



Deliberate Self-Harm and Suicidality Among Adolescents with Primary and Secondary Callous-Unemotional Traits



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BACKGROUND

Callous-unemotional (CU) traits (i.e., lack of empathy, callousness) are linked to higher levels of psychopathology, namely conduct problems and outwardly aggressive behaviours.^{1,3}

The literature identifies *two* distinct presentations of CU traits:

- 1 Primary CU traits** – arise from a *genetic* predisposition to hypoarousal and low anxiety.
- 2 Secondary CU traits** – develop as a *trauma response* to abuse, leading to hyperarousal and high anxiety.^{3,5}

However, the interaction between the CU variants and inward aggression, particularly *deliberate self-harm (DSH) and suicidality* is unclear.



Q's

- 1) Can primary and secondary CU profiles be replicated in a community sample of adolescents?
- 2) Do rates of DSH and suicidality differ across the primary and secondary CU variants?

METHODOLOGY

- Community-sample data from the Teens @ Home Project, collected from Nov 2020 – Feb 2021.
- Participants included **336** Canadian adolescents aged **12-18** ($M = 15.73$, $SD = 1.51$).
- Latent profile analysis (LPA)** using theoretically relevant indicator variables.
 - One-way ANOVA and Tukey's HSD** to compare groups.

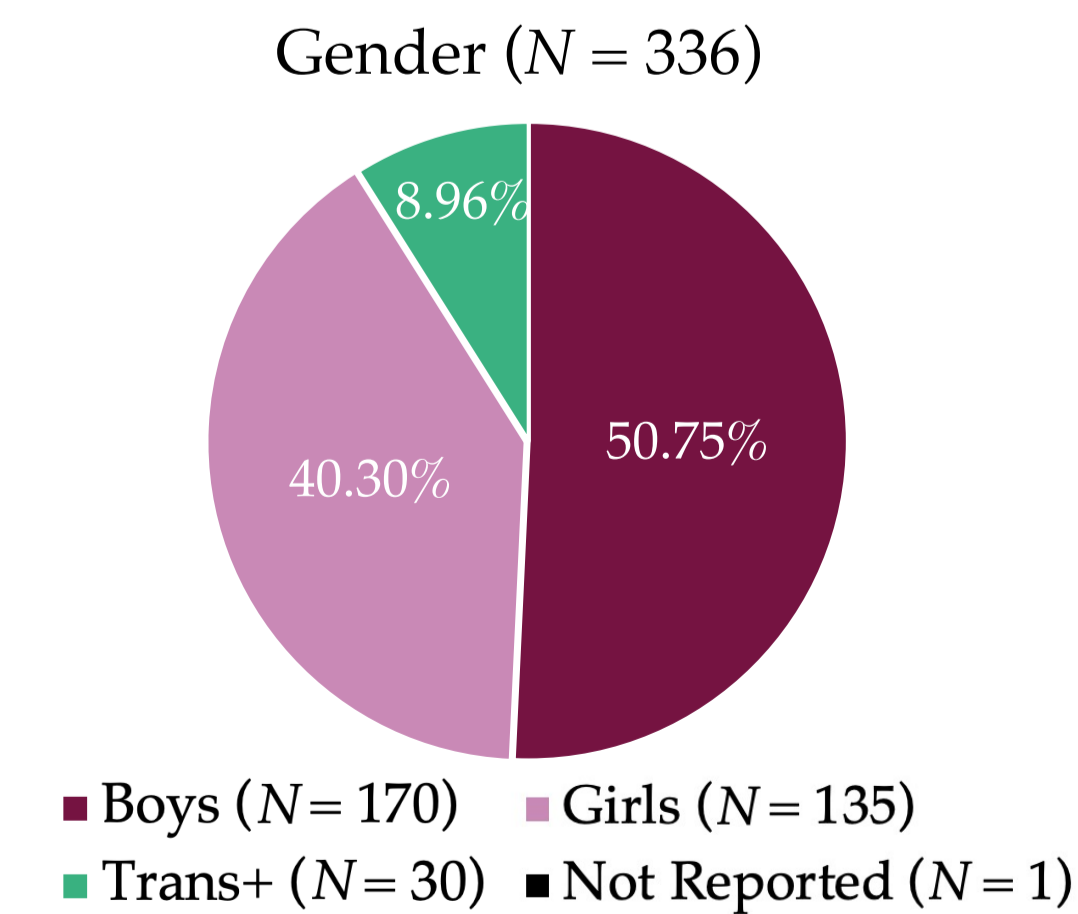
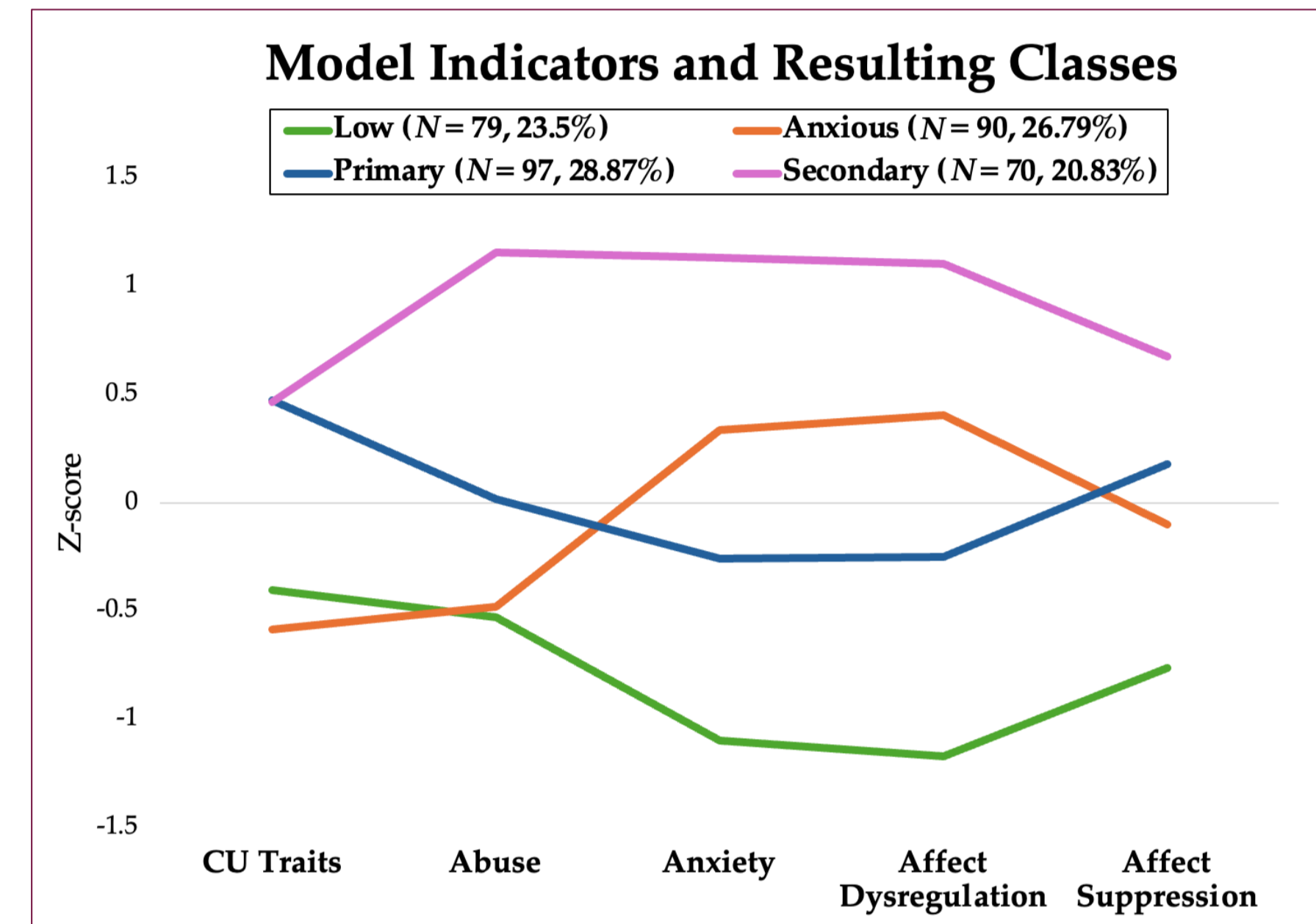


Figure 1. Gender breakdown of sample (N = 336)
Note. Trans+ = individuals who do not identify with gender/sex assigned at birth. Percentages may not sum to 100 due to rounding.

RESULTS



Based on multiple fit indices, a **four-profile solution** was replicated in the community sample.

Figure 2. Model Indicators and Resulting Classes

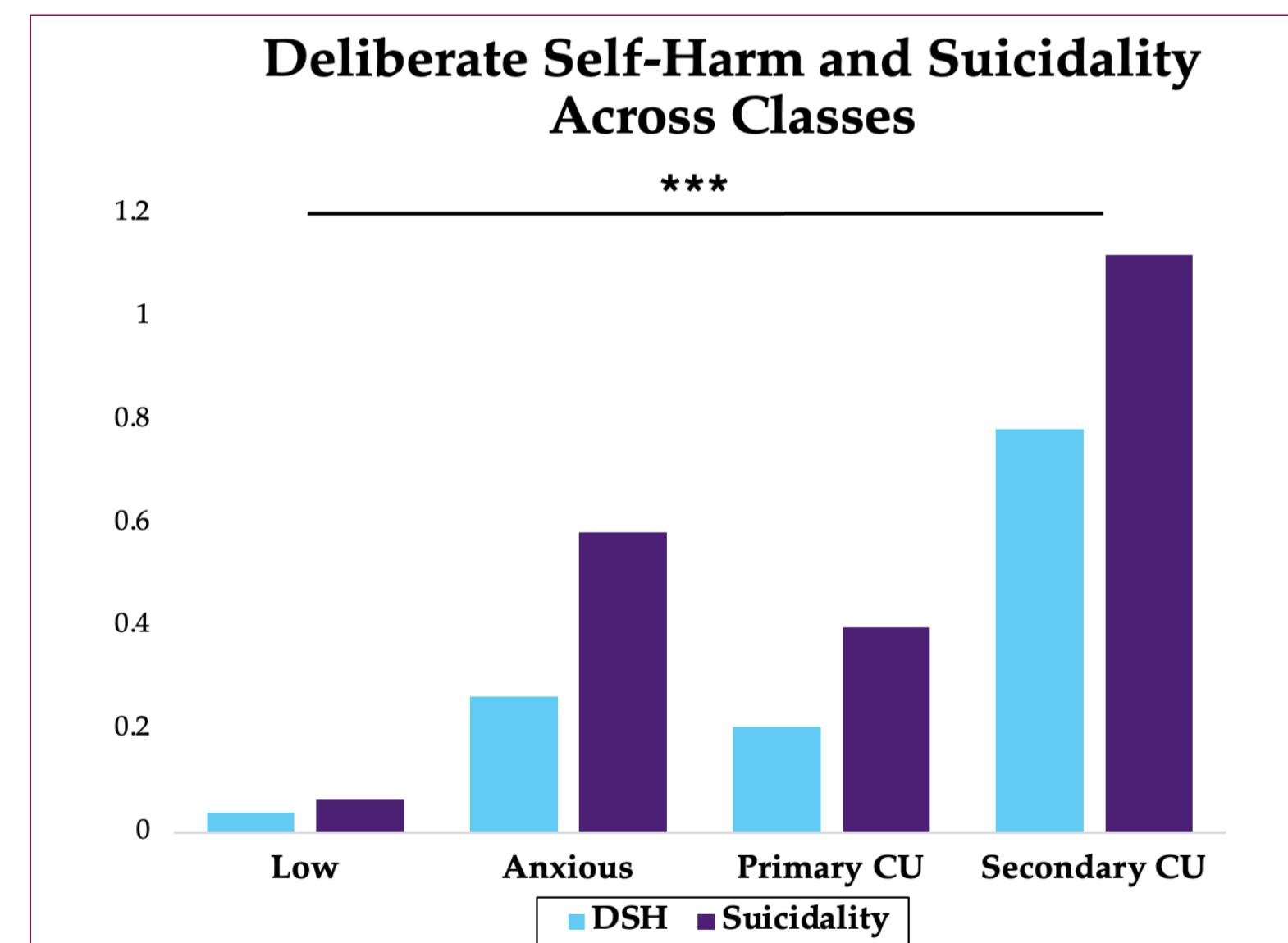


Figure 3. Deliberate Self-Harm and Suicidality Across Classes; *** $p < .001$
Note. ANOVA indicate that DSH ($F(3, 332) = 27.51, p < .001$) and suicidality ($F(3, 332) = 37.06, p < .001$) are significantly different across groups. Tukey HSD indicate that secondary CU traits had higher DSH and suicidality than all other groups ($p < .001$).

Rates of DSH and suicidality are **significantly higher** among adolescents with **secondary CU traits** compared to all other profiles.

DISCUSSION

Increased Risk...

- Findings show adolescents with **secondary CU traits** exhibit **higher rates of DSH and suicidality** than low symptom, anxious, and primary CU trait profiles.

Possible Reasons for Increased Risk...

- Poor Internal Emotion Recognition** – acquired callousness due to maltreatment may be linked to poor internal emotion recognition, which **fuels emotion dysregulation & instability**.^{2,6}
 - Poor emotion regulation and clarity are tied to **maladaptive coping strategies** to reduce tension/distress – *temporarily*.^{2,6}
- Potential Link with Affect Suppression** – experiential avoidance and emotional numbing are common responses to trauma, making **self-harm a way to "feel something"** or regain a sense of control.^{6,8}

Clinical Implications

- Inform CU risk profiles and advise interventions to target trauma histories and emotion regulation in secondary CU profiles.

Limitations

- Cross-sectional study.⁷
- Single-item measures of DSH & suicidality.⁷
- Timing of data collection (COVID-19).
- Lack of research on CU traits and DSH/suicidality.



MORE INFO...

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Scan to view figures & list of references!

