Psychiatry Research 265 (2018) 303–308

Contents lists available at ScienceDirect

Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres

Assessing psychopathy in forensic schizophrenia spectrum disorders: Validating the Comprehensive Assessment of the Psychopathic Personality-Institutional Rating Scale (CAPP-IRS)

Louis De Page[a,b,*], Sophie Mercenier[a], Pierre Titeca[a]

[a] Centre Hospitalier Jean Titeca, Schaerbeek, Belgium
[b] Mediter, Halle, Belgium

ARTICLE INFO

Keywords:
Schizophrenia
Psychopathy
CAPP
CAPP-IRS
PCL-R
Risk assessment

ABSTRACT

The assessment of psychopathy in (forensic) schizophrenia spectrum disorders is long-standing debate. In the present study, we investigated the psychometric properties of the Comprehensive Assessment of Psychopathic Personality-Institutional Rating Scale (CAPP-IRS) in a sample of 72 male forensic patients with a primary diagnosis of schizophrenia spectrum disorders. We compared the CAPP-IRS' psychometric properties to those of the Psychopathy Checklist-Revised (PCL-R). The CAPP-IRS showed good interrater reliability and internal consistency except for the CAPP-IRS Cognition and Emotional Domains. There appears to be a larger but intelligible overlap between the CAPP-IRS and schizophrenia symptoms than between the PCL-R and schizophrenia symptoms. Inversely, the PCL-R showed overall stronger associations with risk assessment measures. We conclude that, in (forensic) schizophrenia disorder spectrum patients, the CAPP-IRS has closer associations with clinical features, while the PCL-R is better a predicting risk and life-time dimensions.

1. Literature

The co-occurrence of schizophrenia and psychopathy (and their relationship with violence) is complex. Research has found positive correlations between schizophrenia and psychopathy in custodial settings (Cote and Hodgins, 1990; Moran and Hodgins, 2004), in psychiatric samples (Gray et al., 2003), and, to a lesser extent, in community settings (Ragsdale and Bedwell, 2013), as well as negative correlations (Hart and Hare, 1989; Hildebrand and de Ruiter, 2004; Pham and Saloppé, 2010). It appears that a minority of schizophrenic subjects have psychopathic traits; however, in forensic and carceral settings, the opposite occurs. Rasmussen and Levander (1997) suggested that "taken as a categorical variable it may well be that a diagnosis of psychopathy (…) is negatively related to major mental disorder in the general population. However, seen as a dimensional measure and in selected groups of patients, high ratings in psychopathy may often co-occur with schizophrenia." Scholars have repeatedly suggested that psychopathy may predict violence in patients with schizophrenia (Fullam and Dolan, 2006; McGregor et al., 2012; Pedersen et al., 2010; Tengström et al., 2004; Tengström et al., 2000; Wong and Olver, 2015); however, severe schizophrenia is not a sufficient condition for a high probability of violence, but high rates of psychopathy are (Abushua' leh and Abu-Akel, 2006; Rasmussen and Levander, 1997). Put succinctly, research has shown that psychopathy, especially the behavioral components of psychopathy (PCL-R Factor 2, Facet 3 and 4, see hereunder), significantly predict violence in schizophrenia, even after controlling for substance abuse, which is one of the main predictors of violence in schizophrenia (Fazel et al., 2009). On the conceptual side, one might also argue that severe schizophrenia impedes on the psychopathic personality organization and vice-versa (e.g. Bender, 1959). For all these conceptual and psychometric reasons, positive, negative, and null relationships between psychopathy and schizophrenia can be expected.

As far as measurement is concerned, the Psychopathy Checklist-Revised (PCL-R; Hare, 1991) is the most studied instrument although criticism have been voiced on the conceptual aspects (e.g. Gendreau et al., 2002; Skeem and Cooke, 2010). Although the PCL-R has been used in (forensic) schizophrenic subjects (e.g. Tengström et al., 2000), its validity has not been explicitly focused on. Psychometrically, schizophrenia can influence psychopathy measures positively or negatively, or can have no effect at all (De Page et al., 2018). For example, negative symptoms of schizophrenia (e.g., flat affect or emotional withdrawal) can be confused with the PCL-R's seventh item "Shallow Affect" (Goethals et al., 2013; Tengström et al., 2000). On the other hand,

* Corresponding author.
E-mail address: louis.depage@chjt.be (L. De Page).

https://doi.org/10.1016/j.psychres.2018.05.019
Received 9 October 2017; Received in revised form 21 March 2018; Accepted 6 May 2018

positive schizophrenia symptoms (e.g. inflated self-esteem in megalomania or psychomotor agitation) could augment the likelihood of endorsing the PCL-R's items that measure “Grandiose Self-Worth” or “Impulsivity.”

The PCL-R's manual does not provide guidelines for handling such conflicts. On one hand, it is possible to rate the presence of an item using the applicability of behavioral descriptions and disregarding the underlying aetiology. This might lead to the overestimation of psychopathy (false positives). However, it can be argued that the description listed in the PCL-R remain direct predictors for antisocial, violent, or criminogenic behavior. For example, not experiencing emotions might alleviate normal inhibitions for antisocial behavior.

On the other hand, it is possible to have a conservative scoring attitude and try to cull the psychopathic variance from other causes or focus on symptom-free periods, which is what Tengström and colleagues (2000) did. For example, attributing a diminished emotional responsiveness to schizophrenia instead of psychopathy and give a null rating to PCL-R item 7 “Shallow Affect” . This might underestimate psychopathy, but it has the obvious advantage of not falsely diagnosing psychopathy. Conceptually, this approach thwarts the legitimate communality between both diagnostic concepts (e.g., Wong and Olver, 2015).

Building on criticisms of the PCL-R, the Comprehensive Assessment of Psychopathic Personality (CAPP; Cooke et al., 2004) emerged as an alternative model of psychopathy (Cooke et al., 2012; Kreis et al., 2012; Sellbom et al., 2015). The CAPP excludes references to past behavior or any other static items and focuses instead on personality descriptors. The CAPP covers PCL-R Factor 1 in fine detail and most of PCL-R Facet 3. Practically, the CAPP circumvents many of the conflicts that might arise in rating a patient with schizophrenia because, unlike the PCL-R, a definition, adjectival descriptors, and behavioral indicators are presented for each trait. A characteristic such as PCL-R item 7 “Shallow Affect” is assessed by several CAPP symptoms across the Emotional and Attachment domains (e.g., lacks emotional depth, lacks anxiety, lacks pleasure, detached, unempathic, etc.). In contrast with the PCL-R, the more fine-grained and clearer conceptual item content reduces, but does not eliminate, conflicts over the aetiology and applicability of an item. The PCL-R's reliance on static or past criminal behavior is problematic in the case of forensic schizophrenia patients for two reasons. First, our forensic patients are judged as “Not Guilty for Reasons of Insanity” and might have their conditional release revoked for clinical reasons, not solely for criminal reasons. This is problematic for PCL-R item 19 and 20 (“Criminal versatility” and “Revocation of conditional release”). Second, static items are not less vulnerable to schizophrenia than dynamic items. For example, individuals with schizophrenia have relational and sexual impairments (e.g., de Boer et al., 2015), which likely impact PCL-R items 15 and 21 (“Promiscuous sexual behavior” and “Many short-terms relationships”).

A few studies have investigated the relationship between the PCL-R and the CAPP-Institutional Rating Scale (CAPP-IRS): high convergences were found in a carceral population (Sandvik et al., 2012), and slightly less strong convergences were found in forensic psychiatric subjects (Delannoy et al., 2016). Both were found to be good predictors of violence (Pedersen et al., 2010).

Only a handful studies that have used the PCL-R in a schizophrenic forensic sample have commented on the association between schizophrenia and psychopathy (e.g., Abushua’ leh and Abu-Akel, 2006). In this study, we explored a) the reliability of the CAPP-IRS, b) the convergent validity of the CAPP-IRS and PCL-R in a forensic schizophrenic sample, c) the relationship of both instruments to schizophrenic symptoms, and d) the relationship of both instruments to risk assessments.

2. Method

2.1. Sample

Our sample consisted of 72 male forensic patients admitted to a medium risk forensic rehabilitative ward at the Centre Hospitalier Jean Titeca (Brussels, Belgium). The inclusion criteria for this treatment program included a primary diagnosis of schizophreniform disorder. Paraphilia's are an exclusion criteria because in Belgium, sexual offenders are treated in specialized settings.. Only patients who had a minimum of six months of residential treatment were included in this study, which allowed the schizophrenia symptoms to diminish by the time psychopathy was rated. Patients receive a pharmacological, psychotherapeutic, occupational, social, and family intervention. The mean age was 37.35 years (SD = 10.54).

The treatment team made diagnoses using the DSM-IV-TR (American Psychiatric Association, 2000), using all available data, including previous reports, clinical assessments administered during hospitalization, and hetero-anamnestic information. Sixty-five percent of the participants were diagnosed with schizophrenia, 16.2% were diagnosed with a schizophrenic disorder that was not otherwise specified, 11% were diagnosed with a schizoaffective disorder, 7.8% were diagnosed with psychosis (substance induced psychosis, delusional disorder, or schizophreniform disorder), 27% were diagnosed with a personality disorder, 10% were diagnosed with personality disorder traits, 46% were diagnosed with a substance abuse disorder, and 3% were diagnosed with mental retardation. The average on the Global Assessment of Functioning scale (GAF, see hereunder) was 31.23 (SD = 15.8), and the median on the GAF was 33. Patients described as having “personality disorder traits” were patients that did not attain the cut-off but were noted as having personality disorder traits that interfere with normal personality functioning.

This research was approved by the hospital's ethics supervisors and adhered to the ethical guidelines and Belgian laws regarding the protection of privacy.

2.2. Instruments

All instruments are part of a routine outcome monitoring program designed to provide clinical data with minimal cost and staff burden. The number of available protocols varies according to the length of treatment. Thus, average scores were used for all instruments. Because many patients return to the hospital after their first stay, only protocols from their first hospitalization were included.

2.2.1. Measures of psychopathy

The CAPP model consists of 33 traits grouped into six domains (Attachment, Behavior, Cognition, Dominance, Emotions and Self). For each trait, the CAPP-IRS provides three adjectival descriptors and illustrative descriptors (Cooke et al., 2004). The traits are rated on a 7-point Likert scale. The CAPP-IRS was translated to French (Saloppé et al., 2008). The domain scores were computed by summing their trait scores. Due to the small sample size, only Domain scores.

Two trained staff members (i.e., the first two authors) scored the Psychopathy Checklist-Revised (PCL-R, Hare, 1991). The PCL-R factors and facets were included in the analyses. Because the PCL-R manual does provide guidelines for handling conflicts in ratings (see here above), we adopted a conservative scoring attitude and rated the presence of items while trying to exclude conflation of psychopathy and schizophrenia related symptoms.

The CAPP-IRS was coded by two clinical psychologists and one criminologist, and the PCL-R was coded by one criminologist and one psychologist. Two separate administrator completed the psychopathy measures.