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Degree of psychopathy—implications for treatment in male juvenile delinquents

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1. Introduction

Violent crime has long been a preoccupation of society, reflected, among other things, in media reports and in legal decisions on the prevention of violent crime and the treatment of violent criminals. The work presented here is based on the fundamental assumption that risk management is related to risk prediction and to valid and reliable assessment procedures.

1.1. The concept of psychopathy

Psychopathy (Hare, 1980) refers to personality traits that are established early in life. The psychopathy concept described by Cleckley (1976) involves interpersonal, affective, and behavioral aspects. Psychopaths show superficial interpersonal charm. They try to control and manipulate others, and are grandiose, arrogant, and callous. Psychopaths are more concerned with the effects of their actions on themselves than on others (their victims or society). They do not experience a normal depth of emotion (“shallow affect”), and are lacking in guilt and anxiety. Behaviorally, they are impulsive, short-tempered, have a tendency to respond to frustration, failure, and criticism with violent actions and verbal aggression (threats), and are prone to delinquency and criminality. Cleckley’s concept of psychopathy is reflected in a 20-item symptom-construct rating scale, the Psychopathy Checklist—Revised (PCL-R) (for the manual, see Hare, 1991).

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The PCL-R has been divided into two factors: Factor 1 (“selfish, callous, and remorseless use of others”) describes interpersonal and affective characteristics; while Factor 2 (“chronically unstable, antisocial, and socially deviant lifestyle”) reflects antisocial behavior (Harpur, Hare, & Hakstian, 1989). Psychopathy is measured on an analogue scale, and so a cutoff point has been proposed in order to derive categorical diagnoses from the PCL-R. In particular, a cutoff point of 30 has been recommended as the limit for a clinical diagnosis of psychopathy (Hare, 1991). One earlier study, using *only file information* for male forensic patients, suggested, however, a cutoff point of 25 (Harris, Rice, & Quinsey, 1994) as optimal for inclusion in the psychopathy range. Subsequently, Rasmussen and Levander (1996), using only extensive Norwegian file information of a sample of both male and female maximum-security psychiatric patients, suggested that a cutoff of 26 was adequate for a diagnosis of psychopathy. More recently, Grann, Långström, Tengström, and Stålenheim (1998) showed that retrospective studies, using only extensive Swedish file information for male forensic patients, tended to underestimate high scores and overestimate low scores. They found an optimal cutoff point of 26.

In summary, the assessment procedure using the PCL-R typically consists of an interview and a review of file collateral information, and the manual recommends that a cutoff score of 30 or higher be used to classify people as psychopaths (Hare, 1991). Using only extensive file information, lower values have been suggested by some researchers.

1.2. Psychopathy is an obvious risk factor for criminal behavior

Several studies have established the discriminate, congruent, and predictive validity of the PCL-R in samples of inmates serving their sentences in North America (e.g., Hare, 1980; Harpur et al., 1989; Kosson, Smith, & Newman, 1990), and in Europe (e.g., Cooke, 1989; Cooke & Michie, 1999; Raine, 1985; Rasmussen, Storsæter, & Levander, 1999). Recently, Grann, Långström, Tengström, and Kullgren (1999) showed in a retrospect study that psychopathy (PCL-R) predicts violent reoffending in a Swedish sample of personality-disordered offenders.

1.3. Psychopathy in children, juvenile delinquents, and adolescents within psychiatric care

Longitudinal studies have consistently shown that psychopathy in adulthood has its roots in childhood (Loeber, 1982). Moreover, children who show low levels of anxiety respond more poorly to treatment (Quay & Love, 1977).

Psychopathy in children and adolescents has been studied using a modified PCL-R (Forth, Hart, & Hare, 1990). *Psychopathy in children* was studied in an American sample of children (aged 6–13 years) referred to a clinic with severe emotional, behavioral, or learning problems (Frick, O’Brien, Wootton, & McBurnett, 1994). *Adolescent psychopathy* has been studied in a Canadian sample of young offenders (aged 13–20 years) held in a maximum-security detention center (Forth et al.), in an American psychiatric sample, aged between 14 and 17 years (Myers, Burket, & Harris, 1995), and in another American psychiatric sample of male and female adolescents with behavioral and emotional

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