

# Psychopathy: A Primer for Correctional Professionals

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**THE CLOSURE OF STATE** psychiatric facilities and other public policy changes beginning in the late 20th century increased the number of people with serious mental illness (PSMIs) entering the criminal justice system at every level, from pretrial detention to post-incarceration release, resulting in numerous changes in programming, housing arrangements, and caseload management strategies (Lurigio & Swartz, 2000). Consequently, the criminal justice system has been altered to accommodate the behavioral healthcare needs of people with substance use and other psychiatric disorders (Council of State Governments, 2002; Lurigio, 2011). In the context of these changes, there is a category of mental disorders that can complicate the supervision of PSMIs. Known as “personality disorders,” this category is described in the current edition of the *Diagnostic and Statistical Manual—Text Revision* (DSM-5-TR), which is the nomenclature of mental disorders used by mental health practitioners for diagnosis, treatment, and insurance reimbursement (American Psychiatric Association [APA], 2022).

Most relevant to the DSM-5-TR and its implications for community corrections practices is antisocial personality disorder (ASPD), which is defined by criminality. The primary diagnostic criterion of ASPD is the “failure to obey laws and norms by engaging in

behavior which results in a criminal arrest or would warrant criminal arrest.” Thus, by definition, because probationers and parolees have all been convicted of a crime and many have a history of delinquency and adult criminality, they would automatically meet the critical criteria for ASPD, rendering the diagnosis useless in the formulation of differentiable supervision plans. Psychopathy, a mental disorder highly related to ASPD, is presently absent from the personality disorder category. In many respects, psychopathy is a relative of ASPD with differentiable personality characteristics and affective traits that make psychopaths insidiously dangerous offenders (DeAngelis, 2022).

Psychopaths are comfortable breaking the law, are indifferent to the suffering of others, and are impervious to the consequences of their harmful behaviors (Hare, 1993). Long before “OCD” and “borderline” became common terms, “psychopathy” was in the lexicon. First appearing as an entry in Merriam-Webster’s 1865 edition, the term’s overuse and gratuitous insertions into conversations, news reports, and entertainment media belie the seriousness of the disorder. Its absorption into colloquialism has also obscured its complicated nature. The ease with which psychopathy has emerged in popular discourse also trivializes the harm that psychopaths inflict on others, often without victims’ awareness of their motives (Reidy et al., 2013).

## Current Article

This article is intended to raise awareness about psychopathy and its related conditions, as well as how it can challenge the management of offenders under community corrections supervision. We describe the history and defining characteristics of psychopathy and explain the differences between psychopathy and two similar terms used synonymously to characterize people who engage in repeated criminal behaviors: sociopathy and ASPD. The distinctiveness of psychopathy as a separate psychological disorder can be misunderstood as a result of this overlap. Therefore, this paper explains how psychopathy compares to sociopathy and ASPD in terms of etiology, signs and symptoms, and treatment.

In some respects, sociopathy and ASPD are more closely related to each other than to psychopathy. Therefore, these two terms are used interchangeably here for greater conciseness in writing. The label “psychopath” is also adopted instead of the more acceptable term “people with psychopathy,” which is the standard style of usage when describing a medical or psychiatric disorder. Finally, this article describes the relevance of psychopathy to community corrections practices in the context of risk-needs-responsivity (RNR). As stated by Kiehl and Hoffman (2011, p. 355), “given psychopathy’s enormous impact on society in general and on the criminal justice system, in particular, there are significant benefits to increasing awareness of the condition.”

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## Psychopathy

### *History and Overview*

Psychopathy is a constellation of personality traits in the annals of psychiatry, psychology, and criminology (e.g., Cleckley, 1942, 1982; Hare, 1993). Early case studies identified psychopathy in both men and women (Karpman, 1941), and recent studies have reported that men and women manifest symptoms differently (Efferson & Gleen, 2018). Psychopathy was among the first recognized personality disorders (Pinel, 1806), and it continues to receive attention from social and forensic scientists, clinicians, and other experts. As a personality disorder, “psychopathy” is defined as an enduring, maladaptive, and deeply ingrained pattern of disturbed cognition, affect, and behavior that deviates from social norms and is a permanent element in a person’s psychological makeup, response repertoire, and views of themselves and others (APA, 2022).

Personality disorders damage interpersonal relationships, diminish levels of functioning, and involve departures from culturally appropriate behavioral expectations (APA, 2022). Unlike the other 10 personality disorders in the DSM-5-TR, psychopathy is not currently included as a distinct diagnostic category (APA, 2022). Descriptions related to psychopathy appeared in the first two editions of the DSM. Hervey Cleckley (1941, 1976), a renowned pioneering psychiatrist, listed the core psychopathic traits in his groundbreaking book *The Mask of Sanity*. These traits were among the diagnostic criteria listed for ASPD in the DSM-II (APA, 1968), which was called “sociopathic personality disorder” in the DSM-I (APA, 1952). To achieve greater inter-judge reliability, the DSM-III removed most of Cleckley’s personality characteristics of psychopathy from the diagnostic criteria for ASPD in favor of more easily quantifiable and measurable behavioral indicators (APA, 1980).

With the paradigmatic diagnostic shift in DSM-III, psychopathy and ASPD became distinct categories (Kosson et al., 2006). Psychodynamic and psychoanalytic models of mental illness were replaced with quantifiable diagnostic criteria favoring behaviors over personality characteristics, which increased diagnostic reliability (i.e., consistency in placing patients in the same diagnostic categories) at the expense of diagnostic validity (i.e., precision in placing patients into the “correct” diagnostic categories; Frances, 2013). Hence, a diagnosis of ASPD corresponds more closely

with the behavioral and antisocial dimensions of psychopathy than with its interpersonal or affective traits, which are among the defining elements of psychopathy (Hare et al., 1991). Psychopathy now appears in the appendix of the DSM-5-TR, embedded in the triarchic psychopathy measure, indicating that it warrants further research and might become a discrete diagnostic entity in subsequent editions (APA, 2022; Patrick et al., 2009).

Psychopaths are adept at hiding their true natures and motivations from others, which explains their success in committing crimes, especially those that require deceit, duplicity, and cunning. This “mask of sanity” (Cleckley, 1941, 1976) also renders psychopaths both invisible and fascinating to the public. The common characteristic of psychopaths is their ability to pose, lie, cheat, and steal under the persistent guise of reputability and trustworthiness. They possess no empathy for others and give no serious thought to the consequences of their actions. Throughout history, psychopaths have caused extensive harm to others, always without conscience and frequently without accountability or punishment (Hare, 1993).

### *Prevalence and Costs*

Using standardized assessments, prevalence studies have estimated that psychopaths constitute 1 percent of the U.S. population and are likely to be found in much larger proportions in organized crime groups and correctional populations (Patrick, 2022). For example, psychopathic offenders represent an estimated one-quarter of all prison inmates in the United States and disproportionately contribute to the total cost of crime (Hare, 1991). Nearly one-third of male violent offenders in a community-based setting were deemed psychopathic using a standard diagnostic tool (Grann, 2000). One study estimated that psychopaths comprise 16 percent of adult males in jail and prison and on probation and parole, totaling 1.1 million offenders (Kiehl & Hoffman, 2011). Another study estimated that psychopathic offenders were responsible for 27 percent of crimes in North America, costing between \$245.5 billion and \$1.6 trillion (Gatner et al., 2022). Hence, the economic, emotional, and psychological toll they exact on their victims and taxpayers is enormous (DeAngelis, 2022).

The financial costs and human suffering attributable to psychopathy are estimated to be considerable, and the widespread failure of psychopaths to contribute to the workforce is

also problematic (Viding, 2019). Accordingly, the disorder demands more attention in psychiatric and criminological studies and practices as well as in the field of corrections, where psychopaths are more common than in the general population (Patrick, 2022). As stated by Hare (1996, p. 131), “given the morbidity of psychopathy and its negative impact on society, it is difficult to imagine that any mental disorder, save perhaps schizophrenia, could be considered a greater public health concern.” The costliness and harmfulness of psychopathy necessitate further research to better understand its pathogenesis and to develop effective interventions to better manage psychopathic offenders in the community and reduce their harmfulness to others (DeAngelis, 2022).

### *Core Features*

The validation of clinical assessment tools to measure psychopathy has fostered advances in understanding and differentiating psychopathy from similar conditions. Moreover, new techniques to view the living brains of psychopaths and nonpsychopaths have revealed correlations between brain imaging and measurement scale results that demonstrate concurrent and construct validity. In other words, different methodologies for measuring psychopathy are correlated, which suggests that the condition is a demonstrable mental disorder.

Psychopaths and nonpsychopaths not only score differently on assessment tests in the expected directions but also show different neuropsychiatric activity when responding to various stimuli in brain imaging tests (DeAngelis, 2022; Kiehl & Hoffman, 2011).

Psychopathy is characterized by a variety of related features. For example, its earliest defining aspects were criminality, addiction, sexual deviancy, and other so-called aberrant behaviors in the absence of severe mental illness (i.e., psychosis; Pinel, 1806). As Pinel recognized, different types of antisocial behaviors are highly related (e.g., crime and drug use). Notably, he also observed that psychotic symptoms and intellectual deficits were unlikely to be present in psychopathic patients (Pinel, 1806).

Based on Cleckley’s (1941, 1976) case analyses, the hallmarks of psychopathy are persistent deviancy, interpersonal charm, impoverished affect, purposeful behavior, and a profound lack of empathy, remorse, and guilt. Like Pinel, Cleckley (1941, 1976) determined that psychotic symptoms and diminished

intelligence were exclusionary features of psychopathy. He considered psychopathy to be a distinct mental illness or taxon with a discernable etiology. As discussed below, other experts have distinguished psychopaths from nonpsychopaths by the former's extreme manipulateness, paucity of conscience, and inability to form stable relationships (McCord & McCord, 1964).

Psychopathy is an assortment of distinct personality traits that fall into two major groupings: interpersonal–affective (interactions and emotions) and impulsive–antisocial (harmful behaviors; Patrick, 2022). These traits are manifested in early conduct problems, callousness, unemotionality, and antisocial acts and are included in assessments of psychopathy (Marsh & Blair, 2008; Skeem & Cooke, 2010). Furthermore, evidence supports the notion that psychopathy exists on a spectrum and is not a simple binary disorder (like psychopathic or nonpsychopathic). Some 30 percent of the U.S. population displays symptoms and signs of psychopathy, from mild to severe, with those at the high end of symptomology falling among the 1 percent of subjects included in the general prevalence estimates of psychopathy. These individuals pose the most significant harm to others (DeAngelis, 2022; Hare & Neumann, 2008).

### Triarchic Model

The triarchic model, which aligns with tools that measure the construct, delineates psychopathy as a conjugate of three traits scored on the dimensions of boldness (e.g.,

dominance and resilience), meanness (e.g., low empathy, callousness, exploitation, and manipulation), and disinhibition (e.g., impulsiveness, irresponsibility, and easy boredom; Patrick et al., 2009). The diagnostic features of psychopathy (e.g., pathological lying and criminal versatility) could be multiplicative rather than additive in combination, which means that one feature can both co-occur with another and exacerbate it (Walsh & Kosson, 2008).

Triarchic traits reflect the characteristics measured in the PCL-20-R and described in Cleckley's (1976) groundbreaking case studies. The triarchic traits also corroborate the five-factor model of personality (agreeableness, conscientiousness, openness, neuroticism, and extraversion; Drislane et al., 2018) and the items in the multidimensional personality questionnaire (Brislin et al., 2015).

### Cognate Conditions

As mentioned above, “psychopathy” is a widely misunderstood and misused term, often confused with “sociopathy” and “ASPD,” which is unsurprising considering the overlap among the conditions (see Figure 1). “Sociopathy” overlaps with “psychopathy” but is distinguished from psychopathy by its etiological emphasis on socioenvironmental factors. Sociopathy is mainly viewed as a product of poverty, poor parenting, and neighborhood influences. The definition of “sociopathy” consists primarily of deviant behavioral characteristics without the interpersonal–affective features necessary for a

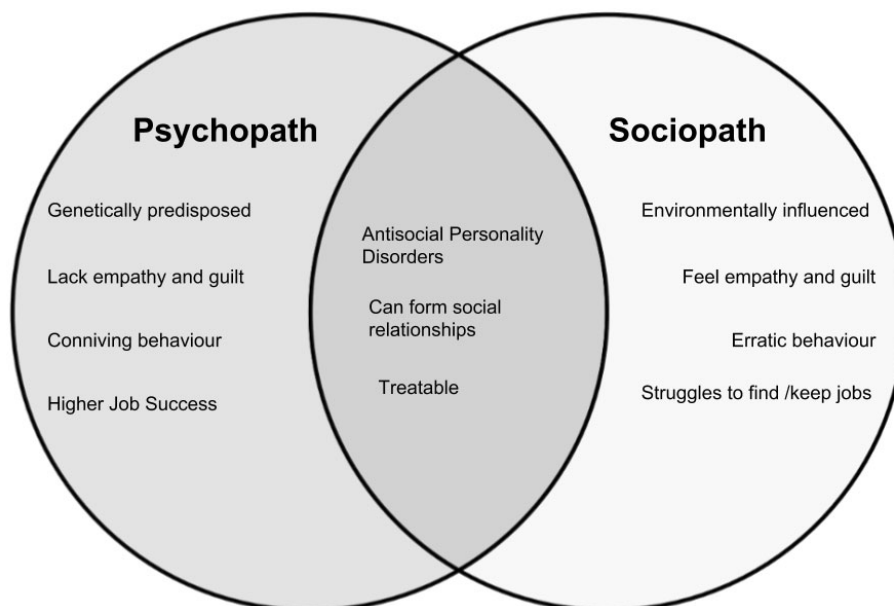
determination of psychopathy (Strickland et al., 2013).

Poverty is a correlate of criminal activity and a predictor of formal involvement in the criminal justice system. Lower-class socioeconomic environments are more criminogenic, as they offer residents fewer educational and employment opportunities and are often characterized by hopelessness, intergenerational isolation, impoverishment, and racism (Wright et al., 2001). Criminal behaviors are found at all levels of socioeconomic status, but like other social problems that are more common in improvised environments, such as mental illness and public health conditions, crime and delinquency are also more common in lower-class communities (Lurigio, 2011; Tittle & Meier, 1991). People who commit crimes because of environmental influences are labeled sociopaths. As with ASPD, criminal behavior and delinquency are among the defining traits of sociopathy, which also shares several other traits with psychopathy and ASPD. It is not considered a diagnosable mental disorder as much as a disadvantaged social status defined by criminality.

Psychopathy's closest diagnostic counterpart, ASPD, is defined in the DSM-5-TR (APA, 2022) by a history of conduct disorder before age 15, along with numerous other diagnostic criteria, such as impulsivity, the inability to plan, unlawful behaviors, a failure to conform to social norms, a lack of remorse, and repeated lying. Like psychopathy, other traits and behaviors of ASPD include duping victims for pleasure or personal profit, showing irritability and aggressiveness, provoking physical altercations or assaults, and displaying wanton disregard for the safety of themselves or others. Other ASPD criteria include persistent irresponsibility, an unstable work history, and refusal to honor monetary obligations. Akin to psychopaths, people with ASPD are indifferent to the harm or loss that they inflict on others. Another DSM-5-TR diagnosis related to psychopathy is conduct disorder with limited prosocial emotional specifiers (i.e., callous-unemotional traits; APA, 2022).

The overlap among psychopathy, sociopathy, and ASPD is expected in part because psychopathy checklist–revised (PCL-R) scores (see below) are highly correlated with the diagnostic criteria of ASPD (Patrick, 2022). The differences among them stem from variations in theoretical perspectives and conceptual frameworks, as well as contrasting emphases on different symptoms in disciplinary

**FIGURE 1**  
Overlap among Psychopathy, Sociopathy, and Antisocial Personality Disorder



contexts (i.e., sociology [sociopathy], psychology [psychopathy], and psychiatry [ASPD]). With regard to ASPD, the DSM-5 notes that “[t]his pattern (of symptoms) has also been referred to as psychopathy, sociopathy, or dissocial personality disorder” (APA, 2013, p. 659). This shows that the psychiatric nomenclature explicitly recognizes overlaps among the three conditions.

The International Classification of Diseases 11 (World Health Organization, 2018) also includes a diagnosis (dissocial personality disorder) that parallels sociopathy, psychopathy, and ASPD and comprises many of their characteristics (e.g., callousness and a lack of empathy; Farnam & Zamanlu, 2018). Again, the differences are more nuanced than dramatic: ASPD is captured by measurable clinical criteria designed to achieve diagnostic reliability, sociopathy emphasizes environmental and structural influences related to deviancy from social norms, and psychopathy involves psychodynamic and behavioral concomitants arising from a rigid personality structure. Notably, psychopathy is also closely related to narcissistic personality and substance use disorders (Widiger & Crego, 2018).

Sociopaths can be differentiated from psychopaths based on research and clinical observations. In terms of violence, psychopaths are more controlled and calculated, using violence as a means to an end rather than an end in itself. Sociopaths, on the other hand, are more reactive in their displays of violence owing to greater degrees of impulsivity and emotional dysregulation. The criminal behavior of psychopaths is more deliberate and calculated, with consideration given to minimizing clues and the risk of apprehension. Sociopaths are more opportunist and risk-taking in their criminal endeavors. Although psychopaths appear normal in their social relationships, they are purely transactional and superficial in their attachments to others. They are predatory and interested only in self-fulfillment, showing no hesitation in victimizing family members and friends for gain. Sociopaths can empathize, attach to others emotionally, and experience remorse or guilt after committing crimes (Ruhl, 2023).

### Assessment of Psychopathy

The attributes of psychopathy parallel those of ASPD, but the assessment of psychopathy requires more clinical understanding than that of ASPD because of the former's personality features. The measurable core traits of psychopathy include grandiosity, shallow

affect, a lack of remorse or guilt, glibness and superficial charm, callousness, a lack of empathy, a need for stimulation and proneness to boredom, pathological lying, and manipulativeness (Hare, 2003). The Hare Psychopathy Checklist-Revised (PCL-R), which is the gold standard for recognizing psychopathy in adults, is a tool comprising 20 items, each scored by a trained examiner on a scale of 0–2. The maximum score is 40; a score of 30 or above is the widely accepted demarcation or cutoff for a diagnosis of psychopathy (Hare, 2003; Hare et al., 2018). Investigators have grouped Hare scores into low (20 and below), moderate (21–29), and high (30 and higher; Kiehl & Hoffman, 2011), with high scores predicting higher levels of criminality, contact with the criminal justice system, and incarceration (Cornell et al., 1996). The PCL-R has four major factors from which its items are derived: interpersonal (e.g., pathological lying), affective (e.g., lack of remorse or guilt), lifestyle (e.g., lack of realistic long-term goals), and antisocial (e.g., juvenile delinquency; Hare, 2003).

Like many mental disorders, psychopathy can be viewed as dimensional rather than categorical (APA, 2013), with ASPD at the lower or less severe end of the psychopathy continuum (Coid & Ullrich, 2010). Psychopathic traits are presumed to be distributed throughout the general population, with prevalence decreasing as scores on the PCL-R increase (Neumann et al., 2015). Psychopathy is determined by scores at the high end of that distribution (Hare & Neumann, 2008; Hart & Hare, 1996).

### Genetics of Psychopathy

Like other mental disorders, the etiology of psychopathy consists of complex biological, sociological, and psychological factors (Kiehl & Hoffman, 2011). Efforts to differentiate among its symptoms (e.g., impulsivity and emotionality) have helped reveal the condition's principal nature (Anderson & Kiehl, 2014). Psychopathic traits are associated with high-profile offenders (e.g., serial killers) and malicious or narcissistic autocrats. As a complex behavioral phenotype, psychopathy is purported to be a genetically loaded disorder of unknown origin, manifested by a lack of anxiety and emotional expressiveness, as well as a proclivity to commit violent crimes for monetary gain, sexual gratification, or other manifest purposes, known as “instrumental violence” (Anderson & Kiehl, 2014; Hare, 1999; Hare & Hart, 1993; Viding, 2019).

### Twin and Adoption Studies

Evidence for the heritability of psychopathy can be found in monozygotic–dizygotic twin studies, which demonstrate higher concordance rates among identical twins than among fraternal twins, as well as in adoption and family studies, which indicate more similarities among biological relatives than nonbiological relatives. Specifically, psychopaths raised apart from their psychopathic biological parents are more similar to them in terms of their psychopathic traits and criminal histories than they are to their nonpsychopathic adoptive parents, with whom they spent their early lives. These results suggest genetic propensities and neurocognitive vulnerabilities in psychopathy-related personality traits and behaviors (e.g., Cecil et al., 2014; Hyde et al., 2016; McCrory, 2018; Viding & McCrory, 2012).

### Laboratory Studies

Psychopaths have blunted physiological responses to threats of prospective punishment, known as “low negative emotionality” (Del Gaizo & Falkenbach, 2008). They are premeditative in their criminal behavior and exhibit normal-to-high levels of executive control function—one of the main characteristics that differentiate psychopathy from sociopathy. Another important variable in distinguishing between sociopathy and psychopathy is the expression of negative affect (emotionality), which is lower in psychopathy than in sociopathy. These characteristics all have neurocognitive substrates (Anderson & Kiehl, 2014; Ross et al., 2007).

### Nature vs. Nurture

Psychopathy can also be differentiated from ASPD by the relative contributions of genetics and life experiences, which are difficult to parse but critical in evaluations and explications of psychopathy. Sociopathy is presumed to have lower heritability than psychopathy (i.e., it is less genetically determined). Individuals with sociopathy demonstrate less apparent cognitive or emotional dysfunction and seemingly develop the disorder due to early adversity or childhood trauma (Grabow & Becker-Blease, 2023). Sociopathy is posited to arise from parental abuse, neglect, or other childhood trauma, resulting in a disrupted conscience rather than a nonexistent conscience, as recognized in psychopathy (Vaughn et al., 2009).

Sociopathy also has genetic and neurocognitive underpinnings, which are expressed

as executive dysfunction, neuroticism, impulsiveness, anxiousness, recklessness, irritability, aggression, and risk-seeking behavior (Hicks & Drislane, 2018; Ross et al., 2007). Individuals with sociopathy are emotionally reactive and at greater risk of drug use, self-destructive behavior, and suicidal ideation than those with psychopathy. These traits are referred to as “high negative emotionality” in sociopathy. The opposite traits, or low negative emotionality, are found in psychopathy, which is characterized by low anxiousness and high assertiveness or aggression.

Psychopathic offenders who commit instrumental violence lack emotional and affective arousal while perpetrating crimes and show little empathy and remorse for their victims in the aftermath. Instrumental violence is correlated more highly with psychopathic traits, whereas reactive violence is correlated more highly with sociopathic traits (Grabow & Becker-Blease, 2023). In short, sociopathy is less likely to be heritable and more likely to be determined by external factors than psychopathy (Dhingra & Boduszek, 2013). Few studies have associated psychopathy with environmental influences or factors (Kiehl & Hoffman, 2011).

## Neuropsychological Processes and Psychopathy

### *Emotional Awareness and Brain Imagery*

The psychopath's ability to control and manipulate people without compunction is thought to lie in their lack of empathy and willingness to exploit others (Viding & McCrory, 2019). Psychopaths can recognize the wrongness of their behaviors and the harm they inflict on others but care little or nothing about those consequences (Drayton et al., 2018). Functional magnetic resonance imaging techniques have revealed that the brains of psychopaths are underactive in the areas that specialize in processing the distress and pain of others and registering empathy and guilt (i.e., amygdala, anterior cingulate cortex, and inferior frontal gyrus; Seara-Cardoso & Viding, 2015). Interestingly, psychopaths can compute moral judgments but cannot process the distressing emotions that would inhibit them from harming others (Blair et al., 2018; Brazil et al., 2011).

Psychopaths seem to readily discount the deleterious consequences of their harmful behaviors. They cannot foresee the detrimental outcomes of their actions, particularly when their behavior benefits them, as

self-aggrandizement is their persistent overarching motivation (Hosking et al., 2017). “Poorer ability to predict likely punishments can help explain why individuals with psychopathy keep on making poor decisions, even when such decisions have resulted in undesirable outcomes in the past” (Viding, 2019, p. 46). This likely stems from disruptive connectivity within the brain's ventromedial prefrontal cortex-striatal network, which involves emotional processing, decision-making, social cognition, and memory (Sherman & Lynam, 2017).

### *Executive Functioning and the Frontal Lobe*

Executive cognitive functioning (ECF) comprises a subset of neuropsychological abilities such as planning, self-control, and time management (Lyon & Krasnegor, 1999). Insufficiencies in ECF are presumed to be responsible for the poor decision-making ability, aggression, insensitivity to punishment, impulsivity, and inability to regulate the emotional responses found among psychopaths and other offenders who engage in persistent, serious misconduct (Dawes et al., 2000). Psychopathy is correlated with frontal lobe hypoactivity, cognitive shortcomings, and emotional dysregulation (Ross et al., 2007). These altered brain processes could also explain the impulsive and violent predilections that are common in psychopathy. The combination of antisocial traits and impulsivity in psychopathy can also lead to violent crimes during emotional outbursts (i.e., affective violence; Yildirim, 2016).

ECF deficiencies are antecedents for antisocial behavior, such as early and persistent aggression, as well as for substance use, conduct, and attention deficit hyperactivity disorders (Fishbein, 2000; Giancola et al., 1996, 1998; Paschall & Fishbein, 2002; Tarter et al., 1999). Neuropsychological dysfunction can be severe among psychopathic offenders (Raine, 1993; Reiss et al., 1994; Rogers & Robbins, 2001; Volavka, 1995). ECF deficits are corollaries of psychopathic behaviors and traits (e.g., impaired goal-directed behavior, history of conduct disorder, sensation seeking, attention deficits, and poor problem solving; Barratt et al., 1997; Mirsky & Siegel, 1994; Moffitt & Henry, 1989; Schonfeld et al., 1988). Impairments in the facility to assess consequences and act on those assessments (i.e., impulsivity) are primary psychopathic traits (Barratt & Patton, 1983; Gray, 1983; Gray & McNaughton, 1983; Newman, 1987; Shapiro et al., 1988).

Impaired ECF diminishes the ability to interpret social cues during interpersonal interactions, leading to misperceptions of threat or hostility (Sherman & Lynam, 2017; Viding & McCrory, 2019). Consequently, socially adaptive behaviors and responses to eschew aggressive or stressful interactions might be challenging for psychopaths. Furthermore, compromised cognitive control over behavior fosters hostility, negative affective states, and other maladaptive responses that dominate psychopaths' interactions with others (Giancola, 1995).

The cognitive impairments that underlie antisocial behavior appear to originate in the prefrontal cortex (PFC; Bryant et al., 1984; Elliott, 1992; Moffitt & Henry, 1989), which is responsible for higher-level cognitive operations (e.g., reasoning, problem-solving, and weighing consequences). Hence, the neuropsychological functions executed by the PFC, such as forethought, moral reasoning, behavioral inhibition, and learning from experience, are disrupted in psychopathy (Bechara et al., 1994; Damasio et al., 1990). Some studies have implicated the brain's paralimbic regions, including the amygdala, cingulate, and insula (Harenski et al., 2010). In summary, “[t]he psychopathic brain is markedly deficient in neutral areas critical for three aspects of moral judgment: recognizing moral issues, inhibiting a response pending resolution of the moral issue, and deciding the moral issue” (Kiehl & Hoffman, 2011, pp. 380–381).

## Psychopathy, Crime, and Recidivism

Psychopathic offenders commit a wider variety of crimes and begin offending at younger ages than nonpsychopathic offenders. They are also likelier to engage in instrumental violent crimes and use weapons and threaten violence when committing crimes (e.g., armed robbery). A diagnosis of psychopathy is related to a 15–25 percent higher risk of imprisonment (Kiehl & Hoffman, 2011). Moreover, psychopathic offenders are likelier to violate rules when incarcerated (Cornell et al., 1996) and to reoffend when released. Thus, “[psychopathy] is a powerful predictor of institutional misconduct and the potential for reoffending” (Douglas et al., 2018, p. 545). Adult psychopaths released from prison recidivate at significantly higher rates and within significantly shorter periods than nonpsychopaths (Kiehl & Hoffman, 2011). Similarly, psychopathic adolescent offenders are likelier than those without the disorder to

be aggressive, commit violent offenses (both instrumental and reactive), and have numerous encounters with the police (Dhingra & Boduszek, 2013). They are also likelier than nonpsychopathic adolescent offenders to engage in coercive and violent sexual attacks against adults (Harris et al., 2007; Lalumière et al., 2001; Vachon et al., 2012).

Psychopathy is related to protracted criminality. For example, higher PCL-R scores correlate with higher conviction rates from ages 16 to 40 (Dhingra & Boduszek, 2013). Although conviction rates drop dramatically with age in the general population, in persons with high PCL-R scores, these rates persist, suggesting that psychopaths have a sustained facility to commit crimes and supporting the notion of psychopathy as a lifelong affliction (Dhingra & Boduszek, 2013). Psychopathic offenders have up to four- or five-times higher recidivism rates than nonpsychopathic offenders, and psychopathy predicts higher recidivism rates for crimes in general, as well as higher recidivism rates for violent and sexual crimes in particular (Dhingra & Boduszek, 2013).

In a forensic study of psychopaths, data showed that 80 percent of the sample committed violent crimes within a year of their release from a maximum-security psychiatric hospital (Harris et al., 1991). Psychopathy was a stronger predictor of recidivism among those offenders than the combined effects of 16 other background, demographic, and criminal history factors included in the analyses, including childhood and adult criminal histories, index offenses, and institutional and program variables. Psychopaths offend repeatedly at high rates and are not deterred by the prospect of (re)incarceration (Harris et al., 1991). Despite having consistently higher rates of arrest and recidivism than nonpsychopathic offenders, they are two-and-a-half times likelier to be granted parole than other prisoner populations (Palmen et al., 2020). This may be due to their capacity to deceive and manipulate others, enabling them to argue more persuasively for release to the parole board than nonpsychopathic prisoners.

## Treatment of Psychopathy

No specific treatment has yet been developed to alleviate the signs and symptoms of psychopathy. Indeed, the treatment of psychopathy has long been believed to be a “fruitless endeavor,” as Cleckley (1941) wrote in *The Mask of Sanity*, which concluded that psychopaths would benefit little from psychotherapy.

Nonetheless, the latest clinical thinking suggests that psychopaths could be amenable to treatment, especially in programs tailored to specific patterns of symptoms (DeAngelis, 2022). A deeper clinical understanding of psychopathy could lead to improved therapies for the disorder (Del Gaizo & Falkenbach, 2008). Overall, little evidence suggests that psychopaths are fundamentally untreatable (Viding, 2019); nonetheless, in therapy, they can acquire knowledge and skills to manipulate others and further their own interests and gains (Hare, 1993).

Cognitive behavioral therapy (CBT) is one of the more effective types of treatment for psychopathy, with a success rate of 62 percent, as revealed in a meta-analysis of five studies with 246 participants. Success was measured by comparing pre- and post-treatment measures of psychopathy and recidivism rates (treated versus untreated men with psychopathy). CBT works well because such treatment entails controlling behavior and reducing recidivism rates (Salekin, 2002). The core of CBT techniques involves addressing cognitive distortions, providing social skills and resocialization training, teaching coping skills, and correcting maladaptive behaviors, all of which are potentially effective treatments for psychopaths (Hecht et al., 2018).

Psychopaths who express emotionality through violence and substance use would likely benefit from CBT's cognitive restructuring techniques, the behavioral change components of CBT, and the reexperiencing of emotional triggering scenarios in a safe therapeutic environment. Individuals high in psychopathic traits who are less likely to be unresponsive to talk therapy and cognitive restructuring could be amenable to other forms of CBT. Strictly controlled skill-building programs that focus on recidivism reduction are likely to be more effective approaches to altering the callous and manipulative behaviors of psychopaths than standard talk therapies (Viding, 2019).

As an offshoot of CBT, schema therapy (ST) has been effective in reducing the symptoms of psychopathy and other personality disorders in a population of violent inmates (Bernstein et al., 2023). ST underscores unmet emotional needs from childhood (e.g., attachment issues) and uses techniques to modulate emotional states and build better coping and social skills (Young et al., 2003). Childhood interventions with high-risk children (i.e., those with conduct disorders) show that the most effective techniques reinforce prosocial

behaviors to increase them rather than punish such behaviors to extinguish them (Hawes & Dadds, 2005).

Shifting the emphasis from alleviating the symptoms of psychopaths to managing their criminogenic needs could prove to be a practical approach to reducing recidivism in this high-risk group. Programs incorporating the RNR model of criminal rehabilitation have shown promise in reducing recidivism overall (Taxman et al., 2006). The effectiveness of such programs for psychopaths is low; however, RNR has been effective in reducing recidivism in the general offender population (Polachek & Skeem, 2018).

Therapeutic programs adhering to RNR principles, including cognitive restructuring and relapse prevention techniques, could effectively reduce recidivism among offenders with mental illnesses, including personality disorders (Skeem et al., 2009). In the RNR model, more intensive psychiatric interventions for higher risk offenders would involve individual and group treatment as well as anger management sessions. CBT programs with RNR principles are more effective when they target the criminogenic needs of offenders with behavioral health problems. According to Skeem et al. (2009), these programs can reduce recidivism by 25–50 percent.

RNR-based rehabilitation programs for offenders should examine further whether this model can also work for psychopaths. Studies on the treatment of psychopathy should address three key points: whether offenders with psychopathy can benefit from treatment programs for high-risk offenders, whether certain features of psychopathy mediate or moderate treatment, and whether treatments aimed at reducing antisocial behaviors have any effect on the symptoms of psychopathy (Polachek et al., 2018).

The best hope for treatment progress lies in juveniles with psychopathy. Studies using a method known as decompression therapy have shown promising results in reducing recidivism among juveniles with high scores on the PCL-YV (youth version) (Forth et al., 2003). This type of therapy is highly intensive and longer-term (six months to one year). In one study of the intervention, offenders with no treatment were seven times more likely to recidivate (i.e., rearrests in two years) than those in decompression therapy (Caldwell et al., 2001). In a five-year follow-up, the recidivism rates were 56 percent rearrested for the treated group and 78 percent rearrested for the untreated group. The untreated juveniles were

twice as likely to commit violent crimes in the follow-up period than those who received treatment, at 36 percent rearrest and 18 percent rearrest, respectively (Caldwell et al., 2005).

## Conclusions

Psychopathy is a personality disorder that should be considered in community corrections models and practices. Outside of prison, the prevalence of psychopathy in correctional populations has been grossly understudied. Evidence suggests that rates are likely to be elevated in such populations and should be investigated using the PCL-R or one of its derivations, such as the psychopathic personality traits scale, which can be adopted for self-administration (Boduszek et al., 2018). The conceptualization of psychopathy as a personality spectrum disorder is a reasonable approach toward its adoption into RNR-based assessment, supervision, and treatment strategies for offenders, especially considering the significant risk of recidivism and violence associated with psychopathic features. Measuring degrees of psychopathy could be advantageous for developing more effective programming based on modified and tested CBT, ST, and decompression models for probationers and parolees at the higher end of the psychopathy scale.

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