



## Initial development of the Psychopathic Processing and Personality Assessment (PAPA) across populations



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### ABSTRACT

Three studies describe development of the Psychopathic Processing and Personality Assessment (PAPA). Study one outlines a literature review and Expert Delphi ( $n = 32$ ) to develop the initial PAPA. Study two validates the PAPA with 431 participants (121 male prisoners and 310 university students: 154 men, 156 women), also using the Levenson Self Report Psychopathy scale and a measure of cognitive schema and affect. Study three refined the PAPA, employing it with 50 male students and 40 male forensic psychiatric patients using clinical (interview) assessments of psychopathy: the Psychopathy Checklist – Screening Version and the Affect, Cognitive and Lifestyle assessment. The PAPA comprised four factors; dissocial tendencies; emotional detachment; disregard for others; and lack of sensitivity to emotion. It positively correlated with existing psychopathy measures. Variations across PAPA subscales were noted across samples when associated with *clinical* measures of psychopathy. Support for the validity of the PAPA was indicated across samples. Directions for research and application are outlined.

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### 1. Introduction

Clinical psychopathy has been characterised by an array of different behaviours (Millon, Simonsen, & Birket-Smith, 2003), with considerable debate regarding the components underpinning the construct. The definition outlined by Cleckley (1982) is generally accepted as the most comprehensive outline of the composition of psychopathy, namely:

*“Superficial charm and good ‘intelligence’; absence of delusions or other signs of irrational thinking; absence of ‘nervousness’ or psychoneurotic manifestations; unreliability; untruthfulness and insincerity; lack of remorse and shame; inadequately motivated antisocial behaviour; poor judgement and failure to learn by experience; pathologic egocentricity and incapacity for love; general poverty in major affective reactions; specific loss of insight; unresponsiveness in general interpersonal relations; fantastic and uninviting behaviour with drink and sometimes without; suicide rarely carried out; sex life impersonal, trivial, and poorly integrated; and a failure to follow any life plan”* (p. 204).

Cleckley believed the maladaptive features of psychopathy were caused by abnormal personality development, highlighting a role for deficits in cognitive and affective processing. His definition informed development of subsequent assessments for psychopathy (e.g. Psychopathy Checklist and its variations; PCL-R, Hare, 1991,

2003; PCL-SV, Hart, Cox, & Hare, 1995). There has been criticism, however, that most common assessments of psychopathy (e.g. PCL) have over-focused on ‘criminal’ personality (Cooke & Michie, 2001; Kreis, Cooke, Michie, Hoff, & Logan, 2012) and not the original conceptualisation of ‘abnormal’ psychopathy. Assessments have also been criticised for failing to account fully for cognition and affect (e.g. Blackburn, 2007a; Dawel, O’Kearney, McKone, & Palermo, 2012; Flor, 2007; Ireland et al., 2016; Schaich Borg & Sinnott-Armstrong, 2013; Steuerwald & Kosson, 2000; Wilks-Riley & Ireland, 2012).

Arguably this is a consequence of measures not fully capturing psychological theory that outlines a specific role for cognition and affect in personality and dispositional difficulties. Examples include Beck’s (1987) *Theory of Emotional Disorders*, Huesmann’s (1998) theory of *Social Information Processing*, the *Dysfunctional Fear Hypothesis* (Lykken, 1957) and the *Violence Inhibition Mechanism* model (VIM; Blair, 1995). The first two recognise that biases in cognition influence information processing, giving rise to attributions of causality inconsistent with the situation. Such attributions promote abnormal affective experiences (Beck, 1987). The *Dysfunctional Fear Hypothesis* is more specific to psychopathy, stating how those with psychopathy have deficient emotional reactivity and therefore experience less arousal to fear (Lykken, 1957), with VIM arguing that such impairments stem from early socialisation and difficulties associated with perspective-taking (Blair, 1995).

There has certainly been considerable interest in the development of measures for psychopathy, which captures theory and attends to a number of samples. Focus has, nevertheless, remained on forensic samples (Hare, 1991, 2003; Harris & Rice, 2006), which arguably has

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maintained the focus on 'criminal' personality (Cleckley, 1976, 1982). A number of psychopathy measures are available, all of which offer some degree of variation on the concept. These include *self-report measures* (e.g. Levenson Self-Report Psychopathy Scale: LSRP; Levenson, Kiehl, & Fitzpatrick, 1995; Self-Report Psychopathy Scale: SRP; Hare, 1985; Psychopathic Personality Inventory: PPI; Lilienfeld & Andrews, 1996; Elemental Psychopathy Assessment: EPA, Lynam et al., 2011; and Triarchic Psychopathy Measure: TPM, Patrick, Fowles, & Krueger, 2009), *observational approaches* (e.g. Interpersonal Measure of Psychopathy: IPM, Kosson, Stuerwald, Forth, & Kirkhart, 1997; Psychopathy Q-Sort Prototype, Reise & Oliver, 1994), *interviews* assessing dynamic change and incorporating staff ratings (Comprehensive Assessment of Psychopathic Personality: CAPP, Cooke, Hart, Logan, & Michie, 2004) and the more utilised *clinical assessments* of psychopathy incorporating interview, observation and collateral information (e.g. PCL-R, Hare, 1991, 2003; PCL-SV, Hart et al., 1995; Affect, Cognitive and Lifestyle assessment: ACL, Ireland & Ireland, 2012).

Of these assessments only the CAPP and ACL provide detailed exploration of *both* affect and cognition, with no self-report measures capturing this sufficiently. This is an important omission since it is argued that an arrogant and deceitful interpersonal style, deficient affective experience, and impulsive and irresponsible behavioural style are *equally* required for a diagnosis of psychopathy (Cooke & Michie, 2001). Later versions of the PCL have, for example, aimed to capture the components of psychopathy in more detail. The PCL-R has now focused on a four-factor model being applied that consists of *Interpersonal, Affective, Lifestyle* and *Antisocial* components (Hare, 2003). The absence of dedicated cognitive elements remains notable, however. The PCL-R is also a clinical assessment of psychopathy that is both time consuming and intensive to complete. Thus for many purposes (i.e. for research and for assessing psychopathy in non-institutionalised samples) the PCL-R may not always be appropriate (Copestake, Gray, & Snowden, 2011).

Given this, there have been several attempts to develop self-report measures of psychopathy to act as an alternative to the PCL-R and its derivatives. Self-report measures arguably allow for the detection of different response styles and yield useful information relating to the absence of affective traits (Lilienfeld & Fowler, 2006). Although they can be disadvantaged over clinical measures when assessing psychopathy owing to participant deception and lack of insight, these are considered false premises by which to discount their utility (Lilienfeld and Fowler (2006). Self-report measures can provide an indication of how psychopathic individuals view themselves and the world and thus should not be too quickly discounted. Indeed, a meta-analysis examining self-reported psychopathic traits and response styles (Ray et al., 2013) concluded that individuals with psychopathy are often willing to admit to many undesirable traits and behaviours.

Early self-report psychopathy measures (e.g. the Minnesota Multiphasic Personality Inventory: Psychopathic Deviate, MMPI PD; McKinley & Hathaway, 1944; Millon Clinical Multi-Axial Clinical Inventory-II, MCMI-II; Millon, 1987) were criticised, as they were not specifically designed to assess psychopathy and focused on criminal deviance or antisocial behaviour (Lilienfeld & Fowler, 2006). As noted earlier, there have been developments in the creation of self-report measures designed to directly assess the construct. It is not possible to review the contribution of all these measures within the scope of current paper but brief attention will be afforded to the most commonly applied measure (LSRP) and shared criticisms across the other measures.

The LSRP was developed to assess psychopathy in non-institutionalised samples, which paralleled the two-factor model outlined by the PCL-R (Levenson et al., 1995; Lynam, Whiteside, & Jones, 1999), with the benefit of including antisocial behaviour. This is considered relevant and required in assessing psychopathy in community/student samples (Williams, Paulhus, & Hare, 2007). The LSRP has been found to map onto the three factor components of psychopathy

provided by Cooke & Michie (2001: arrogant and deceitful interpersonal style; deficient affective experience; impulsive and irresponsible behavioural style). It also correlates well with the PCL-R (e.g. Brinkley, Diamond, Magaletta, & Heigel, 2008; Brinkley, Schmitt, Smith, & Newman, 2001; Sellbom, 2011).

It further captures primary and secondary psychopathy, with primary psychopaths considered callous, manipulative, selfish and untruthful, whilst secondary psychopaths are thought neurotic and engaging in antisocial behaviour driven by strong emotional impulses. Nevertheless, the LSRP fails to include items that explicitly examine a range of *affect* (Lynam et al., 1999) and has arguably over focused on behaviour (e.g. antisocial) for which it shares a criticism with the PCL measures. This is perhaps unsurprising to note when considered that the LSRP had a basis in the description of psychopathy offered by Hare (1991, 2003).

Other self-report measures, such as the Self-Report Psychopathy Scale (SRP I and II, Hare, Harpur, & Hemphill, 1989), although having strengths such as good psychometric properties (e.g. Mahmut, Menictas, Stevenson, & Homewood, 2011) have nevertheless also been criticised for representing a simple replication of the PCL measures (Lilienfeld & Andrews, 1996) and with that sharing its criticisms. Even those measures developed with more consideration of the traits originally proposed by Cleckley (e.g. the Psychopathic Personality Inventory, PPI; Lilienfeld & Andrews, 1996) still tend to support the two-factor structure of the PCL (Benning, Patrick, Hicks, Blonigen, & Krueger, 2003), despite aiming to concentrate on personality and not behavioural components. However, a failure to explicitly include the latter could also be a criticism since inclusion of criminality or 'misconduct' remains an accepted and useful component to retain with non-forensic samples.

There remains, nevertheless, a lack of consensus among self-report measures concerning what components should underpin the construct of psychopathy, with mixed attention given to cognition and affect. Some measures include detailed coverage of the latter but not of the former (e.g. The Triarchic Psychopathy Measure: TriPM, Patrick et al., 2009; PPI; Lilienfeld & Andrews, 1996), with others focusing primarily on antisocial behaviour (LSRP; Levenson et al., 1995), with a seemingly shared exclusion of explicit cognition across all measures. In addition, there has been a tendency to develop *clinical* assessments for psychopathy primarily using forensic samples, with self-report measures developing from community/student populations. This has led to self-report measures being developed that have not accounted for population differences in initial validations of items and structure.

There is a need to explore the creation of a self-report measure of psychopathy whose use is not restricted to forensic samples and which attends to the more discrete elements of psychopathy and not a simple replication of the PCL group of measures. There is also inconsistency in concept expression across self-report measures. Development of a self-report measure that promotes a unified understanding of psychopathy not just focused on behaviour but including affect and cognition would consequently prove valuable.

The current study attempts to achieve this by combining a literature review and Expert Delphi to create an initial consensus of topic areas. These are then developed into items to comprise a self-report measure, the Psychopathic Processing and Personality Assessment (PAPA) that is sensitive to affect, cognition and misconduct. The PAPA is then validated across samples with particular attention to its association with measures of cognition and affect, and examination of its component structure. The validation of the PAPA will consider existing measures of psychopathy, including self-report and clinical assessments.

## 2. Study one

This comprised a review of the relevant literature that informed an Expert Delphi focused on development of the Psychopathic Processing and Personality Assessment (PAPA).

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