**Differential Diagnosis – Antisocial Personality Disorder and Psychopathy:**

Children who are described as having “antisocial traits” usually display:

- Impaired social relationships
- More aggression
- Less anxious
- Poor response to treatment

*Poor prognosis is often related to diminished anxiety.*

T. E. Moffitt (1993) has shown that patients with antisocial personality disorders have usually evidenced the behaviors since early childhood – in contrast to many adolescents who present antisocial behaviors only as teenagers.

Socialization provides an important clue to distinguishing ASPD and psychopathy.

Psychopathic Groups evidence:

- Nonsocialized
- Aggressive
- Solitary
- Undifferentiated

Non-psychopathic Group

- Socialized
  - Aggressive
  - Nonaggressive

DSM-IV-TR does not outline the distinction between socialized and nonsocialized children.

- Socialized delinquents are more responsible on parole
- Nonsocialized delinquents have a higher rate of arrest as adults for violent crimes
- Socialized antisocial youth get involved in antisocial behaviors to become part of a group
- Nonsocialized youngsters do not show the motivation or capacity for affiliation

Frick and his colleagues (1995) studied 95 children referred to clinics between the ages of 6 and thirteen. Two dimensions were identified:
1. Impulsivity – Delinquent Behaviors
   a. Frick (1994) concluded that impulsivity and conduct problems correlate with:
      i. Low intelligence
      ii. Poor school achievement
      iii. Anxiety

2. Callous/Unemotional Behaviors – Lack of guilt, lack of empathy, superficial charm
   a. Frick (1994) said that this component correlates with the sensation-seeking, self-aggrandizement, and lack of empathy – similar to narcissistic personality disorder.

These two factors correspond to descriptions in adults by Hare (1991) and in adolescents by Smith and colleagues (1997). The use of an adapted Psychopathy Checklist Revised provided strong evidence that psychopathy can be identified in adolescents and children.

**Overt vs. Covert Antisocial Behaviors**

Loeber and Schmaling (1985) defined overt behaviors as behaviors that reveal an emotional investment, such as arguing, hitting, or yelling, temper tantrums, moodiness. Covert behaviors are acts performed outside the monitoring of adults. Examples include lying, stealing, vandalism, alcoholism, interaction with deviant peers, and truancy from schools.

**Phase-Specific vs. Chronic Antisocial Behaviors**

Significant differences were found between adolescents who have “phase-specific conduct disorders” and those who have psychopathic conduct disorders. Those adolescents with psychopathic traits revealed severe narcissism, with less anxiety and more detachment. They also show lifetime chronicity (Moffitt, 1993). The behavior of conduct-disordered children ages 7 to 11 has greater power to predict adult problems with the law than behavior problems in the adolescent population.

Seventy-five percent of adolescents who present phase-specific antisocial behaviors did not seem different from their preschool-onset antisocial peers. Preschool disobedience and aggressive behavior at age 3 manifest later as childhood conduct disorders and result in arrests by police in the early teen years (White et al. 1990). Because the adolescence-limited and the lifetime antisocial personality cannot be distinguished in adolescence, the two types are often confounded in research studies.

Moffitt (1993) identified some qualitative differences between these two groups.

**Adolescence-limited group:**

- Rebellion against authority and parental control
- Wish to attain adult privileges
- Vandalism
- Public disturbances
- Substance abuse
- Running away
- Theft
- Crimes decrease with opportunities for marriage and work

**Chronic group:**

- Victim-oriented crimes
- Violence
- Murder
- Most acts are accomplished alone
- Select jobs, spouses, and friends that support antisocial lifestyle

The prevalence of severe chronic life-course antisocial disorders is steady throughout the life cycle:

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschoolers</td>
<td>5%</td>
</tr>
<tr>
<td>Four to 9-years-old</td>
<td>3% to 6%</td>
</tr>
<tr>
<td>Young adult males</td>
<td>3% to 6%</td>
</tr>
<tr>
<td>General adult population</td>
<td>4% to 5%</td>
</tr>
</tbody>
</table>

Farrington (1990) has shown that there is continuity in the psychopathic personality throughout life, up to age 69, despite a decrease in criminal behavior.