003) is upheld by Pinel (2003) once again (Psychological Stress, 2005). Evidence would strongly suggest that calloused-unemotionality aspects of child or adolescent personality disorders may result from the lowered functionability of temporal lobe structures such as the amygdala or hippocampus, and or reduced ability of the medulla adrenal glands to produce epinephrine (Post, 2003). Post (2003) has described behavioral characteristics of adolescent disruptive disorders and acting out behaviors from their state level of memory, which ultimately could be called an APD sub-type of adolescence (DSM-IV-TR, 2000). A relationship exists between APD, calloused-unemotionality characteristics, reactions from the state level of memory, and psychopathy (Barry et al., 2000; Post, 2003). Therefore stressors presented by SES, environmental influences, and familial interactions often promote the autonomic arousal of naturally producing neurochemical compounds and subsequent behavior of APD (Psychological stress, 2005).

Generationally inherited trauma experienced by the subject of this discussion are an intrinsic element in the calloused unemotionality associated with ODD, and CD, and the ultimate childhood trajectories to adulthood psychopathy (Benning et al., 2003; Conyers, 2005; Post, 2003; Psychological Stress, 2005). The disproportionate incarceration of
Black men, significant frequency of factor 2 scores of those participants on the PCL-R, retrospective adolescent scores of the same participants on the PCL-YV, and criminality between both age groups, must view gender, IQ score and especially SES to draw conclusive evidence of trajectories (J.F. Edens, personal communication, February 19, 2006). Further research is required in longitudinal studies to provide empirical data to reject the claim that trajectories do not exist (Caprara et al., 2002; Edens, 2006a). Research findings have provided evidence to support the idea that there is indeed a trajectory of childhood / adolescence ODD, CD, RAD, APD, and or ADHD to adult psychopathy (Barry et al., 2000; Psychology Today, 2006; Psychological Stress, 2005). The study of the most support was presented by Barry et al. (2000), where adolescents, who experience disruptive behavioral disorders, when combined with calloused-unemotionality, do show signs of trajectories to adulthood psychopathy. In the Clinical observations of childhood behaviors and Black male adolescent behavioral episodes by researchers, Black males usually made up the minority in terms of number of subjects, yet were the group with more prevalent factor 2 and 3 scores on the PCL-YV (Barry et al.; Blair et al., 2002; Cooke et al., 2001; Murrie & Cornell, 2002).

Statistically significant evidence supports the perspective that there could be childhood and adolescent trajectories to adulthood psychopathy when calloused-unemotionality exist as a variable (Barry et al., 2000; Blair et al., 2002; Cooke et al., 2001; Murrie & Cornell, 2002). Black adolescent males, with disruptive emotional disturbances, along with calloused-unemotionality are the group at increased risk of trajectory to psychopathy and incarceration as adults (Barry et al.; Dyson, 2004).
evidence strongly implies this group is at increased risk of exhibiting the criminality consistent with psychopathy, thus resulting in increased rates of incarceration, homicide and suicide (Schaeffer, Petras, Lalongo, Poduska, & Kellam 2003).
Although it is possible to conceive that childhood etiologies act in trajectories to adulthood psychopathy, and that empirical results to suggest or discredit the validity of such a study could be done under the proper circumstances, this is merely a literature review with qualitative research design. The data collected during the process of preparing this discussion are believed to not only make such an argument viable and relevant, but necessary. The continued research in this area with all adolescents will assist researchers, to develop treatment paradigms that are more likely to work. The method of observation presented in this discussion references J.F. Edens (personal communication, February 19, 2006), who insist that longitudinal studies must be undertaken to provide conclusive evidence that such a construct as childhood trajectories to adulthood psychopathy truly exist. Secondly, to reduce the prevalence of such trajectories this discussion suggests the use of a treatment paradigm. Longitudinal designs that can support the existence of such trajectories, require control and experimental groups. Between and within variances of scores on two separate measures of psychopathy, will assist with gathering evidence of trajectories, and treatment paradigm efficacy. Analysis of scores from adolescent and adulthood psychopathy measures, will require controlling for axis I diagnoses, age, race, gender, IQ score, and especially SES. This study hopes to uncover whether trajectories exist, whether Black males are at greatest risk, and whether this discussion introduced a treatment paradigm that reduces trajectories across ethnicities.
Structural Design of Research

The proposed design of this discussion will require test-retest methods using the PCL-YV in adolescence, and the PCL-R for the same participants as adults. Evidence of change in overall scores from these measures, and whether the proposed treatment effect had influence in any measurable difference in score will be observed. The use of between and within ANOVA is being suggested to longitudinally observe 4 measures factor 2 psychopathy scores from 2 groups qualitatively. To examine childhood etiologies trajectory to adult psychopathy, and subsequent imprisonment of Black males, a number of steps are necessary to test the hypothesis without biases. Trajectory to adulthood psychopathy from the disruptive behavioral disorders of adolescents, is quite complicated and possibly, empirically immeasurable (J.F. Edens, personal communication, February 19, 2006). The PCL-YV, requires the case files of the participants be evaluated. The first objective is to have a minimum of \( N = 200 \) ethnically diversified youthful participants who meet disruptive disorder diagnosis criteria, and have significant PCL-YV total factor scores of 30 or higher. IQ scores, age, SES, gender, race, and definitive disruptive behavioral disorders, must be controlled for in statistical interpretation of subject measure scores of the PCL-YV, and PCL-R screening tools.

Two measures will have to be used over the period of 10 years. Therefore, significant total PCL-YV screening scores of 30 out of 40 points identifying \( (N = 200) \) adolescent participants who are diagnosed with disruptive behavioral disorders will be the first step in this proposed methodology. Participants will be randomly assigned to control and treatment groups (Jaccard & Becker, 2002). If age, gender, disruptive
behavioral disorder, IQ score, race and most importantly SES are controlled for in statistical analyses, the possibility is lowered that indiscriminate noise will confound the view of possible trajectories from adolescent disruptive disorders to adulthood psychopathy.

Treatment

Intensive emotional training, somatic and emotional awareness using insight skills from the unconditional, non-judgmental introspective approach presented by Post (2003) will be provided in a structured therapeutic environment during individual and group therapy. Schectman (2003) used film with emotionally laden content of violent and aggressive acts to adolescent boys, and was able to use role play, where participants own description of the emotional content of the film was expressed. Participants showed evidence of change potentials in attitude toward aggressive acts, using this treatment approach in group sessions. Post (2003) suggests with his treatment approach that children and adolescents with disruptive emotional disorders, that are provided reinforcement with non-judgmental, nurturing, and age appropriate physical touch along with proper guidance, respond with appropriate behavior and lasting change at greater success rates than behavioral modification techniques, consequences, or punishment paradigms could provide. These two treatment paradigms combined should provide this discussion with a unique approach, which is suggested from practitioners’ observations to be effective with adolescents whom are believed to have lower autonomic reflexive responses to stimuli, and who aggressively react from the state level of memory (Post, 2003; Schectman, 2003). Only the treatment group will be provided the treatment
paradigm of this discussion. Control group subjects must be allowed to receive treatment by any method deemed appropriate by their particular stake holders. Clinicians would only be concerned with the treatment paradigm suggested in this discussion, to determine its efficacy. Control and treatment group participants must be closely observed throughout the entire 10 year observation period, where all treatment, behaviors and life changing events would have to be recorded for the purpose of full analyses of treatment paradigm efficacy. This treatment involves both individual and group therapy sessions. Initially sessions would occur once per week for 4 weeks reducing to not less than twice per month for 6 months, progressively dropping to once per month for the duration of the observation, unless behavior dictates greater frequency of therapeutic intervention. Group sessions should run for one hour, with individual sessions being provided in alternating schedules until each participant is addressed in rotation like style.

Expected Outcomes

The PCL-YV and the PCL-R both require researchers to evaluate the subject case files for histories. The PCL-R must be administered by raters who are blind to PCL-YV results. Therefore blind raters are essential to ensure inter-rater reliability. The purpose of this structural design is to examine scores of the PCL-R from adult participants as compared to PCL-YV scores of the same participants when they were adolescents. Evidence of whether trajectories exist from childhood disruptive behavioral disorders to adulthood psychopathy, could be captured from control group scores if no change in significant psychopathy measure score exist between youthful and adult measures. Furthermore, evidence could be revealed as to whether scores differed between control
and treatment groups. Differences between the mean scores of psychopathy measures could suggest that the proposed treatment paradigm influenced the treatment group. An ethnically diversified group will display whether there was difference in subject case history, cognitive level of functioning, IQ score, SES, parental influences, environmental demographics whether rural, or urbanized and race. The analysis of the variance in the mean of total PCL-YV and PCL-R scores, as well as frequency of factor 2 scores of these measures, will either support or discredit the findings of research presented in this discussion. In essence simply by identifying subjects for longitudinal observation, data should reveal correlations between IQ score, race, SES, and environmental demographics, while simultaneously viewing disruptive behavioral disorders and PCL-YV factor 2 scores. Therefore, expected outcomes should reveal the group at greatest risk to psychopathy.

Sample

Participants will be recruited from foster care settings, treatment facilities, outpatient services, or juvenile detention facilities, as long as case files are fully descriptive and detailed. Consent from legal guardians must be obtained to gather information from case files of adolescents who meet the target diagnostic criteria of disruptive behavioral disturbances. Participants must also agree in writing to remain in contact with researchers over an extended period to encompass early adulthood, and therefore their signature agreeing to remain participants would be required. All participants will be made aware that they can stop their participation at any time during the proceeding 10 years. Guidelines for experimentation will be explained to participants
and legal guardians, which will include the parameter that all experimental participants agree to participate in treatment over the period of 10 years. For the purposes of this simple illustration the idea of having the legal guardians of adolescents thoroughly aware of treatment parameters still remains essential, despite the obvious issues with such a proposal. Guidelines governing confidentiality, and participants rights are included in the policy and procedure manual of Hope (2005) and must be read, understood, and signed by the participants and their legal guardians. Signatures of this study’s participants and any witnesses must appear in consent protected format and filed under two key lock.

Participants from control and experimental groups should be reminded of their rights and asked to sign a new consent form no later than each year on the anniversary date of the original signature. Documentation of participants’ consent and the consent of their legal guardian where applicable, need be on file each year for 10 years, and must be stored in accordance with guidelines and the rules governing confidentiality.

Measure Administration

The PCL-YV and the PCL-R, 20 item measures of psychopathy would be used in this study. Scores would be gathered from case file review and structured interview. Each item of the measure has the equal probability of being scored a 0, 1 or 2; all scores are in unity with one another. Maximum total points capable are 40. This discussion requires a minimum total score of 30 for adolescent and adult participants to be classified within the psychopathy range. The PCL-YV is a well established measure that has had repeated success in measuring the construct of psychopathy in adolescent participants under its observation. The two measures items scores are significantly correlated. Cut off scores of
30 will be required for both initial adolescent subject scores and subsequent adult subject scores using the PCL-YV, and the PCL-R respectfully.

Test Measures

1. *Psychopathy Personality Checklist- Youth Version:* (PCL-R-YV) – 20 item Likert 3-scale whereas (0 = condition does not exist, 1 = probability the condition might exist, 2 = condition definitely exist). 40 total points are possible where a score of 30 or higher will be considered significant in this study.

2. *Psychopathy Check List-Revised:* (PCL-R) Internationally used as a measure to capture the dual characteristics of psychopathy in an adult sample. Although 5 of the 20 items are thought to be inappropriate for Black subjects, the measure has received accolades as an unbiased measure with any ethnicity. The PCL-R, structured in the same format as the PCL-YV are correlated ($r > .50$). Therefore, blind raters as to the previous measure scores will be imperative for reliability.

Hypotheses

1. $H_0$: Despite treatment or any other controls of statistical analyses, there will be no differences in final psychopathy ratings between experimental and control groups on PCL-YV and PCL-R measures.

2. $H_1$: Participants of the experimental group who have scored significantly on the PCL-YV before treatment administrations will show less frequent factor 2 scores on psychopathy PCL-R scores.
Data Analysis

An alpha level of .05 (\(\alpha = .05\)) will be used repeatedly between both measures. Scores of the PCL-YV, and the PCL-R have a low but significant correlation. Despite this evidence, they are reliable tools for this illustration, providing blind raters are used between measures (Murrie & Cornell, 2002). This study would reveal 4 different scores from 2 different measures. An analysis of the variance of the mean of the scores from both within and between groups of participants could reveal evidence of trajectories and effectiveness of the proposed treatment paradigm.

Limitations to Generalizability

All participants of this proposed methodology will be male. Although the discussion of this experimental design did not concern itself with variables such as differences in gender, the results of studies indicate that gender may be a concern with distinguishing psychopathy from behavioral disorders (Salekin et al., 2004). Thus the results of this study will not be generalizable to females.

The PCL-YV is considered a derivative of the PCL-R, and therefore could be considered capable of capturing the construct of psychopathy regardless of variable noise without biases. Concerns about the ability of the PCL-YV to capture psychopathy in adolescence arises, whenever disruptive emotional disorders are present in adolescent participants (Edens, 2006a; Murrie & Cornell, 2002; Salekin et al.). This concern poses a serious threat to discriminant validity of the measure to adequately measure psychopathy in the presence of emotional disturbances.
The primary concern of this discussion is the population considered at heightened risk of childhood trajectories to adulthood psychopathy. Ergo, statistical exploration of screening measure scores, and whether Black adolescents diagnosed with disruptive behavioral disorders are the group at increased risk for trajectories to adult psychopathy, could be discovered by controlling for each of the other variables. However, without longitudinal studies that are capable of measuring such claims, these measures alone at the stage of adolescence are not necessarily considered strong predictors of adulthood psychopathy (Edens, 2006a; Salekin et al., 2004). Despite limitations to reliability believed to exist in adolescent measures whenever CD or ODD is present, the PCL-YV was capable of capturing psychopathic tendencies in adolescence beyond the scope of disruptive behavioral disorders (DSM-IV-TR, 2000; Salekin et al.)

Another concern and a limitation for this discussion, surrounds 5 of the 20 PCL-R items were considered invalid measures of the psychopathy construct for Black men. The PCL-R has been considered capable of measuring for psychopathy without biases to ethnicity, regardless of evidence to suggest they are limited in their ability to capture differences between genders. The PCL-YV, and the PCL-R can be used with samples of ethnically diversified populations, producing significant results.

Validity Statement

Where the informed consent of the legal guardians will be obtained, the question remains, will the participants agree to participate in the observation, as they too must sign to confirm participation. It is unlikely that the idea of receiving the potential positive effects of the behavioral treatment paradigm will be considered reward enough for the
adolescents of the treatment or control group to participate in this observation. If the
treatment group received financial reward, where the control group did not, and members
of either group were in contact with one another over the ensuing 10 years, the
confidence established in the treatment group could be jeopardized, and the control group
could refuse to participate. Rewards must be given in non-monetary form, or both groups
would have to be paid. Rewards in the form of earned privileges can be attempted. A
point scale system, where points are earned each day could provide earned privileges at
the participant’s residence, but would need the participation of the guardians charged
with the participants care, despite such a system is considered useless by Post (2003). A
point system might confound treatment efforts. Presumably the treatment is supposed to
be improving the participant’s behavior, but perhaps participants would be compliant to
the treatment program and improve their behavior in order to earn points. Consistent
payment to all participants throughout the entire observation and treatment period might
assist the researchers with maintaining contact with participants over time.

8 threats to validity need to be addressed in the design of the potential treatment-
effect observation (Cohen & Swerdlik, 2005; Mitchell & Jolley, 2004):

1. Selection- minimal threat. Participants are being chosen from foster care
systems, juvenile detention facilities, outpatient treatment services, residential treatment
facilities, or anywhere case files thoroughly address social and treatment history for
disruptive emotional disturbances. Therefore the participants chosen to participate
although in possession of differences, from the onset of this observation have no idea of
the criteria used to select them for participation. Random assignment tables can be used
to break the group of 200 participants into control and experimental groups, reducing the threat of selection. On the other hand, the ability of the PCL-YV to distinguish psychopathic tendencies from emotional behavioral disorders, although capable of measuring for the construct with significance, should be noted by their questionable validity when attempting to capture dissociable characteristics of psychopathic tendencies in the presence of CD/ODD.

2. *Selection by maturation- minimal threat*. First participants are chosen based on diagnosable behaviors. Review of case histories and familial histories are apart of the PCL-YV screening measure, therefore treatment plans derived from case file history are indicative of client historical data, and present before the observation begins.

3. *Regression toward the mean- moderate threat*. Participants are being subjected to the PCL-YV first. Half of the criteria for PCL-YV score does not require participants input. Second the convergence validity is low, but significant between the PCL-R and the PCL-YV. The ability the PCL-YV to capture the construct of psychopathy in adolescence, when CD and or ODD are included, can easily become confounded. Therefore it is expected that regression toward the mean will have a moderate threat to validity when using the PCL-YV.

4. *Mortality (attrition) – high threat*. Participants from this sample of the population often are difficult to manage, especially in group situations. If the reward is not considered worth what is perceived to be the effort on their part, it is possible to lose participants reducing the overall sample size and thus the probability of obtaining significant results that can be generalized to the population in question. This discussion is
proposed for illustration purposes only. Nonetheless, following two hundred participants for 10 years poses a significant threat.

5. **Maturation** - high threat. Participants chosen to participate in the PCL-YV would have axis I diagnosis of disruptive behavioral disorders. These disorders would be present before the study would begin. Therefore, any changes in behavior could still be considered attributable to the treatment effects. It is possible to suggest that if changes between participants from the treatment group are different from those in the control group, there would be very little other than treatment effects responsible for changes in measure scores. However, providing the proposed treatment paradigm to 100 participants over the period of ten years would be extremely difficult making maturation a high threat.

6. **History** - high threat. Adolescents at home or in residential programs with diagnoses such as CD/ODD could have environmental changes impact their daily lives before, during and after the experimental treatment which may have an impact on their perception of treatment efforts and or effects. It could be factors within the group itself that impact participants and result in the differences observed. One of the conflicting issues with the use of the PCL-YV is the low correlation between scores on this measure, and its ability to distinguish symptomatology of CD/ODD from true psychopathic characteristics. History will be one of the highest threats to validity for this reason.

7. **Testing** - moderate to high threat. Participants are not aware of the testing procedures or scores of the PCL-YV, which are 50% calculated before engaging participants in the structured interview. The threat to validity is more apparent when
viewing the consistency with which the PCL-YV is capable of distinguishing the characteristics of psychopathy factor scores from the conditions of CD/ODD.

8. *Instrumentation—moderate threat.* The correlation between the PCL-YV and the PCL-R is low, but significant, and both measures are capable of capturing the psychopathic tendencies with reliability, in their respective samples. However, the PCL-YV did show low correlations with capturing psychopathy in the presence of childhood psychopathology. It is unlikely therefore, that any difference in score will be attributable to the difference in the instrument. There is more of a concern that the presence of the emotional disturbances that act as criteria participation in the study are more of a threat to the instruments, than the instruments are a threat to the proposed study.

History, maturation, mortality, testing, and instrumentation pose the highest threat to validity in this observation. The only way such threats can be minimized is to have all the participants in a controlled environment. Despite this control, the possibility of adolescents with volatile conditions such as ODD, RAD, or CD could still be affected by environmental influences. Regardless, confinement for 10 years represents incarceration and this is exactly what this discussion proposes to reduce within this population. Although the measures used in this illustration are only for descriptive purposes, it appears imperative to mention the flawed ability of these measures to combat all the threats that exist to validity. The sample size provided to this discussion is for the purpose of illustration. Realistically it would be extremely expensive and nearly impossible to track 200 participants over the period of 10 years without an entire team of researchers across the United States if not around the world. Despite the skepticism of this
suggestion, for the purposes of PCL-YV and PCL-R illustration, these parameters serve their purpose.

Significant PCL-R scores with adults who displayed significant PCL-YV scores in adolescence could suggest correlations in scores between adolescent and adult control group subjects. Comparison between adolescent and adult experimental group subjects, if a difference in adult group subject scores exists, would describe the effectiveness of the treatment paradigm. Between and within group analysis of variance of mean scores (ANOVA) comparing both adolescent and adult psychopathy measure scores, in both the control and experimental group is the statistical tool this discussion would use. It is believed between and within group ANOVA would be more effective in suggesting causality and the existence of possible trajectories. Supporting evidence as to the presence of such a construct as trajectories could be suggested, as long as the alpha level remains set at .05 (α = .05) this way the danger of failing to reject the null hypothesis when in fact it should be, can be ruled out as a threat. Due to the number of threats to validity within this illustration, it is clear this would be a very poor method of observation for such a complex construct.

The PCL-YV in adolescence and the PCL-R in adulthood, although significantly correlated with one another, have a low correlation between item scores. Therefore, to produce results with any degree of reliability, longitudinal observation of adolescent participants is imperative (J.F. Edens, personal communication, February 19, 2006). PCL-R screening scores in adulthood with the same participants who scored within the psychopathy screening range on the PCL-YV as adolescents must be observed with blind
raters (J.F. Edens, personal communication, February 19, 2006). If nothing else has been revealed from this discussion need for further screening with empirical findings, and further evidence suggesting the presence of trajectories from longitudinal studies of all ethnicities are among the first.

Chapter 4 will summarize the findings of this proposed study by presenting closing arguments. 5 subsections will be necessary to conclusively address the pertinent aspects of this discussion. The following headings will begin each of the subsections, they will be:

- An Introductory Statement
- Review of the Literature from Chapter 2
- An Integrative Summary
- Practice Implications
- Social Change Implications
CHAPTER 4:
CONCLUSION AND CRITIQUE

Introductory Statement

Where the issue of psychopathic behaviors has its impact on all those that suffer from the condition, this discussion was capable of identifying a realistically perceived threat to Black children and adolescents, and possibly to the same children as adults over time. This concern is a real one as this discussion was capable of identifying that childhood and adolescent trajectories to adult psychopathic behaviors may truly exist whenever calloused-unemotionality are combined with ODD and CD (Edens, 2006b). Studies have displayed that Black children and adolescents are at greatest risk for such trajectories (Barry et al., 2000). Therefore, the alarming concern is what in terms of psychologically damaging experiences result in the trauma responsible for the conditions of ODD, and CD. Among the most pertinent concerns are the swirling and ever looming effects of ancestral heritage, societal bias, and the impact of SES that is essential in maintaining capitalism.

Literature Review

This issue demands researchers to look at some of the environmental influences that impact this population, which begins in the nurturing environment of the family where brain development is completed after birth. Attitude formation of the privileged in America is the result of years of behavioral shaping and vicarious learning that historically has reverberated from generation to generation in both those with and without privilege in America (Helms, as cited in Ponterotto et al., 2001). Micro and macro
inequities must remain present in America to maintain capitalism (Neville, Worthington, & Spanierman, as cited in Ponterotto et al.). Thus, it is no surprise that the IAT results presented by Greenwald et al. (2002) display the unconscious forces that sway the opinion of those under its measure. The IAT as a result produces evidence that derogatory associations are implicitly stored in the memory of privileged participants who exemplify racial and SES distancing in their physical response to the items in the lens. Lower SES has been implied as correlated with criminality, and as a result it is one of the more crucial of pivotal points in the discussion of APD (Robins, 1966).

The review of literature revealed the number of Black men who are incarcerated in American prisons is disproportionate compared to Black females, and or any other people or ethnicity from American census reports (Dyson, 2004; Lott, 2002). Dyson (2004) provided evidence that strongly suggested while Black people represent only 12% of the American population, they represent nearly 50% of the prison population in America. Furthermore, Black men account for 89% of that prison population compared to Black women who represent the remaining 11%. Dyson (2004) viewed the number of arrests that occur in America. which discovered from analysis, that White men in major metropolitan areas represent 14% of those who are arrested, while Black males represent 51%. Another of the concerns rests with the PCL-YV in review of client history, when it asks the researcher about the arrest of the parental figures of the subjects under measure. This question brings the saliency of biasness with the PCL-YV, and the PCL-R with Black subjects, in light of the plausible institutionalized governmental practices that result in the disproportionate arrest rate within the Black community (Dyson, 2004).
Dyson (2004) suggested Black men represented the highest of the nation’s unemployed at 32%. Include the causal relationship between SES and psychopathy with this evidence and the group at greatest risk of trajectories becomes clearer. Extraneous environmental influences, and their impact on the above mentioned percentages, must be viewed when exploring the plausible institutionalized practices dissociating ethnicities and SES in America. Black young men in America between the ages of 15 and 34 years old will be murdered in their lifetime at a ratio of 1:21, most will be murdered by a member of their own race (Dyson, 2004). Another startling statistic concerns suicide rates among Black men in America, which has indicated suicide represents the leading cause of preventable death of Black men between the ages of 18 and 29 years of age (Dyson, 2004). Homicidal ideation is correlated with suicidal ideation and completion (Le et al., 2003). Therefore, a higher correlation exists between Black male incarceration, psychopathy measure scores, homicide, and suicide rates, than has ever been suggested before.

Black women as a result of this evidence are as equally endangered as Black men, which in the sickness of its cyclic nature, reduces the probability of off spring survival. Only 50% of Black women are married by the age of 28 which reduces once again the probability that a Black man will be the patriarchal figure in the home of Black children (Dyson, 2004). Considering Black single parent households, there is logical expectation that the parent will be female, of lower academic level and subsequent IQ score, of lower SES, with at least 1 male child (Zerinike, 2005). There is an increased probability of parental conflict resulting in heightened risk of APD and the subsequent variables of this discussion (Hope, 2005; Le et al.; MSNBC, 2006; Robins, 1966; Zerinike, 2005). SES,
Familial conflict, and disruptive behavioral disorders of adolescents, promote the type of emotional trauma responsible for brain changes which result in CD (Anderson et al., 1986; Post, 2003; Robins, 1966). McBride, Paikoff, and Holmbeck (2003) provided evidence that suggested sexual debut (physical sexual acts) are high among adolescents, however, they are higher among Black children, and higher even still among Black male adolescents. Perhaps this is due to stressors of SES and familial conflict, or due to heightened levels of depression (Blazina, 2001; Gray, Brown, MacCulloch, Smith, & Snowden, 2005; Le et al., 2003). Le et al. provided evidence to suggest that promiscuous sexual acting out behaviors are consistent with episodes of depression, which increases risk of substance abuse, and or HIV infection as well as suicide attempts and completions. Le et al. discussed in their study that major depression was the leading emotional disorder in the world and one of the leading causes of preventable death as a result of suicide. Once again the association of suicide has existence between behaviorally exhibited psychopathic tendencies, episodes of depression, and the number of preventable deaths in the Black community. More important to this discussion is the evidence that suggest infants and children of depressed mothers are at greater risk for the development of major depression and or other psychiatric disorders, as compared to infants and children of non-depressed mothers (Downey & Coyne, 1990; Hammen, as cited in Le et al.). When the environmental influences responsible for perpetuating depressive symptoms is evidenced in society, it could be suggested these are the variables responsible for reverberating these correlated factors in the community of the participants.
of this discussion. Post (2003) was on target again in his suggestion of generationally inherited trauma, despite such evidence may be biological in nature.

The psychiatric disorder of primary concern in this discussion is adulthood psychopathy as a result of trajectories from childhood ODD and CD. It is suggested that adolescents with factor 2 and 3 type characteristics on the PCL-YV of psychopathy are at increased risk for trajectories to adulthood psychopathy, and adolescence or adulthood suicidal completions (Barry et al., 2000; Verona et al., 2001). Ethnic and cultural differences may be two plausible causalities that explain why Black people in America do not seek out treatment services for a wide range of potentially hazardous illnesses, psychiatric illnesses included, among which is trust of the system of care (Friedman & Schustack, 2006; Hill, 2004; Uswatte & Elliott, 1997). Nonetheless, it can be suggested that parent child interaction that is considered neglectful due to lowered SES, parental educational level, age, race, and subsequent IQ score, has the ability to inflict emotional trauma that later can be manifested by the underdeveloped brain structures of children (Post, 2003; Robins, 1966; Zerinike, 2005). Neurological lesions from emotional trauma are implied in the inappropriate reactions to environmental stimuli, which are evidentiary with psychopathy sufferers.

Integrative Summary

Barry et al. (2000) have described that emotionally disturbed Black children and adolescents with CD/ODD were at greatest risk for trajectories to adulthood psychopathy. Societal statistics would explain this is the group facing incarceration and virtual death in American society as a result, which is the focus of this discussion. Clear associations
between what was discovered in IQ scores and criminal proclivity, described aspects of APD when impulsivity was viewed as salient. Educational level does not necessarily excuse an individual from being labeled psychopathic, in fact, it was originally suggested that white participants scores on the PCL-R were indicative of higher IQ scores. However, the presence of lower academic performance and end of school grade scores appeared to be correlated to the number of subjects incarcerated for homicide in 2005 (Zerinike, 2006). Gender, age, race, IQ score and SES of subjects incarcerated for homicide in 2005 clearly described Black males between the ages of 18-29 at or below high school graduate levels of education with lower IQ scores and familial SES well below their white counter part from what was otherwise the same demographic (Zerinike, 2006). Homicides committed by young Black men against other Black men although down in more urbanized cities in the United States was higher in more rural cities in 2005, suggesting homicide victims occur in this population before the age of 34 yrs at a rate of 1:21. Homicidal violence evidenced by episodes of rage among young Black men, suicidality being highest within this particular group as well, suggest APD or PCL-R factor 2 scores will be revealed among the incarcerated felons or those that exhibit suicidal potentials via suicide attempts. This proposed study suggested the suicidal, homicidal, and incarceration rates among Black men in the United States are the result of generationally inherited trauma, and therefore subjugation at some unidentified level (Conyers, 2005; Post, 2003). It could very well be the trauma this discussion has described can be captured and identified in the search for adolescent trajectories to adulthood psychopathy, in contrast to treatment which might reveal differentiated
psychopathy measure scores on the PCL-YV and the PCL-R. Researchers must continue to screen for viable methods of psychopathy measurement in adolescents, and provide treatment that may be responsible for reducing trajectories to adulthood conditions in all ethnicities, but especially those at greatest risk.

Practice Implications

As long as the variables of age, gender, race, IQ score and SES are controlled for, the findings suggested in this discussion could be revealed by experimental observation. Between and within group ANOVA variance of scores comparing both adolescent and adult measure scores in both the control and experimental group is the statistical tool this discussion could use that might be more effective in explaining causality and the existence of possible trajectories. Evidence could be suggested to be conclusive as to the presence of such a construct as trajectories, as long as the alpha level remains set at .05 ($\alpha = .05$) this way the danger of failing to reject the null hypothesis when in fact it should be, can be ruled out as a threat.

The PCL-YV in adolescence and the PCL-R in adulthood, although significantly correlated with one another, have a low correlation between scores ($r = .50$). Therefore, to produce results with any degree of reliability, longitudinal observation of adolescent participants is imperative. Significant PCL-R scores in adulthood, with the same participants who scored within the psychopathy screening range on the PCL-YV must be observed with blind raters. If nothing else has been revealed from this discussion need for more testing with empirical findings, and further evidence suggesting the presence of trajectories from longitudinal studies of all ethnicities are among the first.
It is possible to suggest that the treatment paradigm suggested within this discussion could be effective, if findings discover that total PCL-YV scores in adolescent experimental group participants are considered significantly lower in adulthood PCL-R scores with the same subjects. Between and within ANOVA variance of scores should be used to examine the significance of the variance of scores in both control and experimental groups. Maintaining an alpha level of .05 ($\alpha = .05$) should assist with providing support of the null hypothesis without risk of failing to reject it, when indeed this discussions findings should. Essentially, this discussion could potentially succeed in providing evidence suggesting the presence of trajectories, as long as the extraneous variables are controlled for (e.g., age, race, IQ score, and SES). Evidence from experimental group findings at the end of this discussion could provide evidence that the treatment paradigm was indeed effective. This proposed study would hope to provide evidence of treatment effectiveness, via post treatment adulthood psychopathy measure scores, from the same subjects that revealed significant adolescent psychopathy measure scores, thus reducing the cataclysmic statistics that spell the virtual death of the population at greatest risk.

Social Change

When viewing this discussion in its search for meaningfulness, evidence revealed that the neurological deficits discussed by other researchers are quite likely present in the psychopathic individual. Furthermore, that factor 2 scores of the PCL-R and the factor 2 and 3 scores of the PCL-YV are indicative of APD in adults and in adolescents respectfully. APD consistently has appeared as a pivotal condition linking psychopathy
and criminality in the subject population of this discussion. Equally interesting is the evidence that despite ethnicity, age, and IQ score, SES was the most salient variable in psychopathy, APD included. The subjugation of the subject of this discussion is almost immeasurable, considering all the environmental influences to consider in APD, criminality, and psychopathy. Lastly, APD or adult factor 2 PCL-R, or factor 2 and 3 characteristics of the PCL-YV in adolescence are indicative of the personality conditions capable of change. This discussion would hope that educators, social workers, behavioral health technicians, police officials and representatives of law be provided continual exposure to the possible effectiveness of treatment paradigms with the population of potential psychopathically diagnosed individuals. As it is clearly being suggested by the findings of research, environmental influences are probably as salient a variable as genetic, biological, and neurological influences are in the presence of APD. This discussion would hope to bring about social change by introducing the principles of the treatment module rather than the disease module, and focus on hope for change. Social change would have liaison professionals in mental health and other levels of society participate in the Multisystemic approach to change. This study may very well impact:

- The required academic level of educators and their educational policies,
- The concern and focus on the total IQ scores of children at risk,
- Community trainings in entrepreneurship, business, and self-sufficiency,
- Female awareness training on the interpretations of sexual promiscuousness,
- The proclivity of male sexual debuts and unwanted pregnancies
• Church and community leaders who engage young people in meaningful activities that reduce substance abuse, and increase financial wealth of their communities

• The retraining of police and law enforcement officials via governmentally instituted parameters that recognize the travesty of the system they perpetuate

• A reduction in the psychopathy symptoms and measure scores that identify the condition while reducing the horrific statistics of incarceration and death in the Black community.

Research of psychopathy must look more thoroughly at the possibility of reducing the prevalence of the condition in all ethnicities, while paying special attention to those who are obviously at greatest risk.
REFERENCES


## EDUCATION

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<td>5/2006</td>
<td>65 Quarter hours</td>
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<td>Bachelor of Arts</td>
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## AFFILIATIONS

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## JOB-RELATED AWARDS, HONORS, MEMBERSHIPS, ETC.

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