

CLINICAL ASSESSMENT OF PROSOCIAL EMOTIONS (CAPE)

VERSION 1.1



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Clinical Assessment of Prosocial Emotions: Version 1.1(CAPE 1.1)

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Overview of Construct

A significant amount of research has suggested that a child or adolescent's emotional and interpersonal style can have a critical influence on his or her psychological and social adjustment. In particular, it can influence their willingness to act in ways that violate the rights of others (e.g., act aggressively towards others; destroy property) or that violate major age appropriate norms (e.g., lie and deceive others; run away from home; skip school). As a result, the 5th Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013) included in the diagnostic criteria for Conduct Disorder (CD) a specifier to designate those individuals who meet criteria for CD and who also display significant levels of callous and unemotional (CU) traits. This specifier is labeled "With Limited Prosocial Emotions".

The key features of the specifier are:

- a lack of remorse or guilt,
- a callous-lack of empathy,
- a lack of concern about performance in important activities, and
- a shallow or deficient affect.

Importantly, these features must be characteristic of the individual's **typical way of relating to others** and his or her **typical pattern of emotional expression**. That is, they cannot be shown only in certain situations (e.g., only at school; only within a therapeutic treatment setting), only related to certain activities (e.g., only while playing sports; only in dating relationships) or only with certain people (e.g., only with siblings; only with law enforcement professionals). Further, these features should not be

transient or temporary characteristics of the individual but should have been displayed over extended periods of time (i.e., at least a year, but typically are present for much longer).

Although CU traits have been given different labels, they have been used in many areas of psychology. In clinical and forensic psychology, they form the ***affective facet of psychopathy*** in research on adult antisocial behavior (Hare & Neumann, 2008) and they were key parts to the ***undersocialized aggressive*** subtype of CD included in earlier versions of the DSM (American Psychiatric Association, 1980). Further, in developmental psychology, these traits have been key to definitions of ***conscience*** (Thompson & Newton, 2010) and they have been important parts of many definitions of ***prosociality*** (Lahey & Waldman, 2003). In personality psychology, they include a mixture of features associated with the callousness facet of ***antagonism*** and the ***restricted affectivity*** facet of negative affectivity (Latzman, Lilienfeld, Latzman, & Clark, 2012).

Across these various areas of psychology, the exact way CU traits have been defined and operationalized has varied. Further, as research on CU traits advances, it is likely that the way they are defined and the methods for assessing them will evolve. The CAPE 1.1 is explicitly tied to the definition of CU traits employed by the ***Inventory of Callous-Unemotional Traits*** (ICU; Kimonis et al., 2008), which is a rating scale consisting of 24 items that can be either self-rated or rated by parents and teachers. The choice for defining the construct of CU traits for the CAPE 1.1 was made based on several considerations.

- The ICU was systematically developed over several decades and attempted to integrate the best features from many previous definitions of psychopathy, undersocialized aggression, conscience, and prosociality in children and adolescents (Frick & Hare, 2001; Kimonis et al., 2008).
- The ICU provides one of the most comprehensive operational definitions of CU traits currently available (Frick, 2009).
- This method of assessing CU traits has been extensively validated across various languages and cultures (Essau, Sasagawa, & Frick,

2006; Fanti, Frick, & Georgiou, 2009; Kimonis et al., 2008; Roose, Bijttebier, Decoene, Claes, & Frick, 2010); across wide age ranges from preschool (Ezpeleta, de la Osa, Granero, Penelo, & Domenech, 2013); through young adulthood (Byrd, Kahn, & Pardini, 2013); and across both boys and girls (Essau et al., 2006).

- The operational definition used by the ICU corresponds most closely to the one used in the DSM-5 specifier “With Limited Prosocial Emotions”.

Thus, the CAPE 1.1 provides a **clinical method** for assessing the construct of CU traits, consistent with the way it is defined by the ICU, but allowing for the clinician to obtain richer information than can be gained from rating scales, to help in making diagnostic decisions based on the DSM-5 criteria.

There has been extensive research on the behavioral, emotional, cognitive, social, and biological characteristics of individuals elevated on CU traits. A comprehensive review of this research is available in Frick, Ray, Thornton, and Kahn (2013). A few key findings are highlighted here.

- In community samples, high levels of CU traits are typically associated with serious conduct problems. However, in some atypical samples with high rates of deprivation and trauma, CU traits may be present in children without serious conduct problems.
- When children and adolescents with CU traits show conduct problems, the conduct problems tend to onset early (prior to adolescence), they tend to show more severe aggression and aggression that is more instrumental (i.e., for personal gain or dominance) and premeditated, and their conduct problems tend to be more stable.
- Youth who show significant levels of CU traits often show a relative insensitivity to punishment, they underestimate the likelihood that they will be punished for misbehavior, and they endorse more deviant values and goals in social situations, such as viewing aggression as a more acceptable means for obtaining goals,

blaming others for their misbehavior, and emphasizing the importance of dominance and revenge in social conflicts.

- Children and adolescents with elevated CU traits show reduced responsiveness in a number of emotional situations, such as to cues of distress in others, to provocation from others, to emotionally evocative films, and to experimentally induced stress.
- Children and adolescents with elevated CU traits often show lower levels of fear and anxiety (or neuroticism), especially when compared to others with similar levels of impulsivity or conduct problems.
- Harsh, inconsistent, and coercive discipline is more strongly associated with conduct problems in children with normative levels of CU traits, whereas low warmth in parenting appears to be more highly associated with conduct problems in children with elevated CU traits.

It is important to note that a person with CU traits may not show all of these characteristics and there can be ***substantial variability in the clinical presentation*** of children and adolescents with elevated CU traits.

However, users of the CAPE 1.1 should be familiar with these research findings because they could help in:

- obtaining information for scoring of the CAPE 1.1 (e.g., guide follow-up questions during interviews),
- interpreting and understanding the case material obtained as part of the CAPE 1.1 assessment, and
- designing treatment plans based on the results of the CAPE 1.1.

Instructions for Use of the CAPE 1.1

Using the CAPE 1.1

The CAPE 1.1 is a clinical assessment system that is ***under development***. That is, the method of assessment used by the CAPE 1.1 was guided by current research on the most critical indicators of CU traits and by many years of clinical experience working with children, adolescents, and their families. It was designed to provide a useful guide based on this research and clinical experience to aid clinicians in making diagnoses using the DSM-5 definition of “With Limited Prosocial Emotions”. While the CAPE 1.1 is being developed, users must obtain permission from the author to use the system and agree to provide the author with any published data involving the CAPE 1.1, so that a clinical database on the CAPE 1.1 can be developed.

The CAPE 1.1 was designed to assess CU traits in persons from **ages 3 to 21**. As noted above, CU traits have been reliably and validly assessed in this age range using the ICU. The CAPE 1.1 does not provide a method for assessing the symptoms of Conduct Disorder (CD). According to the DSM-5, a person must meet criteria for CD in order for the specifier “With Limited Prosocial Emotions” to be considered.

The CAPE 1.1 utilizes the ***structured professional judgment method***. That is, CAPE 1.1 ratings should never be based solely on a single answer from a single source of information. Prototype descriptions for each key indicator of CU traits are provided on the CAPE 1.1 Coding Form. These descriptions should guide the clinician using the CAPE 1.1 in collecting multiple sources of information in order to make a decision as to how well the person being assessed matches the description on a 0 (Not Descriptive or Mildly Descriptive), 1 (Moderately Descriptive), or 2 (Highly Descriptive) scale. Again, these ***symptom ratings*** are clinical decisions that should be based on multiple sources of information and the type and quality of information that is available to a clinical rater may vary depending on the setting in which the CAPE 1.1 is being used.

The CAPE 1.1 includes both an **Informant Interview** and a **Self-Report Interview**. These semi-structured interviews provide an important method for obtaining information needed to make the clinical ratings. The interviews have the following structure.

- Each key indicator of CU traits has at least two **stem questions**, which are answered “Yes” or “No” and are designed to gather the most critical information for making the clinical ratings. These stem questions are the numbered questions in the interview.
- Each stem question is followed by a **request for examples** to allow the clinician to gather more detailed information on the stem question and to help the clinician understand what led to the informant’s answer. The clinician should ask any additional questions needed to elicit as much detail as possible on the examples.
- Each stem question is followed by a series of **follow-up questions** (lettered questions) designed to gather important specific details about the informant’s answers to the stem question. In all cases, follow-up questions determine how persistent and pervasive the description is of the person being assessed. For some stem questions, other follow-up questions are provided to obtain additional information about the symptom being assessed.
- At the end of the interview, the clinician provides **subjective ratings** of how well the informant knew the client being assessed (Informant Interview only) and how accurate and honest the informant seemed to be during the interview.

The clinician who is making the symptom ratings on the CAPE 1.1 Coding Form should administer both interviews. Also, although additional information may be available to the clinician for the symptom ratings of CU traits, **at minimum** the clinician should have conducted the Self-Report Interview and at least one Informant Interview prior to making the ratings. In young children (before the age of 9), a second Informant Interview can take the place of the Self-Report Interview and it is highly recommended that the two informants be a parent and a teacher.

The final rating on the CAPE 1.1 Coding Form requires the clinician to document how many key descriptors of CU traits were rated as “2” (Highly Descriptive) of the client. This rating is made in the **Symptom Count** section of the CAPE 1.1 Coding Form and is designed to provide a final summary of whether the DSM-5 specifier of “With Limited Prosocial Emotions” may be warranted, if the person being assessed also meets criteria for CD. Figure 1 provides a graphical representation of the CAPE 1.1 procedures.

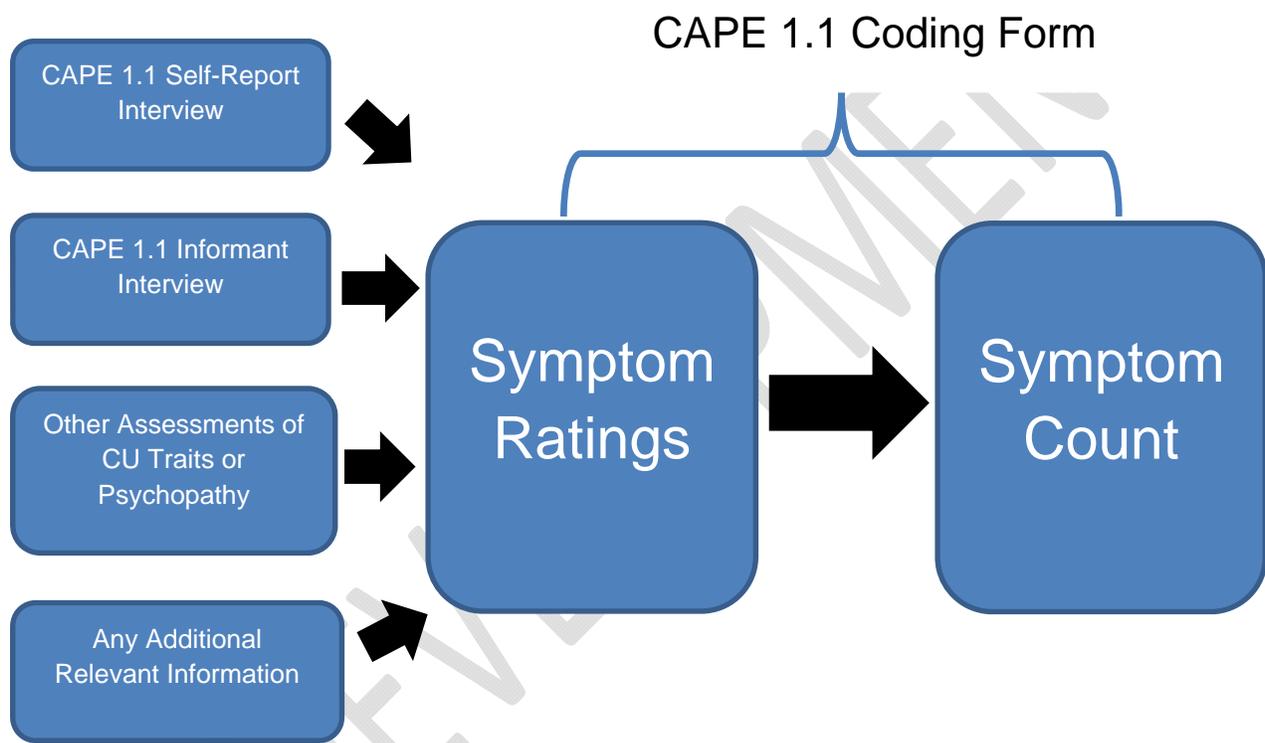


Figure 1. The CAPE 1.1 Assessment Process

Training for Clinicians

The CAPE 1.1 is designed to be used by trained clinicians. Clinicians who use the CAPE should:

- possess an advanced degree in the social, medical, or behavioral sciences;

- have extensive (3 years or more) experience in assessing the emotional and behavioral adjustment of children and adolescents;
- have training and expertise in psychopathology, child development, and clinical interviewing;
- be familiar with the research literature on CU traits in children and adolescents;
- possess the necessary credentials to be legally authorized to conduct clinical assessments;
- be knowledgeable of the relevant ethical standards guiding clinical assessment; and
- be familiar with the procedures of the CAPE 1.1.

In certain research settings when scores from the CAPE 1.1 will not be used to make clinical decisions, the same level of training may not be required as long as persons using the CAPE 1.1 are supervised by a clinician who meets the above requirements.

Important Considerations in Administration and Scoring

In preparing to administer the CAPE 1.1, it is crucial that the clinician is extremely **familiar with the symptom descriptions** provided on the CAPE 1.1 Coding Form. These descriptions not only guide the clinician in making the symptom ratings but they also should guide the clinician in obtaining information from the CAPE 1.1 interviews and from other sources of information. Most critically, the clinician should not simply rely on the symptom name in making the scoring but should carefully consider the full clinical description and how well it describes the person being assessed.

In scoring the CAPE 1.1, the clinician **should not consider the causes of CU traits**. That is, research suggests that there can be a number of different ways in which someone can develop these traits, such as through

an inherited temperament which influences a person's responsivity to certain emotional stimuli or through traumatic background experiences to name just two (Kahn et al., 2013). A clinician may attempt to determine the most likely cause of the CU traits as part of a comprehensive mental health evaluation and may use this information for treatment planning. However, potential causes should not be considered when scoring the CAPE 1.1.

In scoring the CAPE 1.1, the clinician should not focus on whether or not the person is capable of showing the emotion or interpersonal trait being assessed. Instead, the clinician should focus on ***whether or not the person actually shows the emotion or interpersonal trait***. For example, the description for the symptom of "lack of remorse or guilt" focuses on whether the person "rarely, if ever, feels bad or guilty" not whether the person is capable of showing remorse or guilt. Similarly, the description for "shallow and deficient affect" focuses on whether the person "rarely, if ever, expresses strong feelings or intense emotions" not whether the person can or is capable of expressing emotions and not whether the person actually feels strong emotions.

Cautions in the Use of the CAPE 1.1

As noted previously, the most important caution in using the CAPE 1.1 is to recognize that it is an assessment system under development. Thus, it should be viewed as a **tool to aid sound clinical judgment** and not replace it. That is why the CAPE 1.1 should only be used by experienced clinicians who understand the many important issues that can influence an assessment of a child or adolescent (Frick, Barry, & Kamphaus, 2010).

The CU traits assessed by the CAPE 1.1 have been associated with a number of potentially stigmatizing labels such as "psychopath" or "predator". Research has shown that such labels, and others often used to describe individuals who show serious antisocial behavior, can have an influence on how a person is viewed in terms of responsibility for their behavior and their potential response to treatment (Boccaccini, Murrie, Clark, & Cornell, 2008). Thus, users of the CAPE 1.1 should attempt to avoid using terms and labels with potential iatrogenic effects. Further, users need to be familiar with the research showing that CU traits are only moderately stable

in children and adolescents (Frick & Viding, 2009) and that **CU traits can be reduced by certain intensive treatments** (Frick et al., 2013).

Users should guard against potential misuses of the results of the CAPE 1.1 that could result in harmful consequences to the person being assessed. For example, **the results of the CAPE 1.1 should not be used to restrict access to services** (e.g., make a child ineligible for special education or mental health services). Instead, the CU traits assessed by the CAPE 1.1 designate a group of youth who are at increased risk for serious and chronic antisocial behavior which can result in significant current impairment and risk for future impairment. They require a comprehensive and individualized approach to treatment tailored to their unique emotional, cognitive, and social characteristics

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Clinical Assessment of Prosocial Emotions (CAPE 1.1)

Informant Interview

Client Name: _____ Date: _____

Informant Name: _____

Type of Informant: Mother Father Teacher Other: _____

Introduction: I am going to ask you about _____ emotions and how he/she gets along with other people. I am going to ask you to answer most of these questions with either a “yes” or a “no” answer. However, if you would like to tell me more about an answer, please do so. Also, please try to be as accurate and honest as possible in trying to answer the questions.

Lack of Remorse and Guilt

1. Does _____ seem to feel bad or guilty if he/she does something wrong or if he/she hurts someone? Yes / **No**

Please give some examples of this:

If no: a. Is this how he/she is most of the time and with most people? **Yes** / No

b. Has he/she been like this for a long time; that is, for at least a year? **Yes** / No

c. Can you think of anytime recently, say over the past month, when he/she has felt bad or guilty about something? Yes / **No**

If yes: Please describe this:

Go to #2.

If yes: d. Does he/she only feel bad or guilty if he/she is caught doing something wrong and is going to be trouble? **Yes** / No

If yes: Please give some examples of this:

2. Does _____ easily admit to being wrong; that is, does he/she accept responsibility for his/her actions and apologize to people he/she has hurt?

Yes / **No**

Please give some examples of this:

If yes, go to #3.

If no: a. Is this how he/she is most of the time and with most people?

Yes / No

b. Has he/she been like this for a long time; that is, for at least a year?

Yes / No

c. Can you think of a time recently, say over the past month, when he/she has admitted to being wrong or apologized to someone he/she has hurt?

Yes / **No**

If yes: Please describe this:

Callous-Lack of Empathy

3. Does _____ seem to care and be concerned about the feelings of others?

Yes / **No**

Please give some examples of this:

If yes, go to #4.

If no: a. Is this how he/she is most of the time and with most people?

Yes / No

b. Has he/she been like this for a long time; that is, for at least a year?

Yes / No

c. Would you describe _____ as seeming cold and callous?

Yes / No

If yes: Please give some examples of this:

d. Can you think of anytime recently, say over the past month, when he/she seemed concerned about the feelings of others?

Yes / No

If yes: Please describe this:

4. Does _____ make fun of or tease other people in ways that hurt their feelings?

Yes / No

Please give some examples of this:

If no, go to #5.

If yes: a. Is this how he/she is most of the time and with most people?

Yes / No

b. Has he/she been like this for a long time; that is, for at least a year?

Yes / No

c. Would you describe _____ as being mean or cruel?

Yes / No

If yes: Please give some examples for this:

5. Does _____ do nice things for other people, even if there is nothing in it for him/herself, like trying to cheer someone up?

Yes / No

Please give some examples of this:

If yes, go to #6.

If no: a. Is this how he/she is most of the time and with most people?

Yes / No

b. Has he/she been like this for a long time; that is, for at least a year? **Yes / No**

c. Can you think of anytime recently, say over the past month, when he/she has done something nice for someone? **Yes / No**

If yes: Please describe this:

Unconcerned about Performance

6. Does _____ seem to care about how well he/she does at school, work, or in other important activities? **Yes / No**

Please give some examples of this:

If yes, go to #7.

If no: a. Is this how he/she is most of the time and with most things? **Yes / No**

b. Has he/she been like this for a long time; that is, for at least a year? **Yes / No**

c. Can you think of anytime recently, say over the past month, when he/she felt really bad because he/she didn't do something well? **Yes / No**

If yes: Please describe this:

7. Does _____ try his/her best and work hard at most things? **Yes / No**

Please give some examples of this:

If yes, go to #8.

If no: a. Is this how he/she is most of the time and with most things? **Yes / No**

b. Has he/she been like this for a long time; that is, for at least a year? **Yes / No**

c. Does he often blame others if he doesn't do well in something rather than take responsibility for his/her poor performance? **Yes / No**

If yes: Please give some examples of this:

d. Can you think of anytime recently, say over the past month, when he/she worked really hard on something that required a lot of effort? **Yes / No**

If yes: Please describe this:

Shallow or Deficient Affect

8. Does _____ show his/her feelings and emotions openly to others? **Yes / No**

Please give some examples of this:

If no: a. Is this how he/she is most of the time and with most people? **Yes / No**

b. Has he/she been like this for a long time; that is, for at least a year? **Yes / No**

c. Can you think of anytime recently, say over the past month, when he/she has shown a lot of emotion? **Yes / No**

If yes: Please describe this:

Go to #9.

If yes: d. Does he/she only show emotions when he/she gets in trouble or doesn't get his/her way? **Yes / No**

Please give some examples of this:

e. When he/she shows feelings and emotions, do they seem real, sincere, and genuine? **Yes / No**

Please give some examples of this:

f. When he/she shows feelings and emotions, is this only when he/she can benefit, like looking sad to avoid getting in trouble or looking mad to get what he/she wants? **Yes / No**

Please give some examples of this:

9. When something bad happens to someone else, does he/she seem genuinely upset? **Yes / No**

Please give some examples of this:

If yes, interview complete.

If no: a. Is this how he/she is most of the time and with most things? **Yes / No**

b. Has he/she been like this for a long time; that is, for at least a year? **Yes / No**

c. Can you think of anytime recently, say over the past month, when something bad happened to someone and he/she seemed upset? **Yes / No**

If yes: Please describe this:

Interviewer Ratings:

10. How well did the informant seem to know the client?

Not at All	Somewhat	Moderately	Very
0	1	2	3

11. How accurate and honest did the informant seem to be?

Not at All	Somewhat	Moderately	Very
0	1	2	3

Interviewer's Name: _____

Clinical Assessment of Prosocial Emotions (CAPE 1.1)

Self-Report Interview

Client Name: _____ Date: _____

Introduction: I am going to ask you about your emotions and how you get along with other people. I am going to ask you to answer most of these questions with either a “yes” or a “no” answer. However, if you would like to tell me more about an answer, please do so. Also, please try to be as accurate and honest as possible in trying to answer the questions.

Lack of Remorse and Guilt

1. Do you feel bad or guilty if you do something wrong or if you hurt someone? Yes / **No**

Please give some examples of this:

- If no:* a. Is this how you are most of the time and with most people? **Yes** / No

- b. Have you been like this for a long time; that is, for at least a year? **Yes** / No

- c. Can you think of anytime recently, say over the past month, when you did something wrong or hurt someone and you felt bad or guilty about something? Yes / **No**

If yes: Please describe this:

Go to #2.

- If yes:* d. Do you only feel bad or guilty if you get caught doing something wrong and are going to be trouble? **Yes** / No

If yes: Please give some examples of this:

2. Do you find it easy to admit to being wrong; that is, do you take responsibility for your actions and apologize to people you have hurt?

Yes / **No**

Please give some examples of this:

If yes, go to #3.

If no: a. Is this how you are most of the time and with most people?

Yes / No

b. Have you been like this for a long time; that is, for at least a year?

Yes / No

c. Can you think of a time recently, say over the past month, when you admitted to being wrong or apologized to someone you hurt?

Yes / **No**

If yes: Please describe this:

Callous-Lack of Empathy

3. Do you care about other people's feelings?

Yes / **No**

Please give some examples of this:

If yes, go to #4.

If no: a. Is this how you are most of the time and with most people?

Yes / No

b. Have you been like this for a long time; that is, for at least a year?

Yes / No

c. Do people find you cold and uncaring?

Yes / No

d. Can you think of anytime recently, say over the past month, when you showed concern about someone else's feelings?

Yes / **No**

If yes: Please describe this:

4. Do you make fun of or tease others, even if it hurts their feelings? **Yes / No**

Please give some examples of this:

If no, go to #5.

If yes: **a.** Is this how you are most of the time and with most people? **Yes / No**

b. Have you been like this for a long time; that is, for at least a year? **Yes / No**

c. Do people say you are mean or cruel? **Yes / No**

5. Do you do things nice for other people, even if there is nothing in it for you, like trying to cheer someone up? **Yes / No**

Please give some examples of this:

If yes, go to #6.

If no: **a.** Is this how you are most of the time and with most people? **Yes / No**

b. Have you been like this for a long time; that is, for at least a year? **Yes / No**

c. Can you think of anytime recently, say over the past month, when you did something nice for someone? **Yes / No**

If yes: Please describe this:

Unconcerned about Performance

6. Do you care a lot about how well you do in school, at work, or in other important activities? **Yes / No**

Please give some examples of this:

If yes, go to #7.

- If no:* **a.** Is this how you are most of the time and with most things? **Yes / No**

- b.** Have you been like this for a long time; that is, for at least a year? **Yes / No**

- c.** Can you think of anytime recently, say over the past month, when you felt really bad because you didn't do something well? **Yes / No**

If yes: Please describe this:

7. Do you try your best and work hard in most things? **Yes / No**

Please give some examples of this:

If yes, go to #8.

- If no:* **a.** Is this how you are most of the time and with most things? **Yes / No**

- b.** Have you been like this for a long time; that is, for at least a year? **Yes / No**

- c.** Do you often blame others if you don't do well in something? **Yes / No**

If yes: Please give some examples of this:

d. Can you think of anytime recently, say over the past month, when you worked really hard on something that required a lot of effort?

Yes / **No**

If yes: Please describe this:

Shallow or Deficient Affect

8. Do you show your feelings and emotions openly to others?

Yes / **No**

Please give some examples of this:

If no: a. Is this how you are most of the time and with most people?

Yes / No

b. Have you been like this for a long time; that is, for at least a year?

Yes / No

c. Can you think of anytime recently, say over the past month, when you have shown a lot of emotion?

Yes / **No**

If yes: Please describe this:

Go to #9.

If yes: d. Do you only show emotions when you get in trouble or when you don't get your way?

Yes / No

Please give some examples of this:

e. Do others think your feelings and emotions are fake and insincere?

Yes / **No**

f. When you show feelings and emotions, is this only when you can benefit, like looking sad to avoid getting in trouble or looking mad to get what you want?

Yes / No

Please give some examples of this:

9. When something bad happens to someone, do you get upset? Yes / **No**

Please give some examples of this:

If yes, interview complete.

If no: a. Is this how you are most of the time and with most things? **Yes** / No

b. Have you been like this for a long time; that is, for at least a year? **Yes** / No

c. Can you think of anytime recently, say over the past month, when something bad happened to someone and you got upset? Yes / **No**

If yes: Please describe this:

Interviewer Ratings:

10. How accurate and honest did the informant seem to be?

Not at All	Somewhat	Moderately	Very
0	1	2	3

Interviewer's Name: _____

Clinical Assessment of Prosocial Emotions (CAPE 1.1) Coding Form

Client Name: _____ Age: _____ Date of Assessment: _____

Sources of Information (Circle)	CAPE SRI CAPE II (List Informants) _____ Other (List) _____
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Rating Anchors

0	Not Descriptive or Mildly Descriptive
1	Moderately Descriptive
2	Highly Descriptive

Symptom Ratings

Ratings (Circle)	Symptom	Description
0 1 2	Lack of remorse or guilt	The person rarely, if ever, feels bad or guilty when he or she does something wrong (except if he or she shows remorse when caught and/or facing punishment). The individual shows a general lack of concern about the negative consequences of his or her actions. For example, the individual is not remorseful after hurting someone or does not care about the consequences of breaking rules, unless the consequences inconvenience the person. This lack of guilt occurs in range of situations both serious and non-serious and it occurs with most people (i.e., it is not confined to only certain people or relationships).

Notes:

0 1 2	Callous-lack of empathy	<p>The person consistently disregards and is unconcerned about the feelings of others. The individual is described as cold, callous, and uncaring by others. The person appears more concerned about the effects of his or her actions on himself or herself, rather than their effects on others, even when they result in substantial harm to others. The person frequently mocks and teases other people or says things that may hurt others feelings. The person rarely does things to try to make others feel good, like trying to cheer someone up or doing something to help someone without any possible gain from it. This callousness and lack of empathy is evident in range of situations and it occurs with most people (i.e., it is not confined to only certain people or relationships).</p>
Notes:		
0 1 2	Unconcerned about performance	<p>The person typically shows little concern about the quality of his performance in most, if not all, important activities. He or she rarely, if ever, puts forth the effort necessary to perform well, even when expectations are clear. The person does not seem concerned by poor performance indicators (e.g., poor grades, poor work evaluations) or negative feedback from others about his or her performance. He or she often blames others or circumstances for his or her poor performance or minimizes the importance of performing well.</p>
Notes:		
0 1 2	Shallow or deficient affect	<p>The person rarely, if ever, expresses strong feelings or intense emotions to others, except in ways that seem shallow, insincere, or superficial (e.g., actions contradict the emotion displayed; can turn emotions "on" or "off" quickly). When the person describes a distressing event (e.g., an animal or person getting hurt or dying; someone losing a job), it is without showing emotions appropriate to the situation. When the individual shows intense emotional expressions they are typically used for gain such as to manipulate (e.g., get out of a punishment) or intimidate (e.g., scare someone into doing what he or she wants) others.</p>
Notes:		

Symptom Count

Number of Symptoms Rated "2"				
0	1	2	3	4
		Meets Diagnostic Threshold for Limited Prosocial Emotions		

Rater Name: _____

Rater Title: _____