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2019

### Authoritarian Parenting Predicts Callous-Unemotional Behaviors in Preschoolers

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#### Recommended Citation

Nazmiyal, Ara and Hollender, Alli, "Authoritarian Parenting Predicts Callous-Unemotional Behaviors in Preschoolers" (2019). *Undergraduate Research Symposium Posters*. 115.  
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## Background

- Callous-unemotional (CU) behaviors are defined as “lack of guilt, absence of empathy, callous use of others” (Frick & White, 2008). In this study, we explore the parenting antecedents of CU behaviors in young children.
- CU behaviors in adolescents have been found to predict psychopathy in adults (Frick & White, 2008). We examine if these precursor behaviors develop at even earlier timepoints.
- Studies in school-age children and adolescents have documented that CU behaviors develop in the context of harsh parenting (Waller et al., 2012).
- Despite the importance of preventing CU behaviors in children - due to its correlation with many mental health issues - there are virtually no examinations of parenting correlates of CU in early childhood.
- In one study, harsh parenting was observed in regard to CU behavior where data from mother-child dyads were collected (Waller et al., 2012). Measures included self-reported and multi-method observed parenting. This study found that harsh parenting contributes to deceitful-callous behavior that showed strong stability over time.

## Purpose

- The purpose of this study was to examine whether authoritarian parenting - a parenting style characterized by harsh caregiving - predicts CU behaviors in the preschool period.

## Hypotheses

- Stronger authoritarian parenting will predict greater odds of callous behaviors associated with an earlier onset of conduct problems.

## Participants

- N = 240
- 3 to 5 year old children
- 38.3% female
- Children were recruited from preschools, primary care facilities and mental health clinics in the St. Louis metropolitan area.
- Parents reported children’s race as follows: 75.1% White, 11.2% Black, 1.0% Asian, and 12.6% Multiracial
- Children met criteria for MDD based on the Kiddie Schedule for Affective Disorders and Schizophrenia - Early Childhood (KSADS), a diagnostic interview for preschoolers.
- We examined data from the child’s baseline assessment before any therapy took place.
- Children were randomized into either a novel treatment for depression, Parent-Child Interaction Therapy – Emotion Development (PCIT-ED) or a waitlist control (n = 118). A group of age-matched healthy children also participated.

## Methods

### Measures

#### Callous-unemotional Behaviors

We adapted one measure validated by Willoughby et. al, (2011) composed of 5-items from the Child Behavior Checklist 1.5-5 (CBCL; Achenbach, 2009). The items are: “punishment won’t change behavior,” “seems unresponsive to affection,” “selfish/won’t share,” “shows too little fear,” and “doesn’t feel seem to feel guilty after misbehaving.” Five separate studies (e.g., Waller, Hyde, Grabell, Alves, & Olson, 2015) have demonstrated that the scale forms a separate factor from the ODD and ADHD scales, supporting that it distinguishes callous behavior from other externalizing problems in the preschool period. Internal consistency was slightly better than scales used in most studies examining callous behaviors in preschoolers ( $\alpha = .69$ ).

### Authoritarian Parenting

- We examined the authoritative and authoritarian parenting subscales of the Parenting Style and Dimensions Questionnaire (PDSQ; citation), a 32-item self-report measure of parenting style.
- The authoritative parenting scale measures parenting involving warmth, involvement, and use of inductive reasoning.
- The authoritarian parenting scale measures harsh parenting involving hostile and punitive strategies and corporal punishment.

### Data Analytic Plan

- We used multiple regression to examine the effect of the continuous parenting variables on the CU scale.
- Covariates: children’s sex, children’s age, whether or not children met criteria for depression at baseline, and whether or not children met criteria for ODD at baseline.

## Results

Table 3.  
Parent-level predictors of callous behaviors

Parenting style	B	Std. Error	$\beta$	t	p
<b>PDSQ</b>					
Authoritative parenting	-.008	.014	-.042	-.587	.558
Authoritarian parenting	.053	.021	.184	2.526	.013

### ➤ Correlations:

Parents’ self-reported greater authoritarian parenting styles significantly predicted callous behaviors.

### ➤ Analysis of study hypothesis:

Authoritative parenting was not significantly associated with children’s CU behaviors.

Greater authoritarian parenting was significantly associated with children’s greater CU behaviors.

## Discussion

- CU behaviors are important to the development of many mental health problems, including antisocial behavior (Waller et al., 2012), and associations with deficits in empathy and insensitivity to punishment (Frick & White, 2008).
- Identifying what induces CU behaviors can aid preventative efforts. Our study found that greater authoritarian parenting predicts CU behaviors in preschoolers, suggesting that the presence of these behaviors can be mitigated through parenting interventions.
- Our study is important because it examines CU behaviors in early childhood. While there is previous literature on this topic, the study of CU behaviors is relatively nascent.
- A limitation of this study is its correlational nature. Our study cannot conclude that authoritative parenting plays a causal role in the onset of CU behaviors.
- Our study found that greater authoritarian parenting correlates with the development of CU behaviors, and those behaviors are key antecedents to the development of illnesses like psychopathy and depression.
- Future studies might examine the effective intervention and prevention efforts in hopes of mitigating the onset of these behaviors.

## Selected References

- Waller, R., Gardner, F., Hyde, L. W., Shaw, D. S., Dishion, T. J., & Wilson, M. N. (2012). Do harsh and positive parenting predict parent reports of deceitful-callous behavior in early childhood?. *Journal of Child Psychology and Psychiatry*, 53(9), 946-953.
- Frick, P. J., & White, S. F. (2008). Research review: The importance of callous-unemotional traits for developmental models of aggressive and antisocial behavior. *Journal of child psychology and psychiatry*, 49(4), 359-375.

## Acknowledgements

All phases of this study were supported by an PCIT grant: 1R01MH098454-01A1. Dr. Donohue’s work was supported by NIH grant T32 MH100019 (Barch & Luby).