# Application of the MACI Psychopathy Content Scale (P-16) in an Adolescent Inpatient Population: A Convergent Validity Study

Rochelle J. Friedman

Pace University



A Doctoral Project Submitted in Partial Fulfillment of the Requirements of the Degree of Doctor of Psychology in the Department of Psychology at Pace University

New York

2020

PSY.D PROJECT RESULTS APPROVAL FORM

NAME OF STUDENT: Rochelle Friedman

TITLE OF PROJECT: Application of the MACI Psychopathy Content Scale (P-16) in an Adolescent Inpatient Population: A Convergent Validity Study

DATE OF PRESENTATION AT DOCTORAL COLLOQUIUM: 09/18/2020

DOCTORAL PROJECT COMMITTEE:

PROJECT ADVISOR: John Stokes PhD

PROJECT CONSULTANT: Michele Zaccario PhD



PROJECT RESULTS APPROVAL:

I have read the doctoral project results and recommend that the student be allowed to present the results at the Doctoral Colloquium.

Project Advisor's Signature — Date: 9/10/20

Project Consultant's Signature — Date: 9/10/20

**Acknowledgements**

I would like to thank my parents for emphasizing the importance of education, providing me with the opportunity to pursue a career of my choosing, and instilling, within me, a love of learning and constant desire for growth. I would also like to thank my husband for his continued support, for picking up all the pieces when my schedule became overwhelming, for always indulging in a movie night whenever I needed a break, for the late nights, the early mornings, and everything in between.

I would like to thank Dr. Stokes for his constant guidance and mentorship, not only throughout the completion of this project, but also as a professor and supervisor over the past five years. I am so thankful for all of the support you have provided and the time you have spent helping me become a better clinician. I would also like to thank Dr. Zaccario for her help and guidance throughout the past five years and for her time, flexibility, and kind words of advice thoughout this project.

**Table of Contents**

## List of Tables

**Abstract**

This study examined the construct validity of the embedded Psychopathy-16 (P-16) scale of the Millon Adolescent Clinical Inventory (MACI; Millon, 1993) in an archival sample of 811 adolescent psychiatric inpatients. Comparison of the P-16 distribution with the Psychopathy Content Scale (PCS; Murrie & Cornell, 2000) indicated about 12.8 percent of the inpatient sample fell above the cut-off suggested by Murrie and Cornell (2002), suggesting that a cut-off of eight might produce an equivalent identification of 12.8 percent of adolescents in this group, indicating levels of psychopathy severe enough to warrant further assessment. Confirmatory and exploratory factor analysis indicated the presence of a three-factor solution, though the items were somewhat dissimilar from the three-factor model previously obtain. Concurrent validity exploration in one sample ($N$ = 757) found that the P-16 scales and total score were significantly and moderately correlated with both the PAI-A Antisocial Scale and Aggressive Scale. However, correlations for the total P-16 score and all P-16 scales (callousness, egocentricity, antisocial behavior) were significantly more strongly correlated with PAI-A antisocial scores. Regression analysis with a subsample of adolescents ($N$ = 79) who had also completed the adolescent version of the Firestone Assessment of Violent Thoughts (FAVT-A; Firestone & Firestone, 2008) revealed that although combinations of the P-16 scales predicted both Hostile Reactive and Instrumental Aggression, P-16 Callousness was the only significant independent predictor of FAVT-A Instrumental Aggression. Implications for assessment of psychopathic features in adolescent inpatients were discussed.

# Chapter I

## Introduction

## Application of the MACI Psychopathy Content Scale (P-16) in an Adolescent Inpatient Population: A Convergent Validity Study

Relative to other areas of research in psychology, there has been a relatively slow progression of the development of the formal clinical construct of psychopathy into formal assessment and research. Though the construct of psychopathy has been discussed for over a century, scientifically sound psychometric procedures for assessment of psychopathic individuals have only recently become available (Hare, 1996a). Since its development and later revisions, the Psychopathy Checklist–Revised (PCL-R; Hare, 2003), has been the "gold standard" of diagnostic measures of psychopathy (Acheson, 2005; Hare et al., 2012; Crego & Widiger, 2014). The 20 items of the Hare psychopathy Checklist-Revised have helped define the construct and emphasize the inclusion of affective, interpersonal, and behavioral factors (Hare, 2003).

Unlike the PCL-R, the Diagnostic and Statistical Manual of Mental Disorders (DSM; American Psychiatric Association, 1952; American Psychiatric Association, 1968; American Psychiatric Association, 1980; American Psychiatric Association, 1987; American Psychiatric Association, 2000; American Psychiatric Association, 2013), throughout its various versions, has not maintained such a highly regarded reputation for the diagnosis of psychopathy due to its lack of inclusion and over simplification of its definition.

The majority of current research in the field utilizes a definition of psychopathy that includes both interpersonal and affective characteristics as well as deviant behavior (Kiehl, 2006). The second edition of the DSM (DSM-II), published in 1968, began using the term antisocial personality and did not include definitions of psychopathy or the previously used term of

sociopathy (Hare, 1996a). While the DSM has attempted to define psychopathy through antisocial personality, throughout most iterations it has only referred to the deviant behaviors of psychopathy and largely ignored the interpersonal and affective characteristics (Crego & Widiger, 2014; Hare, 1996b; Kiehl, 2006). Although the DSM-5, published in 2013, has modified its definition for the diagnosis of antisocial personality disorder, many experts in the field hold that the DSM-5 criteria are insufficient, when compared to the PCL-R, in properly diagnosing psychopathy (Crego & Widiger, 2014). The majority of individuals who meet criteria for psychopathy also meet the criteria for antisocial personality disorder; however the majority of individuals who meet the criteria for antisocial personality disorder do not necessarily meet the criteria for psychopathy (Hare, 1996b). Thus, much of the research in this field has heavily relied on the use of the PCL-R.

Recently, researchers have turned their attention to the diagnosis of adolescents with psychopathy and possible future implications for accurate and early diagnosis. (Stafford & Cornell, 2003). Attempting to extend the concept of psychopathy down to children and adolescents, researchers found that psychopathy looks similar in adolescents as it does in adults (Salekin, 2008). Researchers also found support for the notion that these traits continue to be apparent within these individuals into adulthood (Frick, Kimonis, Dandreaux & Farell, 2003). In addition, they also found evidence indicating a critical period may exist in which traits of psychopathy in adolescents may be amenable to change (Frick, Cornell & Barry, 2003). If this research holds true, early identification of these traits is essential in order to initiate interventions during this critical period. If we are able to diagnose adolescents with psychopathic traits early, we may influence the development and behavioral expression of the disorder (Hare, 1996a).

Though there are many diagnostic instruments that accurately assess traits of psychopathy in adolescents, they are time consuming, challenging, and often not administered in many adolescent psychiatric populations. As a result, researchers have recently devoted efforts to the development and validation of screening assessments of psychopathy traits in adolescents. This study aims to expand the research in this field by examining how a screening scale, the Psychopathy 16 Scale (P-16; Salekin, Ziegler, Larrea, Anthony & Bennett, 2003), developed from within a larger more frequently administered assessment, the Millon Adolescent Clinical Inventory (MACI; Millon, 1993), relates to other measures of personality and aggression including the Personality Assessment Inventory – Adolescent (PAI-A) and Firestone Assessment of Violent Thoughts – Adolescent (FAVT-A).

# Chapter II

# Literature Review

## History of Psychopathy and Terminology

Although psychopathy has been written about in colloquial terms throughout history, psychopathy did not emerge as a clinical construct until the beginning of the 19th century (Hare, 1996a; Cleckly, 1976). The first clinician to define the construct of psychopathy was Philippe Pinel (Hervé & Yuille, 2017; Kiehl, 2006; Pinel, 1806). Credited with being the founding father of modern psychiatry, Pinel described several patients he believed to be suffering from mania sans delire (madness without delirium) (Hervé & Yuille, 2017; Kiehl, 2006; Pinel, 1806). He described someone suffering from *mania sans delire* as an individual who appeared to have no intellectual difficulties yet suffered from profound deficits in behavior. These individuals engaged in frequent drug and alcohol use, acts of cruelty and antisociality, and acted impulsively, immorally and irresponsibly (Hervé & Yuille, 2017; Pinel, 1806). Additionally, these individuals' actions often caused negative consequences for themselves and others involved (Hervé & Yuille, 2017). Pinel was most struck by these patients' awareness of their behaviors; their lack of delusions or disordered thought, coupled with their typically high intelligence, and how contrasting their attitudes were from other patients he had treated (Hervé & Yuille, 2017; Pinel, 1806).

Around the same time, an American clinician, Benjamin Rush, described a similar presentation of symptoms among his patients. He described individuals, with what he termed moral derangement, as having adequate intellect and reasoning abilities but who nonetheless engaged in antisocial and deceitful acts at an early age (Hervé & Yuille, 2017; Kiehl, 2015). In addition to engaging in such acts from an early age, these individuals showed no signs of

remorse or guilt and were not concerned with the negative consequences of their actions (Hervé & Yuille, 2017). Rush's description of *moral derangement* largely overlapped with Pinel's *mania sans delire*. Rush's description differed however, in his emphasis of the irresponsible and antisocial nature of these individuals. (Hervé & Yuille, 2017; Millon, Simonsen, & Birket-Smith, 1998)

James Prichard, continued to expand upon the concept of psychopathy and promoted Pinel's work throughout England (Hervé & Yuille, 2017). Prichard mostly agreed with both Pinel and Rush's definitions of what he termed *moral insanity;* he believed in their lack of morality, remorse, and guilt linked to their criminal propensities. Additionally, Prichard emphasized the disordered affect apparent in these individuals, whose cognitive abilities nevertheless remained intact (Hervé & Yuille, 2017). Prichard further expanded this definition to include all disorders that influence an individual to defy social and moral norms and still maintain their intellectual stability (Hervé & Yuille, 2017).

The term *psychopathy* was first introduced later in the 19th century by German psychiatrist Julius Ludwig August Koch (Hervé & Yuille, 2017; Kiehl, 2015; Millon et al., 1998). Koch described psychopathy as a personality pathology, that was biologically based, and insisted that an individual's entire history must be considered in order to accurately assess for psychopathic traits (Hervé & Yuille, 2017; Kiehl, 2015). However, like Prichard, Koch's definition of psychopathy was overly inclusive and alluded to the general concept of personality disorders. Despite the unintentional lack of specificity in his definition, Prichard's work paved the way for others, who were able to define the construct as a personality disorder, as it is defined today. Influenced by Prichard and Koch's work, Emil Kraepelin and Kurt Schneider each defined a set of psychopathic personalities, or personality disorders (Hervé & Yuille, 2017).

Similar to their predecessors, both Kraepelin and Schneider's typology were over inclusive. Although they each included a description that is similar to the current conceptualization of psychopathy, they also described an array of disorders other than psychopathy (Herve, 2003; Hervé & Yuille, 2017). Though the works of Pinel, Rush, Prichard, Koch, Kraepelin, Schneider, and others throughout the 19th and 20th centuries perpetuated and crucially shaped the development of psychopathy as a clinical construct, their work left practitioners wanting a singular, concise definition of psychopathy. The lack of specificity and universality within the clinical construct created confusion and largely varying diagnosis among clinicians (Cleckley, 1988; Hervé & Yuille, 2017; Kiehl, 2015).

Around the time Kraepelin and Schneider were developing their theories for psychopathic personalities, an American psychologist, George E. Partridge, was developing a more restricted definition of psychopathy that defined one specific disorder (Hervé & Yuille, 2017). He thought it was necessary to narrow the concept to a single disorder in order to expand on and pay heed to the construct of psychopathy (Cleckley, 1988; Hervé, 2003). Partridge also felt that the term psychopathy should be replaced with the more specific term, sociopathy, due to the broad and heretofore undefined use of the term psychopathy (Hervé, 2003, Partridge, 1930). Partridge's push for the use of a single term inspired his peers to focus on a single construct (Cleckley, 1988, Hervé, 2003, Partridge, 1930). Following Partridge, several other clinicians aimed to further clarify the symptomatology specific to psychopathy, including antisocial lifestyle, need for immediate gratification, lack of guilt or remorse, grandiosity, callousness, impulsivity, irresponsibility, as well as lack of social emotions (Hervé & Yuille, 2017). Henderson, Karpman, Arieti, and McCord and McCord, all concerned with the lack of specificity within the construct and application of the term psychopathy, each researched and theorized to

create a clearer understanding of psychopathy. This work provided a significantly clearer idea of what a psychopath is, and it called attention to the need for consistent application of the term psychopath (Hervé & Yuille, 2017). As a result of this work, the construct of psychopathy was discussed more consistently as a disorder characterized by; blunted affect, immature or primitive emotions, grandiosity, superficial and manipulative attitudes, and irresponsible, callous, impulsive, and aggressive behaviors (Hervé & Yuille, 2017).

Although significant steps were taken toward defining a single, universally accepted construct and many clinicians from across the world had attempted to accurately define the construct of psychopathy, all of these definitions or theories fell short in one way or another. The construct of psychopathy remained inaccurately or loosely defined until Hervey Cleckley revolutionized the field of psychopathy research with his book, *The Mask of Sanity* (1988), first published in 1941.

Similar to Partridge and several other clinicians before him, Cleckley (1988) was discontented by the misuse of the construct and term psychopathy. One of the most influential contributors to the modern construct of psychopathy, Cleckley attempted to resolve much of this confusion through identification of the core characteristics of psychopathy (Cleckley, 1988). Taken from in depth research of clinical case studies, Cleckley determined a precise and detailed set of symptoms (Hare, 1991; Hervé & Yuille, 2017; Millon, Simonsen, & Birket-Smith, & Davis, 2002). Cleckley identified 16 of the most central and defining characteristics of psychopathy including; superficial charm and good 'intelligence', absence of delusions and other signs of irrational thinking, absence of 'nervousness' or psychoneurotic manifestations, unreliability, untruthfulness and insincerity, lack of remorse or shame, inadequately motivated antisocial behavior, poor judgment and failure to learn from experience, pathologic egocentricity

and incapacity for love, general poverty in major affective reactions, specific loss of insight, unresponsiveness in general interpersonal relations, fantastic and uninvited behavior with drink and sometimes without, suicide rarely carried out, sex life impersonal, trivial and poorly integrate, and failure to follow any life plan (Cleckley, 1988; Hervé & Yuille, 2017; Kiehl, 2015; Scott, 2014). Cleckley's work revolutionized the field and completely changed the way psychopathy is understood today (Hervé & Yuille, 2017). In fact, the vast majority of trait-based assessments of psychopathy are based off this work (Brinkley et al., 2001). His work also paved the way for future research in defining new methods of classification of the disorder (Hervé & Yuille, 2017; Kiehl, 2015; Scott, 2014).

**The Hare Psychopathy Check List**

Despite Cleckley's revolutionary work, psychopathy did not become a well-defined and accepted clinical syndrome until several decades later (Hervé & Yuille, 2017; Scott, 2014). Before then, diagnostic confusion remained over the definition of psychopathy (Cleckley, 1988; Hervé & Yuille, 2017; Kiehl, 2015; Millon et al., 2002; Scott, 2014). Cleckley's detailed elucidation of the 16 characteristics of psychopathy became a catalyst for clinicians to develop a more formalized conceptualization of psychopathy (Kiehl, 2015; Scott, 2014). As interest in researching this topic grew, there grew an increasing need for valid and reliable measures of psychopathy (Hervé & Yuille, 2017). Interested in ameliorating some of this confusion and further developing the construct through research in psychopathy, Robert D. Hare, operationalized Cleckley's 16 criteria items in order to develop a clinical rating scale for the assessment of psychopathy (Archer, 2013; Hervé & Yuille, 2017; Hare, 1996a).

The field of modern psychopathy was revolutionized by Dr. Robert Hare and his measure of psychopathy, the Hare Psychopathy Checklist (PCL; Hare, 1980) (Kiehl, 2015; Scott, 2014).