

# Psychopathic Personality Disorder & Risk Assessment

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# What is Psychopathy?

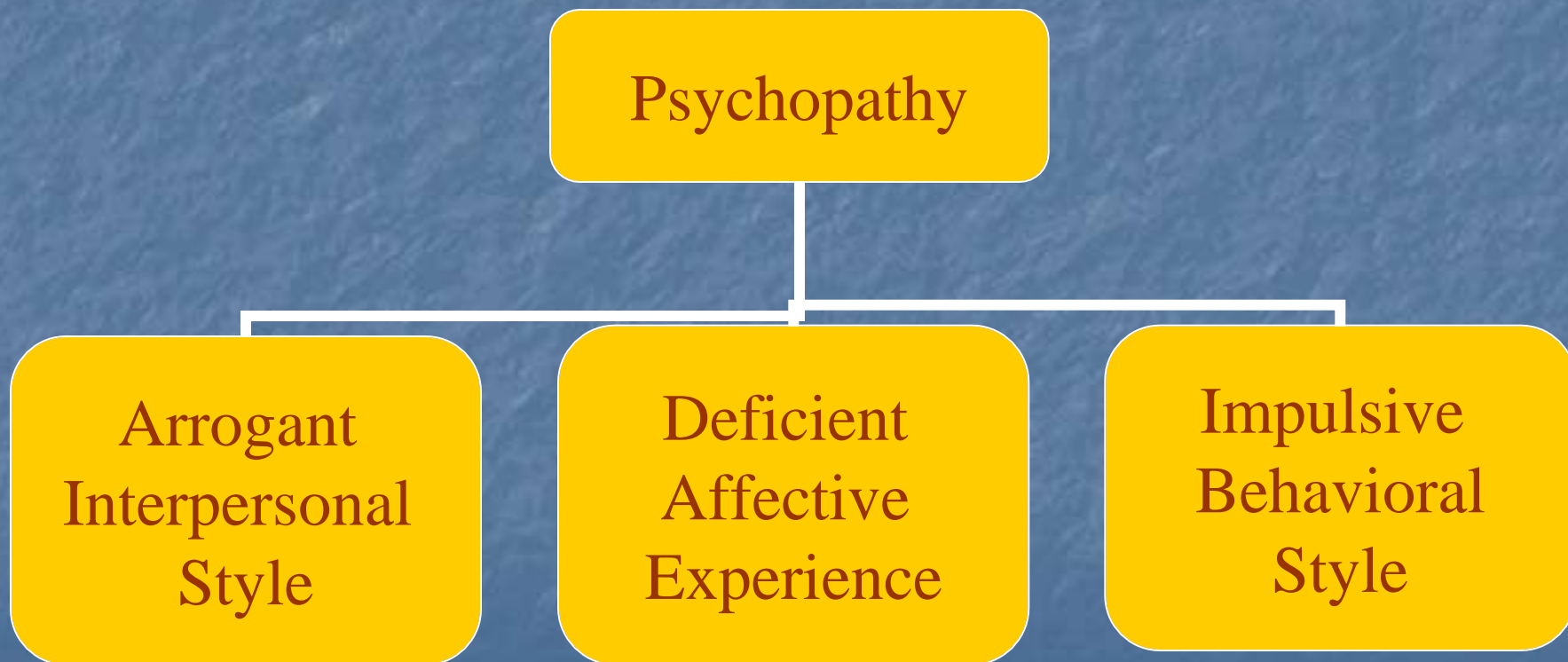


# Personality Disorder

- Chronic disturbance in relating to self, others, and the environment
  - Culturally abnormal
  - Evident in multiple domains of functioning
  - Evident across situations
  - Clinically significant distress or impairment
  - Early onset and stable over time
  - Not due to another mental disorder
  - Not due to medical condition

# Psychopathic Personality Disorder

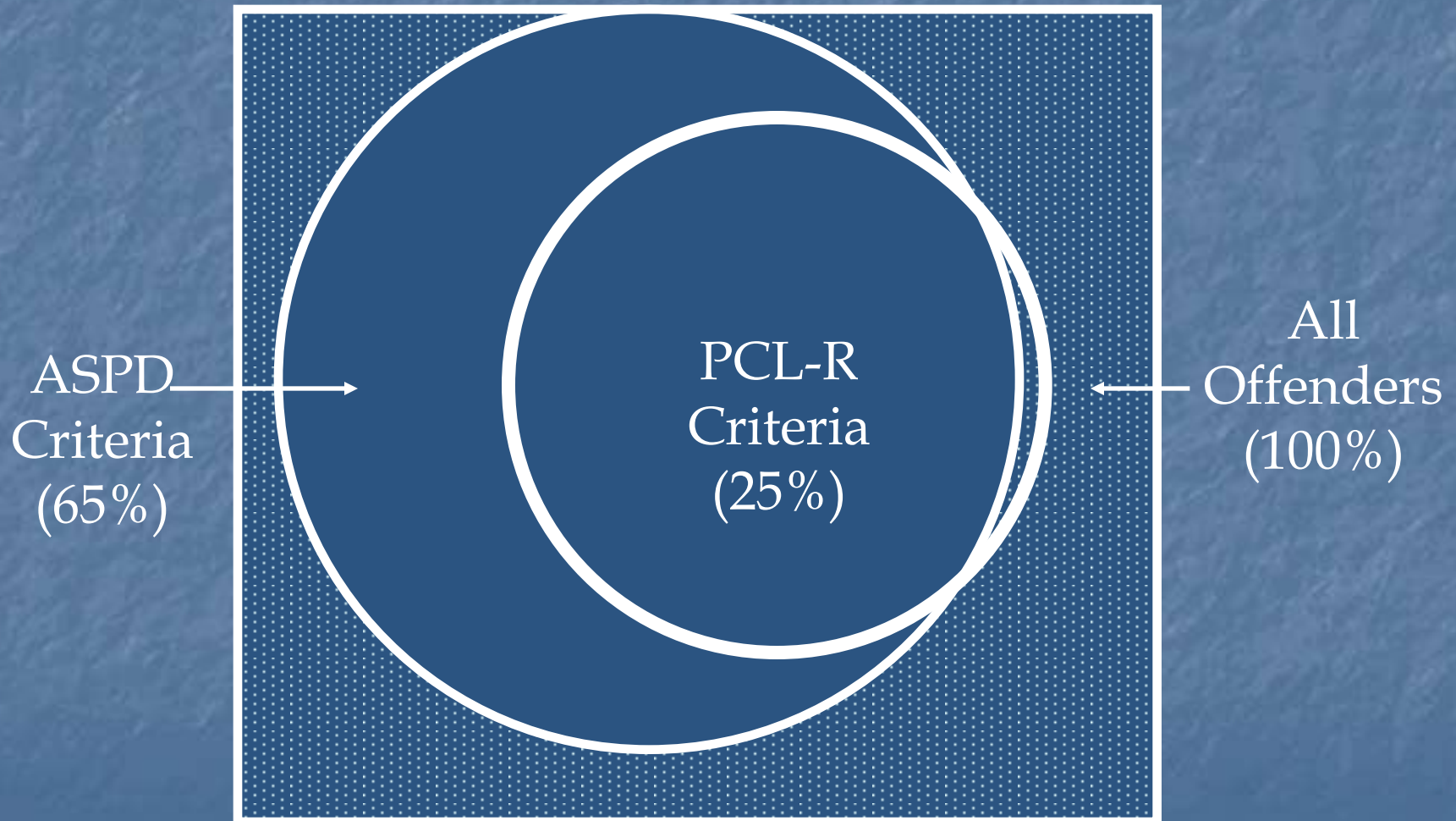
Psychopathy is a personality disorder with a specific symptom pattern:



# Psychopathic PD

- Synonymous with
  - Antisocial PD (*DSM-IV*)
  - Dyssocial PD (*ICD-10*)
  - Sociopathic PD
- “This pattern [of pervasive disregard for others] has also been referred to as psychopathy, sociopathy, or dyssocial PD.” (APA, 2000, p. 702)

# Psychopathy Checklist - Revised vs. DSM-IV



# Clinical Forensic Psychopathy Assessment Tools



# Psychopathy is Dimensional

## Hare Psychopathy Checklist (PCL-R; 2003)

Gold standard forensic assessment conducted using all available information (file + interview)

- 20 items rated on 3-point scale

- Absent = 0; Possible/partial = 1; Present = 2

■ Glibness/superficial charm	0	1	2
■ Grandiose sense of self-worth	0	1	2
■ Lack of remorse or guilt	0	1	2
■ Callous/lack of empathy	0	1	2

- Total scores range from 0 to 40



# Psychopathy: The Paralimbic Dysfunction Hypothesis (Kiehl, 2006)

↓ Error-related negativity

↓ Emotional lexical decision

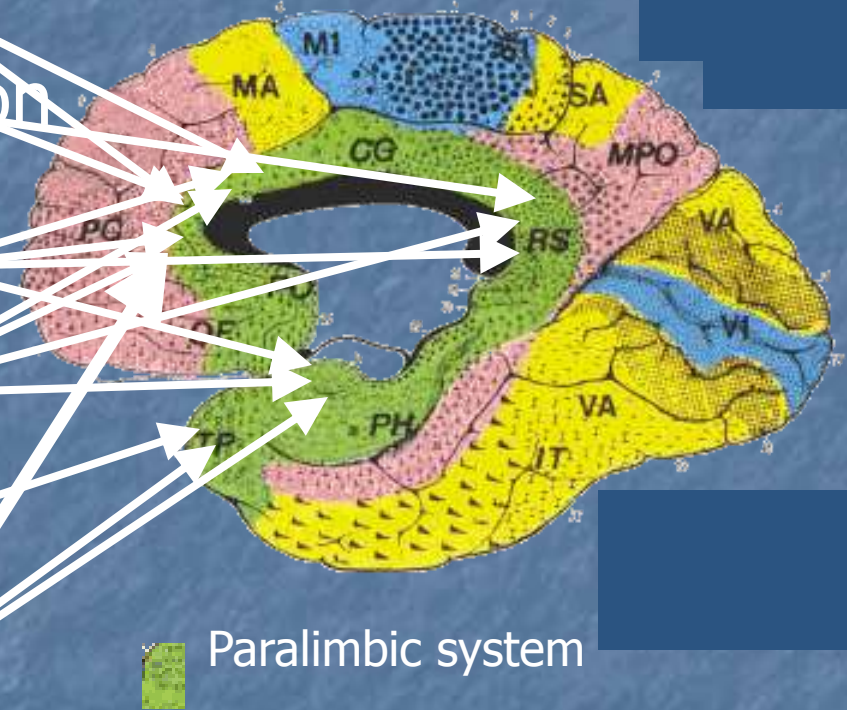
↓ Affective memory task

↓ Affective picture task

↓ Abstract lexical decision

↓ Visual oddball task

↓ Auditory oddball task



# Lexical Decision Task

Letter strings presented  
50% nonwords; 50% words

beke

make

cere

kill

hare

ISI of 1 - 2 secs



# What Causes Psychopathy?

- Birth complications/fetal brain damage lead to executive dysfunction (Moffitt)
- Inherited (Viding)
- Trauma induced (Porter)

**OKAY .... SO WHAT DOES  
PSYCHOPATHY HAVE TO DO  
WITH ME?**

# Clinical Relevance

- Prevalence of psychopathy ranges from 10% to 12% among **male forensic patients** (PCLR  $M = 21.5$ )
- Negatively correlated or uncorrelated with MI
  - Bipolar Disorder  $r = .17$
  - Depression  $r = -.17 - .04$
  - Schizophrenia  $r = -.15 - .00$
- Highly correlated with
  - substance abuse
  - cluster B PD's, and
  - attempted malingering

# Clinical Relevance: Institutional Misconduct

- On average, **male forensic psychiatric patients** with high PCL-R or PCL:SV scores, relative to low scorers, are more likely to
  - Be physically and verbally aggressive
  - Have violent & non-violent infractions ( $r=.25 - .35$ )
  - Require restraint or seclusion
  - Violate hospital rules
  - Complain about staff (35% of complaints)
- Suicide Risk?

# Legal Relevance

Recommended use: Institutional & community risk management & treatment

- **Pretrial** – not recommended

- Diversion, bail, CST, NGRI, juvenile waiver

- **Sentencing**

- Alternative sanctions, indeterminate (DO) or capital sentencing, placement decisions

- **Corrections**

- Institutional classification, parole hearings, community supervision/notification

# Legal Relevance

- Civil law
  - Civil commitment & release
  - Inpatient, outpatient, indeterminate (SVP, SPD)
  - Restraining orders
  - Immigration/deportation
  - Workplace violence
  - Parenting capacity



# Implementation of the PCL

- Field study of PCL-R's conducted for sexually violent predator cases found unacceptable reliability (ICC = .39; Boccaccini et al., 2008; Murrie et al., 2008)
  - Compared to ICCs = .86 to .94 in the lab
- Implementation must be methodical to maintain the integrity of the tool
  - Intensive training and booster trainings
  - Written policy about "when" and "how" it will be used

# **PSYCHOPATHY AND RISK ASSESSMENT**

# Psychopathy: Causal Risk Factor for Violence?

- Relative to other offenders, psychopathic adult male offenders, as assessed by a Hare Psychopathy Checklist (PCL-R/PCL:SV),
  - Start their criminal careers earlier,
  - Are 5 to 10 times as likely to violently reoffend,
  - Commit more severe acts of violence, and
  - Different types of violence – different victims.
- Meta-analyses show the relation between PCL scores and violence is  $r = .30$  to  $.35$

# Causal Mechanisms

- **Impulsivity** - sensation-seeking, failure to consider alternatives to or consequences of crime
- **Unemotionality** - inability to consider or appreciate consequences of crime
- **Suspiciousness** - perception of hostile intent in others
- **Arrogance** - desire to exert power or control over others

# Psychopathy is the Best “Single” Predictor of General Violence

- “Indeed, failure to consider psychopathy when conducting a risk assessment may be unreasonable (from a legal perspective) or unethical (from a professional perspective).” (Hart, 1998, pg. 17)

# Conclusions: Psychopathy & Risk Assessment

- Psychopathy should be assessed as part of comprehensive correctional or forensic risk assessments by trained professionals using proper procedures
  - The presence of psychopathy compels a conclusion of high risk
  - The absence of psychopathy does not compel a conclusion of low risk
- Risk, Need, & Responsivity factor

# **PSYCHOPATHY AND TREATMENT**

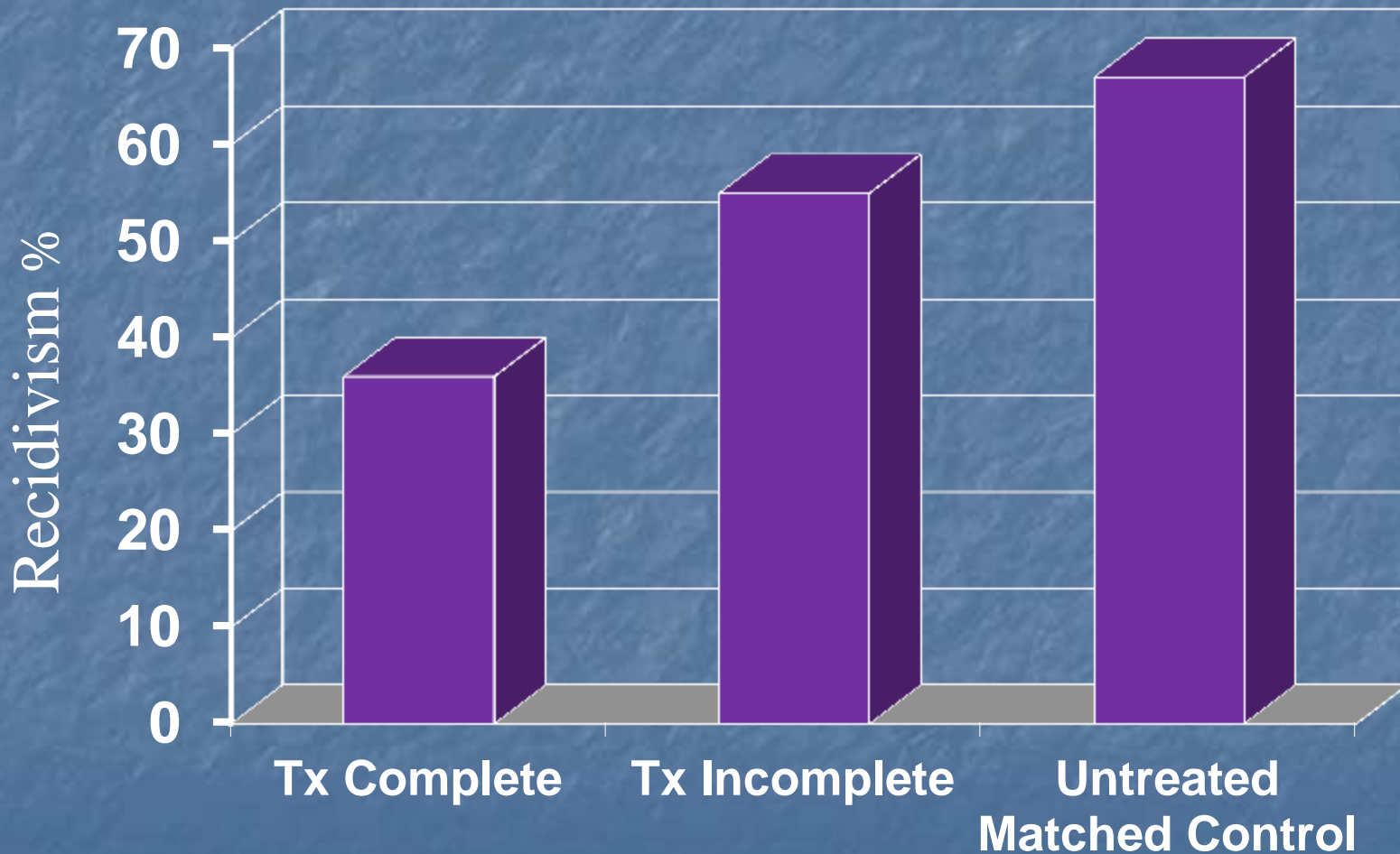
# Adult Psychopaths in Treatment

(Skeem, Monahan, & Mulvey, 2002)

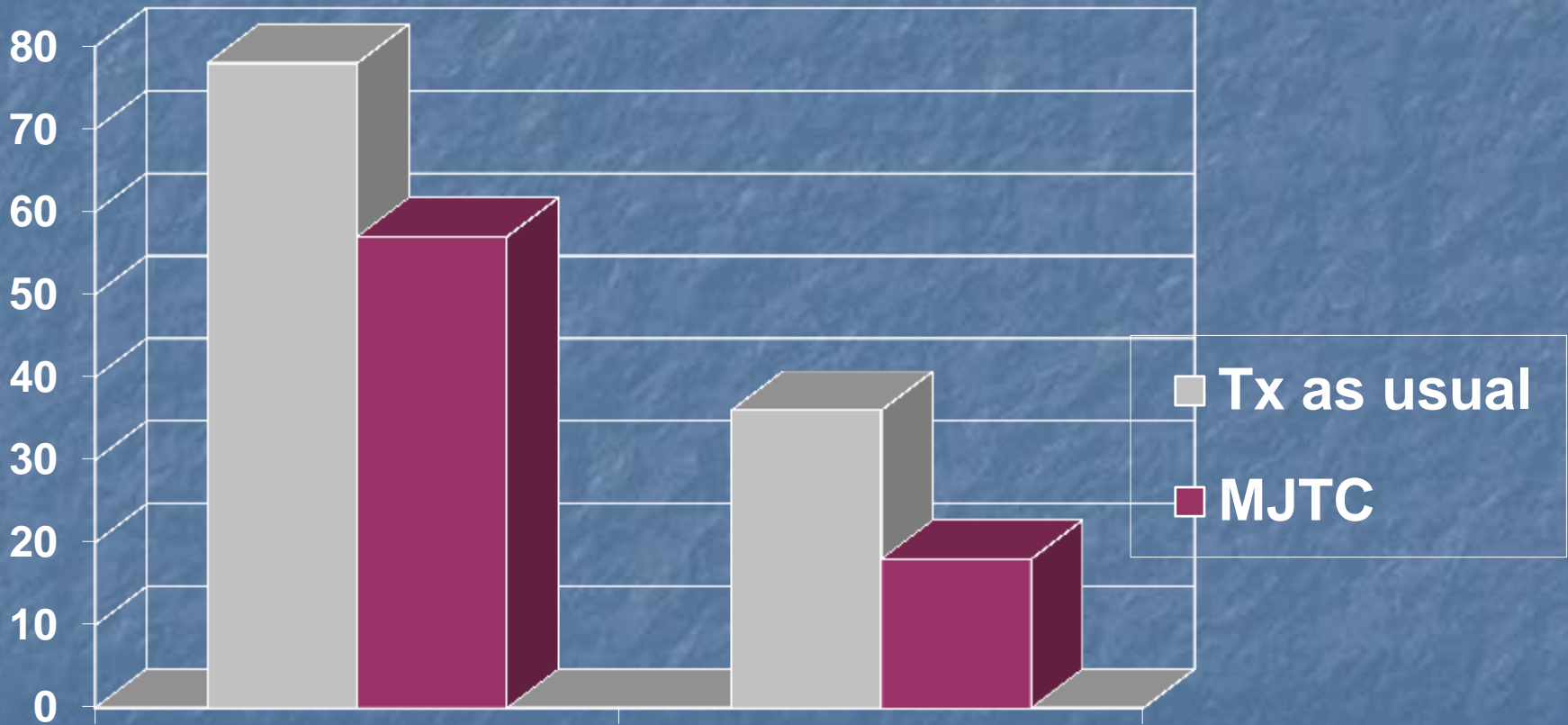
- Dose – Response Relationship
- Effect of Treatment dosage on N = 871 civil psychiatric inpatients
  - **Potentially psychopathic (SV > 12)**, violence 2.5X as likely if  $\leq 6$  sessions
  - **Confirmed psychopaths (SV > 18)**, violence 3.5X more likely if  $\leq 6$  sessions
- Conclusion: Adequate doses of treatment erased the moderating effects of psychopathy.



# Aggressive Behavioral Control (ABC) Program, RPC, 5-year follow-up (Olver & Wong, 2009)



# Importance of Early Intervention: Youth Treatment Study 2-year f-up (Caldwell et al., 2006)



**Any recidivism      violent recidivism**

All Serious Offenders; PCL:YV Total  $\geq$  27

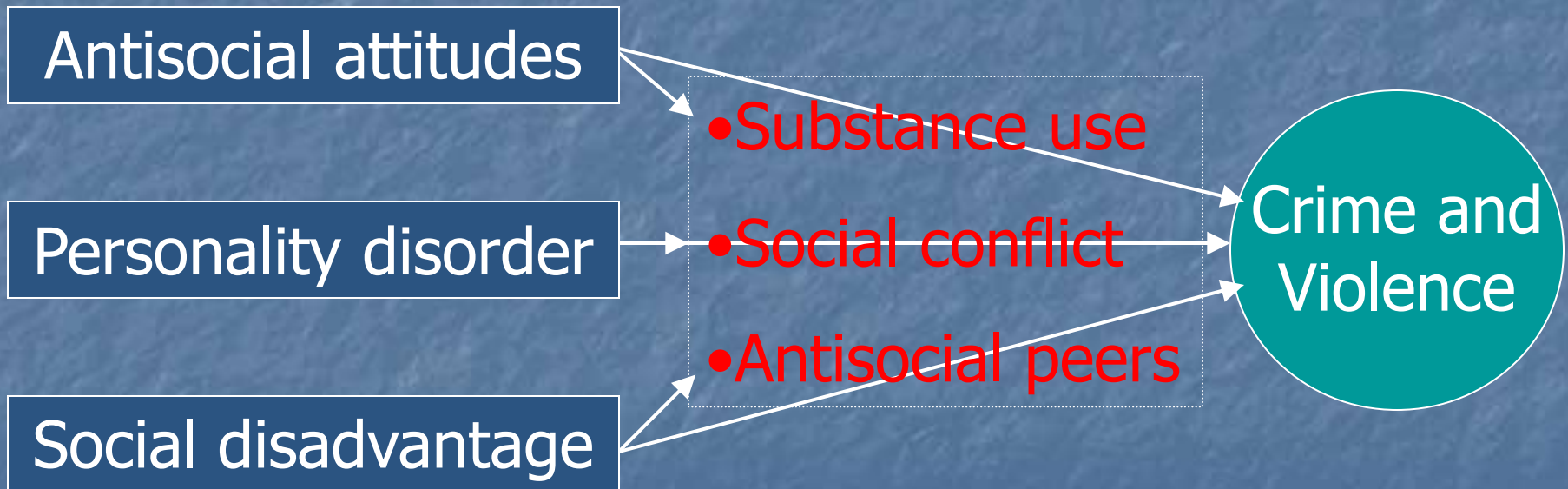
# What Seems to Work?

- Well-trained staff
- Decrease attrition - Keep those with psychopathic traits in treatment
- Peer environment - an even ratio of psychopaths to nonpsychopaths in group settings
- Focus on motivational strengths
  - Status orientation, novelty-seeking, need for interpersonal contact, need for control
- Use highly structured evidence-based trt
  - CBT, DBT, Relapse prevention model with self-monitoring

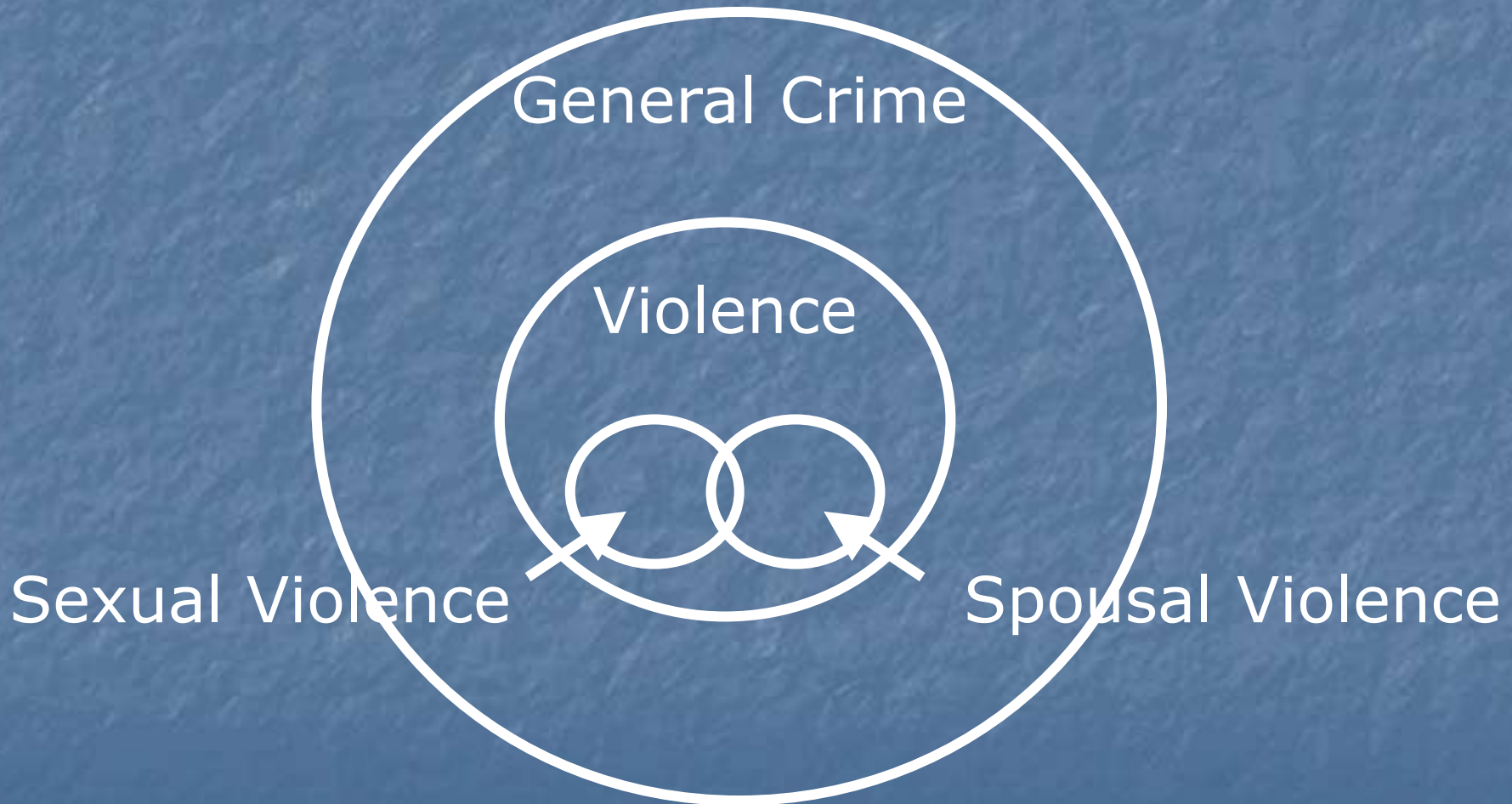
# **RISK ASSESSMENT IN GENERAL**

# Psychopathy is Not Enough

- Psychological factors can play a causal role



# Specificity of Risk Assessment



# Specificity of Risk Assessment

- Most risk factors for general criminality also are associated with violence
- Some violence risk factors are not associated with general criminality
- Some forms of violence have unique or specific risk factors

# Why is a Risk Assessment Tool Important?

- Need a method of decision-making that...
  - Promotes consistency between evaluators
  - Identifies outcomes of interest
  - Takes all relevant risk factors into account
  - Takes the individual patient into account
  - Can inform treatment, management, prevention
  - Can facilitate communication between parties
  - Is reviewable, accountable, or transparent



# History of Decision-Making

- Unstructured Clinical/Professional Judgment
- Structured Decision-Making
  - Two types

# Approaches to Decision-Making: Actuarial

## ■ Actuarial Assessment

- Prediction
- Risk level is determined based on a formula
- Generally contains factors based on the known empirical association with risk

## ■ Examples

- Violence Risk Assessment Guide (VRAG)
- Static-99

# Approaches to Decision-Making: Actuarial

## ■ **Limitations:**

- Items often lack relevance
- Items often not capable of change
- Do not account for idiosyncratic factors (unless override is an option)
- Probability estimates have substantial margins of error

# Structured Professional Judgment: A Model of Risk Assessment

- Relies on clinical expertise within a structured application (empirical risk factors + judgment)
- Logical selection of risk factors
  - Review of scientific literature
  - Not sample-specific (enhances generalizability)
  - Comprehensive
- Operational definitions of risk factors
  - Explicit coding procedures
  - Promotes reliability

# Instruments: Average AUCs (Guy, 2008)

Instrument	Numeric Score	Summary Risk Ratings (L,M,H)
<b>SVR-20</b> (sexual violence)	.61	.70
<b>RSVP</b> (sexual violence)	.63	.73
<b>SARA</b> (spousal violence)	.63	.73
<b>SAVRY</b> (youth physical violence)	.75	.79
<b>HCR-20</b> (adult physical violence)	.67	.79

# Caveats: Interpret With Caution

- Risk assessments cannot be used to make specific predictions about the behavior of individuals with any reasonable degree of accuracy
- A conclusion of high risk does not necessarily require incapacitation

# Take Home Messages

- Psychopathy is a personality disorder that is a necessary, but not sufficient, part of risk assessment
  - High likelihood for institutional & community violence
  - It is one risk factor, not a risk assessment
  - Important for risk management, treatment, and release planning/decisions
  - Must be implemented into a system methodically

# Take Home Messages

- Risk assessments increase consistency & validity of decisions
  - Preference in a forensic or civil psychiatric system towards structured professional judgment approaches
    - START – dynamic institutional risk
    - HCR-20 – community risk among mental health populations
    - SONAR or RSVP – sexual violence risk
    - SARA – spousal violence risk