



Capturing clinical complexity: Towards a personality-oriented measure of psychopathy



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ABSTRACT

Purpose: This paper examines the construct of psychopathy and the challenge of conceptualizing and operationalizing a personality disorder that is poorly described by standard diagnostic systems yet remains important within the forensic field.

Methods: We begin by reviewing what we know about the importance of psychopathy to crime and antisocial behavior - why psychopathy is a construct that is here to stay. We then consider the conceptualization of the construct - and from there to its measurement. Throughout, we focus on the model described as the Comprehensive Assessment of Psychopathic Personality (CAPP) (Cooke et al., 2012). The CAPP model can be assessed through the use of a semi-structured clinical interview and an informant rating form; the translation of the CAPP model into measurement and clinical practice is the focus here.

Results: We emphasise the use of the CAPP model to understand and explain both the nature and significance of psychopathic personality disorder as it presents in an individual: formulation provides the means to achieve this.

Conclusions: The final part of the paper describes the formulation process, and illustrates the utility of the CAPP approach for formulating two fictional clients both of who evince significant symptoms of psychopathy.

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Introduction

Personality disorder is a form of mental disorder that is enduring in nature, inflexible and pervasive, beginning in adolescence or early adulthood; this category of disorder detrimentally impacts how an individual thinks, feels, and behaves in relation to everything meaningful in his or her life (American Psychiatric Association [APA], 2013). Individual personality disorders relate to specific patterns of disturbance in self-concept and interpersonal functioning, leading in most cases to the experience of recognizable patterns of subjective distress and clinically significant impairment in social, occupational, or other important areas of functioning. Psychopathy is a particular form of personality disorder, the status of which, in major mental disorder classification systems, is unclear or even muddled (Crego & Widiger, 2014). One illustration of this lack of clarity can be found in the *Diagnostic and Statistical Manual* (DSM-5; APA, 2013). For example, in relation to the diagnostic criteria for antisocial personality disorder (ASPD), it is acknowledged that: "This pattern has also been referred to as *psychopathy*, *sociopathy*, or *dissocial personality disorder*" (p. 659, emphasis in original). However, while the primary diagnostic DSM criteria are heavily behavioral in their

emphasis, the diagnostician is advised to focus on personality traits—e.g., lack of empathy, inflated self-appraisal, irresponsibility—when they are evaluating individuals in prison or forensic settings. Strangely, perhaps, the setting in which the individual is located assumedly influences diagnostic criteria. Attempts by the DSM-5 task force to reintroduce psychopathy to the DSM system floundered (Skodol et al., 2011; Widiger, 2013). The proposed, but rejected, DSM-5 psychopathy criteria were more comprehensive and nuanced: they integrated elements of the narcissistic, paranoid, histrionic and antisocial personality traits. This rejection is not unprecedented - it has long been recognized that there is an absence of consensus about the concept of psychopathy (Crego & Widiger, 2014; Lilienfeld & Andrews, 1996).

Arguably, the predominant view among clinicians, especially within the forensic area, is that the concept of psychopathy is important diagnostically and because of its association with major negative and extreme antisocial behaviours. It is widely regarded as a severe form of personality disorder associated with significant personal distress and extensive social and other impairment. For example, Crego and Widiger describe psychopathy as: "...probably the most dangerous and virulent constellation of personality traits that one can imagine..." (Crego & Widiger, 2014; p. 10). Individuals who present with psychopathic personality disorder (PPD) are notable because of the patterns within their symptom profile. Recent conceptual work (Cooke, Hart, Logan, & Michie, 2012) suggests that interpersonally, those with PPD are

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pathologically dominant in their relationships with others; they are frequently antagonistic, deceitful, insincere, and manipulative. They have difficulty forming and maintaining attachments to family, friends, and intimate partners; typically, they are detached, uncommitted, uncaring, and unempathic. Cognitive features of the disorder include suspiciousness of others, intolerant attitudes and beliefs, and a lack of flexibility. Emotionally, those with PPD are particularly impaired; dysfunction is evident in the absence of appropriate levels of anxiety in combination with a lack of – if not the absence of – emotional depth, stability, and shame or repentance. Paralleling, and possibly even underpinning these symptoms, is a sense of self characterized by feelings of invulnerability, self-importance, egocentricity, entitlement, minimization, and uniqueness. The result of such patterns is a man or woman, young or older, who is behaviorally unreliable, reckless, disruptive, and aggressive disproportionately, if not persistently, in adolescence and adulthood (Cooke et al., 2012). Perhaps unsurprisingly, it is this form of personality pathology with its particular constellation of symptoms that has been most closely linked to serious criminal behavior and of most interest to those employed in forensic contexts, and, relatively more recently, criminological theorists as well.

This article explores the theme that psychopathy and the challenge of conceptualizing and operationalizing a disorder that is poorly recognized within standard diagnostic systems (e.g., DSM-5; APA, 2013), is and will unquestionably remain of considerable importance in the forensic field of endeavor. We begin by reviewing what we know about the importance of psychopathy to crime and antisocial behavior, and why we assert that psychopathy is a construct that remains important for explaining, at least partially, these outcomes. We then consider the fundamental issues concerning the conceptualization of the construct, which, invariably, are related to the measurement of the construct. Finally, we focus on the conceptualization of PPD using the model described as the *Comprehensive Assessment of Psychopathic Personality* (CAPP) (Cooke et al., 2012). The CAPP model underpins a variety of approaches to measuring this disorder. However, we will focus on just two measures; a semi-structured clinical interview and an informant rating form. Critically, we emphasize the application of the CAPP model and its measurements to understanding and explaining the presentation of those with the condition – through formulation. Thus, the final part of the paper describes the formulation process, concluding with an illustration of the utility of the CAPP in formulating those with PPD.

Psychopathic Personality Disorder, Crime, and Antisocial Behavior

There is a lengthy, even ancient, historical trail of evidence linking PPD with criminal behavior including the Bible, Chaucer's *Canterbury Tales* and the *Icelandic Sagas*. This history reveals early inchoate clinical descriptions of this disorder. Three putative mechanisms linking personality pathology and offending behavior can be discerned in the early but historically more recent clinical descriptions. In the early part of the nineteenth century, clinicians such as Pinel and Pritchard linked repeated acts of violence to behavioral dyscontrol (e.g., recklessness and impulsivity). Dyscontrol was found even in the absence of intellectual impairment and psychotic disorders (e.g., Pinel, 1801/1962). In the early part of the twentieth century, several clinicians (e.g., Cleckley, Kraepelin, Schneider) emphasized a second putative mechanism – an interpersonal process – characterized by persuasiveness and charm, self-confidence, and social assertiveness, which was linked to offences including deception and fraud (see also Rush, 1812). This interpersonal mechanism was perhaps most graphically described in Kraepelin's term 'morbid liars and swindlers' (Kraepelin, 1904). A third putative process discerned in early clinical writings (e.g., Schneider, Pinel, Rush) is emotional coldness and predatory exploitativeness, which originally was linked to instrumental violence (see also Kraepelin, 1915). It appears then that clinicians historically have suggested that these three distinct processes described the link between PPD and offending. However, in the contemporary period, it has been hypothesized that other processes such as those elaborated

in theories from the developmental criminological theoretical perspective (see Fox et al., and Corrado, Delisi, Hart & McCuish in this edition) also operate, and, in some cases, these processes are synergistic and complex. In effect, they interact yet currently are not well understood and specified (Cooke, 2010). Given these and other highly speculative or unknown processes, it is unsurprising that PPD is frequently associated with diverse types of criminal behavior. Skeem, Polaschek, Patrick, and Lilienfeld, (2011), for example, highlighted the diversity of offending associated with PPD; the corporate psychopath who swindles investors with elaborate Ponzi schemes, the con artist who dupes others with ease and consummate skill, the impulsive individual who hits out when frustrated, or the emotionally-cold bank robber who kills the security guard who blocks his exit.

Equally important, there is considerable and largely cohort based empirical evidence that individuals with higher levels of PPD symptoms are more likely to have distinctive criminal careers; they start offending early in life and desist much later than other offenders – if at all (McCuish et al., and Corrado et al. in this special edition) – and they are generalists more than specialists in their crimes (Hart & Hare, 1997). Also, the persistent and serious criminal offending of these individuals was more likely motivated by factors different for most other offenders, such as the need to dominate and control and the desire to satisfy instrumental rather than expressive needs. Or indeed, more specifically, their criminal and antisocial conduct, as suggested by Patrick (2006) is more likely to be driven by capricious, goalless, and self-defeating nature with "a peculiarly aimless quality" (Patrick, 2006; p. 609).

In addition, the behavioral topography of their criminal acts generally differs from the "mainstream" or typical offender regarding, for example, their victim type and modus operandi. There is some evidence to suggest that those who score highly on the *Psychopathy Checklist Revised* (PCL-R; Hare, 1991, 2003), a broad measure of the extent to which a particular range of psychopathy features is present in an individual, may have an elevated risk of engaging in instrumental violence in addition to a propensity for excessive reactive violence (e.g., Hart & Dempster, 1997; Woodworth & Porter, 2002). However, our understanding of any qualitative differences in the offending of those who present with different levels and/or patterns of PPD remains unclear. This is not merely because of problems in the definition and measurement of PPD, but also because of concerns regarding the conceptual validity and operationalization of instrumental violence (Skeem & Cooke, 2010a,b).

Psychopathy and Violence

International evidence suggests a relatively small proportion of the male population is responsible for most crime, including violent crime across the life course (5%–7%; Piquero, Farrington, & Blumstein, 2003; Wolfgang, Figlio, & Sellin, 1972). A significant minority of this group of life-course persistent men is likely to present with PPD; perhaps 0.5% to 1% of the general population may suffer from the disorder. However, the empirical basis for this estimate remains extremely limited (Blair, Mitchell, & Blair, 2005; Coid et al., 2009). Research on violence involving women – and psychopathy in women – is extremely limited, therefore even tentative generalizations about similar prevalence estimates as in men are difficult to identify (Forouzan & Cooke, 2005; Logan & Weizmann-Henelius, 2012). Certain speculative patterns, nonetheless, have been suggested (Forouzan and Nichols, in this special edition).

The widespread adoption of the PCL-R (Hare, 1991, 2003) as a measure of PPD has resulted in many studies that have considered the association between psychopathy and violent offending. High PCL-R scores have been associated with higher rates of serious offending, high rates of re-offending following release, and reoffending quickly following release (e.g., Hemphill, Hare, & Wong, 1998). Consequently, although the PCL-R was not originally designed as a risk assessment instrument, in the last 20 or so years, it has become so strongly associated with the assessment of violence risk in criminal justice agencies and other contexts such as hospitals and that it often is recommended

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