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## Conceptualising Psychopathy: Empirical, Clinical and Case Interpretations

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### Common Psychopathy Instruments

There are many conceptions of psychopathy, influenced by theory, empirical research and the operationalisation of assessments (Skeem, Polaschek, Patrick, & Lilienfeld, 2011). The vast majority of psychopathy assessment instruments have been significantly influenced by the work of Hervey Cleckley and Robert Hare who have pioneered the understanding of psychopathy. The contribution from both Cleckley and Hare to understanding psychopathic personality will likely be enduring, yet, recently there has been an uprising in new theoretical models attempting to account for the considerable difference observed in cases of psychopathic personality. For many years, the two leading assessments instruments in the field were the Psychopathic Checklist-Revised (PCL-R; Hare, 2003) and Psychopathic Personality Inventory-Revised (PPI-R; Lilienfeld & Widows, 2005); however, a number of new instruments examining psychopathy

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have emerged recently, including the Self-Report Psychopathy Scale (SRP-III; Paulhus et al., in press), the B-Scan (Mathieu, Hare, Jones, Babiak, & Newman, 2013), CPI (Fritzon et al., 2016), the Triarchic Psychopathy measure (TRiPM; Patrick, 2009), and the various Comprehensive Assessment of Psychopathic Personality assessment protocols (CAPP; Cooke, 2018). Two of the most prominent theoretical models have been the Triarchic Model of Psychopathy (TMP; Patrick, Fowles, & Krueger, 2009) and the Compressive Assessment of Psychopathic Personality-Concept Map (CAPP-CM; Cook, Hart, Van Dogen, Marle, & Viljoen, 2013). The TMP provides an overarching conceptualisation of psychopathy, identifying boldness, meanness and disinhibition as discrete and intersecting constructs capturing psychopathic personality. The CAPP-CM consists of six broad domains (self, emotional, dominance, attachment, behavioural and cognitive), which are characterised by 33 personality traits or symptoms. A primary difference between the TMP and CAPP-CM compared to Hare's PCL-R, which has been considered as both an assessment tool and theoretical model of psychopathy (Skeem et al., 2011), is the lack of violence as a core characteristic (Brooks, 2017).

The absence of violence as a core feature of psychopathy is of importance when understanding psychopathy in contexts outside of the custodial environment, with some cases of psychopathic personality failing to display violent behaviour (Brooks, 2017; Fritzon et al., 2016; Howe, Falkenbach, Massey, 2014; Skeem et al., 2011). Understanding the underpinnings of psychopathic personality through models such as the TMP and CAPP-CM is a valuable method for comprehensively mapping the principle domains underlying the construct. However, it remains difficult to determine and interpret the various combinations of psychopathic traits whereby someone can at both a theoretical and operational level be considered psychopathic (Murphy & Vess, 2003). For example, some psychopathic individuals are callous and cruel, while others may be charming and narcissistic, both notably different presentations (Coid, Freestone, & Ullrich, 2012; Millon & Davis, 1998). Currently, the clinical categorisation of psychopathy rests on having scored highly on an assessment instrument and being assumed to be therefore essentially similar to the prototypical definition of a psychopath (Murphy & Vess, 2003). Yet this is rarely consistent with clinical observations, with personality features

and behaviour often varied, reflecting both similarities and differences amongst individuals. The importance of differentiating personality and behaviour has been evidenced in the alternative model of the DSM-V diagnosis of antisocial personality disorder (ASPD), which distinguished ASPD based on characteristics of antagonism and disinhibition, including specifying the presence of psychopathic features (APA, 2013). Although this model did not replace the traditional personality diagnostic criteria, the APA have acknowledged the need for further investigation relating to personality diagnosis. Appropriately distinguishing core traits associated with personality constructs is important when making decisions related to treatment, management and safety needs, and this is arguably particularly so for psychopathy; the identification of which carries particularly acute clinical and forensic implications (Murphy & Vess, 2003). There are currently limited processes to differentiate between manifestations of psychopathic personality, with a need for reliable methods to accurately differentiate subtypes in presentations.

## **Assessing Psychopathy in Criminal, Forensic and Clinical Subjects**

There have been attempts to classify subtypes of psychopathy throughout the years, led by both theoretical positions and empirical findings. American psychiatrist Benjamin Karpman (1941, 1948) was arguably the first person to distinguish the variations of psychopathy, coining the terms primary and secondary to capture the difference in people presenting with psychopathic personality. According to Karpman, although similarities existed between both types of psychopathy (both antisocial, hostile and irresponsible), primary psychopathy was characterised by an absence of moral conscience, while individuals with secondary psychopathy possessed a moral conscience, but their functioning was disrupted due to perceiving their environment and others as hostile (Skeem, Poythress, Edens, Lilienfeld, & Cale, 2003). Building on Karpman's findings, over a series of studies Blackburn found support for the primary and secondary subtypes of psychopathy (see Blackburn, 1971, 1975, 1986), although

proposed further subtypes through a cluster analysis examining personality profiles of mentally disordered forensic patients. Based on the psychological profiles of 144 individuals who were examined on the Millon Clinical Multiaxial Inventory (MCMI; Millon, 1983) and Special Hospitals Assessment of Personality and Socialization (SHAPS; Blackburn, 1979, 1986), Blackburn (1996) identified four personality types, with two profiles reflective of under-controlled tendencies and two over-controlled. The four types included: primary psychopathy (self-confident, extraverted, hostile and impulsive), secondary psychopathy (socially anxious, moody, withdrawn, hostile and impulsive), controlled personalities (unemotional, defensive and socially conforming) and inhibited personalities (controlled, depressed, withdrawn and introverted). The research by Blackburn offered a valuable contribution to personality profiles amongst mentally disordered forensic patients and although his findings provide support for subtypes of psychopathy, the sample limited the generalisability of the research to non-mentally disordered psychopathic presentations.

Holland, Levi and Watson (1980) conducted another foundational study into the profiles of psychopathic individuals across two samples of hospitalised ( $n = 80$ ) and incarcerated ( $n = 80$ ) subjects. Patients and offenders were required to complete the Minnesota Multiphasic Personality Inventory (MMPI; Hathaway & McKinley, 1940), with cluster analysis results revealing five distinct profiles characterised by abnormally high levels of psychopathy. The five profiles of psychopathy included: primary or simple psychopathy (self-absorption, excessive pleasure and excitement seeking, impulsiveness, irresponsibility, and deficient foresight and judgement), hostile psychopathy (resentment, low tolerance for frustration, irritability and demandingness), paranoid schizoid psychopathy (suspicious, socially alienated and reclusive), neurotic psychopathy (withdrawal, alienation, anxious and dysphonic, and social nonconformity), and confused psychopathy (impaired intellect, underlying though disorder, wide-ranging psychopathology). The authors found that primary and hostile psychopathy was more common amongst incarcerated subjects, while paranoid, schizoid, neurotic and confused psychopathy was most common in hospitalised patients. Holland and colleagues concluded that there was considerable personality heterogeneity amongst psychopathic individuals and identified the need for further investigation of subgroups,

particularly in incarcerated offenders, with psychopathy widely under-researched at the time of the publication.

Employing a similar methodology to Holland et al. (1980) and Haapasalo and Pulkkinen (1992) found support for primary and secondary subtypes of psychopathy based on cluster analysis in a sample of male offenders. The authors identified three clusters, these being primary psychopathy (glib and charming, manipulative, callous, lacking in remorse and failing to accept responsibility), secondary psychopathy (poor impulse control and antisocial) and non-psychopathy (impulsive, yet limited criminal versatility and more self-regulating than secondary psychopathy). Alterman et al. (1998) reported similar findings in a sample of 252 methadone patients, identifying six clusters, with psychopathic personality characterised by primary and secondary psychopathy. Two types of secondary psychopathy were identified in the research, with these differentiated by the onset of antisocial behaviour and the level of hostility displayed, while primary psychopathy was captured by limited emotionality, criminal diversity and moderate antisocial behaviour. The remaining clusters did not evidence significant levels of psychopathic traits. The results by Alterman and colleagues provided further support for primary and secondary psychopathy subtypes; however, the research utilised a liberal PCL-R score of 20 to determine psychopathy, having possible implications as to suitability of subjects considered to be representative of a cluster (Falkenbach, 2004). (The PCL-R typically applies a cut off at 30.)

Millon and Davis (1998) proposed a markedly different perspective to primary and secondary psychopathy, stipulating ten theoretical subtypes of psychopathy. According to the authors, the diametrically opposed conceptions of psychopathy are a result of the failure to understand that psychopathic behaviour comes from appreciably different personality patterns. According to Millon and Davis, the ten types of psychopaths are: the unprincipled, disingenuous, risk-taking, covetous, spineless, explosive, abrasive, malevolent, tyrannical and malignant. The *unprincipled psychopath* shares many similarities with the narcissist, able to avoid law enforcement and clinical attention, commonly successful, although considerably self-centred, indifferent towards others, exploitative and malicious. The *disingenuous psychopath* is characterised by histrionic features,

friendly and socially adaptable, yet deceitful, unreliable, calculating, insincere and seductive. The *risk-taking psychopath* engages in risks for pleasure and excitement, with a tendency to be irresponsible, fearless, impulsive and reckless. The *covetous psychopath* is driven by envy, desire and greed, using manipulation and deceit to gain advantage over others, seeking to mask their underlying insecurities. The *spineless psychopath* is deeply insecure, often fearful, and attempts to impress others through their actions, most commonly through violence and aggression in an effort to feel powerful. The *explosive psychopath* has a tendency towards uncontrollable rage, often targeted at those close to them. This form of psychopath is quick to anger, easily threatened and harbours underlying feelings of disappointment and frustration related to their life. The *abrasive psychopath* is deliberately contentious and quarrelsome, often negativistic and paranoid, while having limited remorse and justifying their behaviour through a thin veneer of supposed principles and beliefs. The *malevolent psychopath* is vindictive and hostile, hateful and distrusting of others, defiant, ruthless and anticipating the worst in others. Many murders or serial killers commonly fit this profile, experiencing limited guilt and displaying arrogant contempt for others. The *tyrannical psychopath* is characterised by intimidation and a tendency to attack and dominate others. This form of psychopath is sadistic, unmerciful, seeks to inspire fear in others, while characteristically calm and calculated in demeanour. Lastly, the *malignant psychopath* is driven by power, envy and mistrust, however, are often defective in their attempts to achieve outcomes burdened by insecurity, paranoia and resentment (Millon & Davis, 1998).

The ten subtypes of psychopathy proposed by Millon and Davis (1998) derived through observation, experience and clinical lore, provide an inductive perspective on variations of psychopathic personality. The suggestions offer insight into how vast and varied the expression of psychopathic traits can be. A strength of the proposed subtypes is the consideration of specific types of psychopathy being associated with levels of functioning, something which many theories and empirical findings at that point had failed to explain. A limitation of many studies investigating subtypes has been the reliance on criminal or hospital samples, failing to consider noncriminal psychopathy or the differences that emerge

between psychopathic traits and community contexts. While the theoretical subtypes proposed by Millon and Davis consider the context of psychopathy, there are some challenges in testing the typologies. There is considerable overlap between many of the subtypes, and components of their model are underpinned by psychodynamic constructs that are not easily operationalised and can be difficult to quantify (Murphy & Vess, 2003).

Murphy and Vess (2003) proposed an alternative clinical classification for psychopathy based on their observational and clinical experience with patients in a maximum-security forensic hospital. The authors contended that patients could be classified into one of four subtypes of psychopathy: narcissistic, borderline, sadistic and antisocial. The *narcissistic* variant of psychopathy is characterised by pathological levels of narcissism, along with features of grandiosity, entitlement and a callous disregard for others. This form of psychopathy shares similarities with Millon and Davis's (1998) unprincipled and covetous psychopath subtypes, along with Factor 1 traits on the PCL-R (Hare, 2003; Lykken, 1995; Murphy & Vess, 2003). The *borderline* variant is captured by self-destructive tendencies and affective instability, sharing some overlap with Blackburn's (1996) under-controlled subtypes, as well as characteristics of Factor 2 of the PCL-R. The *sadistic* variant of psychopathy is considered to reflect a person that derives pleasure from suffering of others. This entails that capacity to recognise the suffering of another and experience pleasure and arousal in the process, features reflective of both Factor 1 traits on the PCL-R in conjunction with sadistic tendencies (Murphy & Vess, 2003). The antisocial type is captured by repeated criminal behaviour, commonly characterised by impulsivity, poor behaviour controls, a parasitic lifestyle and need for stimulation. The authors contended that the variations of psychopathy had different clinical presentations, treatment needs, treatment responsiveness and requirements relating to levels of safety precautions. Murphy and Vess (2003) recommended that further research examining patterns and clusters of psychopathy traits be undertaken to assist in distinguishing clinically meaningful subtypes. The authors acknowledged that limited inferences could be made based solely on clinical classifications of mentally ill offenders, with wider application of the four subtypes required across settings to establish reliability and validity of these forms of psychopathy.

## Assessment of Noncriminal, Non-forensic Subjects

Coid et al. (2012) conducted an empirical study to differentiate psychopathic traits in a large community sample ( $N = 624$ ). The authors utilised a series of instruments to examine British residents, with the Psychopathy Checklist-Screening Version (PCL: SV; Hart, Cox, & Hare, 1995) used to assess psychopathic personality traits amongst participants. The study employed cluster analysis to examine correlates with psychopathic traits, identifying five broad subtypes of abnormal personality pathology as determined by the PCL:SV. The five subtypes included: criminal psychopaths, non-psychopathic criminals, the impulsive and irresponsible, social failures and successful psychopaths. *Criminal psychopaths* were predominately male, with a history of criminality and drug and alcohol use. These individuals had early behavioural problems, adverse life events, elevated psychopathology and a tendency towards violence, consistent with many of the PCL-R criteria (Hare, 2003). *Non-psychopathic criminals* had severe antisocial and criminal features, were commonly impulsive, lacking goals and irresponsible. Compared to criminal psychopaths, the non-psychopathic criminals were less likely to display affective deficits and narcissistic and histrionic traits, with many similarities to antisocial personality disorder. The *impulsive and irresponsible* cluster was characterised by lower intelligence, reduced antisocial features, broad psychopathology, substance misuse and self-regulation deficits. *Social failures* had limited and less severe criminal histories, although had higher levels of social, behavioural and mental health problems. Lastly, *successful psychopaths* were characterised by higher levels of intelligence and social class, financial success and financial crisis, alcohol dependence, limited involvement with the criminal justice system and elevated narcissistic, histrionic and schizotypal traits, similar to the findings by Board and Fritzon (2005).

The findings presented above contribute to the theoretical debate about the nature of the psychopathic construct, which is essential for the evolution of knowledge, as well as clinical and operational utility of information concerning psychopathy (Lykken, 1995; Millon & Davis, 1998; Murphy & Vess, 2003). Psychopathic personality is arguably one of the most important forensic concepts of the twenty-first century (Monahan, 2006) and



failing to provide appropriate specification relating to personality traits and behaviours associated with cases of psychopathy leads to decisions being made on what is considered to be a “prototypical psychopath”. Consequently, there remains much confusion amongst many professionals as to what constitutes criminal or noncriminal psychopathy, or even why some psychopathic individuals become “con-artists” and others “serial murders”. It remains an odd paradigm when the Chief Judge of the State of New York (see Lykken, 1995) and serial killer Theodore (Ted) Bundy (see Dielenberg, 2017; Meloy & Shiva, 2007; Ramsland, 2013) may both be considered psychopathic, a seemingly unlikely comparison. There is a proliferation of research examining psychopathic traits amongst offenders (Cornell et al., 1996; Hare, 2003; Hare & McPherson, 1984; Woodworth & Porter, 2002), while there is a growing body of empirical analysis emerging on psychopathic traits in people residing in the community and those maintaining positions of professional status (Brooks, 2017; Fix & Fix, 2015; Fritzon et al., 2016; Howe et al., 2014). The widespread examination of psychopathic personality (empirical, clinical and theoretical) has established the construct, identified many co-occurring relationships, explored trait manifestations across contexts, and investigated aetiological pathways. However, despite the progressive analysis of psychopathy, sufficient processes to differentiate variations of psychopathic personality are required. Specification criteria are important for several reasons; firstly, the current empirical understanding of psychopathy is largely generalised to the global construct and a few leading assessment instruments, with limited research on diagnostically distinguishing features (Skeem et al., 2011). Secondly, developing diagnostic specifiers serves to strengthen the clinical and operational understanding of the personality construct, is essential to risk and safety practices, law enforcement responsiveness, and management and treatment strategies (Millon & Davis, 1998; Murphy & Vess, 2003). Lastly, through determining the specifications unique to presentations, it may be possible to identify protective factors that prevent psychopathic individuals from engaging in criminal conduct or perpetrating acts of high harm (Gao & Raine, 2010; Hall & Benning, 2006; Mullins-Nelson, Salekin, & Leistico, 2006).

## The Clinical Classification Criteria of Psychopathy

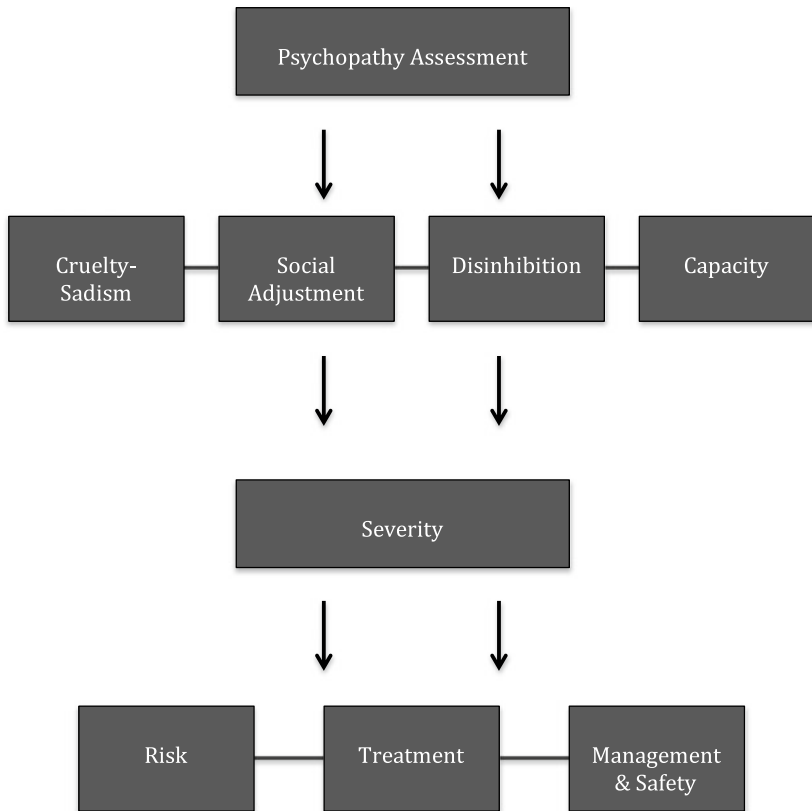
Determining a dominant personality type or level of pathology can be challenging and ultimately requires review of the DSM-5 criteria. According to the manual, a personality disorder is identified through behaviour that deviates from the normative expectations of a culture, characterised by inflexibility, pervasiveness, and leading to distress or impairment (APA, 2013). This may entail the individual experiencing this array of symptomology, or alternatively others being significantly impacted by the functioning of the person. Despite not being recognised as formal disorder in the DSM-5 (instead captured under ASPD; APA, 2013), psychopathy is recognised in the criminal justice system and legal frameworks (Hare, 2003; Monahan, 2006), with diagnoses based on the outcomes of assessment instruments along with clinical opinion determining the presence of psychopathic personality traits.

The Clinical Classification Criteria of Psychopathy (CCCP) is formulated to guide and assist in the decision-making related to psychopathic personality, providing structured criteria to overcome the current diagnostic and interpretative challenges concerning psychopathy as discussed by Cooke (2018) and Skeem et al. (2011). The lack of specification leads to clinical and forensic decisions being made on what is considered to be a “prototypical psychopath”, a position implying that all psychopathic individuals are essentially the same. Although assessment tools such as the PCL-R and PPI-R are comprised of factors and subscales, practitioners often place limited weight to this information, instead viewing psychopathy at the global level. Without an appropriate framework to interpret assessment findings, developing an individualised profile of a patient can be problematic, dependent on the clinician’s level of training and construct expertise. The CCCP seeks to overcome these current challenges by providing clinical criteria to determine the overall severity of psychopathic personality based on four core specification criteria. This information is then used to establish risk, treatment, and management and safety processes relevant to the individual. The CCCP is influenced by the recent emergence of structured professional judgement (SJP) assessment protocols (Chu, Thomas, Ogloff, & Daffern, 2013; Davis & Ogloff, 2008), consisting

of structured and dynamic criteria to promote the decision-making of evaluators examining psychopathic personality. However, unlike SPJ's the CCCP is not an assessment tool, instead a clinical classification framework to implement when determining assessment outcomes for psychopathy.

The CCCP specifying criteria include: *cruelty-sadism* (mild, moderate, severe, with sadism or without sadism), *social adjustment* (poor, integrated, adept), *disinhibition* (mild, moderate, severe) and *capacity* (criminally inclined, unremarkable, accomplished, criminally inclined-accomplished). The process for implementing the CCCP is as follows: *step one* involves the administering of a standardised assessment protocol to examine psychopathy personality (e.g. PCL-R; PPI-R; CAPP-Symptom Rating Scale-Clinical Interview); *step two*, upon a significant elevation being identified on an assessment instrument, the CCCP is applied to results, determining the specific clinical features applicable to the presentation; *step three*, the assessment results and endorsement of CCCP are jointly considered to determine the severity of psychopathy; and *step four*, the culmination of clinical and assessment evidence is utilised to determine risk, treatment, management and safety strategies appropriate to the severity and clinical presentation of the person (Fig. 2.1).

*Cruelty* reflects intentional and unintentional attitudes or behaviour that causes physical or mental harm to another. This criterion is endorsed as *mild*, *moderate* or *severe*, *with sadism* or *without sadism*. *Severe* levels of cruelty reflect a general disregard towards others, enjoyment from the suffering of others, a desire for dominance, a proneness towards callousness and proficiency in making decisions that may result in others being harmed. This individual is clinical and detached in their decision-making and emotional reactions and may exploit weakness in others for self-gain, undeterred by any grief or suffering their behaviour may cause. *Moderate* cruelty is evidenced by some features consistent with severe cruelty; however, there may be times where the person has shown a degree of compassion, had consideration for the impact of their actions or made attempts to modify their behaviour so that it does not cause significant harm to others. For example, there may be evidence of someone showing compassion or concern at points in their life; however, this would need to be evidenced by involving both their in-group (family and friends) and their out-group (limited prior existing relationship, e.g., concern for



**Fig. 2.1** The Clinical Classification Criteria of Psychopathy (CCCP): A Framework for the Classification of Psychopathic Personality

another prisoner). *Mild* indication of cruelty would reflect someone that does not make deliberate attempts to cause suffering to others. It may be a secondary consequence of their actions at times, yet the person does not generally derive enjoyment from the suffering or hardship of others. At a mild level, there is an absence of ruthlessness, a limited or minimal history of deliberate or calculated harm, and behavioural evidence of remorse or concern for others is evident.

*Sadism* concerns the tendency to derive pleasure from the suffering of others. This suffering is caused by inflicting pain and seeking to humiliate another person, resulting in the perpetrator experiencing enjoyment and gratification. It is not uncommon for the individual to find sexual pleasure and arousal through the act of causing degradation and suffering. For sadism to be endorsed, there must be clear behavioural evidence (violence) that the individual has physically harmed another person or living creature as means to gratification and pleasure. The sadistic acts have led to a person experiencing extensive or permanent physical suffering. For example, a person, who has previously kicked an animal when in state of anger, would not receive endorsement for sadism, unless an identifiable pattern of enjoyment and excitement was evident when engaging in this behaviour.

*Social adjustment* relates to the person's level of social integration and their ability to manage interpersonal interactions and complex social situations. The three specifiers for social adjustment are, *adept*, *integrated* and *poor*. *Adept* social adjustment indicates that a person has the ability to manage interpersonal conflict, can respond appropriately to setbacks, persuade others to see their side of the story, the capacity for leadership, and the capability to adjust their communication style to match the situation. A socially adjusted person is poised in social situations, able to talk on a variety of topics, is engaging and presents with a veneer of sincerity. *Integrated* social adjustment indicates that a person is able to work with others, can maintain relationships and has minimal history of relationship conflicts. However, it may also be common for those at the integrated level to experience trouble convincing others to see their side of the story, instead often resorting to lying in attempt to persuade others due to a limited ability to charm and captivate them. These individuals may be prone to ruminating on social problems and become frustrated (although rarely acting out this frustration) when failing to succeed in their pursuits. *Poor* social adjustment is likely to be characterised by conflict in relationships, difficulty with adjusting to social demands and expectations, reactive to setbacks or barriers, a disposition towards blaming others and a tendency to ruminate on grievances. This individual may be hostile or confrontational when faced with resistance, with a pattern of resorting to direct or indirect threats when feeling challenged.

*Disinhibition* refers to a person's capacity for self-management, self-awareness and to employ self-discipline. Disinhibition, like cruelty, is distinguished based on *mild*, *moderate* and *severe* levels. For a person to evidence *mild* levels of disinhibition an ability to delay gratification, utilise planning and foresight, and have behavioural restraint must be evident. A person may engage in thrill-seeking behaviour to meet their need for excitement and stimulation, such as sky-diving, car racing or flying planes. Instead of acting in a reckless manner, a person may engage in mild disinhibited behaviour such as infidelity, infrequent gambling and attending prostitutes—despite being in a relationship, or occasional excessive spending. A *moderately* disinhibited individual may have a tendency to be unreliable, often making mistakes, prone to occasional recklessness (e.g. going out for drinks and not returning home), or repeatedly fail to maintain employment or relationships. Despite a tendency towards disinhibition, a person at a moderate level will have the ability to maintain at least one form of stability in their life, this may include: employment, friendships, intimate relationships, study or hobbies. A *severely* disinhibited person is likely to have significant issues with impulse control, implementing structure and planning in their life, managing their mood states and may be prone to substance abuse. This person is likely to continually repeat the same mistakes and is unable to modify their behaviour. They will have troubled interpersonal relationships, commonly experience conflict in their life, engage in self-destructive or risk-taking behaviour, and have addictive tendencies.

*Capacity* refers to the person's degree of functionality within society. There are four levels of capacity, with a person rated based on which category they are deemed to be most applicable to. The four levels of capacity are, *criminally inclined*, *unremarkable*, *accomplished* and *criminally inclined-accomplished*. These levels may be subject to change depending on when a person is assessed. For example, a person may be assessed as being accomplished or unremarkable at a given point in time; however, if subsequently convicted of a criminal offence and sentenced to serve a period of incarceration, this person would later be determined as being criminally inclined. Although in cases where a person has previously met the criteria to be considered accomplished, yet perpetrates offences meeting the specifier for criminally inclined, and endorsement of criminally

inclined-accomplished is given. This endorsement acknowledges a history of accomplishment, with a tendency towards criminality, an important consideration when determining treatment, management and risk strategies. The *criminally inclined* category becomes an absolute category once incarceration is served, considered to reflect the ongoing area of functional concern once evidence of criminal behaviour is established. To be considered criminally inclined a person must have served a period of incarceration on at least one occasion or alternatively have been sentenced to a community based custodial order on more than two occasions (i.e. probation or parole orders). The category of *unremarkable* refers to someone that may have a minor criminal history (e.g. up to two community based custodial orders), yet has not met the criteria to be considered criminally inclined. This level of capacity relates to someone that has resided in the community, yet may have a history of broken relationships, failed employment or dismissals, a high school education or lower, has experienced some difficulties with self-regulation (i.e. gambling, substance use, sexual preoccupation, domestic violence, infidelity and/or financial problems) and struggles to achieve goals. The *accomplished* level of capacity refers to someone that has achieved educational standards beyond a bachelor degree, has exceeded requirement of a formal trade qualification, or alternatively has maintained a level of professional status or seniority in their career for a period of four years or more. While the person may have experienced problems in their lives, similar to the unremarkable level of capacity, the key distinguishing feature is that the accomplished person has been able to demonstrate a level of competence or achievement in one or more areas of their life over an extended time period.

*Severity* is determined based on the total assessment score and the classifications on the clinical criteria of psychopathy. Professional judgement is required to establish the severity of psychopathic personality, considering all the relevant information and clinical criteria to make a clinical decision as to the nature of the presentation. There are three levels of severity, *clinical*, *pervasive* and *pathological*. Social adjustment and capacity are consideration criteria that can influence both the severity of the presentation along with the secondary consequences that may arise with psychopathic personality. For example, an adept endorsement on social adjustment may be partially considered protective in one case, yet in another, or when

coupled with other CCCP features, increase the potentiality for harm or victimisation. *Clinical severity* of psychopathy indicates that the person has significantly elevated levels of psychopathy, with the personality features and behaviours displayed by person considered to have a marked impact on their functionality and interaction with others. A person at the clinical level will likely have moderate elevations on the psychopathy assessment (e.g. PCL-R score between 25 and 30) in conjunction with moderate cruelty and/or moderate disinhibition on the CCCP. The *pervasive severity* indicates that psychopathic traits are a sustained theme in the individual's life, overt and considerably problematic. At the pervasive level, a moderate to high psychopathy assessment result (e.g. PCL-R score of 30+) is evident coupled with a severe area of deficit on the clinical classification criteria. This indicates the presence of severe cruelty or severe disinhibition. It will be challenging to engage with an individual presenting at the pervasive level, with features such as manipulation, dominance, hostility or intimidation often apparent. A person at this level will require thorough clinical recommendations to manage their risk and have resistance to treatment. Lastly, *pathological severity* indicates that the individual's severity of psychopathy is chronic, considered to be an enduring and extreme presentation. This concerns a person with a high assessment score (e.g. PCL-R score of 30+) and one or more severe (cruelty and disinhibition) classifications on the clinical criteria. If endorsement of severe cruelty with sadism is present, this indicates pathological severity, without disinhibition needing to be at the severe level. At this level, treatment will be considerably problematic and challenging, with measured judgement required relating to decisions on management, safety and risk.

## Applying the CCCP to Case Studies of Psychopathic Personality

There have been many highly publicised cases of psychopathic personality throughout the years, some speculative, while others have been determined based on assessment and expert opinion. For the purpose of examining the application of the CCCP, five cases will be explored comprising of varied presentations and functionality. It is acknowledged that the author



has not assessed these individuals and is instead providing a clinical opinion based on the following persons being considered to have psychopathic personalities as identified by other experts or authors publishing on the subject. Subsequently, endorsement on the CCCP is made based on the available information to the author at the time of completion. The individuals include: Theodore (Ted) Bundy, Richard Speck, Bernie Madoff, Sol Wachtler and Al Dunlap.

## Ted Bundy

During the 1970s Ted Bundy was responsible for the deaths of multiple young women, across several states in the USA. In the hours prior to his execution, Bundy confessed to perpetrating 30 homicides with many of these murders involving, rape, kidnapping and necrophilia (Stone, 2009). Bundy's notoriety did not cease with his offending, escaping from custody and representing himself during his court cases. He was described by author Ann Rule (2009, p. xiv) who once worked with Bundy as a "*sadistic sociopath who took pleasure from another human's pain and the control he had over his victims, to the point of their death, and even after*". By far one of the most concerning features to Bundy's offending was his methods of targeting his victims which were considerably calculated:

Bundy brought himself a pair of crutches and even went so far as to give the appearance of putting his leg in a cast. Thus temporarily 'disabled,' he asked for assistance from sympathetic young women who might cross the street to avoid a pass but who apparently readily stopped to lend a hand to a man with a broken leg. Bundy varied the theme-sometimes his arm was in a sling and he found his willing victim on a busy street; sometimes, with his leg problem, he targeted young women at recreational areas and gained their aid in securing his boat-"It's just down the road"-to his car. In a terrible way, the ploy was a stroke of genius. (Hare, 1999, p. 51)

In 1979, Hervey Cleckley was appointed as an expert to evaluate Bundy's competency to stand trial for the murder of two women at the Chi Omega sorority house of Florida State University (Lilienfeld, Patrick,

Watts, Smith, & Hare, 2018). Based on his assessment, Cleckley determined that Bundy was psychopathic and competent to stand trial. Several other experts in the field have commented on the extent of Bundy's psychopathic personality, including Robert Hare (1999) and J. Reid Meloy (see Meloy & Shiva, 2007).

Applying the CCCP to Bundy indicates that he would receive the following endorsement: cruelty (severe; with sadism), social adjustment (adept), disinhibition (moderate) and capacity (criminally inclined). Considering these endorsements, Bundy would be determined to evidence psychopathic personality of pathological severity. Examining Bundy across the CCCP suggests a profile of a person who has a general disregard for others, enjoys inflicting suffering and humiliation (including through serious physical violence), is callous, prone to repeatedly making the same mistakes, and is at times reckless (although capable of some stability). He has an overarching tendency towards criminality, despite being socially poised, charismatic and able to confidently manage challenging social interactions. Bundy's profile on the CCCP shares many similarities to primary psychopathy (Blackburn, 1996; Lykken, 1995) and the unprincipled and disingenuous psychopath (Millon & Davis, 1998), yet across the PCL-R scoring Bundy has elevations on both Factor 1 and Factor 2 domains, making distinguishing features of his presentation difficult to determine without an appropriate diagnostic framework. His CCCP endorsements indicate that Bundy was a cruel and sadistic psychopathic individual who was considerably socially adjusted, yet with a tendency towards failure and recklessness, ultimately evidenced through his repetitive criminal behaviour, reflective of his pathological severity of psychopathy.

## Richard Speck

Unlike Bundy's serial killing, Speck is often referred to as spree killer, perpetrating a series of murders in a continuous period without a cooling-off time frame (Hickey, 2010; Stone, 2009). Before Speck committed his horrific spree killing, he had an extensive criminal history, including the murder of a waitress and the robbery and rape of a 65-year-old female

(Breo, Martin, & Kunkle, 1993). His offences that occurred on the night of 13 July and early morning hours of 14 July 1966 are described by Stone (2009, p. 48) as follows:

Richard Speck, the alcoholic drifter who killed eight nurses in a Chicago hospital dormitory, had broken into the dorm intending to cadge money from the nurses. He then bound them and held them at gunpoint. When some of them resisted, he killed all eight that he could find, though there was another nurse who had hidden under a bed and who survived.

In killing these eight women, Speck was believed to have engaged in a frenzy of rape, strangulation, slashing and stabbing during the commission of his crimes (Breo, Martin, & Kunkle, 1993; Douglas & Olshaker, 1995). The extent of Speck's personality and presenting pathology was subject to much contention, with suggestions even proposed that Speck suffered from a chromosomal abnormality (Breo et al., 1993). In the book *Mindhunter* (1995), former FBI agent John Douglas and co-author Mark Olshaker provide the anecdotal account of Speck with a pet bird while in custody, offering an insight into his personality:

He found an injured sparrow that had flown in through one of the broken windows and nursed it back to health. When it was healthy enough to stand, he tied a string around its leg and had it perched on his shoulder. At one point, a guard told him pets weren't allowed. "I can have it?" Speck challenged, then walked over to a spinning fan and threw the small bird in. Horrified, the guard said, "I thought you liked that bird". "I did," Speck replied. "But if I can't have it, no one can".

In 1969, Speck was admitted to trial in relation to the murder of eight student nurses. Hervey Cleckley was called upon to provide expert opinion on Speck, who at the time claimed that he experienced amnesia and could not recall his crimes. Cleckley determined that Speck did not have a memory impairment or evidence of brain damage, instead testifying that he showed "*definite signs of psychopathic personality*" (Lilienfeld et al., 2018; Ramsland, 2013). In reviewing Speck on the CCCP, his clinical endorsement indicates a severely disinhibited individual, severely cruel

and sadistic, with poor social adjustment and a capacity of being criminally inclined. His endorsements on the CCCP suggest that the severity of his psychopathy is pathological. The profile of Speck on the CCCP indicates: a disregard for others, callousness, violence as means to gratification, pleasure from the physical suffering of others, limited capacity for self-awareness, substance dependence, an inability to maintain structure or stability, self-destructive tendencies, conflictual relationships, emotional volatility, a tendency towards blaming others, reactivity to setbacks, poor social and communication skills, fixation on grievances and a propensity towards criminal behaviour as an overarching life pattern.

The clinical profile of Speck shares many similarities with that of Bundy, however, important differences are evident based on the CCCP. Although both individuals are characterised by severe levels of cruelty and sadism, Speck has a severe level of disinhibition, captured by being self-destructive and unable to regulate and manage his behaviour. Bundy's endorsement of moderate on disinhibition indicates self-destructive tendencies, yet a capacity for stability, able to complete education and maintain employment and relationships. Bundy is also endorsed as having adept social adjustment, having the ability to manage interpersonal interactions and complex social situations through skilled communication and social traits. On the other hand, Speck's life was prone to conflict and ruptures in relationships, with a poor ability to adjust to social situations or challenges in social relationships. Speck shares many similarities with Millon and Davis's (1998) spineless and abrasive psychopath typologies along with secondary psychopathy (Blackburn, 1996; Lykken, 1995). The notable exception to Speck displaying secondary psychopathy is the overt features of cruelty and callousness captured by the CCCP framework.

## **Bernie Madoff**

At 70 years of age, Madoff was convicted of securities fraud, investment advisor fraud, wire and mail fraud, money laundering, making false statements, perjury, filing false documents and theft from employee benefit funds (USA v. Madoff, 2009). Madoff was sentenced to 150 years of incarceration for fraudulent offences exceeding \$13 billion in loss, with

his offending alleged to have spanned from 1980 until his arrest in 2008 (Markopolos, 2010). He had a prominent profile in the international investment market, chairman of his own investment firm and the NASDAQ (American stock exchange). According to the sentencing memorandum of Acting United States Attorney Southern District of New York, Lev L. Dassin (2009), the details of Madoff's offending encompassed the following:

A multi-billion dollar Ponzi scheme by which he defrauded thousands of investors, including individuals, non-profit organizations and for-profit institutions, who placed money directly or indirectly with his registered broker-dealer and, later, registered investment advisory firm, Bernard L. Madoff Investment Securities ("BLMIS"). For more than two decades, Madoff solicited billions of dollars from investors under false pretences, failed to invest such funds as promised, and misappropriated and converted investors' funds for his own benefit and the benefit of others. These criminal acts caused billions of dollars of losses to investors, drove many individuals and charitable organizations to economic collapse or near collapse, and visited especially significant non-economic, emotional damage on many of Madoff's victims.

The news of Bernie Madoff's offending shocked many, with Madoff an established, prominent and powerful individual in the investment community (Markopolos, 2010). As details of his offending emerged, his years of perceived success were nothing short of calculated fraudulent behaviour, committed through a body of lies, manipulation and deceit (Dassin, 2009; Markopolos, 2010; USA v. Madoff, 2009). There has been considerable speculation concerning Madoff's motivations, personality disposition and capacity to perpetrate fraud over several decades. According to Professor Stephen Porter (2011), an expert on psychopathic personality, Madoff's personality shares many resemblances to psychopathy, reflective of what may constitute a "corporate psychopath". If Madoff were psychopathic, his personality style may explain his capacity for pathological lying, being conning and manipulative, lacking in remorse and being bold and fearless.

Applying the CCCP to Madoff reveals that he would likely be endorsed with the following ratings: cruelty (severe, without sadism), social adjustment (adept), disinhibition (mild) and capacity (criminally inclined-accomplished). His profile indicates a cruel and callous individual, undeterred by the suffering of others, skilled in interpersonal communication and managing complex social situations, a confident and engaging conversationalist, socially flexible and responsive, having the ability to delay gratification and manage desires for enjoyment, with a history of accomplishment coupled with criminal tendencies. In many aspects, Madoff's CCCP profile may support Porter's (2011) assertion of corporate psychopathy or alternatively a criminally inclined-corporate psychopath. The history of accomplishment, mild disinhibition and absence of sadism, separates Madoff from the likes of Bundy and Speck, with his presentation likely of pervasive severity and reflecting the capacity to pursue endeavours and dominate others in controlled and calculated manner without violence, notably similar to Millon and Davis's (1998) unprincipled psychopath.

## Sol Wachtler

In 1968, Sol Wachtler was elected to the New York Supreme Court, before becoming the Chief Judge of the New York Court of Appeals in 1985. He was considered highly successful and wielded great power in his profession, responsible for overseeing the sentencing of many defendants facing years of incarceration (Wolfe, 1994). However, this success was brought to a sudden standstill when Wachtler was arrested in 1992 by the FBI on charges of extortion, blackmail and racketeering, eventually sentenced to 15-months imprisonment for harassment and threatening kidnapping (Levin, 2014). Lykken (1995), a former Professor of psychiatry and psychology and expert on psychopathy, provided the following commentary on the details of Sol Wachtler's offending (p. 36):

In 1992, a wealthy divorcee named Joy Silverman began receiving letters containing blackmail demands and threatening to kidnap her 14-year old daughter (Franks, 1992). The anonymous writer knew intimate details of Mrs. Silverman's Park Avenue apartment and of her current relationship

with a New Jersey attorney, David Samson. Other letters, allegedly from a woman in New Jersey, reported that she had hired one David Purdy, a private investigator from Texas, to spy on Samson. This woman reported that Purdy had obtained photographs and tapes of Silverman and Samson and planned to use them to blackmail Mrs. Silverman. A man dressed in Texas garb left messages at both Samson's and Silverman's apartment buildings. Mrs. Silverman began receiving threatening phone calls from a man whose voice seemed disguised. She appealed to the FBI for help in dealing with this escalating and frightening harassment.

The FBI obtained a court order enabling the telephone company to "trap and trace" any calls that were made to the Silverman apartment. When the first call came through, it was traced to the car phone belonging to Sol Wachtler, the 62-year-old chief judge of the State of New York. Wachtler had been Silverman's long-time lover before she broke off the relationship a year earlier because she had come to feel that he "had increasingly tried to control her, both emotionally and financially, as trustee of the \$3 million she had inherited from her stepfather." Silverman was stunned: Wachtler "had fallen into a rage when she began seeing Samson, but she could not really believe that he would do this to her".

After her marriage had failed, Silverman had turned to Wachtler although she was much younger than he and his wife was her cousin. Wachtler was the most powerful judge in the state, "said to be a very ambitious guy, who got to the top by assiduously and methodically cultivating those who could help him." I do not know that Wachtler was a primary psychopath; one would need more information about his early life to make a differential diagnosis. But, on the evidence available, this classification seems a good guess.

Lykken's (1995) opinion on Wachtler offers a valuable insight into his personality features. It is unknown if Wachtler has ever been formally assessed as psychopathic, but if Lykken's position on Wachtler was accurate, then endorsement on the CCCP would likely indicate his profile as resembling: cruelty (moderate or severe, without sadism), social adjustment (integrated or adept), disinhibition (mild) and capacity (criminally inclined-accomplished). His presentation would suggest clinical severity, although the availability of a more thorough life history may indicate a pervasive severity. From the available information on Wachtler, his CCCP profile suggests that he disregards others, is undeterred by causing others

grief, is detached in decision-making, is fluid and flexible in his communication style, generally responsive to setbacks, persuasive in conversation, able to manage conflict, capable of delaying gratification and achieving goals, with controlled pursuits of excitement and enjoyment (e.g. infidelity), having a history of accomplishment and personal achievement, along with engaging in serious criminal behaviour leading to incarceration. The profile of Wachtler shares many similarities to Madoff, characterised by a significant accomplishment and the ability to manage social interactions, yet with a tendency towards being ruthless, exploitative and prepared to perpetrate criminal acts for personal gain.

## Al Dunlap

In author Jon Ronson's book (2011), *The Psychopath Test*, Ronson proposed to Al Dunlap that he was in fact psychopathic. Dunlap was renowned for his pursuits as a corporate executive, most notably as Chairman of Sunbeam from 1996 to 1998, eventually dismissed due to multiple allegations of fraud and misconduct. He eventually settled these allegations without a criminal conviction for a supposed multimillion-dollar agreement (Byrne, 2003) and was ordered to never serve again as a director of a public company. It was estimated in the allegations that approximately \$60 million of Sunbeams 1997 financial return was fraudulent, with the scandal eventually leading to Sunbeam filing for bankruptcy in 2002 (Byrne, 2003; Securities and Exchange Commission, 2001). Prior to these allegations, Dunlap was known in the corporate industry for his ability to "clean out" companies, firing quantities of employees to save company costs (Byrne, 2003). It was reported that when previously working at Scott, Dunlap fired nearly 20% of the company staff, equating to approximately 11,200 employees (Gallagher, 2000). According to Ronson, "*he fired people with such apparent glee that the business magazine Fast Company included him in an article about potentially psychopathic CEOs*" (p. 145).

During the course of his conversation with Dunlap, Ronson (2011) explored the items of the PCL-R, querying Dunlap on each item and discussing the behaviour that he exhibited consistent with that. For example, when questioned about displaying impulsivity, Dunlap responded, "*just*



*another way of saying Quick Analysis. Some people spend a week weighing up the pros and cons. Me? I look at it for ten minutes. And if the pros outweigh the cons? Go!*" (Ronson, 2011, p. 157). The commentary by Ronson on Dunlap was not the first, with several other publications and books detailing his exploits in the corporate world, including Dunlap's own book which he co-authored with Bob Andelman (1996), titled, *Mean Business: How I Save Bad Companies and Make Good Companies Great*. In his own book, Dunlap refers to himself as "*Chainsaw Al*", "*Rambo in Pinstripes*" and "*The Shredder*". He notes that "*predators are out there, circling, trying to stare you down, waiting for any sign of weakness, ready to pounce and make you their next meal*". His views share many similarities to Hare's (1999) conclusion that psychopathic individuals view the world as comprising of "*givers and takers, predators and prey, and that it would be very foolish not to exploit the weakness of others*" (p. 49).

It does not appear that Dunlap was ever formally assessed for psychopathy and Ronson's opinion of him must be taken with caution. However, if Dunlap was psychopathic, he may arguably have been one of the few documented cases of a successful corporate psychopath. Although surrounded by allegations, Dunlap managed to negotiate his way out of these and appeared to avoid sanction in several other matters where suspicion and concern were evident (Byrne, 2003). Subsequently, understanding what endorsement he would likely receive of the CCCP becomes important to investigating the idea of "successful corporate psychopathy". Based on available information and taking the position that Dunlap evidenced psychopathic personality, his endorsement would include: cruelty (severe, without sadism), social adjustment (adept), disinhibition (mild) and capacity (accomplished), with a severity rating of either clinical or pervasive. The CCCP indicates that Dunlap was considerably accomplished, having maintained several high positions of corporate status, fluent in social situations, skilled in managing conflict, with the ability to pursue goals and delay gratification, along with being ruthless, callous and capable of making decisions that caused significant grief to others. Contrary to Madoff and Wachtler, Dunlap's capacity remained as accomplished never convicted of criminal offences and required to serve time in custody. His capacity for cruelty, combined with skilled social competence, leadership and a capacity for self-awareness, suggests that Dunlap was able to

cause widespread grief and destruction as a CEO, while progressing and enhancing his career at the same time.

## Conclusion

The case explorations of psychopathy as discussed highlight the varied presentations of psychopathic personality. As a construct psychopathy is characterised by overarching features and domains as detailed in the TPM (see Patrick, 2010) and CAPP-CM (see Cooke et al., 2012), however, at a trait level each presenting case of psychopathic personality is unique, with similarities and differences. It is pivotal for the construct to evolve and that this heterogeneity can be understood and appropriately accounted for. In a forensic context, or even at an organisation level in the case of corporate psychopathy, being able to understand the individual presenting before a practitioner or assessor is of utmost importance. The current assessment processes to determine psychopathic personality are promising, well understood in criminal settings (see Hare, 2003) and with a body of assessment protocols emerging in noncriminal settings (see Chapters 4–6). These tools are the first step to analysing psychopathic personality; however, once elevations are identified, a systematic process is needed whereby assessment outcomes can be reviewed through a clinical classification framework to support the assessment findings, determine the specifying features of psychopathy, and to guide decision-making. The CCCP provides a set of criteria for classifying psychopathic personality, identifying distinguishing features, the capacity of the individual (which serves as a guide for future risk and management) and provides a process to determine the severity of clinical presentation. Without a clinical framework to understand psychopathic personality, there remain concerns that all psychopathic individuals are viewed the same, a fundamental issue when considering risk implications, parole hearings, court outcomes and victimology matters. Due to the multitude of risk and management concerns that arise with psychopathy, assessment should not be limited to a generalised personality analysis, instead requiring a standardised measure of psychopathic personality in conjunction with the CCCP framework, which is modelled off structured professional judgement tools. Together,

psychopathy assessment with the CCCP provides a method to support interpretation, decision-making and guide recommendations pertaining to the case and individual.

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