

Predictions of Violent and Total Infractions Among Institutionalized Male Juvenile Offenders

Melissa Murdock Hicks, PhD, Richard Rogers PhD, and MaryLouise Cashel, PhD

Forensic practitioners in settings with institutionalized adolescent offenders are frequently responsible for the accurate classification of problematic and potentially violent youths. Methods of assessment often include traditional tests, such as the MMPI and MMPI-A, and interview-based determinations of psychopathy. In a study of residential male adolescent offenders, the MMPI-A and the Screening Version of the Psychopathy Checklist (PCL:SV) were used to predict total, violent, self-injurious, and nonviolent infractions in a treatment-oriented facility for delinquents. In predicting the overall number of infractions, the MMPI-A was superior to the PCL:SV. Psychopaths manifested a significantly higher rate of violent infractions than nonpsychopaths. Finally, ethnic differences raise serious concerns about the generalizability of the PCL:SV; differences were found in the relationship between psychopathy and infractions based on ethnicity.

J Am Acad Psychiatry Law 28:183–90, 2000

Burgeoning numbers of juvenile offenders¹ place increasing demands on the resources of detention and treatment facilities. Because of the scarcity of resources, institutions receive proportionately more juveniles with extensive histories of aggressive behavior.² This gradual but continuing trend toward more violent and chronic juvenile offenders places further demands on clinical and correctional staff. One unquestionable priority is the identification of juvenile offenders who pose a significant threat to other residents.

Nearly all the literature has focused on aggression and maladjustment among adult offenders.^{3–5} Interestingly, younger inmates in the adult correctional system appear to cause a disproportionate number of management problems,^{6,7} irrespective of ethnic background.⁸ Moreover, when juvenile offenders are transferred into adult courts, they are likely to be problem inmates.^{8,9} In determining the adjustment

of offenders within correctional facilities, the emphasis has been placed on external (e.g., absence of fights) rather than internal (e.g., changes in antisocial beliefs) indices. An important concern is whether changes in external indices are anything more than superficial and temporary conformity to institutional pressures.

Available studies of juvenile offenders have focused on the ability of psychological measures, especially the MMPI, to predict problematic behavior. The classic research by Hathaway and Monachesi¹⁰ on 3,941 adolescents found risk (i.e., “excitatory” scales, 4, 8, and 9) and protective (i.e., “suppressor” scales, 0, 2, and 5) factors predicted juvenile delinquency. Subsequent research^{11–14} has provided general support for the findings of Hathaway and Monachesi.¹⁰ In 1992, a substantially revised adolescent version, the MMPI-A¹⁵ was introduced with new items, a different composition of scales, and separate norms. Regarding delinquent populations, research on the MMPI-A has reported limited success in differentiating either (1) sex offenders or non-sex offenders¹⁶ or (2) psychopathic and non-psychopathic

Dr. Hicks is in private practice in Atlanta; Dr. Rogers is a Professor of Psychology at the University of North Texas; and Dr. Cashel is an Assistant Professor of Psychology at Southern Illinois University, Carbondale, IL. Address correspondence to: Richard Rogers, PhD, Dept. of Psychology, University of North Texas, P.O. Box 311280, Denton, TX 76203-1280.

offenders.^{17, 18} In an effort to establish concurrent validity, Toyer and Weed¹⁹ found modest correlations (i.e., $r_s < .50$) between selected MMPI-A scales and counselors' ratings of conduct problems. Whether the MMPI-A will be effective at predicting delinquent behavior or institutional aggression remains an empirical question.

Recent interest in the use of psychopathy to predict violence and recidivism has resulted in its application to juvenile offenders. Hare²⁰ operationalized psychopathy based on the formulations of Cleckley and other theorists (see Rogers²¹ for a review) in the form of the revised Psychopathy Checklist (PCL-R) and the revised Screening Version of the PCL (PCL:SV).²² A meta-analysis of primarily adult samples by Salekin *et al.*²³ yielded moderate effect sizes for violent (.79) and general (.55) recidivism on PCL measures. Its application to juvenile offenders has been less successful. Forth *et al.*²⁴ employed a modified version of the PCL-R to 75 adolescent offenders. They found a moderate correlation with institutional problems but very little relationship to future violent offenses. Likewise, Rogers *et al.*²⁵ found only modest relationships between the PCL:SV and both physical violence and treatment noncompliance among adolescent offenders.

The purpose of the current study was to examine potential predictors of infractions among institutionalized juvenile offenders. Given the widespread utilization of the MMPI-A and the PCL with delinquent populations, it is important to test their relative effectiveness in identifying problematic adolescents. Our primary research goal was to evaluate how specific MMPI-A scales and PCL:SV factors predicted the total number of infractions committed by adjudicated juvenile offenders. As a secondary goal, we examined the effectiveness of these variables in predicting violence toward others and self-harm. Finally, we explored the relationship for ethnicity between estimates of psychopathy (i.e., PCL:SV total and factor scores) and institutional infractions.

Methods

Participants

A consecutive sample of 120 male juvenile offenders was selected retrospectively from the Gainesville State School clinical files. Adjudicated offenders are evaluated at a centralized assessment facility by the Texas Youth Commission; those assessed as in need

of a maximum security are remanded to Gainesville State School and similar facilities. This facility serves juveniles with extensive delinquent histories and offers a variety of interventions (e.g., group counseling and a step program with increasing levels of autonomy) and education. The data were gathered for clinical purposes as part of the standard assessment for new admissions.

The average age was nearly 16 years (mean = 15.78 years; SD = 1.02 years). The ethnic composition comprised 58 African Americans (48.3%), 31 Anglo-Americans (25.8%), 29 Hispanic Americans (24.2%), and 2 other (1.7%). In a subsequent record review, no significant differences were found among ethnic groups regarding total, violent, and self-injurious infractions. As an archival study, not all participants received every measure (MMPI-A, $n = 103$; PCL:SV, $n = 95$; and MMPI-A + PCL:SV, $n = 83$); the numbers for each analysis are adjusted accordingly.

Measures

MMPI-A

The MMPI-A is a 478-item multiscale inventory for the assessment of personality and psychopathology in adolescents. The MMPI-A is composed of 7 validity scales for assessing response styles and 10 standard scales for evaluating clinical correlates. It requires a minimum reading level of grade 7 for the standard administration, and grade 3 for the audiotaped version. Most of its validation is derived from earlier MMPI studies of adolescents.²⁶ For the purposes of this study, K-corrected T scores were employed.

PCL:SV

The PCL:SV is a 12-item rating scale for integrating interview and file data on psychopathy. Each item is rated on a 3-point scale (0, 1, and 2) regarding its contribution to the psychopathy construct, resulting in a range of PCL:SV scores from 0 to 24. With adult populations, this measure has excellent reliability and validity.²¹ For the current study, one item (adult criminal behavior) was inapplicable and was subsequently removed from all analyses. Accordingly, the cut score for psychopathy was prorated (i.e., changed from 18 to 17).

The Schedule for Affective Disorders and Schizophrenia for School Age Children

The Schedule for Affective Disorders and Schizophrenia for School Age Children (K-SADS-III-R)²⁷

is a semistructured diagnostic interview for assessing mental disorders in children and adolescents. It has been found to have good reliability with adolescents.²⁸ For the purposes of this study, the K-SADS was employed to assess the frequency of conduct-disorder symptoms.

Dependent Measures

A systematic record review was conducted after a six-month interval. All serious infractions are required to be documented on standardized incident reports. Total infractions were composed of violent, self-injurious, and nonviolent infractions. Violent infractions were defined as assaults or attempted assaults on others. Self-injurious infractions were operationalized as self-mutilation, suicidal gestures, and suicidal attempts. Nonviolent infractions were serious infractions, including substantial disruption of programming, possession of contraband, or attempted escape. The standardized incident forms require a clear description of the infraction. These descriptions were compiled by researchers based on the above definitions.

Procedure

Three advanced doctoral students in clinical psychology participated in the admission evaluations. These clinicians were trained specifically in structured interviews and were provided with ongoing supervision. The order of administration was variable, depending on staffing patterns and the needs of the adolescent offender. The reading subtest of the Wide Range Achievement Test²⁹ was used to determine reading levels for the MMPI-A administrations; only residents with sufficient reading levels (i.e., grade 7 for the standard version or grade 3 for the audiotaped version) were included in the study.

We were concerned about the number of potential analyses that could be conducted on these data, thereby inflating the possibility of spurious findings (i.e., Type I error). To minimize this issue, we limited our primary analysis to the following sets of variables:

1. MMPI-A "excitatory scales" (elevations on Scales 4, 8, and 9): prior research on the original MMPI suggested that these scales would predict delinquency.

2. MMPI-A "correlated scales" (elevations on Scales F, 1, 3, and 6): based on the current data, scales with at least a moderate correlation (i.e., $r_s > .40$)

with total infractions were designated as "correlated scales."

3. PCL:SV is composed of two well-established dimensions: Factor 1 (core personality traits) and Factor 2 (a constellation of antisocial behaviors).

Results

Total Infractions

Total infractions were frequently found among these adolescent offenders (mean = 12.57; SD = 15.52). Therefore, we conducted several hierarchical multiple regressions to examine the relative contribution of different indices to the frequency of total infractions. These analyses were performed on 83 participants for whom all the data (MMPI-A, PCL:SV, and complete records) were available. Because younger age was significantly correlated with total infractions, this variable (age) was entered first in each of the regression analyses.

As summarized in Table 1, we examined separately the MMPI-A excitatory scales, MMPI-A correlated scales, and PCL:SV factors. The MMPI-A excitatory scales contributed relatively little ($\Delta R^2 = .11$; i.e., it accounted for only 11% of the variance) to the prediction of total infractions. In contrast, the MMPI-A correlated scales (F, 1, 3, and 6) explained nearly twice the variance ($\Delta R^2 = .20$). Surprisingly, the PCL:SV factors contributed very little to the prediction of total infractions (see "PCL:SV Factor Scores"). Factor 2 added an ΔR^2 of .07, while Factor 1 was nonsignificant ($\Delta R^2 = .01$; $p = .25$).

An important issue for mental health professionals is whether the combined use of the MMPI-A and PCL:SV results in improved predictions (i.e., incremental validity). To test for incremental validity, two hierarchical multiple regressions were performed. In the first analysis, the MMPI-A excitatory scales were entered first and were followed by the PCL:SV. As presented in Table 1 (see the "MMPI-A Correlated Scales + PCL:SV" rows), Steps 3 (PCL:SV Factor 2) and 4 (PCL:SV Factor 1) accounted for negligible percentages of the variance ($\Delta R^2 = .03$ and $.02$, respectively) and were statistically nonsignificant (i.e., $p = .07$ and $.18$, respectively). In summary, the PCL:SV did not add incremental validity to the MMPI-A.

In the second analysis, the PCL:SV was entered first and was followed by the MMPI-A. As summarized in Table 1 (see the "PCL:SV Factor Scores +

Infractions Among Juvenile Offenders

Table 1. Hierarchical Multiple Regression for Predictions of Total Infractions^a

Variables	<i>r</i>	ΔR^2	R^2	<i>F</i> Δ	<i>p</i>
MMPI-A excitatory scales					
Step 1: Age	.374	.14	.14	13.20	.001
Step 2: MMPI-A Scales 4, 8, and 9	.496	.11	.25	3.66	.02
MMPI-A correlated scales					
Step 1: Age	.374	.14	.14	13.20	.001
Step 2: MMPI-A Scales F, 1, 3, and 6	.580	.20	.34	5.68	.001
Combined MMPI-A correlated scales + PCL:SV					
Step 3: PCL:SV Factor 2 ^b	.604	.03	.37	3.48	.07
Step 4: PCL:SV Factor 1	.617	.02	.38	1.83	.18
PCL:SV factor scores					
Step 1: Age	.374	.14	.14	13.20	.001
Step 2: PCL:SV Factor 2	.462	.07	.21	7.50	.008
Step 3: PCL:SV Factor 1	.476	.01	.23	1.35	.25
Combined PCL: SV factor scores + MMPI-A correlated scales					
Step 4: MMPI-A Scales F, 1, 3, and 6	.617	.15	.38	4.63	.002

^a For this analysis, $n = 83$. ΔR^2 is the amount of variance explained at each step; R^2 is the amount of variance explained cumulatively.

^b Factor 2 was entered first because it has a higher correlation (.34) than Factor 1 (.26) with total infractions.

MMPI-A" rows), when the MMPI-A correlated scales were added as Step 4, they substantially increased the incremental validity ($\Delta R^2 = .15$) in predicting overall infractions. Given these two analyses, age and MMPI-A correlated scales appear to be the most useful in addressing total infractions. In comparison, the PCL:SV accounted for very little of the variance and did not provide any incremental validity.

Violent Infractions

The sample evidenced a restricted range, with nearly half of the sample (46.3%) having no violent infractions. Therefore, participants were grouped (violent and nonviolent) and were subjected to a stepwise discriminant analysis. We included the MMPI-A excitatory and correlated scales and the PCL:SV in the analysis. The resulting discriminant function was statistically significant (Wilks $\lambda = .837$; $df = 2.81$; $p = .001$). Only two MMPI-A scales entered the discriminant function: Scale 6 (discriminant coefficient = 1.10) and Scale 9 (discriminant coefficient = $-.69$). Surprisingly, the PCL:SV did not enter the discriminant analysis and was essentially uncorrelated with the discriminant function ($r = .09$). The discriminant function correctly classified 60.0 percent of residents with violent infractions, and 65.8 percent without violent infractions.

Self-Injurious Infractions

One limitation to the examination of self-injurious infractions was that only a small number ($n = 12$) had engaged in these behaviors during the six-month period. In the classification of self-injurious

behavior, we performed a stepwise discriminant analysis with the correlated MMPI-A scales and the PCL:SV. Only one variable, Scale 6, entered the discriminant function; elevated scores were associated with self-injurious (i.e., mean for self-injurious behavior = 68.75; mean for non-self-injurious behavior = 52.17). Scale 6 appears to have clinical utility in screening for potentially self-injurious behavior. Within the discriminant function, it correctly identified 75.0 percent of the self-injurious cases and 88.7 percent of the non-self-injurious cases.

The Classification of Psychopathy

Given the frequency of psychopathy in correctional settings, an important issue is whether its classification signals more infractions of a violent or nonviolent nature. To address this issue, psychopaths (prorated PCL:SV score ≥ 17) were compared with nonpsychopaths (prorated PCL:SV score < 17) on different types of infractions. We performed two analyses of variance to test for differences between psychopaths and nonpsychopaths for nonviolent and violent infractions. Psychopaths (mean = 23.18; SD = 23.32) had significantly more total infractions than nonpsychopaths (mean = 9.01; SD = 9.61; $F [1,93] = 11.67$; $p = .001$). Results for nonviolent infractions mirrored this finding with psychopaths (mean = 20.18; SD = 21.49), which was higher than with nonpsychopaths (mean = 7.76; SD = 8.77; $F [1,93] = 12.71$; $p < .001$). An interesting observation is the degree of variability among psychopaths; this variability is best exemplified by total infractions, for which the SD of 23.32 is very large.

Table 2. The Relationship Between Psychopathy and Infractions Among Different Ethnic Groups of Adolescent Offenders^a

Infraction	Ethnic Group	Psychopathy on the PCL:SV				Total	
		Factor 1		Factor 2		<i>r</i>	<i>z_r^b</i>
		<i>r</i>	<i>z_r^b</i>	<i>r</i>	<i>z_r^b</i>		
Violent	African Americans	.49**		.54**		.57**	
	Anglo Americans	-.12	2.47	.05	2.25	-.06	2.66
	Hispanic Americans	-.07	2.24	.38*	.76	.15	1.68
Nonviolent	African Americans	.47**		.44**		.51**	
	Anglo Americans	.11	1.51	.30	.70	.20	1.36
	Hispanic Americans	-.22	2.77	.07	1.49	-.10	2.46

^a For these correlations, $n = 95$. To balance concerns for Type I and Type II errors, * $p < .05$ is considered a nonsignificant trend; ** $p \leq .01$.

^b Fischer's z transformation (z_r) was used to test whether the correlations for the African-American group were higher than the other groups. For significance in this one-tailed test, z values of 1.65 ($p = .05$) and 2.06 ($p = .01$) are required.

Psychopaths (mean = 3.00; SD = 3.35) were also more likely to commit violent infractions than nonpsychopaths (mean = 1.25; SD = 1.50; $F(1,93) = 9.30$; $p < .01$). To address violent infraction as a categorical variable, we examined the difference in percentages of psychopaths and nonpsychopaths engaging in any violent infractions. The differences between psychopaths (violent infractions = 72.7%) and nonpsychopaths (violent infractions = 51.8%) were not significant ($\chi^2 = 1.72$; $df = 1$; $p = .19$).

Clinical staffs are rightly concerned about any increased risk of violent behavior. In the current study of institutionalized adolescent offenders, a small number of psychopaths engaged in repetitive violent behavior; in contrast, most psychopaths (63.6%) and nonpsychopaths (79.8%) typically engaged in relatively isolated violent behavior with two or fewer occurrences.

Hare³⁰ was justly critical of the attempt in the DSM-IV³¹ to equate antisocial personality disorder with psychopathy, delineating the fundamental differences between the two classifications. Likewise, a tendency is observed in the adolescent literature to be less than rigorous in making distinctions among delinquent behavior, conduct disorders, and psychopathy.^{25, 32} Toward this end, we examined the correlations between the PCL:SV and (1) conduct (CD) symptoms from the K-SADS-III-R and (2) elevations on MMPI-A Scale 4 (i.e., "Psychopathic Deviancy").

The total PCL:SV is essentially uncorrelated with the number of CD symptoms ($r = .11$) and Scale 4 ($r = .06$). With respect to Factor 1, this finding holds true (i.e., CD symptoms, $r = .15$; Scale 4, $r = -.05$). For Factor 2, a modest relationship was observed for CD symptoms ($r = .23$; $p < .05$), but not for Scale 4

($r = .04$). At least in this sample, any attempt to equate CD symptoms or MMPI-A Scale 4 with psychopathy is without empirical justification.

Salekin *et al.*²³ have raised important concerns regarding the use of the PCL-R and PCL:SV with different ethnic groups. Research has demonstrated substantial differences between African Americans and Anglo Americans with respect to the distribution of psychopathy scores and the resulting factor structures.³³ As reported in Table 2, the current results are very concerning. Despite a restricted range in violent behavior (i.e., 77.4% of the total sample had two or less violent infractions), marked differences were observed between African Americans and other ethnic groups. African-American adolescents evidenced moderate correlations between (1) the PCL:SV (i.e., Factor 1, Factor 2, and total scores) and (2) violent and nonviolent infractions. With the exception of Factor 2 for Hispanic Americans, the other two ethnic groups manifested negligible correlations (r range = $-.12$ to $.15$) between psychopathy and violent behavior. We also examined these relationships by dichotomizing violent infractions (present or absent) and comparing the total PCL:SV scores for each ethnic group with point biserial correlations (r_{pbi}). The results were consistent with the earlier findings: African Americans ($r_{pbi} = .39$; $p < .01$) had significantly higher correlations with psychopathy than both Anglo-Americans ($r_{pbi} = -.04$; $p = .86$; $z_r = 1.69$) and Hispanic Americans ($r_{pbi} = -.29$; $p = .18$; $z_r = 2.64$).

The pattern of correlations between nonviolent infractions and PCL:SV scores generally corresponded to the ethnic differences found with violent infractions. However, the magnitude of the differences was not significant between African-American

and Anglo-American groups (e.g., z_r for total PCL:SV score = 1.56). In contrast, Hispanic Americans corresponded closely to the differences found for violent infractions with significant differences on both Factor 1 ($z_r = 2.77$) and total score ($z_r = 2.46$).

Discussion

Usefulness of the MMPI-A

The MMPI-A excitatory scales were not effective at predicting total infractions among adolescent offenders; the ΔR^2 was relatively modest, explaining merely 11 percent of the variance. One limitation in the current study was that most adolescent offenders had at least a mild elevation on Scale 4. For violent and self-injurious infractions, the excitatory scales were poorly represented. Only Scale 9 had a significant standardized loading for violent infractions. These results are markedly discrepant with earlier research on the MMPI. The most parsimonious explanation for these discrepancies is the aggregated differences between the MMPI and the MMPI-A (i.e., different items, norms, and T score transformations). On this issue, a parallel study on the same research participants deserves brief mention. Cashel *et al.*,³⁴ in a rigorous study of clinical correlates, found that reliance on MMPI adolescent research for clinical interpretation of the MMPI-A resulted in many inaccuracies.

MMPI-A correlated scales, subject to replication, appeared to be potentially useful in predicting problematic offenders and their infractions. When combined with age, the MMPI-A Scales F, 1, 3, and 6 appeared robust and accounted for 34 percent of the variance. Interestingly, Scale 6 also appeared to be implicated in violent and self-injurious infractions. As a practical matter, clinicians may routinely wish to inspect elevations on Scale 6 with adolescent offenders.

The results of the current study do not address the general usefulness of the MMPI-A excitatory and nonexcitatory scales. The purpose of the earlier research was to make broad distinctions between delinquent and nondelinquent populations. In contrast, the present study tackled a very different problem in establishing specific differences among adolescent offenders already placed in institutional settings. Therefore, we can draw no direct conclusions regarding the merits of generalizing from the MMPI to the MMPI-A on excitatory or suppressor scales. However, given the substantial differences between the

MMPI and MMPI-A, any facile generalizations are unwarranted.

In summary, the usefulness of the MMPI-A in classifying adolescent offenders deserves further study. At present, the MMPI-A correlated scales (F, 1, 3, and 6) appear to have the potential for predicting problematic behavior among institutionalized male adolescent offenders. Forensic psychiatrists and psychologists are cautioned that common interpretations of Scale 4 may be unwarranted. Elevations on Scale 4 should not be equated with psychopathy ($r = .06$) or the number of CD symptoms ($r = -.14$).

Usefulness of the PCL:SV

The classification of psychopathy, as measured by the PCL:SV, resulted in higher frequencies of total, violent, and nonviolent infractions. As noted previously, nonpsychopaths typically had isolated instances of violent behavior (mean = 1.25; SD = 1.50) that were often not repeated. In contrast, psychopaths tended to have more violent infractions (mean = 3.00; SD = 3.35). However, visual inspection of the distributions suggests that these differences are largely attributable to a small number of psychopaths who engage in repetitive violence (i.e., 6 to 10 violent infractions). This finding has important implications for forensic practice: although repetitively violent offenders tended to be psychopathic, the opposite is not true. Most psychopathic adolescents were not repetitively violent.

A new and alarming result was the marked ethnic differences in correlations between psychopathy and violent infractions. Total PCL:SV scores manifested a moderately high correlation ($r = .57$) for African Americans and negligible correlations for Anglo-Americans ($r = -.06$) and Hispanic Americans ($r = .15$). A similar relationship was observed for nonviolent infractions between African Americans ($r = .51$) and Hispanic Americans ($r = -.10$). Presently, the PCL:SV results cannot be generalized across ethnic backgrounds of adolescent offenders. In general, the results of the current study raise questions about the usefulness of the PCL:SV with Anglo-American and Hispanic-American adolescent offenders.

Recent research on the PCL:SV³⁵ suggests that clinicians may need to go beyond the PCL:SV ratings and investigate the subcriteria that underlie these ratings. Such investigations need to be extended to the issue of ethnicity. It is quite possible that the current PCL model, consisting entirely of composite ratings,

allows systematic biases (e.g., ethnicity) to confound the results.

Mental health professionals in correctional settings face spiraling demands for their clinical services. One understandable temptation is to substitute brief screens for more time-intensive methods. As a preliminary analysis, we examined whether Scale 4 (Psychopathic Deviancy) on the MMPI-A or DSM-IV CD symptoms might serve as time-saving measures of psychopathy. The current results suggest that any attempt to equate Scale 4 or CD symptoms with psychopathy is unwarranted. At best, CD symptoms evidenced a slight relationship ($r = .23$) with PCL:SV; however, CD symptoms accounted for less than five percent of the variance.

Conclusion

An enduring challenge for forensic clinicians is the safe and effective management of adolescent offenders. In the current study, youthful offenders involved in psychological interventions were examined with respect to violent and nonviolent infractions. Specific conclusions are outlined below.

1. MMPI-A excitatory scales have not been validated for establishing either delinquent populations or problematic adolescent offenders.

2. In the selecting of psychological measures for adolescent settings, the current results suggest that selected scales of the MMPI-A may offer more predictive value than the PCL:SV for problematic behavior. Given the increased popularity of psychopathy as an explanatory model for violence and criminality,³⁶ this point must be underscored. Psychopathy, as measured by the PCL:SV, contributed very little to predictions of violent, self-injurious, or total infractions.

3. Results of the PCL:SV with adolescent offenders suggest that ethnic background may skew the meaning of its results. In the current study, the PCL:SV was moderately correlated with violent infractions among African Americans but not among Anglo-Americans or Hispanic Americans.

4. The attempt in the DSM-IV to equate antisocial personality disorder and psychopathy does not appear warranted.³¹ As an analog, CD disorder symptoms in the current study were not significantly correlated with adolescent psychopathy.

The current study investigated the comparative utility of the MMPI-A and PCL:SV for the identification of adolescent offenders who are likely to be

problematic in a residential setting. While limited to a single residential setting, the study raises two significant concerns. First, clinicians cannot afford to extrapolate across different measures (e.g., MMPI and MMPI-A), sample characteristics (e.g., ethnic backgrounds), or types of problematic behavior (e.g., self-injurious behavior and violence toward others). Second, prediction models must take into account more than isolated traits. As observed by Rogers,³⁷ comprehensive models address both risk and protective factors and account for both moderator and mediating effects.

References

1. Whitehead JT, Lab SP: *Juvenile Justice*. Cincinnati, OH: Anderson, 1990
2. Keve PW: *Crime Control and Justice in America*. Chicago: American Library Association, 1995
3. Coe RM: Characteristics of well adjusted and poorly adjusted inmates. *J Crim Law Criminol* 52:178-84, 1961
4. Megargee EI, Carbonell JL: A longitudinal study of violent criminal behavior. Presented at The International Society of Research on Aggression, Delray Beach, FL, 1993
5. Toch H, Adams K: Pathology and disruptiveness among prison inmates. *J Res Crime Delinq* 23:7-21, 1986
6. Driscoll PJ: Factors related to the institutional adjustment of prison inmates. *J Abnorm Soc Psychol* 47:593-6, 1952
7. Jensen GF: Age and rule-breaking in prison. *Criminology* 14: 555-68, 1977
8. Goetting A, Howsen RM: Correlates of prison misconduct. *J Quant Criminol* 2:49-67, 1986
9. McShane MD, Williams FP III: The prison adjustment of juvenile offenders. *Crime Delinq* 35:254-69, 1989
10. Hathaway SR, Monachesi ED: *Analyzing and Predicting Juvenile Delinquency with the MMPI*. Minneapolis: University of Minnesota Press, 1953
11. Hathaway SR, Monachesi ED: *Adolescent Personality and Behavior: MMPI Patterns of Normal, Delinquent, Drop-Out, and Other Outcomes*. Minneapolis: University of Minnesota Press, 1963
12. Caditz S: Effect of a training school experience on the personality of delinquent boys. *J Consult Psychol* 23:501-9, 1959
13. Richardson H, Roebuck J: MMPI and CPE differences between delinquents and their nondelinquent siblings. Presented at the 83rd Annual Convention of the American Psychological Association, Washington, DC, Sept 3-7, 1965
14. Wheeler CA, Megargee EI: *Normative Data for 678 Federal Youthful Offenders on 78 MMPI Scales*. Tallahassee, FL: Federal Correctional Institution, 1970
15. Burcher JN, Williams, CL, Graham JR, et al: *MMPI-A (Minnesota Multiphasic Personality Inventory for Adolescents): Manual for Administration, Scoring, and Interpretation*. Minneapolis: University of Minnesota Press, 1992
16. Losada-Paisey G: Use of the MMPI-A to assess personality of juvenile male delinquents who are sex offenders and nonsex offenders. *Psychol Rep* 83:115-22, 1998
17. Hume MP, Kennedy, WA, Patrick J, Partyka DJ: Examination of the MMPI-A for the assessment of psychopathy in incarcerated adolescent male offenders. *Int J Offender Ther Comp Criminol* 40:224-33, 1996
18. Sullivan LD, Gretton H: Concurrent validity of the MMPI-A and

Infractions Among Juvenile Offenders

- the PCL-R in an adolescent forensic population. Presented at the American Psychology-Law Society Convention, Hilton Head, SC, Feb 29–Mar 2, 1996
19. Toyer EA, Weed NC: Concurrent validity of the MMPI-A in a counseling program for juvenile offenders. *J Clin Psychol* 54: 395–9, 1998
 20. Hare RD: *Manual for the Revised Psychopathy Checklist*. Toronto, Canada: Multi-Health Systems, 1991
 21. Rogers R: *Diagnostic and Structured Interviewing: A Handbook for Psychologists*. Odessa, FL: Psychological Assessment Resources, 1995
 22. Hart SD, Cox DN, Hare RD: *Manual for the Screening Version of Psychopathy Checklist Revised (PCL:SV)*. Toronto: Multi-Health Systems, 1996
 23. Salekin RT, Rogers R, Sewell KW: A review and meta-analysis of the Psychopathy Checklist and the Psychopathy Checklist-Revised: predictive validity of dangerousness. *Clin Psychol Sci Pract* 3:203–15, 1996
 24. Forth AE, Hart SD, Hare RD: Assessment of psychopathy in male young offenders. *Psychol Assess J Consult Clin Psychol* 2:342–4, 1990
 25. Rogers R, Johansen J, Chang JJ, Salekin RT: Predictors of adolescent psychopathy: oppositional and conduct-disordered symptoms. *J Am Acad Psychiatry Law* 25:261–71, 1997
 26. Archer RP: *MMPI-A: Assessing Adolescent Psychopathology*. Hillsdale, NJ: Erlbaum, 1992
 27. 34: Ambrosini PJ: *Schedule for Affective Disorders and Schizophrenia for School Age Children (6–18 years): Kiddie-SADS (K-SADS)*. Philadelphia: Medical College of Pennsylvania, 1992
 28. Edelbrock C, Costello AJ, Dulcan MK, Kalas R, Conover NC: Age differences in the reliability of the psychiatric interview of the child. *Child Dev* 56:265–75, 1985
 29. Wilkinson GS: *Wide Range Achievement Test (ed 3)*. Wilmington, DE: Jastak Associates, 1993
 30. Hare RD: Psychopaths and their nature: implications for the mental health and criminal justice systems, in *Psychopathy: Antisocial, Criminal and Violent Behaviors*. Edited by Millon T, Simonsen E, Birket-Smith M, Davis RD. New York: Guilford, 1998
 31. American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders (ed 4)*. Washington, DC: APA, 1994
 32. Lynam DR: Early identification of chronic offenders: who is the fledgling psychopath? *Psychol Bull* 120:209–34, 1996
 33. Kosson DS, Smith SS, Newman JP: Evaluating the construct validity of psychopathy in black and white male inmates: three preliminary studies. *J Abnorm Psychol* 99:250–9, 1990
 34. Cashel ML, Rogers R, Sewell KW, Holliman N: Preliminary validation of the MMPI-A for a male delinquent sample: an investigation of clinical correlates and discriminant validity. *J Pers Assess* 71:49–69, 1998
 35. 42 Rogers R, Salekin RT, Hill C, Sewell KW, Murdock M: The psychopathy checklist—screening version: an examination of criteria and subcriteria. *Assessment* 7:1–15, 2000
 36. Millon T, Simonsen E, Birket-Smith M, Davis RD: *Psychopathy: Antisocial, Criminal and Violent Behaviors*. New York: Guilford, 1998
 37. Rogers R: The uncritical acceptance of risk assessment: a dangerous enterprise in forensic evaluations. Presented at the American Psychology-Law Society Biennial Conference, Redondo Beach, CA, March 1998