

Name of Tool	The Comprehensive Assessment of Psychopathic Personality Symptom Rating Scale (CAPP SRS)
Category	Responsivity Issues (Validated)
Author / Publisher	Cooke, Hart, Logan and Michie
Year	2004

Description

- The CAPP SRS (originally named the CAPP IRS) is a measure of psychopathic disorder (PPD), based on the Comprehensive Assessment of Personality conceptual model of PPD ([Cooke et al., 2012](#)). It is an expert observer symptom rating scale suitable for use in clinical and forensic settings ([Cooke and Logan, 2015](#); [Cooke and Logan, 2018](#)).
- The CAPP SRS consists of 33 symptoms grouped across six domains. Seven-point scale ratings are given for each symptom ([Florez et al., 2018](#)).
- The CAPP SRS uses information derived from file review, a detailed clinical interview (CAPP SRS Clinical Interview) and information obtained from an informant using the CAPP SRS Informant Report ([Cooke and Logan, 2015](#); [Cooke and Logan, 2018](#); Cooke et al., under review).

Age Appropriateness

18+

Assessor Qualifications

Assessor should have experience and training in administering and interpreting assessments of personality disorder. In addition, assessor should have training in the application of the CAPP SRS.

CAPP SRS training is suitable for experienced practitioners in the fields of psychiatry and psychology who are already trained in the assessment of psychopathy and who use structured assessments of personality disorder in their work with clients or research participants in forensic hospital or correctional settings (Cooke et al., 2004).

Strengths

- The CAPP SRS provides a detailed and idiographic description of psychopathic traits that are known to be linked to violence risk. Symptoms of PPD are allocated to one of six domains of basic personality functioning i.e., self, attachment, behavioural, cognitive, dominance and emotional. The comprehensive nature of the measure provides the foundation for detailed and nuanced diagnostic and risk formulations of the individual case ([Cooke and Logan, 2015](#); [Cooke and Logan, 2018](#)).
- The tool specifically focuses on the domain of personality pathology rather than mixing the domains of personality pathology with criminal or anti-social behaviours; it is thus less tautological than other measures of PPD ([Cooke and Sellbom, 2019](#); [Skeem and Cooke, 2010](#)).

- Prototypicality studies reveal striking consistency in which symptoms are regarded as most central or diagnostic of PPD ([Cooke, 2018](#)).

Empirical Grounding

- Concept maps are a means to explicitly lay out knowledge about a particular topic in a form that is simple and graphical. The concept map was developed based on reviews of the clinical and research literatures looking at existing diagnostic criteria and detailed clinical and research descriptions of psychopathic personality disorder (PPD). Detailed interviews were also undertaken with subject matter experts (SMEs): clinicians working closely with patients with PPD ([Cooke, 2018](#)). To ensure complete coverage of the construct domains, the map also included some symptoms that were controversial and not identified by SMEs or in the research literature. Symptoms that were virtually synonymous were grouped together to give a set of 33 symptoms ([Cooke, 2018](#); Cooke, Hart and Michie, under review).

Inter-Rater Reliability

a) UK Research

No empirical research at present.

b) International Research

- A Masters of Arts dissertation tested the inter-rater reliability of the CAPP in a sample of 30 incarcerated youth. The total CAPP scores had an excellent overall IRR of 0.91. The domain IRR scores ranged from good to excellent (ICC=0.69 to 0.86). The rating of 0.69 is believed to be due to fair ICCs of .50 and below for some of the self-domain symptoms: self-centred, sense of entitlement, sense of invulnerability and unstable self-concept. This suggests that items may be more difficult for raters to assess consistently ([McCormick, 2004](#)).

- [De Page, Mercenier and Titeca \(2018\)](#) tested the CAPP-IRS (the former name for the CAPP-SRS) in a sample of 72 male forensic patients with a primary diagnosis of schizophrenia spectrum disorders. The CAPP-IRS showed good inter-rater reliability.

- [Sea \(2018\)](#) utilised a Korean translation of the CAPP SRS in a sample of correctional offenders in South Korea. The inter-rater reliability scores were very high for almost all of the symptoms, ranging from .82 to .90. Concurrently validity was also demonstrated, with K-CAPP-SRS total scores correlating highly with total scores on the Korean translation of the PCL-R.

- Using a Norwegian research version of the CAPP-IRS (now the CAPP-SRS) on eighty male inmates, [Sandvik and colleagues \(2012\)](#) found that the inter-rater reliability

	<p>ranged from good to excellent. The Total score yielded an ICC of .97. The domains gave the following results: attachment, IC=.89; behavioural, ICC=.76; cognitive, ICC=.74; dominance, ICC=.92; emotional, ICC=.88; self, ICC=.87.</p> <ul style="list-style-type: none"> • Using a sample of patients in a forensic unit in Denmark, Pedersen et al. (2010) found that IRR for the CAPP ranged from fair/good through to excellent. The total ICC was .56. The domains varied: attachment, ICC=.89; behavioural, ICC=.76; cognitive, ICC=.74; dominance, ICC=.92; emotional, ICC=.88; self, ICC=.87. • McCuish and colleagues (2019) tested the inter-rater reliability of the CAPP-IRS. IRR was excellent for the total scores (IICC=.0.91) and adequate to excellent for domain scores (0.69-0.86). • Inter-rater reliability for the CAPP-IRS was found to be excellent for total scores (ICC=0.91) and range from adequate to excellent for domain scores (ICC=0.69-0.86) in a study involving adolescents from the Incarcerated Serious Violent Youth Offender study (McCuish, Hannibal and Corrado, 2019).
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Validation History	
General Predictive Accuracy	
a) UK Research	<ul style="list-style-type: none"> • Cooke and colleagues (under review) reported on a seven site study 315 adult male correctional offenders and secure hospital patients in Scotland and England and found that the CAPP SRS had good measurement precision and good external validity with respect to scores on an older test of PPD, the Hare Psychopathy Checklist-Revised (Hare, 1991, 2003).
b) International Research	<ul style="list-style-type: none"> • The CAPP SRS was applied in a sample of 204 Spanish prisoners and was a found to 'robust and solid method' to evaluate psychopathy in a correctional setting (Florez et al., 2018). • Pedersen et al. (2010) - the CAPP achieved moderate accuracy (AUC) in predicting violent (.70) and non-violent (.71) recidivism in a 5-year follow-up with forensic psychiatric patients, similar to the predictive accuracy observed for the PCL:SV.

Validation History	
Applicability: Females	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
a) UK Research	<ul style="list-style-type: none"> • A doctoral thesis by Kreis (2009) looked at the CAPP in sample of women offenders (n=20) using semi-structured interviews and self-report. The conclusion was reached that at a symptom level prototypical psychopathic women and men and are very similar; although important gender differences do exist, particularly in the expression of symptoms. The CAPP was found to capture psychopathy well across the female gender. • Kreis and Cooke (2012) applied the CAPP-IRS to two case studies of female offenders. It showed promise for use with women, allowing for greater exploration of nuances in traits. The authors caution, however, that it is still under validation and there are no norms available for using the CAPP-IRS with females.
b) International Research	<ul style="list-style-type: none"> • Pauli and colleagues (2018) administered questionnaires to correctional officers in Sweden who rate male or female psychopathy to test whether the CAPP-IRS symptoms were applicable across both genders. Most of the CAPP symptoms were rated as highly or moderately typical of both female and male psychopathy; although female participants in the study rated 'Domineering' as significantly more typical of psychopathy than the male officers did. Although the study downed that CAPP symptoms are relatively gender-neutral, there were some differences in how psychopathy symptoms were described between the genders: psychopathic men were described as reckless, uncaring, self-aggrandising, emotional expressive and garrulous; whereas women were described as more detached and lacking pleasure.

Validation History	
Applicability: Ethnic Minorities	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
a) UK Research	No empirical research at present.
b) International Research	No empirical research at present.

Validation History

Applicability: Mental Disorders	
It has been used with individuals with learning disabilities in practice settings (Cooke, 2019, personal communication).	
a) UK Research	No empirical research at present.
b) International Research	<ul style="list-style-type: none"> The CAPP-IRS was applied to a sample of 72 male forensic patients with a primary diagnosis of schizophrenia spectrum disorders. It was found that in this sample the CAPP-IRS had closer association with clinical features. Moreover, there appeared to be a larger overlap between CAPP-IRS and schizophrenia symptoms than there was with the PCL-R (De Page, Mercenier and Titeca, 2018).

Contribution to Risk Practice
<ul style="list-style-type: none"> The motivation for constructing the CAPP conceptual model was to aid clinical evaluation through the development of new measures of PPD symptoms. The CAPP concept map has been translated into more than 25 languages. The CAPP SRS has been field tested in a range of settings (prisons, hospitals and secure units) in a number of countries (e.g., UK, Spain, Denmark, Belgium, Norway and Korea) (Cooke, 2018). The CAPP SRS could be useful when measuring changes in the severity of symptoms over time. The fact that it can measure change makes it appropriate for risk management and is generally more acceptable to clients than other measures of PPD. The CAPP SRS supports the proper assessment of PPD. It provides both the structure and process for carrying out one of the most challenging tasks in forensic practice (Cooke and Logan, 2018). The timeframe for using the CAPP SRS is flexible, ranging from short-term (3, 6 or 12 months) or longer-term (2 or 5 years or even lifetime) (Cooke et al., under review). An advantage of the CAPP-IRS is that it covers a wider range of symptoms than other tools intended for the assessment of psychopathy (e.g. PCL:YV). Further to this, it allows for symptoms to be broken down into their component parts to allow for greater exploration of their nuances (Dawson et al., 2012; Kreis and Cooke, 2012; McCuish et al., 2019). In a study with 87 officers who rate psychopathy, it was found that the majority of CAPP symptoms (28 out of 33) were rated as highly or moderately typical of psychopathy. There remaining five symptoms were rated by practitioners as not typical of psychopathy: lacks pleasure, lacks perservance, lacks concentration, unstable self-concept and lacks planfulness (Pauli et al., 2018).

Other Considerations
<ul style="list-style-type: none"> The CAPP SRS was originally named the CAPP Institutional Rating Scale or CAPP IRS. The name was recently changed to better reflect the nature and intended uses of the test in community as well as institutional environments. Dawson and colleagues (2012) found that there were both strengths and challenges to using the CAPP-IRS. The format of rating items on the CAPP-IRS requires assessors to gather and consider a broader range of information. This is beneficial in providing a more comprehensive overview of cases; however, it also increases the time and effort involved in an assessment.

- It is recommended that interviewers are initially paired to accommodate the extent of information collected as part of a CAPP assessment. It is also recommended that interviewers consistently debrief each other after interviews to ensure the correct information is gathered ([McCormick, 2004](#))
- A study by [Kreis and colleagues \(2012\)](#) employed 132 international mental health professionals to rate the symptoms of the CAPP in terms of their representativeness of psychopathy. The content validity of the CAPP was found to be good, with the majority of symptoms being highly representative of psychopathy in sensitivity and specificity. The items with the lowest prototypicality ratings were lacks concentration, lacks pleasure and unstable self-concept.
- Construct validity for the CAPP SRS was found to be good, with it discriminating between three psychopathic traits without relying on the assessment of criminal behaviour ([Florez et al., 2018](#)).
- The internal consistency of the CAPP-IRS (now CAPP SRS) was found to be good, except for the Cognition and Emotional Domains ([De Page, Mercenier and Titeca, 2018](#)).
- Convergent validity is evident between the PCL-R and the CAPP-IRS (now CAPP SRS), supporting that they assess the same underlying psychopathy construct ([Sandvik et al., 2012](#)).
- Practitioners should note that this is a clinical tool that assesses the construct of PPD and is therefore not a risk assessment instrument. It assesses constructs that have relevance for risk formulation and risk management.
- The CAPP SRS assessment is currently under-going validation in many countries.
- The CAPP comprises a family of tests. The current version, the Symptom Rating Scale (CAPP SRS) is designed for use in secure treatment settings (e.g. forensic psychiatric hospital).
- The family of instruments will include; (1) Informant Rating Scale and (2) Clinical Interview.
- The CAPP is potentially useful in a variety of settings (e.g. correctional, forensic psychiatric, civil psychiatric, community and family), rather than being optimised for use in a single setting.
- For more information, visit the following website: <http://capp-network.no>.

Name of Tool	International Personality Disorder Examination (IPDE)
Category	Responsivity Issues (Validated)
Author / Publisher	Loranger
Year	1997

Description

- The IPDE is a semi-structured clinical interview designed to assess the personality disorders in the ICD-10 and DSM-IV classification systems. The IPDE ratings are current and, therefore, sensitive to change.
- It involves a semi-structured clinical interview developed to assess personality disorders as defined in the DSM-IV and ICD-10. It also contains a self-administered screening questionnaire.
- Symptoms must be present for at least five years. It is not appropriate for clients with severe depression, psychosis, low intelligence or cognitive impairment. With individuals in remission from chronic mental illness, discretion is advised on behalf of the user.

Age Appropriateness

18-70 years

Whilst the IPDE is not suitable for those aged under 18 years, the manual starts that some investigators – following slight modifications - have found the tool useful for those as young as 15 years.

The authors recommend that for optimal usage clients should be aged 20+. The authors discourage the use of anything less than a five year timeframe with individuals over 20 years of age.

It is further recommended that at least one criterion of a disorder must have been fulfilled prior to age 25 before that particular disorder can be diagnosed.

Assessor Qualifications

This is intended for use with experienced psychiatrists, clinical psychologists and those with comparable training. Users should have knowledge of the ICD-10 and DSM-IV personality disorder criteria and experience of making psychiatric diagnoses.

Strengths

- It is possible to assess personality disorders with reasonably good reliability in different nations, languages and cultures ([Loranger et al., 1994](#))
- It is useful for multiple professions and is based on worldwide field trials.
- The practitioner may adapt questions to suit the interview. The advantage of semi-structured interviews is they incorporate the standardisation of a structured interview with flexibility to allow

the interviewer to build rapport and ensure the interview flows [Kvale & Brinkmann, 2009: 16, 27](#)). To that end, semi-structured interviews provide a degree of procedural validity that makes their results more transferable and less susceptible to institutional and regional biases ([Loranger, Janca and Sartorius, 1997](#)).

- Dimensional scores are provided for every individual for each disorder, even in cases where they do not fulfil the criteria. The dimensional scores provide investigators with greater reliability and more versatility in data analyses ([Loranger, Janca and Sartorius, 1997](#)).

Empirical Grounding



It is based on personality traits prominent in the international field. It uses the general principles of personality disorder assessment ([Cooke and Hart, 2000](#)): disturbances in behaviours and personal relationships, as well as construct validation. The personality disorder constructs primarily reflect the views of Western European and North American psychiatry; thus, many may not be equally applicable in other cultures ([Loranger et al., 1994](#)). It incorporates DSM-IV and ICD-10 personality disorder evaluations. The DSM-IV is predominantly used in the USA and the ICD-10 is mainly international psychiatric community opinion.

Inter-Rater Reliability



a) UK Research

- Two UK sites (London & Nottingham) were included in the field trials for the IPDE. The overall IRR across all sites rated highly with IRR of 0.9-1, 0.8-0.89 and 0.7-0.79 respectively in 13%, 72% and 52% of items ([Loranger, Janca and Sartorius, 1997](#)).

b) International Research

- The IPDE was administered by 58 psychiatrists and clinical psychologists to 716 patients enrolled in clinical facilities in Austria, Germany, India, Japan, Kenya, Luxembourg, the Netherlands, Switzerland and the United States. Thirteen percent of items yielded IRRs of 0.9-1; 72% and 52% rated 0.8-0.89 and 0.7-0.79 for IRR respectively. The author reports "inter-rater reliability and temporal stability that is roughly similar to instruments used to diagnose psychoses, mood, anxiety and substance use disorders" ([Loranger, Janca and Sartorius, 1997: 90](#)).
- In a study in India, a Hindu translation of the IPDE was tested for its inter-rater reliability. ICC ranged from 0.65-1.00 (m=0.89) for each item and between 0.94-1.00 (m=0.98) for dimensional score for each personality disorder ([Sharan et al., 2002](#)).

Validation History

General Predictive Accuracy									
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The IPDE is not a predictive instrument. As stated in the IPDE Manual: "The IPDE is a Semi-structured clinical interview developed within that program and designed to assess the personality disorders in ICD-10 and DSM-IV classifications systems."

Validation History

Applicability: Females									
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a) UK Research	<ul style="list-style-type: none"> The field trials held in the UK included an almost equal number of and female patients. Nottingham had 26 males and 24 females; whilst London had 34 males and 31 females. No differences were found between the genders (Loranger, Janca and Sartorius, 1997).
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b) International Research	<ul style="list-style-type: none"> Study groups internationally (including African, North American, European and Asian countries) included a mixture of male and female patients. There were no differences between urban and rural samples, or between men and women. (Loranger, Janca and Sartorius, 1997).
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Validation History

Applicability: Ethnic Minorities									
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a) UK Research	None available at present.
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b) International Research	<ul style="list-style-type: none"> A range of international studies indicate applicability to a range of ethnic groups. (El-Rufaie, 2002; Fountoulakis, 2002; Magallon-Neria et al., 2012; Mann et al., 1999; Sharan et al., 2002).
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Validation History

Applicability: Mental Disorders									
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a) UK Research	<ul style="list-style-type: none"> Evidence of London (Maudsley Hospital) and Nottingham (Stonebridge Research Centre) involvement in clinical trials (Janca and Pull, 1997).
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b) International Research	<ul style="list-style-type: none"> The DSM-IV and ICD-10 IPDE-SQ screeners were used and compared with the diagnoses obtained with the IPDE semi-structured interview in a sample of 125 adolescents treated in a psychiatric department. The aim of the study was to analyse the usefulness of the IPDE Screening
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Questionnaire (IPDE-SQ) for identifying DSM-IV and ICD-10 Borderline and Impulsive personality disorders in Spanish adolescents. The cut-off point with the best combination of sensitivity and specificity for ICD-10 borderline and impulsive personality disorders was obtained with 3 positive items ([Magallón- Neria et al., 2012](#)).

- Ninety psychiatric out-patients in India, were assessed for personality disorder using the IPDE and Standard Assessment of Personality (SAP) methods. The overall agreement between the two instruments in the detection of ICD-10 personality disorder was modest ($\kappa = 0.4$). The level of agreement varied according to personality category, ranging from κ 0.66 (dependent) to κ 0.09 (dissocial) ([Mann et al., 1999](#))

- The Greek translation of the IPDE has also shown applications whilst being mindful of cultural variation around socio-cultural factors ([Fountoulakis, 2002](#)).

- A sample ($n = 158$) of primary health care patients in United Arab Emirates (UAE) were interviewed by general practitioners (GPs) using the Arabic version of the IPDE (ICD-10 version). This was useful but relatively time consuming with repetition and need of rephrasing in some items. Dimensional measurement proved essential ([El-Rufaie et al., 2002](#)).

Contribution to Risk Practice

- Provides an individualised process for identifying the presence of a personality disorder.
- The dimensional scoring can inform a formulation-based approach to risk assessment by identifying the presence of specific traits.

Other Considerations

- Interview stage should be between an hour to ninety minutes. The validation study did find there was considerable variation amongst interviewers about this figure, with the average length of an interview being cited as around 2 hours and 20 minutes. The authors caution that if an interview were to exceed more than an hour and a half, there is a risk that the assessor will not pursue responses with the same degree of alertness and thoughtfulness and/or the individual's replies will become briefer and more perfunctory in nature. It is recommended that in those situations, the interview should be continued over several stages; although it is best to avoid interrupting an interview in the middle of a section ([Loranger et al., 1994](#)).

- The IPDE-SQ is intended to be an initial screen to detect likely personality disorder to then be followed by a comprehensive assessment. It is a self-administrated form consisting of 57 items written at a nine years of age reading level, which can be completed in fifteen minutes or less ([Slade](#)

[and Forrester, 2013](#)). This is useful for identifying those who would be unlikely to meet the criteria for diagnosed personality disorder, but has the tendency to produce high numbers of false positives.

- [Slade and Forrester \(2013\)](#) recommend the cut-off score is adjusted for certain populations. The standard for the IPDE-SQ is three affirmative answers; however, there are validity issues with this in certain populations: prisoners, adults seeking speech treatment for stuttering and smokers). Increasing the cut-off to four or more answers is reported to be a suitable validity index for these populations. For instance, in the case of prisoners, increasing the cut-off score accounts for some aspects of prison culture (e.g. fear, anxiety) to be accounted for.

- The IPDE ratings should be based on life-long patterns and the typical functioning of an individual.
- It is acknowledged that there may be an impact on the continued use of the DSM-IV version of the IPDE with the arrival of DSM-V. The ICD-10 version of IPDE remains relevant.
- The IPDE allows for the use of assessor ratings and additional information that could be relevant.

Name of Tool	Psychopathy Checklist Revised (PCL-R)
Category	Responsivity Issues (Validated)
Author / Publisher	Hare
Year	2003

Description

- The PCL-R is a 20-item scale for the assessment of psychopathy in research, clinical and forensic settings. It involves a semi-structured interview, file and collateral information.
- The PCL-R produces dimensional scores; it can also be used to classify or diagnose individuals for research and clinical purposes.
- Examiners rate each item on a 3-point scale: 0 (not applicable – the individual does not exhibit the trait or behaviour in question); 1 (applies to a certain extent – a match in some respects but with too many exceptions or doubts); 2 (applies – a reasonably good match in most essential respects).
- The PCL-R has a categorical use, whereby its scores indicate whether an individual meets the criteria of a psychopathy. It also has a dimensional use, relating to interpersonal or affective (Factor 1) or behavioural (Factor 2) features of psychopathy ([DeMatteo and Edens, 2006](#)).

Age Appropriateness

18+

Assessor Qualifications

Clinicians should possess the following qualifications: (1) an advanced degree in the social, medical or behavioural sciences; (2) completed graduate courses in psychopathology, psychometric theory and statistics; (3) knowledge of the clinical and research literature relating to psychopathy; (4) professional credentials with the appropriate regulatory body that regulates the assessment and diagnosis of mental disorders or be legally authorised to conduct psychological assessments; (5) demonstrated experience with forensic or other relevant populations; (6) adequate training and experience in administering the PCL-R.

Training workshops are offered by Professor Hare's Darkstone Research Group, Ltd. (see <http://www.hare.org/training/> for details) amongst other providers There is a web-based training programme offered by the Global Institute of Forensic Research that has been certified by the Darkstone Research Group (see <https://www.gifrinc.com/pcl-r/> for details).

Strengths

- Large research base for the PCL-R. It measures personality traits and behaviours relating to a widely understood concept of psychopathy (e.g. [Berrios, 1996](#); [Cleckley, 1976](#); Pichot, 1978).

- For a measure that is not a risk assessment, it has the ability to predict violent recidivism ([Daffern, 2007](#)).

Empirical Grounding

Since 1980, the PCL-R has been developed and found to be applicable to diverse populations and identifies psychopathy as a risk factor for violence in both mentally and non-mentally disordered individuals.

PCL-R scores have been incorporated into other instruments such as the VRAG and the HCR-20 (Hare, 1991). These are no longer included in the revised version of the VRAG and the third version of the HCR-20.

Inter-Rater Reliability

a) UK Research

- [Logan and Blackburn \(2009\)](#) - large correlation coefficients (rho) observed; between raters ($r = .83$), composite score ($r = .73$), Factor 1 scores ($r = .73$) and Factor 2 scores ($r = .77$).
- [Morrissey et al. \(2007\)](#) - the PCL-R achieved high ICC of .80 within high secure forensic settings.

b) International Research

- [Blais, Forth and Hare \(2017\)](#) carried out an examination of inter-rater reliability across a sample of 280 trained raters. It was found that the cases of individuals with high psychopathy scores showed better reliability than those with moderate to low ones. A public significance statement was released with the article cautioning that whilst the reliability of the PCL-R was good amongst the raters attending the training, it did not meet the recommended standard for criminal cases.
- [Ismail and Looman \(2016\)](#) examined the inter-rater reliability for each of the PCL-R scores using archival data of 178 sexually offending individuals based in a correctional facility in Canada. The ICC range was good to excellent for the individual score items, apart from pathological lying.
- [Rettenberger et al. \(2010\)](#) found an excellent ICC value of .93 for the PCL-R
- [Laurell and Daderman \(2007\)](#) reported an excellent ICC value for the PCL-R (.96)
- Hare (2003) reports ICCs of .86 for North American males who have offended.

Validation History

General Predictive Accuracy




a) UK Research

- [Coid et al. \(2009\)](#) – the PCL-R generated moderate AUCs in the prediction of violence (.64) and general recidivism (.65).
- [Coid et al. \(2007\)](#) –the PCL-R had moderate predictive accuracy for various types of offences: Violence (AUC=.64), Theft (AUC=.66), Drugs (AUC=.60), and Any Offence (AUC=.65).
- [Cooke et al. \(2001\)](#) – the PCL-R generated a moderate AUC score of .65.


b) International Research

- [Krstic et al. \(2017\)](#) administered structural equation modelling and found that the PCL-R factors provided a basis for allocating those who have committed sexual offences into four distinct sub-types.
- [Rettenberger et al. \(2010\)](#) found the PCL-R generated high AUC values for sexual recidivism (.73), general violent recidivism (.75), and general criminal recidivism (.80) in a sub-group of sexual offending individuals.
- [Farrington, Jolliffe and Johnstone \(2008\)](#) - In a meta-analytic study, the PCL-R generated a moderate AUC value of .69.
- [Olver and Wong \(2006\)](#) - Composite PCL-R score obtained moderate predictive accuracy in relation to re-offending rates for non-sexual and sexual offending (AUCS= .61 - .73)
- [Olver et al. \(2013\)](#) examined the PCL-R in large samples of Canadian Aboriginal and non-Aboriginal individuals. Analyses of predictive accuracy found that medium effects were found in predicting violent, non-violent and general criminal recidivism for both groups.
- [Abbiati and colleagues \(2018\)](#) applied the PCL-R to 52 individuals with violent offences in a Swiss prison to evaluate its predictive validity for different types of misconduct. Fair predictive validity was shown for physically violent misconduct with an AUC of 0.78; poor predictive validity was shown for any misconduct and other misconduct (AUCs of 0.65 and 0.66 respectively).

	<ul style="list-style-type: none"> • DeMatteo et al. (2014) carried out a review of the PCL-R in 214 cases of sexually violent predator offending in the U.S. There were multiple scores in 29 of the cases and an ICC of only .58, suggesting that the PCL-R may not be a suitable tool for these types of cases. • Hawes, Boccaccini and Murrie (2013) carried out a meta-analysis looking at the relation between sexual recidivism (combined sample size of 5239) and PCL-R scores. The total score effect was $d=0.40$, which is at the upper end of confidence intervals. These effects were stronger against for Factor 4 ($d=0.40$) and Factor 2 ($d=0.44$). Moreover, effect sizes tended to be stronger for scores calculated for research purposes ($d=0.44$) not clinical use ($d=0.28$). • A study examined 108 clinicians' scoring of the PCL-R using case materials and a seven-point scale to provide a rating of an individual's risk of committing a new sexual offence. Results showed that their judgments were more strongly associated with assigned Factor 1 scores than Factor 2. This is in spite of the fact that Factor 1 traits not necessarily being the most predictive of future risk; although they are the most prototypical of psychopathy (Gardner, Boccaccini and Murrie, 2018).
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Validation History	
Applicability: Females	
a) UK Research	None available at present.
b) International Research	<ul style="list-style-type: none"> • Gray and Snowden (2016) examined psychopathy in female psychiatric patients in the UK and the US using the PCL:SV. Based on their findings and other studies, the authors surmised that the PCL-R and the PCL:SV are predictive of antisocial outcomes in women and that there is very little difference when compared to findings involving male patients. • Schaap, Lammers and de Vogel (2009) found above-chance AUC values for violent recidivism (.57) and moderate AUC for general recidivism (.60). • Vitale et al. (2002) found small to large Pearson correlations between the PCL: R composite score and violent and non-violent offending which ranged from .18 to .44.

	<ul style="list-style-type: none"> • In the Weizmann-Henelius et al. (2010) study, raters used forensic examination reports to use the PCL-R to retrospectively rate Finish females who have offended. A robust association was found between psychopathy and borderline personality disorder. It was also discovered that the impulsive and unstable features of psychopathy have a greater presence in females with the disorder, suggesting psychopathy may be expressed differently in men and women. • In a sample of 78 female forensic patients, the PCL-R demonstrated good predictive accuracy for all recidivism within a 3 year follow-up period (AUC=.710); over a longer period of time the AUC for all recidivism dropped to .60. Violent recidivism generated low predictive accuracy with an AUC of .457. the authors postulate this may be attributed to female psychopaths engaging in subtle, manipulative rather than violent behaviour (de Vogel, Bruggeman and Lancel, 2019).
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Validation History	
Applicability: Ethnic Minorities	
a) UK Research	None available at present.
b) International Research	<ul style="list-style-type: none"> • Sullivan et al. (2006) - moderate correlations observed between the composite PCL: R scores of ethnic minority individuals and violent and non-violent behaviours. • Skeem et al. (2004) - meta-analysis suggested no strong evidence of differences in the core psychopathic traits in White and Black participants. • Tsang, Piquero and Cauffman (2014) applied the PCL:YV to male adolescents of Caucasian, African American and Hispanic ethnicities. It was found that there was substantial, differential item functioning in 15 of the 20 items across the ethnic groups. • Olver et al. (2018) carried out a study on Canadian indigenous and nonindigenous males. Findings indicated that indigenous men scored higher on most components of the PCL-R and had higher rates of recidivism than nonindigenous males.

Validation History

Applicability: Mental Disorders	
a) UK Research	<ul style="list-style-type: none"> • Morrisey et al. (2010) examined the use with Intellectually Disabled individuals finding a preference for using the instrument for clinical purposes as opposed to focusing on total scores. • Logan and Blackburn (2009) - moderate correlations observed for non-violent convictions and factor 1 ($r = -.29$) and factor 2 ($r = .27$) scores in high secure settings.
b) International Research	<ul style="list-style-type: none"> • McDermott et al. (2008) - composite PCL:R scores did not significantly predict inpatient violence (AUC= .58). Factor 2 scores obtained moderate predictive accuracy in 'Aggression towards Staff' (AUC=.66) and 'Aggression towards Patients' (AUC=.65).

Contribution to Risk Practice
<ul style="list-style-type: none"> • Psychopathy, as measured by the PCL-R and its screening version PCL:SV, is part of other risk assessment tools: VRAG, SORAG, DVRAG and SVR-20. The HCR-20 includes information drawn from PCL-R assessments (Douglas and Reeves, 2010; Hare, 2003; Hare and Neumann, 2009). • Assessments using the PCL-R have been used in a variety of criminal justice settings throughout Western society: civil commitment proceedings in the U.S.; dangerous offender hearings in Canada; severe dangerous personality disorders in the UK. In the Netherlands, it is also a requirement that the PCL-R is administered to all forensic psychiatric inpatients. • The PCL-R has been designed to assess the presence of psychopathic traits rather than the risk of recidivism (albeit that the presence of psychopathy has been shown in prior investigations to be a risk and responsivity factor for recidivism and response to treatment/intervention respectively). • The PCL-R is a four-factor model identifying the traits related to the construct of psychopathy: interpersonal/affective features (e.g. callousness and superficial charm); lifestyle (e.g. irresponsibility and impulsivity); antisocial (e.g. poor behavioural controls and early behavioural problems). • Although not designed primarily to identify factors associated with further offending, it reviews factors that are established as general risk factors, and others that would be relevant to risk management planning. • The PCL-R can aid assessors in identifying risk and responsivity factors specific to the individual, such as a lack of remorse or guilt and failure to accept responsibility for own actions. • Some PCL-R items can be targets for change. • While in some contexts a categorical conclusion about psychopathy is required, the cut off score is primarily used to facilitate comparative research. • The manual notes that for clinical assessments a dimensional approach to interpreting the findings of a PCL-R is often preferred. In this approach an assessor may use the PCL-R to identify the presence of psychopathic traits; to consider their relevance to risk management; compare an individual's total and factor scores against percentiles. • Where an assessor is required to offer a categorical conclusion and report a cut off score, it is important that s/he is aware of the relevant research and uses the most appropriate normative data for the population. There is evidence to suggest cross-cultural validity (Hare, 1998) and variability and accuracy of cross-cultural cut-off scores (Cooke and Michie, 1999). This is particularly

relevant within a forensic population where it's suggested that a cut-off of 25 is more accurate for England and Scotland ([Cooke and Michie, 1999](#)).

- Based on empirical research carried out, [Morrissey \(2013\)](#) has produced a set of guidelines to be used as a supplement to the PCL-R and the PCL:SV manuals with males with intellectual disabilities. For instance, it is documented that interview evidence may be less reliable in individuals with IDs and to assist this process there should be increased time for interviewing and the standard questions should be adapted. It is also recommended that the PCL-R should not be used in individuals with IDs under 21 years old, due to developmental differences.

Other Considerations

- There is the absence of a clear-cut cut-off score for diagnosing an individual as a 'psychopath.' Generally, groupings around the possible presence of the disorder are informed by the following scores: low for a total of below 20; medium for scorings between 20-30; scores of 30 and more as high.

- Items should be omitted only when absolutely necessary (i.e. there is insufficient information to correctly score an item). The omission of too many items will deplete the reliability of the PCL-R. Also, there are no provisions in place to allow the user to modify or veto an item score. The authors, therefore, advise that the PCL-R is used strictly as designed or not at all.

- PCL-R items are rated on the basis of lifetime functioning. Socio-demographic factors like race and class may influence the meanings of items as well as the practical implications of an assigned score.

- [De Matteo, Edens and Hart \(2010\)](#) recommended that the PCL-R should be used as part of a comprehensive risk assessment investigation; rather than it being the sole measure.

- Psychopathy as a construct is relatively stable, therefore it cannot account for fluctuations in mental states or behavioural change ([Daffern, 2007](#)). Psychopathy can encompass traits from other personality disorders: anti-social, narcissistic, histrionic and paranoid ([NHS England and National Offender Management Service, 2015: 141](#)).

- Assessing 269 young males who committed violence offences, [González and colleagues \(2019\)](#) found that there was a positive association between psychopathic traits and aggressive antisocial behaviours, with the strongest correlations between the Lifestyle and Antisocial facets of the PCL-R. Additionally, there was no association between the verbal dimensions of intelligence and PCL-R facets, suggesting that even though persons with psychopathic traits may seem to demonstrate an above-average intelligence level this may be misleading.

- Acknowledging the differences of original and local validation samples assessors should ensure they rate each item carefully and then examine the cultural and social context in which the assessment was made in order to determine and understand differences. (e.g. differences between U.K. and North American subjects in the interpersonal style items, particularly grandiose sense of self-worth and glib/superficial charm ([Cooke et al., 2005](#)).

- Assessors should note that this tool has been normed on forensic mental health samples, however, in certain sub-groups of mentally disordered individuals (e.g. learning disabilities) its accuracy in predicting recidivism lessens.

- Some research suggests that a diagnosis of psychopathy could be regarded as a negative label with negative consequences on sentencing, treatment and clinical judgement ([Lloyd, Clark and Forth, 2010](#)). Other investigations suggest that a defendant's prior criminal history holds more influence over sentencing than a diagnosis of psychopathy ([Cox et al., 2010](#)).

- For more information, please visit the following website: www.hare.org

Name of Tool	Psychopathy Checklist: Screening Version (PCL:SV)
Category	Responsivity Issues (Validated)
Author / Publisher	Hart, Cox and Hare
Year	1995

Description

- The PCL:SV is a 12-item abbreviated tool derived from the PCL-R designed to screen for the possible presence of psychopathy.
- The tool was not designed to replace the PCL-R but to offer an efficient tool to screen for the possible presence of psychopathy in those who have offended and forensic psychiatric patients (Hart, Cox and Hare, 1995).
- The PCL:SV omits items scored on the basis of them being challenging to confirm or too detailed. This means that an interview using the PCL:SV can be completed in around 30 to 60 minutes.
- Cut-off scores indicate when to follow up with the full PCL-R assessment.

Age Appropriateness

16+ is prescribed in the manual (Hare, 1995).

It is, however, recommended by Multi-Health Systems, Inc. that the PCL:SV is used with individuals aged 18 and above. This makes sense considering that PCL-R cannot be administered to a 16 or 17 year old who was demonstrating a high score on the PCL:SV.

Assessor Qualifications

Similar specifications as with its predecessor, the PCL:R.

Strengths

- Criminal records are not needed for this tool, making it more appropriate than the PCL-R for use in non-forensic as well as non-criminal settings. The authors maintain it is particularly suitable for civil psychiatric evaluations, personnel selection in law enforcement and the military, and studies of community residents.
- The tool is deemed as highly reliable when used by individuals with the relevant experience and training.
- The tool is widely used in non-forensic contexts, both as a screen for psychopathy and as a 'stand-alone' instrument, particularly with community and psychiatric populations ([Guy and Douglas, 2006](#); [Oliveira-Souza et al., 2008](#)), particularly in countries outside of North America ([Douglas et al., 2005](#)).

Empirical Grounding									
<ul style="list-style-type: none"> • The tool is a derivative of the PCL:R and is conceptually and empirically related to the PCL:R (Guy and Douglas, 2006). • The tool correlates approximately with the longer version in the normative sample (.80) (Hart, Cox and Hare, 1995). 									

Inter-Rater Reliability										
a) UK Research										<ul style="list-style-type: none"> • Doyle et al. (2012) found high ICCs of .97 for the composite score, .85 for factor 1 scores and .80 for factor 2 scores. • Gray et al. (2004) also found large correlations for the PCL:SV composite score (r= .98).
b) International Research										<ul style="list-style-type: none"> • Dietiker, Dittmann and Graf (2007) compared the PCL:SV, HCR-20 and SVR-20 in a German sample of individuals with sexual offences and confirmed the utility of PCL:SV. • Campbell, French and Gendreau (2009) - meta-analytic research on a variety of risk assessments revealed that the PCL:SV produced the third largest mean effect size (N = 504, K = 7, Z+ = .22) in predicting institutional violence and a strong magnitude for predicting violent recidivism (K= 5, N =641, Z+ .20). • Žukauskienė, Laurinavičius and Čėsniienė (2010) - the PCL:SV composite scores obtained moderate correlations in relation to criminal convictions (r=.26), violent offending (r= .22) and total time spent in correctional institutions (r=.20).

Validation History										
General Predictive Accuracy										
a) UK Research										<ul style="list-style-type: none"> • Howard (2007) - the PCL:SV was found to be a moderate predictor of future violence (AUC = .64) in a sample of individuals serving community sentences.
b) International Research										<ul style="list-style-type: none"> • Campbell, French and Gendreau (2009) - meta-analytic research on a variety of risk assessments revealed that the PCL:SV produced the third largest mean effect size (N = 504, K = 7, Z+ = .22) in predicting institutional violence and a strong magnitude for predicting violent recidivism (K= 5, N =641, Z+ .20).

	<ul style="list-style-type: none"> • Dietiker, Dittmann and Graf (2007) compared the PCL:SV, HCR-20 and SVR-20 in a German sample of individuals with sexual offences and confirmed the utility of PCL:SV. • Žukauskienė, Laurinavičius and Čėsniėnė (2010) - PCL:SV composite scores obtained moderate correlations in relation to criminal convictions ($r=.26$), violent offending ($r= .22$) and total time spent in correctional institutions ($r=.20$). • Higgs, Tully and Browne (2018) found that the PCL:SV showed similar predictive accuracy to the PCL-R with regards to violence risk.
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Validation History	
Applicability: Females	
a) UK Research	None available at present.
b) International Research	<ul style="list-style-type: none"> • Richards, Casey and Lucente (2003) - scores on the PCL:R and PCL:SV were significantly associated with disruptive and violent rule violations and other non-compliant behaviours.

Validation History	
Applicability: Ethnic Minorities	
No empirical evidence at present.	

Validation History	
Applicability: Mental Disorders	
a) UK Research	<ul style="list-style-type: none"> • Cullen et al. (2011) - mentally disordered individual with scores of 16 and above on the PCL:SV were just over 13 times more likely to drop out of an offending treatment program than those with lower scores. • Morrisey et al. (2010) examined the use of the PCL:SV with Intellectually Disabled individuals, finding a preference for using the instrument for clinical purposes as opposed to focusing on total scores.

	<ul style="list-style-type: none"> • Ho, Thomson and Darjee (2009) - ROC analyses revealed that the PCL:SV had moderate predictive accuracy for predicting serious violence (AUC = .66) and any violent incidents (AUC = .63) in a sample of mentally disordered individuals. • Gray et al. (2004, 2007) - moderate to large AUCs found for recidivism in a sample of those with mental disorders.
b) International Research	<ul style="list-style-type: none"> • Arbach-Lucioni et al. (2011) - the PCL:SV displayed moderate predictive accuracy in predicting inpatient violence in the short term (AUC=.70) however its accuracy lessened in the follow-up periods (AUC=.61). • Douglas et al. (2005) - in a sample of male and female forensic psychiatric patients, composite PCL:SV scores were moderately predictive of inpatient aggression (AUCs= .63 - .68).

Contribution to Risk Practice

- High scoring on the PCL:SV can be indicative of a need to administer the PCL-R tool. The PCL:SV has moderate false positive (i.e. an individual wrongly being categorised as a psychopath) and very low false negative rates (i.e. an individual who meets the criteria of a psychopath not being recognised as one).
- The PCL:SV provides a brief scan of factors related to the construct of psychopathy - some of the factors analyse the individual's past and current offending behaviours. This information can be used to prompt further assessment of identified risk factors. A study by [Stoll and colleagues \(2019\)](#), for instance, found there was low levels of psychopathy in a sample of low-risk individuals who had committed child sexual offences (43 paedophilic offences and 21 were control participants); although a higher level of neuroticism was associated with higher PCL:SV scores.
- Guidelines were produced by [Morrissey \(2013\)](#) about using this tool with individuals with intellectual disabilities. It was recommended that due to the developmental delays in an individual with intellectual disabilities, the PCL:SV should not be used with those aged under 21 years with IDs.

Other Considerations

- A score of 18 and above is generally used as a marker for psychopathy; scoring of 12 and lower is considered to be achieved only with non-psychopaths.
- Similar to its 'parent' tool, the PCL-R, the PCL:SV should be used to test the lifetime functioning of an individual; it should not be used for assessments pertaining to the 'present state' or a brief period of time (less than a year). It is also not designed to identify risk factors; rather, it reviews factors that would be relevant to risk management planning.
- Being a derivative of the PCL:R, the PCL:SV will also suffer similar disadvantages.

- As noted under the PCL:R, validation research relating to the PCL:SV should also be interpreted with caution given that the tool was designed to screen for psychopathic traits rather than assess the likelihood of recidivism.
- Unlike the PCL:R, the PCL:SV can be completed in the absence of criminal record information, which increases its versatility outside of forensic settings (Hart, Cox and Hare, 1995).
- There is debate within research regarding the potential consequences of a diagnosis of psychopathy and its effects on sentencing, treatment and clinical judgement ([Cox, DeMatteo and Foster, 2010](#); [Lloyd, Clark and Forth, 2010](#)).
- For more information, please visit the following website: www.hare.org.

Name of Tool	Psychopathy Checklist Youth Version (PCL: YV)
Category	Responsivity Issues (Validated)
Author / Publisher	Forth, Kosson and Hare
Year	2003

Description

- The PCL:YV is a 20-item scale designed specifically for the assessment of psychopathic traits in adolescent populations ([Brazil and Forth, 2016](#)).
- The authors maintain that the PCL:YV is a ‘downward extension’ of the PCL-R tailored to be more applicable to the target population. The PCL-R items pertaining to adults such as ‘Parasitic lifestyle,’ ‘Lack of realistic long-term plans’ and ‘Many short-term martial relationships’ were replaced by items that attempt to capture similar dispositions but in the forms they appear during adolescence in the PCL:YV. The item descriptions and scoring guides for several other items were also modified. For example, ‘Juvenile delinquency’ and ‘Criminal versatility’ were also modified, given that adolescents have less contact with the justice system than adults at this stage in their lives (Forth, Kosson and Hare, 2003).
- Using a semi-structured interview and collateral information, the PCL:YV measures interpersonal, antisocial, affective, and behavioural features related to a widely understood, traditional concept of psychopathy (Forth, Kosson and Hare, 2003).
- The PCL:YV is suitable for both male and female populations between the ages of 12 and 18 (Forth, Kosson and Hare, 2003).

Age Appropriateness

12-18

Assessor Qualifications

Similar specifications as with its predecessor, the PCL:R: (1) advanced graduate degree in the social, medical or behavioural sciences; (2) possess appropriate professional credentials; (3) a familiarity with the clinical and research literature pertaining to psychopathy, both in adults and adolescents; (4) experience working with adolescents and/or familiarity with developmental norms; (5) adequate training and experience in using the PCL:YV; (6) avoid using non-standard procedures to administer the PCL:YV. A qualified clinician should supervise assessors who do not have the above qualifications (Hare, 2003).

Individuals can administer the PCL:YV for clinical purposes if they are licensed to conduct psychological assessments and possess an advanced university degree (postgraduate level). Furthermore, it is recommended that assessors establish interrater agreement through training before using the instrument for clinical purposes. Use of the PCL:YV for research purposes only does not require assessors to be licensed professionals ([Brazil and Forth, 2016](#)).

Strengths

- Strong empirical grounding given that the measure draws upon the research of the PCL:R (Forth, Kosson and Hare, 2003).
- When used in appropriate contexts and by appropriately trained professionals, can be useful in directing future treatment and other interventions ([Brazil and Forth, 2016](#)).

Empirical Grounding



This youth version is a downward extension of the PCL:R, used to assess personality characteristics and elements of psychopathic behaviour (Forth, Kosson and Hare, 2003).

Inter-Rater Reliability



a) UK Research

- [Dolan and Rennie \(2006\)](#) measured the inter-rater reliability of three researchers. ICCs ranged between .87 to .93.

b) International Research

- [Marsh et al. \(2011\)](#) - excellent correlation coefficient found for PCL:YV scoring ($r = .91$).
- [Cauffman et al. \(2009\)](#) obtained excellent ICC value of .91 for the composite PCL:YV scores.
- [Welsh et al. \(2008\)](#) - excellent ICC value of .84 obtained for the PCL:YV.
- [McCuish et al. \(2019\)](#) excellent ICC was of .92 was found for the PCL:YV total score.

Validation History

General Predictive Accuracy




a) UK Research


- [Dolan and Rennie \(2008\)](#) - poor to moderate ROC values for general recidivism (.60) and violent recidivism (.54).
- [Marshall et al. \(2006\)](#) - large AUCs for the PCL:YV across 3 offending categories: recorded incidents of violence (.73), number of charges and convictions (.73) and assaults (.75).


b) International Research

- [Douglas, Epstein and Poythress \(2008\)](#) - moderate to large AUCs observed for violent (.66) and weapons-related (.88) recidivism. PCL: YV scores did not, however, significantly predict any recidivism or non-violent recidivism.

	<ul style="list-style-type: none"> • Edens and Cahill (2007) – the PCL: YV did not significantly predict violent and general recidivism in community settings. • Catchpole and Gretton (2004) – the PCL:YV obtained a large AUC value of .73 in predicting violent recidivism. • Corrado et al. (2004) found small to moderate AUC values in predicting any, non-violent and violent recidivism ranging from .58 - .68. • Shepherd and colleagues (2014) applied the PCL:YV to a sample of Australian young offenders over a period of up to 18 months in order to ensure a minimum follow-up of six months. The PCL:YV was found to predict general and violent recidivism generating AUCs of .66 and .64 respectively. • A study of 72 juvenile sex offenders by Wijetunga et al. (2018) tested the predictive validity of the PCL:YV. The AUCs for general nonsexual, violent nonsexual and sexual recidivism were .63, .54 and .77 respectively. The PCL:YV was also found to strongly correlate with Scale P of the JSOAP-II, a youth sexual violence tool with a scale intended to measure psychopathy.
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Validation History	
Applicability: Females	
a) UK Research	None available at present.
b) International Research	<ul style="list-style-type: none"> • Bauer, Whitman and Kosson (2011) - Moderate to large correlations observed between total number of charges ($r = .29$), number of violent infractions ($r = .38$) and the total number of infractions ($r = .43$) in a sample of institutionalised female offenders. • Stockdale, Olver and Wong (2010) - moderate to large AUCs found for the original 20-item 4-factor model ranging from .67 to .68 for total recidivism and from .70 to .75 for youth recidivism. It was, however, unable to significantly predict adult recidivism. • Marshall et al. (2006) - satisfactory correlations found between the PCL:YV scores and recidivism in relation to predicted assaults, total charges and reconviction in a group of female offenders.

Validation History	
Applicability: Ethnic Minorities	
a) UK Research	None available at present.
b) International Research	<ul style="list-style-type: none"> • Stockdale, Olver and Wong (2010) - moderate to large AUCs found for total recidivism (range = .71 to .72) and youth recidivism (range = .73-.81). Moderate AUC of .63 was found for adult recidivism in a group of Aboriginal offenders. • Schmidt et al. (2006) - the PCL:YV attained excellent predictive accuracy (ROC) for violent recidivism (.83) and general recidivism (.76). Its accuracy in predicting non-violent recidivism was, however, below chance (.31). • McCuish and colleagues (2018) tested the predictive validity of the PCL:YV across 137 indigenous and 312 White adjudicated youth. Support was evident for using the PCL:YV across both ethnic groups. The lifestyle and antisocial factors were more informative of recidivism outcomes than interpersonal and affective factors.

Validation History	
Applicability: Mental Disorders	
a) UK Research	None available at present.
b) International Research	<ul style="list-style-type: none"> • Schmidt et al. (2006) - the PCL:YV attained moderate predictive accuracy for violent (.71) and general (.72) recidivism in a sample of juvenile offenders who were referred for mental health assessments.

Contribution to Risk Practice
<ul style="list-style-type: none"> • The PCL:YV provides an assessment of factors related to the construct of psychopathy - some of the factors analyse the individual's past and current offending behaviours. This information can be used to prompt further assessment of identified risk factors and other relevant intervention options.

Other Considerations
<ul style="list-style-type: none"> • The authors advise that the PCL:YV should not be the sole decision-making measure used to assess risk of recidivism. Its standard error of measurement should also be considered to account for 'false positive' cases where item scores are part of an adolescent development process.

- A cut-off score for clinical diagnosis is not provided, in line with the recommendations of practitioners not to diagnose personality disorders in adolescents.
- Fewer validation studies conducted on UK populations. [Pechorro et al. \(2015\)](#) found the Portuguese version of the PCL:YV demonstrated promising psychometric properties with regards to the three-factor model of youth psychopathy; although further validation work is still required.
- It may be possible to complete the PCL:YV solely using information contained in file records in cases where information provided during the interview with the offender is of little use (Forth, Kosson and Hare, 2003). Such assessments are considered nonstandard assessments.
- Concerns regarding the application of an adult construct to an adolescent population. Controversy regarding the applicability of some psychopathic traits to children and adolescents (e.g. impulsivity, parasitic lifestyle) ([Edens, Petrila and Buffington-Vollum, 2001](#); [Kotler and McMahon, 2010](#)).
- Some researchers argue that general characteristics of adolescence can be mistaken for psychopathic traits ([Edens, 2001](#)).
- [Hemphälä and colleagues \(2015\)](#) found there was moderate to high rank order stability as indicated by correlated with PCL-R ratings five years later (overall $r=.68$ for males and $.58$ for females). Further, excellent intra-individual stability was found with 87% and 86% of males and females respectively exhibiting no reliable changes in PCL scores.
- [Schmidt and colleagues \(2006\)](#) state that caution should be applied when using this tool. The label of psychopathy could be regarded as pejorative and may have negative effects on treatment, legal sentencing and community supervision. It was also suggested that few studies have explored long term and developmental correlates of high scores on the PCL:YV.
- [Dawson and colleagues \(2012\)](#) found that the PCL:YV indicated the presence of serious psychopathy related personality disturbance when it was applied to two incarcerated youth. They suggested that measures like the CAPP-IRS could complement the use of the PCL:YV.
- As noted under the PCL:R, validation research relating PCL:YV scores to recidivism should also be interpreted with caution given that the tool was designed to screen for psychopathic traits rather than assess the likelihood of recidivism.
- For more information, please visit the following website: www.hare.org