

Gacono, C. B. (Ed.). (in press). *The clinical and forensic assessment of psychopathy: A practitioner's guide*, 2nd edition. New York, NY: Routledge.

## Forward

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It is a distinct pleasure for me to write the Forward to Carl Gacono's volume, *The Clinical and Forensic Assessment of Psychopathy: A Practitioners Guide* (2nd Edition), for several reasons. Perhaps the most obvious is that the list of contributors is truly outstanding, and to be part of a work in which they appear is an honor. The first edition (Gacono, 2000) was a welcome addition to the burgeoning field of psychopathy; it brought together the work of researchers and clinicians, and provided much-needed guidelines for the assessment and use of the psychopathy construct, particularly as measured by the PCL-R and its derivatives. Many of the authors had participated in the NATO Advanced Institute (ASI) held in Alvor, Portugal, in December of 1995 (Hare, 1997), for which I was the principal director. At the time of the ASI less than 50 articles had been published using the PCL-R and the PCL: SV. Nonetheless, I felt confident enough by then to say that psychopathy is a "clinical construct whose time has come" (Hare, 1996, p. 25) and that "it is the single most important clinical construct in the criminal justice system" (Hare, 1998, p. 99). Some commentators considered these statements somewhat effusive and overstated, but subsequent events have proven me right.

By the year 2000 research on many of the key issues concerning the nature and assessment of psychopathy had increased considerably, with about 150 articles having been published using the PCL-R and the PCL: SV. Parenthetically, the results of a computer search led Blashfield and Intoccia (2000, p. 473) to conclude that "antisocial personality disorder [ASPD] has a

large literature but has shown relatively stagnant growth over the last three decades...” In commenting on this conclusion, Crego and Widiger (2014) had this to say, “If they had included psychopathy within their search, they would have likely concluded that the research was more truly alive and well, as much of the research concerning this personality disorder had shifted to studies of psychopathy.” Indeed, at the time of this writing (October, 2014) hundreds of chapters, scores of books and special journal issues, and more than 1000 articles have have used or referred to the PCL scales (Web of Science; <http://wokinfo.com/>). At the same time, public interest in psychopathy has become almost insatiable, with the production of a great many documentaries, popular books, magazine articles, television programs, and movies, many ill informed and poorly done.

We now know much about the nature, development, assessment, and implications of psychopathy, as the overviews in this volume attest. The PCL-R and its derivatives long have dominated basic and applied empirical research on psychopathy (see Chapter 8). Their use in criminal justice and legal contexts is increasing dramatically, particularly in determining risk for criminal and violent behavior (see Chapters 8 & 15). As Dematteo and colleagues (2014, p. 96) noted, the PCL-R “appears to be the most widely used measure of psychopathic traits in forensic settings around the world.” Recent international surveys indicate that the PCL-R is one of the two most frequently used instruments for risk assessment, risk management, and risk monitoring (Hurducas, Singh, de Ruitter, & Petrila, 2014; Singh et al., 2014). When the PCL: SV is included, the PCL scales are used at least as much for risk purposes as are tools expressly developed for risk assessment (see Section VI, this volume). Similarly, Neal and Grisso (2014) conducted an international survey in which forensic examiners described their two most recent forensic evaluations. The PCL-R tied for the most frequently used tool for violent risk

assessment, second for sex offender risk assessment, second for civil commitment, and fourth for aid in sentencing.

It is not surprising, then, that the PCL-R is the subject of an inordinate amount of conceptual, statistical, and legal scrutiny. In many cases, legal interest has to do with its use as a risk-marker in parole decision-making and civil commitment procedures (e.g., Boccaccini, Murrie, Rufino, & Gardner, 2014; DeMatteo et al., 2014; Ogloff & Lyon, Chapter 10 this volume). An irony here is that we designed the PCL-R (and its derivatives, the PCL: SV and the PCL: YV) to measure the construct of psychopathy not to assess risk for antisocial or criminal activities. Yet, its utility for these and other applied purposes is well established, in large part because the features that comprise the construct it measures play a major role in understanding many of the problematic behaviors encountered by the criminal justice and mental health systems. As I have stated many times, properly used, the PCL-R provides reliable and valid assessments of the clinical construct of psychopathy, and that is all that it does. But, if psychopathy is relevant in a given context the PCL-R may have much to contribute.

Some jurisdictions mandate the use of the PCL-R for *risk* assessment purposes. For example, in California it is required for offenders sentenced to “life with parole.” A recent large-sample study of 4,589 “lifers” in California reported that the PCL-R was a strong predictor of parole decisions (Cohen’s  $d = .84$ ; Guy et al., in press). Interestingly, the Affective factor ( $d = .75$ ) was the best predictor among the four factors. Some commentators assert that a high score on the PCL-R is *the* primary reason for denying parole to lifers, but the HCR-20 ( $d = 1.09$ ) and the LS/CMI ( $d = .97$ ) were stronger determinants of parole decisions in the lifer study. Even so, the concept of psychopathy clearly is unusually important in the legal and judicial world.

Another example of the mandated use of the PCL-R is for determining risk in sexually violent predator (SVP) evaluations in several states. The issues here are complex, legally and psychologically, but for our purposes the main issues have to do with the reliability of PCL-R scores in legal settings, and their susceptibility to adversarial and allegiance effects (e.g., Boccaccini et al., 2014; DeMatteo et al., 2014; Levenson & Morin, 2006; Miller, Kimonis, Otto, Kline, & Wasserman, 2012). Formal training and informed advice of the sort provided in this volume could help to increase field reliability (see Chapter 12). For example, there is evidence that the reliability of PCL-R scores in SVP cases is much higher among evaluators who have attended a formal training workshop than among those who have not (Boccaccini et al., 2014). The adversarial effects are more difficult to address, and have more to do with adherence to professional ethics and standards than with the properties of the psychological instruments used (e.g., Chevalier, Boccaccini, Murrie, & Varela, in press; Hare, Black, & Walsh, 2013).

This brings me back to the importance of the current volume. For years Gacono and I, and many others, have argued that PCL assessments by clinicians requires stringent training and high standards of use. Many of the chapters in this volume are concerned with this very issue (see Chapter 8 & 12). By helping to bridge the gap between basic research and clinical/forensic applications of these instruments, the editor and his contributors do the field a great service. The use of these scales in research typically is not a problem, except to the extent that poor assessments compromise the results and interpretation of a given study. However, when assessments have implications for an individual or the community, it is imperative that clinicians with the appropriate training, experience, and professional qualifications conduct them (Hare, 1998; see Chapters 8 & 12). Moreover, in such cases, and given the stakes involved, it would be prudent to obtain several independent evaluations,

a suggestion I made many years ago and for which some commentators called me “naïve.”

Of course, not all clinicians have the personality, astuteness, impartiality, judgement, and interpersonal skills needed to collect, integrate, and interpret the extensive information involved in or complex psychological evaluations. Some perhaps are guided by personal beliefs and philosophies about human nature, or by explicit or implicit biases against, or attachments to, their clients; others may be too tender-hearted or tough-minded to provide balanced PCL assessments. Some clinicians may be unqualified or unsuited to conducting psychological evaluations that have serious consequences for an individual and society. Others function in an adversarial system in which allegiance to one side or the other may trump professional integrity. These and related issues concerning the use of the PCL-R and its derivatives are addressed in the current volume. The insights and recommendations of the authors of chapters concerned with clinical and forensic applications of these scales will prove to be particularly valuable to novice clinicians, and will help those with more experience to hone their skills. At the same time, the criminal justice system must ensure that its clinicians and evaluators are competent and able to justify their evaluations.

Finally, the fact that Gacono has modeled the volume after the Alvor ASI is an added bonus. For the authors and participants who were in Alvor in 1995, I am pleased to say that the 1963 bottle of vintage port given me is alive and maturing nicely, a pleasant reminder of a remarkable experience.

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