

Bringing together decades of theoretically driven research with a wealth of clinical experience, this book will be a valuable tool for practitioners working with children and adolescents with early onset conduct disorders. Highly recommended.

—**Mark Dadds, PhD**, Professor of Child Psychology, University of Sydney, Sydney, Australia;
Director, Growing Minds Australia

This will be *the* book for clinicians and other practitioners caring for children and adolescents with conduct problems and limited prosocial emotions.

—**Robert James Blair, PhD**, Professor and Director of Child and Adolescent Psychiatry Research, Department of Psychiatry, Virginia Commonwealth University, Richmond, VA, United States

Drs. Paul Frick and Eva Kimonis, pioneering leaders in the study of youth conduct disorders and limited prosocial emotions, have produced an indispensable book that offers a clear, integrative framework for understanding these complex conditions. Importantly, they also provide concrete, practice-ready guidance for diagnosis, treatment, and future policy. This book will be essential reading for researchers, clinicians, and trainees alike, filling a critical gap in the child mental health literature.

—**Rebecca Waller, PhD**, Associate Professor of Psychology; Director, Emotion Development Environment & Neurogenetics (EDEN) Lab, Department of Psychology, University of Pennsylvania, Philadelphia, PA, United States

This book is a real game changer and will ensure that limited prosocial emotions will be appropriately assessed and considered in interventions for disruptive behavior disorders. I have lost count of the number of parents, teachers, and clinicians who have reached out to me, asking what to do with a child whose behavior is aggressive and dangerous but appears to have limited capacity for empathy and guilt. It has been heartbreaking to tell them that much of what we know is in academic journals and has not yet reached clinical and educational services. This book by Drs. Frick and Kimonis will change that—for the benefit of children, young people, and their families.

—**Essi Viding, PhD, FBA, FMedSci**, Professor of Developmental Psychopathology, University College London, London, United Kingdom

This is an essential book for those assessing and treating youth and families with mental illness, particularly young people with behavior problems and antisocial and aggressive behavior. The book is written by two of the foremost leaders in the field—Paul Frick, who essentially founded this area of research, and Eva Kimonis, who has done the most extensive and cutting-edge research in the treatment of limited prosocial emotions. The book is easy to follow and provides an expert, pioneering description of research in the field, along with practical advice and guidance on assessing and treating youth with limited prosocial emotions. This book should be compulsory in courses on child interventions, in clinical and forensic graduate programs, and is an ideal guide for practicing clinicians looking to become more adept in this challenging practice area.

—**Luke W. Hyde, PhD**, Professor, Department of Psychology, University of Michigan, Ann Arbor, MI, United States

Our current understanding of children with disruptive behavior disorders owes much to the work of these authors, whose influential research has shown us that disorders of child behavior are also disorders of emotional development. In this landmark publication, they unpack what practitioners need to know about the science of prosocial emotions and callous–unemotional traits. No practitioner should be without the evidence-based knowledge and tools now available to help recognize children with limited prosocial emotions and respond to their unique needs.

—**David J. Hawes, PhD**, Professor of Clinical Psychology, School of Psychology, University of Sydney, Sydney, Australia

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Introduction

Assessing and Treating Children and Adolescents With Disruptive Behavior Disorders Who Lack Empathy and Guilt

Conduct problems in children refer to behaviors that hurt or violate the rights of others (e.g., fighting, bullying, stealing, vandalism) or violate major societal norms (e.g., lying, truancy, running away from home). As evident from these examples, conduct problems can range from fairly minor problematic behaviors like lying and skipping school that do not lead to substantial harm to others to serious assaults that lead to significant injury and trauma. Some children and adolescents who show conduct problems lack empathy and guilt, and this group often shows a particularly severe pattern of conduct problems that involves serious aggressive behavior and substantial harm toward others. Recent research on youth who lack many prosocial emotions has suggested that, in addition to showing more severe behavior problems, they may have different causes to their conduct problems compared with other children and adolescents with behavioral difficulties. These unique causes are often not adequately addressed by many of the most common mental health interventions used to treat youth with conduct problems, which may explain why existing treatments may not be as effective for youth with limited prosocial emotions (Perlstein et al., 2023). As a result, these children and adolescents present an important challenge to mental health professionals. The goal of this book is to provide a clear and evidence-based guide to mental health providers to help them meet this challenge.

The research guiding the recommendations in this book builds on decades of work showing that children and adolescents with conduct problems are a

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A Clinical Guide to Working With Youth With Conduct Disorders and Limited Prosocial Emotions,
by P. J. Frick and E. R. Kimonis

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serious mental health concern. Although some level of acting out is not unusual in children and adolescents, less than 10% of youth worldwide show conduct problems serious enough to cause problems for themselves, such as being suspended from school or getting in trouble with law enforcement, or serious enough to cause problems for others, such as injuring others in a fight or damaging others' property in very costly ways (Canino et al., 2010; Rivenbark et al., 2018). Furthermore, children with conduct problems are at risk for a host of mental health problems later in adolescence and into adulthood, including being at higher risk for substance abuse, anxiety, depression, and suicidal behavior. They are also at risk for legal problems (e.g., arrest), reduced educational attainment (e.g., dropping out of school), social difficulties (e.g., poor marital adjustment), limited occupational success (e.g., poor job performance), and physical health problems (e.g., poor respiratory function) throughout their life (Odgers et al., 2007, 2008). Thus, the presence of conduct problems in childhood can be an early indicator of difficulties that can lead to a host of problems for the child later in life.

In addition to these personal costs, serious conduct problems also have tremendous social costs. In a study conducted in New Zealand in which all children born in single year were tracked through childhood and adolescence and into adulthood, those who showed serious conduct problems in childhood represented only 9% of the sample. However, they accounted for 50% of all criminal convictions, 15% of all hospital bed night stays, 16% of all emergency department visits, 21% of all prescriptions filled, 13% of all injury claims, and 25% of all welfare benefit months in the sample (Rivenbark et al., 2018). Similar results have been reported in other countries as well. For example, in the United Kingdom, estimates have suggested that, by age 28, children with serious conduct problems have utilized 10 times the amount of government assistance compared with people who did not have serious conduct problems in childhood or adolescence (Scott et al., 2001).

It is quite clear from this research that conduct problems represent a significant mental health concern. But the news is not all grim. Research on children and adolescents with conduct problems also suggests that there are several effective treatments that can reduce conduct problems and, in doing so, lessen the risk for many of the problematic long-term outcomes (McMahon & Frick, 2019). Unfortunately, the vast majority of children who could benefit from these treatments do not receive them. This failure to receive effective treatment can be due to a number of reasons, ranging from parents hoping their child will "just outgrow" their behavior problems, to misconceptions that conduct problems are simply "bad behavior" that should be punished rather than treated with mental health interventions, to logistical barriers such as transportation issues or long waitlists. In addition, many mental health professionals are not trained to provide the types of treatment that are most effective for reducing serious conduct problems in children and adolescents. As a result, even when children with conduct problems access treatment, they often do not get the types of treatment that have proven to be most effective. Finally, even when

a child with conduct problems receives research-supported interventions, those with the most severe behavior problems, such as those with limited prosocial emotions, often still leave treatment with significant problems (Perlstein et al., 2023). We argue that this limited effectiveness is due to the frequent use of a “one-size-fits-all” approach to treatment that ignores the fact that the causes of serious conduct problems can vary greatly from child to child. As a result of these differing causal processes, treatments should also vary across children and adolescents with conduct problems and be tailored to their unique needs.

To help tailor treatments, this book aims to provide clear guidance for the identification and treatment of one group of children and adolescents with serious conduct problems—those who show limited prosocial emotions. Our approach to treatment is a culmination of over 3 decades of research in which we have investigated the various causes of serious conduct problems, with a specific focus on children and adolescents with lower levels of prosocial emotions. Our early research clearly showed that this group of youth with serious conduct problems seemed to have distinct causes to their behavior problems. We then focused our research on how to identify and diagnose this important group of youth with conduct problems. Finally, most recently, we conducted research on how to modify mental health treatments to be more effective for these children and adolescents. This book attempts to summarize this work and make its implications for clinical treatment clear for mental health professionals across a range of disciplines who treat children and adolescents with conduct problems.

This approach to treatment can be illustrated by two cases that were seen in our clinical practice several decades ago. Two boys were referred for treatment around the same time and were about the same age. Both were referred due to cruelty to animals. One boy had used a gun to “shoot a cat out of a tree.” The other had been caught using a knife to cut a cat’s tail. In treatment, the first boy explained that he had been trying to get the cat down from the tree. He first tried throwing rocks to “scare it down,” but when that did not work, he went inside, got his father’s gun, and tried to “shoot around the cat” in hopes it would come down. Instead, he accidentally shot the cat. He teared up while recounting the story and expressed deep regret over what had happened to the cat. In treatment, the second boy described an extended history of doing “experiments” with cats and other animals. He would study how the different cats responded as he cut more and more of their tail off. He described himself very unemotionally as “being a scientist doing research on animals’ emotional responses to pain.”

Despite being referred for treatment for the same problem behavior, the boys’ emotions and motivations leading to the animal cruelty were quite different. As a result, their treatment had to be individualized. For the first boy, he seemed to have problems thinking through the potential consequences of his actions in a way that allowed him to evaluate their potential outcomes. He had a history of acting in ways that got him into trouble because he acted impulsively and did not think about the potential harm that could result from his actions.

He typically felt bad about his behavior but needed help in learning how to “think before he acted.” Several evidence-based treatments focus on helping a child to develop these skills in behavioral regulation (McMahon & Frick, 2019).

In contrast, the second child clearly could think through his actions and their consequences. Teaching him these skills was not needed. In contrast with the first boy, he did not feel bad about the harm he was causing the animals. He focused instead on what he was getting out of the action (i.e., satisfying his curiosity) and not on the pain and harm it was causing the animal. It fit a pattern he had of hurting people, both physically and verbally, usually with some justification for doing so (e.g., “They deserved it,” “They were bugging me,” “I wanted something”). Unfortunately, most available mental health treatments for children and adolescents with serious conduct problems did not focus on addressing this callous lack of empathy and the other interpersonal deficits (e.g., lack of guilt and remorse over misdeeds) that often accompanied them. Something different was needed.

So, what does one do for this second child? When we were being trained, we were often taught that most children and adolescents with conduct problems lacked empathy and guilt, like the second child, and that such youth were untreatable. Our research suggests that both of these assumptions are wrong. The vast majority of children and adolescents with conduct problems do not lack prosocial emotions. Further, the minority of youth with behavior problems who do lack prosocial emotions can respond to treatment, if one implements the right treatment. This book guides clinicians on the right approach to treatment for this group of children and adolescents.

The target audience for this book is clinicians from a wide range of mental health professions (e.g., psychologists, counselors, social workers, psychiatrists, developmental-behavioral pediatricians) who are tasked with identifying and treating children and adolescents with behavior problems. Making these diagnoses and providing this treatment take place not only in traditional mental health clinics and hospitals, but also in schools, where students with serious behavior problems often have problems learning and can disrupt the learning and safety of others. They can also take place in criminal justice settings, given that children and adolescents with conduct problems are at risk for engaging in illegal behavior. Thus, the content of this book is relevant for mental health practice in a variety of settings.

Another primary goal of this book was to be evidence-based. We wanted to clearly show how our recommendations for diagnosis and treatment are grounded in both the research that we have conducted and research conducted by others. However, we wanted to describe this research in a way that is useful for practicing clinicians. As a result, we did not attempt to provide an exhaustive review of all of the research that has been conducted on a given topic. Furthermore, our goal was not to provide a critical review of the methodology used in published studies investigating children and adolescents with limited prosocial emotions, nor was a goal to provide an extended discussion

of the theoretical implications of this research for causal theory (see De Brito et al., 2021; Frick, 2022; Hyde & Dotterer, 2022; Viding, 2020; Waller & Wagner, 2019, for this type of discussion). Instead, our goal was to provide illustrative examples of studies that formed the empirical basis for the clinical recommendations we make. In doing so, we relied heavily on the research that we have conducted over the past 3 decades, so that we could clearly show how such research directly influenced our clinical recommendations. By providing the research basis for our clinical recommendations, and by illustrating how we integrated our own research and clinical practice, we hope that our book inspires a new generation of clinical researchers who share our passion for improving the mental health care provided to youth with limited prosocial emotions.

When describing this research, we use the term “we” whenever discussing research projects in which at least one of us was directly involved and served as a coauthor in its publication. Our roles in these studies varied widely. More importantly, the research was always done through collaborations with an amazing group of scholars, including students, colleagues, and collaborators from across the world. Also, this work could not have been done without the generous participation of children, caregivers, and teachers who volunteered to take part in the research. Thus, we want to be clear that we do not use the term “we” to take undue credit but instead to recognize the collective effort behind this work and to express our immense gratitude to all who contributed.

To accomplish these goals, we have organized our book into three sections. In Part I, we provide three chapters that focus largely on the research basis for our clinical recommendations. In Chapter 1, we provide a general overview of research on how children typically develop empathy, guilt, and other prosocial emotions, and we describe how this normal developmental process can go awry in some youth. We also provide an overview of past attempts to use this research on conscience development to guide mental health diagnoses of children and adolescents with conduct problems and how limitations identified in these past approaches guided current diagnostic practice. In the next two chapters, we provide summaries of research supporting the clinical importance of identifying children and adolescents with limited prosocial emotions (Chapter 2) and how the causal processes leading to the behavior problems in this group differ in important ways from the causes of conduct problems in other children and adolescents (Chapter 3). This third chapter outlines several distinct causal pathways to conduct problems. It focuses on the differences in these causal processes that we have found to be especially important to successfully tailoring treatment to meet the needs of youth with limited prosocial emotions.

The next two parts of the book include chapters that translate our research into clinical recommendations, first for assessing and diagnosing youth with limited prosocial emotions (Part II) and then for effectively treating this group (Part III). We begin with a broad overview of various methods that have been

used to assess the key characteristics used to diagnose youth with limited prosocial emotions and summarize the strengths and limitations of each (Chapter 4). The following two chapters describe methods that we developed to address many of the shortcomings of earlier approaches. One chapter describes a behavior rating scale that can be used as part of the diagnostic process (Chapter 5), and the other outlines a more comprehensive, though time-intensive, method that guides clinicians in making structured professional judgements about whether or not a child or adolescent meets diagnostic criteria for limited prosocial emotions (Chapter 6).

The third section of this book focuses on treatment. In Chapter 7, we provide an overview of treatment research and describe interventions that have proven successful in the treatment of children and adolescents with limited prosocial emotions. In Chapter 8, we comprehensively describe a parent-based intervention for young children we developed, which modifies a highly effective treatment for children with conduct problems to be even more effective for those with limited prosocial emotions. In Chapter 9, we provide an extended case study to illustrate for clinicians how to implement this approach to treatment and address common challenges. This case study describes a child referred to our clinic for treatment. The family consented to our using the description of their treatment in this book. We changed several identifying characteristics to protect the child and his family's identity, but we tried to faithfully present the treatment process as it unfolded for them. Our treatment was developed to be implemented in intensive face-to-face sessions with parents and their young children together, typically in a mental health clinic. In Chapter 10, we discuss how we adapted this treatment to expand its reach, by using videoconferencing technology to implement it within the family home, and by implementing it in schools. Our tests of this intervention have focused on the same age range as those targeted by the original intervention: children in the 2- to 7-year-old range. In Chapter 10, we describe how our treatment approach can guide adaptations to other evidence-based treatments for youth with conduct problems, specifically for older children and adolescents, to be more effective for those showing the limited prosocial emotions (LPE) specifier.

The content and structure of the book was chosen to result in a comprehensive guide to providing evidence-based clinical care for children and adolescents with limited prosocial emotions. It also provides the research bases for our approach to diagnosis and treatment in a way that is accessible to clinicians from many different educational backgrounds with varying degrees of expertise in interpreting social research. We also recognize that the evidence on which we base our recommendations is evolving. Advances in research are critical for continuing to improve assessment and treatment. Thus, we conclude the book with a chapter that focuses on new frontiers in the research, assessment, and treatment of children with limited prosocial emotions. In Chapter 11, we discuss research underway to advance knowledge on children and adolescents with LPE and provide our recommendations for the types of future research we think could be most helpful for advancing diagnosis and treatment for these youth.

In a final note, in this book, we focus on identifying and treating youth who may have victimized others in ways that have led to serious and lasting trauma. We want to be abundantly clear that this focus is not due to a lack of empathy and concern for the immense suffering of these victims. In fact, the driving force of our work throughout our careers has been to reduce the number of victims by preventing victimization. We both entered psychology with a goal to treat victims of violence and crime. However, as one of our instructors in graduate school conveyed to us decades ago, “If you only focus on treating the victim and helping them to cope with the trauma they have experienced, you will always have victims. If you truly want to reduce the number of victims, you have to prevent them from becoming victims” (H. E. Adams, personal communication, n.d.). We believe that such prevention of victimization is best accomplished by effectively treating those who are causing the trauma and thereby preventing or at least limiting their victimization of others. Thus, this book was written to guide clinical practice that will hopefully reduce the number of future victims of crime and violence.