

PSYCHOPATHY

Definition

Psychopathy is an important forensic construct: it has relevance for assessment, treatment and management of offenders, indeed, in the context of violence risk assessment failure to assess psychopathy could constitute professional negligence (Hart 1998).

Psychopathy is a personality disorder, that is, a chronic disturbance in an individual's relations with self, others and their environment resulting in distress or failure to fulfil social roles and obligations (American Psychiatric Association, 2000). Personality disorders affect how individuals think, feel and behave: disturbance and dysfunction are typically long standing in nature, starting in adolescence or early adulthood. Specifically, psychopathic personality disorder (PPD) can be regarded as having six aspects. Interpersonally, those with PPD are not only pathologically dominant, being described as antagonistic, domineering, deceitful and manipulative, but also, they may suffer from attachment difficulties being detached, uncommitted and unemphatic. In terms of emotional functioning they can be characterized as lacking anxiety, empathy and emotional depth, while cognitively they may be suspicious, intolerant and inflexible. Their sense of self is frequently distorted; they may be self-centered and have a sense of being invulnerable, unique or entitled. Behaviorally they are unreliable, reckless and aggressive (Cooke, Hart, Logan, & Michie, 2006).

Significance in forensic contexts

PPD has broad forensic significance. Group studies indicate that PPD may be associated with future violence (Leistico, Salekin, Decoster, & Rogers, 2008) and is thus relevant to violence risk assessment in prisons, forensic psychiatric settings, workplace violence and child access assessments (but see below for important caveats). Those suffering from PPD are less amenable to standard forms of treatment; in general, their engagement with treatment is limited – they frequently drop out – they make poorer progress and they may interfere with the treatment of others. Critical features of the disorder include deceptiveness, impulsivity and failure to stick to rules can make those

PPD hard to interview, manage and monitor.

Origins of the construct

The association between psychopathic-like traits and violence has long been recognized, relevant accounts are available in the Bible and the Icelandic Sagas (Hoyersten 2001). The pattern has been recognized in many societies including pre-industrial societies, for example, the unlit of North West Alaska and the Yoruba tribe of Nigeria (Murphy, 1976). Systematic clinical descriptions- albeit inchoate descriptions – can be identified in the case studies of Pinel and Pritchard. The fundamental contribution of these monologists was to argue that mental disorder may be present even where reason can be shown to be intact (Berrios 1996). Other clinicians in the 19th century described mental disorders characterized by disturbance of volition or emotion, variously described as mania san desire, monomania, moral insanity, and folia lucid (Millon 1981). These descriptions had a purpose that was essentially forensic. To ensure the relevance of their testimony the 19th century alienists –or “mad” doctors –had to extend their boundaries beyond “total insanity” to include other forms of disorder. In the 20th century a number of authors provided rich clinical descriptions of PPD (e. g., Cleckley, 1976; Henderson, 1939; Schneider, 1958). Modern methods of evaluation have evolved from these descriptions.

Methods of evaluation

Psychopathy and cognate constructs can be assessed using a variety of procedures including, self-report (e.g., Psychopathic Personality Inventory; Lilienfeld & Andrews, 1996), clinical criteria (e. g., DSM-Ivor ICD -10; American Psychiatric Association, 2000; World Health Organization, 1992) or, most commonly in forensic arena, the Psychopathy Checklist Revised (PCI–R; Hare, 2003) and Psychopathy Checklist: Screening Version (Hart, Cox, & Hare, 1995; Hart & Wilson, 2008). Professional opinion warns against the use of self-report methods for assessing any personality disorder in forensic practice (British Psychological Society 2006); this concern is heightened when PPD is concerned because deceptiveness is a key diagnostic feature. A major contribution of the PCL-R has been the development of systematic ways of making judgments based on multiple of systematic ways of making judgments based on multiple sources – file review and interview – in order to combat deceptiveness and to provide a life-time diagnostic perspective.

The PCL-R is used extensively in forensic practice; indeed, Tolman and Mullendore (2003) suggested that it is the most frequently used tool in risk assessment. Its use has

increased dramatically (Walsh & Walsh, 2006). Hare (2003) contended that “Perhaps the PCL-R saves lives, because it helps to keep very dangerous people in prison” (p. 16, emphasis in original). Others have been less sanguine suggesting that PCL-R scores potentially have profoundly prejudicial effects (Bersoff, 2002; DeMatteo & Edens, 2006; Freedman, 2001; Leygraf & Elsner, 2007). The key issue in forensic settings is that expert evaluators should be aware of, guard against and acknowledge limitations of the PCL-R. This is particularly important given the serious nature of decisions that take account of PCL –R scores (Edens & Petrila, 2006). Just three potential limitations or concerns will be considered here; namely, problems with reliability in clinical settings, limitations of comparison groups, and the challenge of bridging the gap between group findings and the individual case.

One area of increasing concern is the level of reliability of ratings that may typically be achieved in forensic practice (Cooke & Michie, 2007; Edens & Petrila, 2006; Murrie, Boccaccini, Johnson, & Janke, 2007). Ethical forensic practice requires practitioners to maximize their reliability and here four steps may assist. The first step is ongoing education and training, not only regarding the research base of the instrument, but also regarding advanced clinical skills. These advanced clinical skills would include techniques for interviewing these challenging individuals to ensure the collection of relevant information and would also include techniques for generating case formulations to ensure the appropriate application of the information collected (Logan & Johnstone 2008). The second step is ensuring the availability of comprehensive file information; the quality of file information influences both the magnitude and reliability of scores. The third step is the use of multiple raters in high stakes cases; average ratings should be eschewed; consensus ratings should be sought. The fourth step is the implementation of audit systems – including peer review – for the detection of rater drift.

A second area of concern is the fact that the impact of gender, age, culture, co-morbid disorders- amongst other things on scores remains unclear (e.g., Cooke & Michie, 1999; Nicholls, Odgers, & Cooke, 2007; Salekin, 2006; Nichita & Buchley, 2007). (See Hare, 2003, for another perspective).

A third area of concern is not peculiar to the PCL-R but is endemic in forensic psychology; the problem of moving from group findings to inferences about an individual for the purposes of a court or other tribunal. There is an important disjunction between the perspective of science and the perspective of the law; while science seeks universal principles that apply across cases, the law seeks to apply universal principles to the

individual case. Bridging these perspectives is a major challenge for psychology (Faigman, 2007). Statistical predictions at the individual level are unreliable (Cooke & Michie, 2007; Leygraf & Elsner, 2007). Other approaches are necessary.

For psychological evidence concerning PPD to be relevant to decisions about future risk it must, in the opinion of the expert, cause, to some degree, the risk for future violence in this individual (Grisso, 1986; Heilbrun, 2001; Hart, 2001; Morse, 1978). One of the reasons that the PCL-R is associated with future violence (e.g., Leistico et al., 2008). – at the aggregate level – is because it captures a number of potential risk processes for violence (Cooke, 2008). The assessor in their risk formulation must disaggregate these processes and identify those which apply to the individual they are managing. For example, the nature of the risk – and the risk management plan – of an individual who posed a violence risk because he is pathologically dominant, possesses a sense of entitlement, and who construes others as having malevolent intent towards him would be different to the management strategy for someone who is callous, reckless and impulsive. Both individuals may pose a risk as a consequence of their specific psychopathic traits, however, the psychological processes, the topography of their risk – and thereby the interventions required – would be quite different. While traditionally the PCL-R has been used as a psychometric instrument in forensic evaluations it can, and perhaps should, be interpreted qualitatively as a form of structural professional judgement.

A final area of concern is conceptual rather than practical. The tautology inherent in defining psychopathy with reference to criminal behavior has long been recognized. Blackburn (1988) observed that to understand the relationship between personality disorder and criminal behavior the two constructs must be measured separately. It has been argued elsewhere that the inclusion of criminal behavior in models and measures of psychopathy cannot be supported either empirically (Cooke, Michie, & Skeem, 2007) or conceptually (Skeem & Cooke, in press, a; Skeem & Cooke, in press, b).

Conclusions

Psychopathic personality disorder has long been recognized as an important forensic construct. It has relevance for violence, treatability and manageability. It is a construct that can have a disproportionate influence on decision making and ethical forensic practice requires practitioners to take cognizance of the limitations of our current assessments.

Additional reading

Comprehensive overviews of the construct of psychopathy and its forensic relevance

can be found in Patrick (2006) and Felthous and Sass (2007a; 2007b).

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