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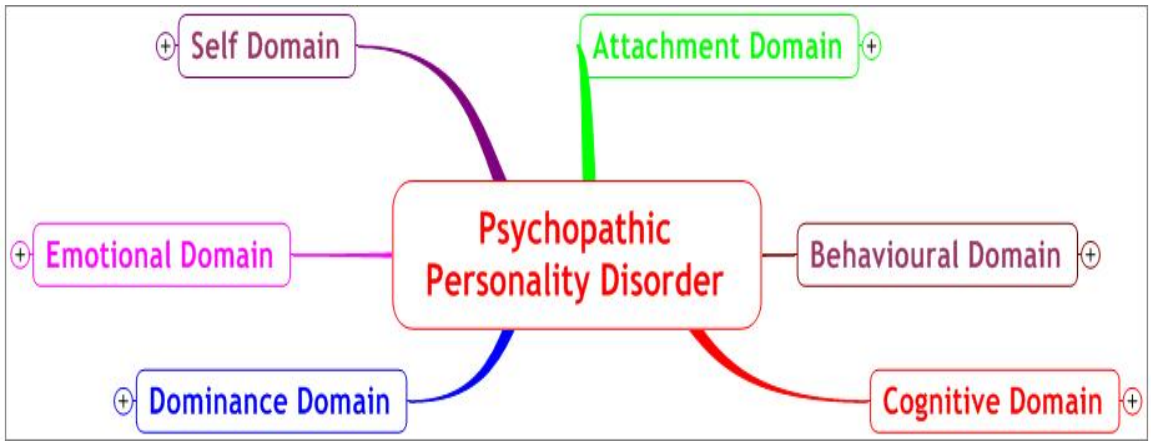
Comprehensive Assessment of Psychopathic Personality:

Symptom Rating Scale

(CAPP SRS)

Cooke, D.J., Hart, S.D., & Logan, C.



Manual for the
Comprehensive Assessment of Psychopathic Personality: Symptom Rating Scale (CAPP—SRS)

The Comprehensive Assessment of Psychopathic Personality (CAPP) is a concept map that provides a detailed description of the symptoms of psychopathic personality disorder (PPD). (See Cooke, Hart, Logan & Michie, 2012 for a detailed account of the development of the concept map.)

Two important features distinguish the CAPP from other models of PPD. First, the CAPP covers the full domain of PPD symptomatology. As a consequence, the CAPP conceptualisation of PPD has utility in a variety of settings (e.g., correctional, forensic psychiatric, civil psychiatric, community and family), rather than being optimized for use in a single setting. Second, and perhaps more importantly, the CAPP can be used as the basis to develop measures of symptoms over discrete time periods, in addition to lifetime severity. This means the CAPP is potentially useful for when it is necessary to measure changes over time in the severity of symptoms (e.g., when studying their developmental course, response to treatment, reaction to situational changes or variation in relation to the course of an axis one disorder). At present, it is unclear how much traits of personality disorder change over time (if at all) or why they might change, but it is impossible to answer these questions empirically without a test that is (theoretically) sensitive to change.

The CAPP has been used as the basis for developing a wide range of measures. The CAPP Symptom Rating Scale or CAPP SRS is an expert observer ratings scale designed for use by trained evaluators to measure the overall severity of PPD symptoms, as well as separate ratings of trait extremity and functional impairment for each symptom. The ratings are based on all available clinical data, including such items as interviews with the target person and collateral informants, clinical records, and behavioral observations. Evaluators can specify the timeframe for ratings (e.g., lifetime, past 5 years, past year, past 6 months). The CAPP SRS may be used for clinical or research purposes.

The first section of this manual provides a brief overview of the model of PPD on which the CAPP SRS is based. The second provides instructions for administering and scoring the CAPP SRS.

CAPP Model of Psychopathic Personality Disorder

A recent attempt at explicating the construct of PPD is the Comprehensive Assessment of Psychopathic Personality or CAPP, the development of which is described in detail elsewhere (Cooke et al., 2012; see also Cooke & Logan, 2015). The CAPP is a lexical concept map of PPD based on review of the literature and interviews with subject matter experts. It comprises 33 symptoms presented in the form of plain language adjective or brief adjectival phrases, each defined in turn by three adjectives or adjectival phrases. The 33 symptoms were subsequently divided, on a rational rather than statistical basis, into six basic functional domains of personality to provide additional context for interpreting symptoms, further reducing potential ambiguity in their meaning. These domains – Attachment, Behavioral, Cognitive, Dominance, Emotional, and Self – have been identified in various empirically-derived models of personality (e.g., Lee & Ashton, 2004). The concept map is thus hierarchical in nature, with PPD at the first (top) level, six domains of symptoms at the second level, 33 symptoms at the third level, and 99 defining adjectives or adjectival phrases at the fourth (bottom) level. The entire concept map, including all levels of the hierarchy, comprises 132 adjectives or adjectival phrases (180 words in total) and can be presented in a single graphic; see Table 1 and Figure 1.

Table 1

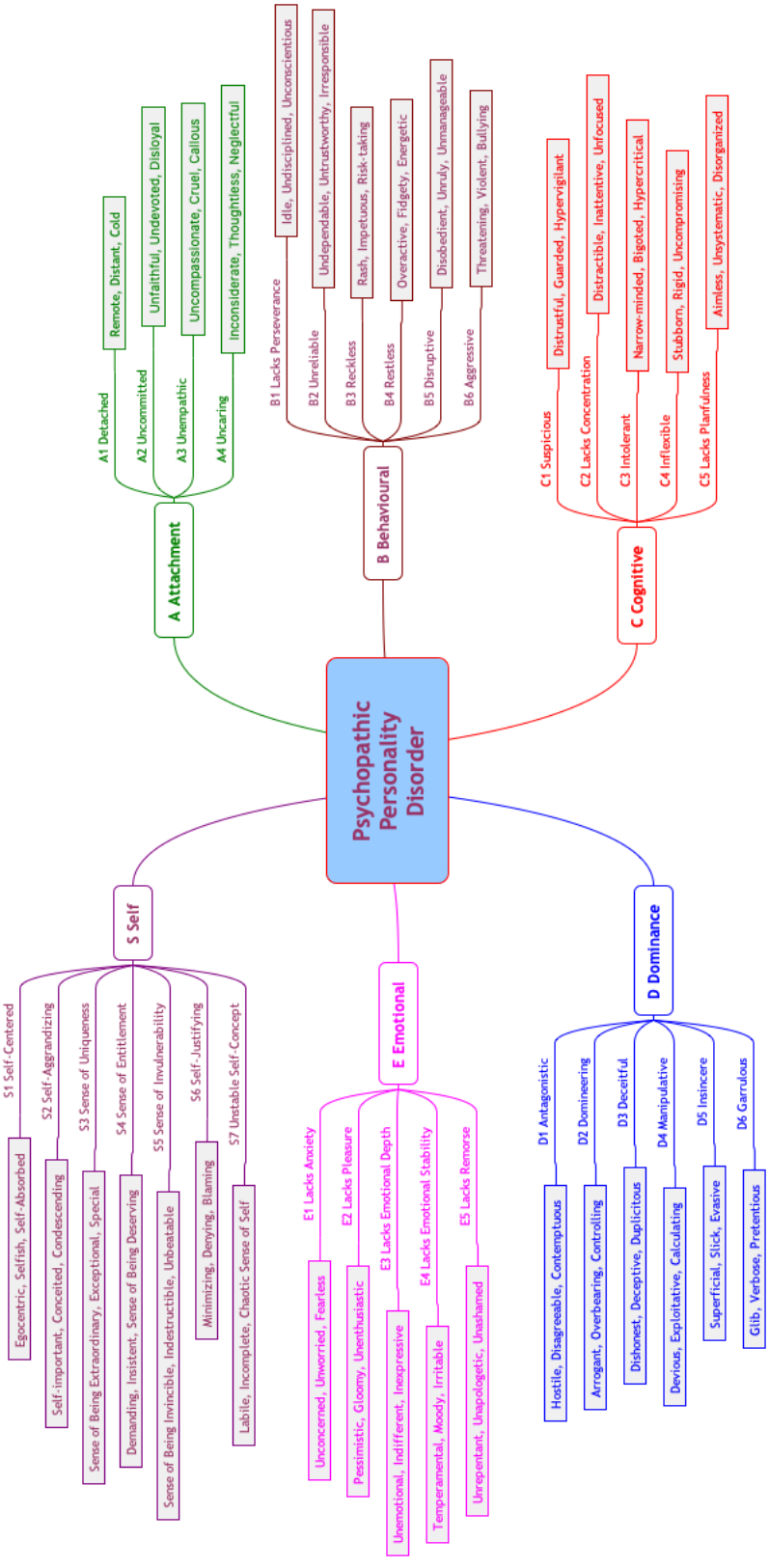
Comprehensive Assessment of Psychopathic Personality Concept Map

Domain		Symptom	Adjectival Descriptors
Attachment	A1	Detached	Remote, Cold, Distant
	A2	Uncommitted	Unfaithful, Undevoted, Disloyal
	A3	Unempathic	Uncompassionate, Cruel, Callous
	A4	Uncaring	Inconsiderate, Thoughtless, Neglectful
Behavioural	B1	Lacks Perseverance	Idle, Undisciplined, Unconscientious
	B2	Unreliable	Undependable, Untrustworthy, Irresponsible
	B3	Reckless	Rash, Impetuous, Risk-Taking
	B4	Restless	Overactive, Fidgety, Energetic
	B5	Disruptive	Disobedient, Unruly, Unmanageable
	B6	Aggressive	Threatening, Violent, Bullying
Cognitive	C1	Suspicious	Distrustful, Guarded, Hypervigilant
	C2	Lacks Concentration	Distractible, Inattentive, Unfocused
	C3	Intolerant	Narrow-minded, Bigoted, Hypercritical
	C4	Inflexible	Stubborn, Rigid, Uncompromising
	C5	Lacks Planfulness	Aimless, Unsystematic, Disorganized
Dominance	D1	Antagonistic	Hostile, Disagreeable, Contemptuous
	D2	Domineering	Arrogant, Overbearing, Controlling
	D3	Deceitful	Dishonest, Deceptive, Duplicitous
	D4	Manipulative	Devious, Exploitative, Calculating
	D5	Insincere	Superficial, Slick, Evasive
	D6	Garrulous	Glib, Verbose, Pretentious
Emotional	E1	Lacks Anxiety	Unconcerned, Unworried, Fearless
	E2	Lacks Pleasure	Pessimistic, Gloomy, Unenthusiastic

	E3	Lacks Emotional Depth	Unemotional, Indifferent, Inexpressive
	E4	Lacks Emotional Stability	Temperamental, Moody, Irritable
	E5	Lack Remorse	Unrepentant, Unapologetic, Unashamed
Self	S1	Self-Centred	Egocentric, Selfish, Self-Absorbed
	S2	Self-Aggrandizing	Self-Important, Conceited, Unenthusiastic
	S3	Sense of Uniqueness	Sense of Being Extraordinary, Exceptional, or Special
	S4	Sense of Entitlement	Demanding, Persistent, Sense of Being Deserving
	S5	Sense of Invulnerability	Sense of Being Invincible, Indestructible, or Unbeatable
	S6	Self-Justifying	Minimizing, Denying, Blaming
	S7	Unstable Self-Concept	Labile, Incomplete, or Chaotic Sense of Self

Figure 1

The Comprehensive Assessment of Psychopathic Personality Concept Map



Administration of the CAPP SRS

Overview

The CAPP SRS was originally named the CAPP Institutional Rating Scale; the name was changed to better reflect the nature and intended uses of the test.

The CAPP SRS is an expert observer symptom rating scale. Each of the 33 items reflects one of the symptoms included in the CAPP concept map of PPD. Ratings are made on the basis of all available clinical data, including interviews with and observations of the target person, interviews with and observations made by collateral informants, and a review of records. To assist with interview of the target person, a semi-structured interview is available (CAPP SRS-CI); and to assist with observations by collateral informants in closed living environments, an observational rating scale (CAPP SRS-IR).

The primary rating is global symptom severity during the specified timeframe, rated on a 7-point ordinal scale (0 = *not present*, 1 = *very mild*, 2 = *mild*, 3 = *moderate*, 4 = *moderately severe*, 5 = *severe*, 6 = *extremely severe*). A variety of supplementary ratings can be made, including: separate ratings of trait extremity and functional impairment for each symptom, made on a 4-point ordinal scale (0 = *not present*, 1 = *mild*, 2 = *moderate*, 3 = *severe*); and ratings of the extent to which the adjectival descriptors for a symptom are characteristic of the target person, also made on a 4-point ordinal scale (0 = *not at all descriptive*, 1 = *somewhat descriptive*, 2 = *moderately descriptive*, 3 = *very descriptive*).

The timeframe for ratings is flexible: it can range from short (e.g., 6 months, 1 year) to long (e.g., 5 years, lifetime).

Below, we discuss five aspects of the administration process in more detail:

1. The time frame used to rate symptoms.
2. The sources of information on which symptom ratings are based.
3. The resolution of conflicting information about symptom severity.
4. The response format used to rate symptom severity.

5. The documentation of symptom ratings.

a) Time Frame

It is expected that evaluators will, in most cases, have some familiarity with the lifetime psychosocial adjustment of the target persons. This may be very helpful when judging whether or nor adjustment problems reflect PD rather than other factors, such as comorbid mental disorder or culture.

Although knowledge of lifetime functioning provides a context for interpreting recent functioning, ratings of symptom severity in the CAPP SRS should be based on the target person's adjustment in the six months prior to the date of assessment. To this end, the first step in the evaluation process is to establish a time frame. Evaluators should anchor the start date of the six month period with respect to one or more key reference dates. These may be public events (e.g., Christmas, Easter, World Cup final, Olympics, Scotland being knocked out of the World Cup again) or events with personal meaning to the target person (e.g., birthday, date of transfer, parole board hearing).

b) Sources of Information

The primary source of information concerning adjustment problems is a personal interview with the target person. The CAPP SRS-Clinical Interview (CAPP SRS-CI) provides a carefully designed semi-structured interview for this purpose. The interview process is described in detail elsewhere (Cooke & Logan, 2018). When interviewing the target person, the goal is to seek evidence of personality-related adjustment problems. We recommend that the evaluator start with general, open-ended questions about adjustment in various functional domains (e.g., work, intimate relationships). Next, the evaluator should begin to enquire about more specific adjustment problems in each domain (e.g., unemployment, problems in relationships within treatment group). When it appears that the target person has adjustment problems in a specific area, the evaluator next should probe for specific evidence or behavioural examples or anecdotes. If the existence of adjustment problems in a specific area is confirmed from the evidence, the evaluator should enquire about their severity, including their frequency or consistency across time,

situations, and relationships within the six-month period. Finally, the interviewer should probe for exclusionary conditions, that is, they should endeavour to determine that the adjustment problems are not the consequence of physical illness or acute mental disorder.

The evaluator should keep in mind that only adjustment problems occurring in the specified timeframe are relevant. It may be necessary to repeat and re-emphasize the timeframe during the interview. When attempting to establish whether a relevant incident occurred within the timeframe, it is important to avoid leading the target person. Use balanced alternatives when suggesting possible dates. For example, if the target person reports that they were in a fist fight with another person "early in the year," don't ask, "Was that in February?" but rather "Was that before or after Easter?" or "Was that before or after your birthday?"

The evaluator should corroborate information gathered from interviews with the target person with reference to collateral information, such as behavioural observations of the target person made by the evaluators, interviews with or behavioural reports from key informants (e.g., family, friends, treating clinicians, prison officers), and review of institutional files (e.g., health care records, prison behaviour logs). The goal is to corroborate at least some aspects of the target person's self-reported adjustment and to gather evidence of adjustment problems he or she did not report. The CAPP SRS-Informant Rating Scale (CAPP SRS-IRS) has been developed to gather information systematically from informants.

c) Dealing with Conflicting Information

Deceitfulness, impression management, and self-justification are symptoms of PPD. In addition, people with PPD often lack insight into their adjustment problems. Accordingly, conflicts and contradictions among sources of information are expected. When considering apparently conflicting evidence concerning adjustment problems, the evaluator should give weight to credible information sources that indicate the presence (rather than the absence) of adjustment of problems. This principle is based on the assumption that target

persons are expected to minimize or under-report adjustment problems. The evaluator should judge the credibility of the source taking into account such things as the experience and expertise of the source and the amount of contact on which the opinion is based.

e) Rating Symptom Severity

The evaluator should make global judgments concerning the severity of symptoms in the past 6 months using a 7-point scale, ranging from *Not Present* (0) to *Very Severe* (6). These judgements take into account the persistence of the symptom across time, situations, and relationships; the degree of dysfunction, impairment, or distress it engenders; and the extent to which it is clearly the result of personal deviance or abnormality. The response format is presented in Figure 2.

Not Present	Very Mild	Mild	Moderate	Moderately Severe	Severe	Very Severe
0	1	2	3	4	5	6

0: Not present

There is no evidence that the symptom is present. Specifically, there is no evidence that the thoughts, feelings, or behaviours associated with it have been present during the specified timeframe.

1: Very Mild

There is evidence that the symptom is present, but no evidence that it has resulted in dysfunction, impairment, or distress.

2: Mild

There is evidence that the symptom is present, but evidence that it has resulted in only limited dysfunction, impairment, or distress. Specifically, adjustment problems related to the symptom are variable across time, context, or relationships; they are apparent only to those who are closely acquainted with the person; and little effort is required to accommodate them in social situations.

3: Moderate

There is evidence that the symptom is present, and evidence that it has resulted in substantial dysfunction, impairment, or distress. Specifically, adjustment problems related to the symptom are stable across time, context, or relationships; they are apparent to those who are moderately acquainted with the person; and some effort is required to accommodate them in social situations.

4: Moderately Severe

There is evidence that the symptom is present, and evidence that it has resulted in major dysfunction, impairment, or distress. Specifically, adjustment problems related to the symptom are stable across time, context, or relationships; they are apparent to those who are moderately acquainted with the person; and considerable effort is required to accommodate them in social situations.

5: Severe

There is evidence that the symptom is present, and evidence that it has resulted in serious dysfunction, impairment, or distress. Specifically, adjustment problems related to the symptom are highly persistent across time, context, or relationships; they are apparent even to those who have little acquaintances with the person; and major effort is required to accommodate them in social situations.

6: Very Severe

There is evidence that the symptom is present, and evidence that it has resulted in extreme dysfunction, impairment, or distress. Specifically, adjustment problems related to the symptom are highly persistent across time, context, or relationships; they are apparent to almost anyone, even at initial interactions with the person; and continuous support or supervision is required to accommodate them in social situations.

Omit

There is no evidence concerning the severity of the symptoms. This option should only be used when there is no valid information on which to base a judgement about the symptom, not when the evaluator is uncertain about which rating to make.

d) Documenting Ratings

It is important to anchor judgements in evidence. There are two reasons for this. First, evaluators may be subject to *confirmatory bias*, which occurs when evaluators seek out or focus on information that confirms — but does not refute — their preliminary impressions or beliefs regarding the level of a symptom. This bias may also occur when evaluators interpret ambiguous information as supporting their impressions or beliefs, and when they fail to consider whether information supports other impressions or beliefs. A second reason is that, in forensic settings, it is always good practice to present evidence supporting professional opinions.

General Guidance for Interviewing

Interview introductions

The initial approach to the client should be formal (e.g., introductions) but encouraging (e.g., good eye contact, smile). The objectives of this initial contact are to make and maintain engagement at any level. Proceed by informing the client about the purpose of the forthcoming assessment using the following general format: (a) you want to conduct a structured assessment of their personality characteristics (b) in order to find out what their weaknesses or vulnerabilities are, but also (c) what their strengths are. Do anticipate that some clients may want to know more about what you are doing and why, and be prepared to provide information they request. Ensure that the client is aware that they will have the opportunity to discuss positive characteristics as well as others that may be considered by others, or by them, as weaknesses. If you resist telling the client what the assessment is and why it is being carried out, they may be reluctant or refuse to cooperate. Also anticipate that some clients may want to know what the benefits of cooperation are. Be prepared to provide an explanation about why it would be advantageous for them to cooperate (e.g., they get to put their point of view across, you are interested in what they have to say about things).

Interpersonal

Sometimes clients can display certain characteristics that can influence the course and progression of the interview; for example, through the use of intrusive gestures, requests for personal information, splitting activities, intense unblinking eye contact, emotional displays, and so on. By being ready for this, less time is wasted responding to it before becoming aware that it is happening. Once the objective of such behaviour is understood, close down the activity down by gently drawing it to their attention and asking them to explain it. Terminate the interview if the client becomes in any way threatening or violent. Use active listening techniques (for example, appropriate use of eye contact as well as noises confirming that you are listening closely to what the person is saying, note-taking that does not interfere with the flow of the interview).

Interview

If possible, avoid completing your assessment of the target person on the basis of a single interview/encounter; sometimes people are more relaxed and willing to engage more fully on second and subsequent interviews. Make careful note as the interview progresses of areas that the person appears to feel sensitive about discussing. Ensure that such areas are examined closely and attempt to discover the cause of sensitivity.

Ensure good preparation before the interview with the target person. In particular, seek out reports about key incidents in their life (e.g., their index offence) and also observations by staff spending most time with them (e.g., primary nurse, personal or lifer officer). Differences between this recorded information and what they say during an interview will form the basis of any challenges thought necessary, which almost invariably should be left until the end of the last planned meeting so that engagement/rapport is not jeopardised early in the encounter. Where the client's account of events contradicts that made by others, make challenges gentle at first. (For example, consider saying something like the following: "*You have said [A], but your doctor says [B]. Can you explain to me why you think there has been a difference of opinion about this matter?*" Alternatively, you could emphasise strengths and ask them to explain their weaknesses. For example, consider saying something like the following: "*You have done these reckless/harmful things in your life, yet you are a very intelligent person - that doesn't make sense to me - can you explain this?*")

While the interview is ongoing, listen for what the target person does not want to be asked about in detail compared to what they seem to feel quite comfortable talking about. A structured interview will help the interviewer to identify such patterns; the absence of a structure or an interview plan is likely to result in the client taking control of the interview and ensuring that its subject is and remains on topics with which they feel safe.

For those who have been detained for a long time, try to ask them about their index (and other) offences by going about it in a slightly different way - like asking them about their arrest or behaviour just before the offence itself. This is more or less a cognitive interview approach. It is of concern that many people who have psychopathic traits, and are in prison or hospital on long or indefinite sentences, become too rehearsed in their descriptions of their behaviour. By varying the sequence of events enquired about, it is possible to get a more detailed or personalised account.

Finally, try to avoid really annoying the person who is being interviewed. For example, challenging individuals who deny responsibility for their index offence at the beginning of the first interview is likely to diminish the potential outcome of the encounter. Instead, consider reflecting back on such clients the language they use to describe their offence (e.g., "*what I'm here for*", "*the alleged offence*") and avoid the use of emotive words like murder. Be more confrontational when the interview has generated as much information as is required such that their withdrawal from the assessment is manageable. On the whole, work to avoid people withdrawing from assessments – interviews that result in their targets withdrawing their cooperation are more likely to lead to refusal to cooperate in future assessments.

The following probe questions may be useful:

- “How long has this being going on?”
- “How long have you felt like that?”
- “How long has this been a problem for you?”
- “Do other people complain about it?”
- “What kinds of difficulties have you had as a result?”
- “How often are you like that?”
- “How often do you behave like that?”
- “How often does this happen?”
- “How bad was it?”
- “Have other people said you are likel this?”

Definition of CAPP SRS Symptoms

It is impossible to provide objective, unambiguous definitions of PPD (or any PD) symptoms. They are, by definition, inferred from patterns of thoughts, feelings, and behaviours across time, situations, and relationships. Also, there is no one-to-one correspondence between personality traits and specific thoughts, feelings, or behaviours.

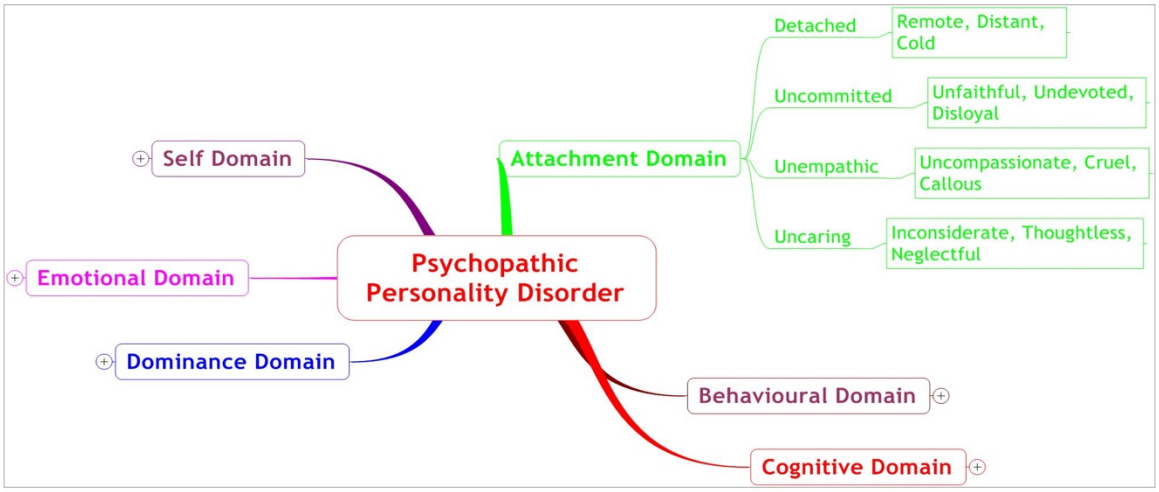
In the CAPP SRS, we define symptoms ostentially, or by example. Due to their inferential nature (as discussed above) and the imprecisions of language, PPD symptoms are “open” constructs that cannot be defined intensionally (by reference to a simple principle or concept) or extensionally (by reference to an exhaustive list of behavioural indicators).

Attachment Domain

The *Attachment* domain reflects difficulties with interpersonal affiliation, such as the failure to form close, stable emotional bonds with others. It focuses on the intimacy and acceptance by others that people attempt to achieve in interpersonal exchanges.

The dysfunction associated with personality disorders is often most evident in the social milieu and in the range, quality, and duration of the person's attachments to others. Examine the the degree of affiliation, intimacy and acceptance by others that an individual attempts to achieve in their interpersonal exchanges across a variety of social groups and contexts.

There are four symptoms in this domain, 1) Detached, 2) Uncommitted, 3) Unempathic, 4) Uncaring



A1) Detached

Individuals who manifest this symptom can be described as remote, distant, or cold.

Key Adjectival Descriptors

- Remote
- Distant
- Cold

Illustrative Indicators

- Unattached to others
- Uncaring towards others
- Does not keep friends for long
- Does not have any friends
- Does not report even superficial warmth or affection for another person
- Describes self as a loner who does not value the company of others
- The company of others is described in negative terms
- Other people are no good

A2) Uncommitted

Individuals who manifest this symptom can be described as unfaithful, undevoted or disloyal.

Key Adjectival Descriptors

- Unfaithful
- Undevoted
- Disloyal

Illustrative Indicators

- Reneges on their promises to others
- Demonstrates no allegiance to any cause apart from him or herself
- Changes friends and alliances frequently
- Is capable of informing on others to the authorities if it is thought that something is to be gained by doing so

A3) Unempathic

Individuals who manifest this symptom can be described as uncompassionate, cruel or callous.

Key Adjectival Descriptors

- Uncompassionate
- Cruel
- Callous

Illustrative Indicators

- Indifferent or unconcerned about the suffering of others
- Treats others cruelly or callously
- Able to describe extreme violence or the distress of others without any real emotion
- Can sustain threatening or intimidating behaviour towards another person over long periods of time, an activity that is not modified by evidence of the distress of the person being victimised.

A4) Uncaring

Individuals who manifest this symptom can be described as inconsiderate, thoughtless or neglectful.

Key Adjectival Descriptors

- Inconsiderate
- Thoughtless
- Neglectful

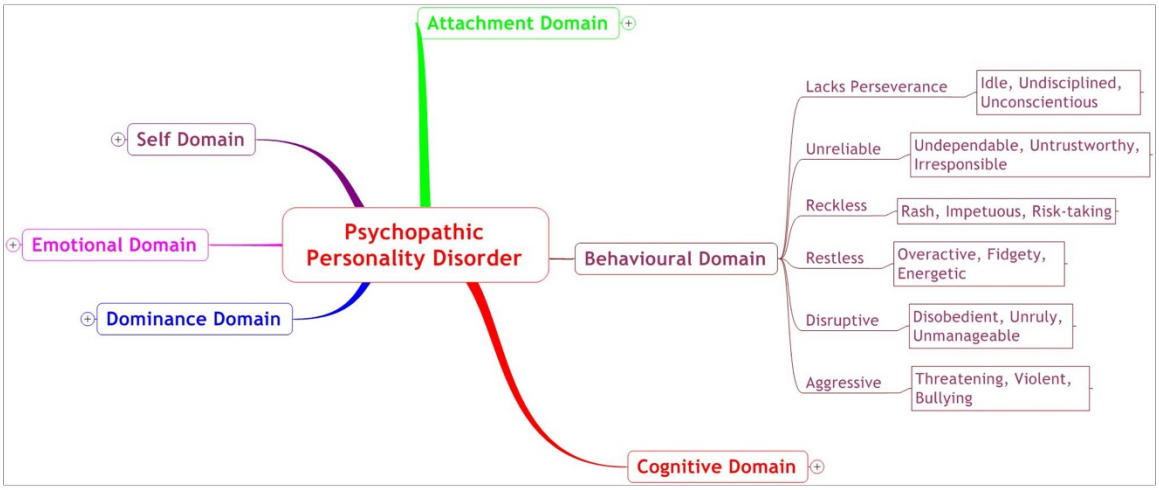
Illustrative Indicators

- Picks on vulnerable or "inadequate" individuals
- Looks out for own interests regardless of the costs to others
- Does not help others, including those who are old or infirm
- Destroys the valued possessions of others
- Says hurtful things and does not care about the distress caused by doing so

Behavioural Domain

The behavioural domain is concerned with the regulation of goal-directed activity, including failure to establish adaptive strategies to deal with life tasks in a systematic, consistent, or planned manner. A key aspect is the failure to manage impulses including aggressive impulses.

There are six symptoms in this domain, 1) Lacks perseverance,
2) Unreliable, 3) Reckless, 4) Restless, 5) Disruptive, 6) Aggressive,



B1) Lacks Perseverance

Individuals who manifest this symptom can be described as idle, undisciplined, or unconscientious.

Key Adjectival Descriptors

- Idle
- Undisciplined
- Unconscientious

Illustrative Indicators

- Refuses or is reluctant to get up for work or for other duties (e.g, family responsibilities)
- Is untidy or has an untidy living area
- “Swings the lead” (shriks their responsibilities) at work or at home
- Has poor general hygiene
- Is a poor time keeper
- Often fails to complete tasks started with enthusiasm
- Half hearted attention to work and other tasks
- Has to be prompted to carry out routine tasks

B2) Unreliable

Individuals who manifest this symptom can be described as undependable, untrustworthy, or irresponsible.

Key Adjectival Descriptors

- Undependable
- Untrustworthy
- Irresponsible

Illustrative Indicators

- Cannot be relied upon
- Does not complete tasks he or she promised they would do, or honour his or her commitments to others
- Breaks promises
- Difficult to track their activities
- Does not pay back their debts promptly
- Does not do task asked of them
- Frequently late for routine commitments
- Causes hardship to family
- Demands items from family that they cannot afford
- Damages the property of others and/or returns it broken

B3) Reckless

Individuals who manifest this symptom can be described as rash, impetuous, or risk-taking.

Key Adjectival Descriptors

- Rash
- Impetuous
- Risk-taking

Illustrative Indicators

- Does things that could harm others e.g., driving under the influence
- Overreacts to provocation
- Engages in risky behaviour
- Does things without thinking of the consequences

B4) Restless

Individuals who manifest this symptom can be described as overactive, fidgety or energetic.

Key Adjectival Descriptors

- Overactive
- Fidgety
- Energetic

Illustrative Indicators

- Always on the move
- Cannot sit still
- Uses many hand gestures
- Fidgets a lot
- Paces up and down

B5) Disruptive

Individuals who manifest this symptom can be described as disobedient, unruly or unmanageable.

Key Adjectival Descriptors

- Disobedient
- Unruly
- Unmanageable

Illustrative Indicators

- Refuses to obey rules or orders
- Openly defies rules
- Verbally abusive
- Curses and swears in an abusive manner
- Always challenging authority with excessive number of complaints or legal challenges
- Aggressive towards those who try to encourage him or her to go along with the rules
- Stir up trouble amongst others in the same situation as him or her
- Tests boundaries e.g., tries to get others to break the rules, or do things they shouldn't
- Questions even simple requests
- Oppositional attitudes
- Regards challenging the system as a worthwhile activity as well as good sport

B6) Aggressive

Individuals who manifest this symptom can be described threatening, violent or bullying.

Key Adjectival Descriptors

- Threatening
- Violent
- Bullying

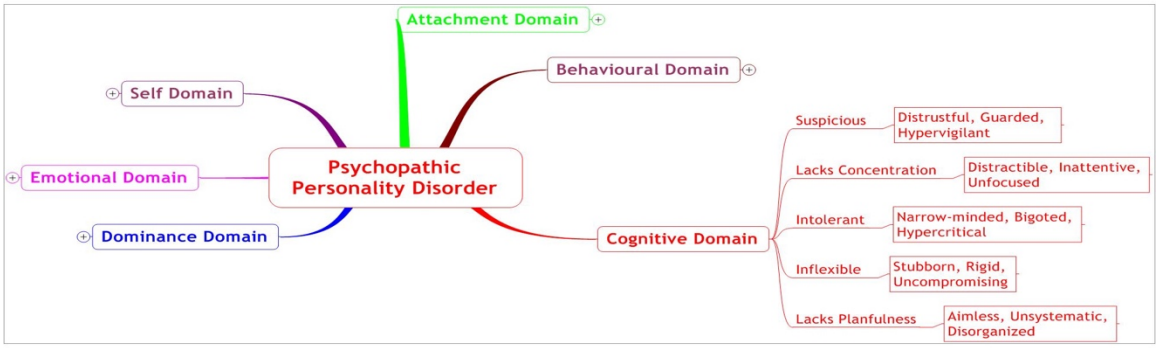
Illustrative Indicators

- Threatens others when they do not get their own way
- Has charges, convictions and/or adjucations for threatening, aggressive or bullying behaviour
- Threatens others for goods or drugs
- Preys on weaker peers or associates
- Volatile
- Poor temper control
- Flies off the handle and is almost uncontrollable when angry, but recovers quickly
- Adjudication for aggressive behaviour
- Hostile and coercive

Cognitive Domain

The cognitive domain focuses on mental actions and processes. It is concerned with how the individual focuses and allocates attention, encodes and processes information, organizes thoughts, and makes attributions.

There are five symptoms in this domain, 1) Suspicious, 2) Distractible, 3) Intolerant, 4) Inflexible, 5) Lacks Planfulness.



C1) Suspicious

Individuals who manifest this symptom can be described as distrustful, guarded, hypervigilant.

Key Adjectival Descriptors

- Distrustful
- Guarded
- Hypervigilant

Illustrative Indicators

- Gives little away
- Appears to monitor others
- Is over sensitive to criticism
- Reluctant to talk freely about self to others
- Talks a lot about trust and how it is important to them
- Expects that people are trying to deceive them or get one over on them
- Questions why people want to know things about them
- Is defensive and sometimes hostile if they feel threatened by the comments of others, including the interviewer

C2) Lacks Concentration

Individuals who manifest this symptom can be described as distractible, inattentive or unfocused.

Key Adjectival Descriptors

- Distractible
- Inattentive
- Unfocused

Illustrative Indicators

- Does not complete tasks
- Has to be directed to attend
- Does not sustain attention
- Looses interest in jobs or tasks because they become boring
- Short attention span
- Always on the move, active and fidgety
- Complains that people criticise them for not completing tasks that they find boring or pointless

C3) Intolerant

Individuals who manifest this symptom can be described as narrow-minded, bigoted or hypercritical.

Key Adjectival Descriptors

- Narrow-minded
- Bigoted
- Hypercritical

Illustrative Indicators

- Makes derogatory remarks about others
- Is unaccepting of others
- Makes frequent racist/sexist comments
- Is quick to make usually negative judgements about people based on superficial characteristics (e.g., gender, ethnicity, disability, or religion)
- Has negative opinions about most people unless it seems that they have something to offer
- Is impatient of the failings or weaknesses of others
- Negative and dismissive of others who have no value to them
- Unforgiving, bears grudges over a long period of time usually because of the perception that the other person has not been totally loyal

C4) Inflexible

Individuals who manifest this symptom can be described as stubborn, rigid or uncompromising.

Key Adjectival Descriptors

- Stubborn
- Rigid
- Uncompromising

Illustrative Indicators

- Wants to do things their own way
- Will not agree to compromises
- Is dogmatic in their statements
- Usually refuses to back down in an argument
- Enjoys seeing other people become frustrated with their inflexibility
- A strong conviction that they are right and that other people are wrong, almost regardless of the evidence to the contrary

C5) Lack Planfulness

Individuals who manifest this symptom can be described aimless, unsystematic or disorganised.

Key Adjectival Descriptors

- Aimless
- Unsystematic
- Disorganised

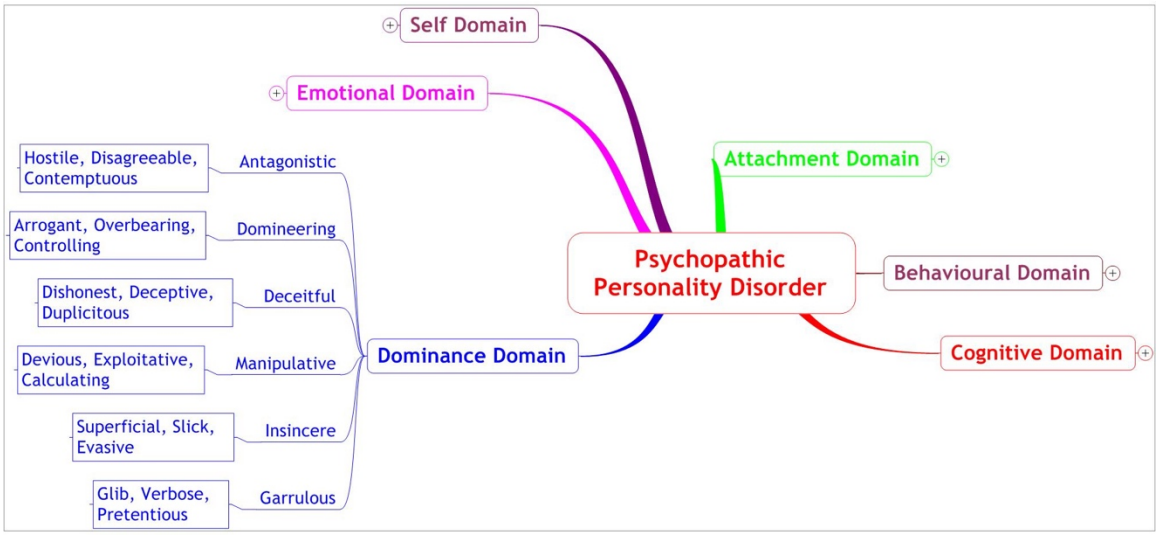
Illustrative Indicators

- Does not stick to tasks given to them
- Behaviour is not planned
- Changes their mind all the time
- Lacks routine
- Lives from day to day
- Describes self as a spontaneous person
- Is impulsive and values this characteristic
- Is chaotic and disorganised
- Fails to think through the consequences of their actions beforehand

Dominance Domain

The dysfunction associated with personality disorders is most conspicuous or evident in the social milieu; interpersonal behaviour has a key role in the description of such disorders. An important interpersonal dimension in that of dominance-submissiveness; that is, the degree of power or control that the individual attempts to assert in interpersonal exchanges. The interpersonal behaviours are the methods by which he or she engages others to meet his or her own needs. An individual who rates highly in this domain will engage in frequent dominant exchanges; submissive, withdrawn or compliant behaviour will be rare, their behaviour is thus rigid and inflexible. They have difficulty in engaging in pro-social or cooperative activities.

There are six symptoms in this domain, 1) Antagonistic, 2) Domineering, 3) Deceitful, 4) Manipulative, 5) Insincere, 6) Garrulous.



D1) Antagonistic

Individuals who manifest this symptom can be described as hostile, disagreeable or contemptuous.

Key Adjectival Descriptors

- Hostile
- Disagreeable
- Contemptuous

Illustrative Indicators

- Argues with others for no good reason
- Insults others
- Demeans or criticises others in order to control or belittle them
- Threatens legal action without good reason
- Is aggressive with little provocation
- Is over-sensitive to criticism
- Is aggressive in arguments in order to try to ensure victory

D2) Domineering

Individuals who manifest this symptom can be described as arrogant, overbearing or controlling.

Key Adjectival Descriptors

- Arrogant
- Overbearing
- Controlling

Illustrative Indicators

- Brags or boasts about their own accomplishments and abilities
- Will not discuss situation with with people he or she thinks are junior or inferior
- Claims to have meet and impressed and confounded an expert in the relevant field (e.g., law, criminal justice, forensic mental health, medicine)
- He or she may present as powerful or commanding – they dominate the space they occupy physically or psychologically
- Is physically or intellectually predatory – they seek evidence of weaknesses in others in order to exploit
- Brags or boasts about physical or intellectual dominance over others and about how much others fear or respect them as a consequence
- Dominates others using social status, excluding those those they consider beneath them, preferring or even seeking the attention of those they consider to be of higher status
- Looks for opportunities to take control over proceedings, such as by dominating the conversation or the personal space of others, including the interviewer
- Reacts negatively to situations over which they feel they have insufficient or no control

D3) Deceitful

Individuals who manifest this symptom can be described as dishonest, deceptive or duplicitous.

Key Adjectival Descriptors

- Dishonest
- Deceptive
- Duplicitous

Illustrative Indicators

- Lies easily and without anxiety
- Plays staff off against each other either for amusement or in order to take their attention away from him or herself
- Conceals relevant information when questioned
- Fakes or exaggerates illness/problems/impact of life events to avoid activities
- Steals from peers, associates and even family and friends
- In custody “taxes” other inmates
- Cons or deceives people who seem to wish him or her well
- Cons others without regard for their feelings or the consequences for them
- Can be difficult to interview because they are evasive on questioning in order to conceal activities or beliefs
- Engages in impression management
- Attempts to trick other people in order to make them look foolish
- Regards self as able to deceive others in order to get what they want, though the reason for such activity may be presented in a more positive light than would appear to be warranted

D4) Manipulative

Individuals who manifest this symptom can be described as devious, exploitative or calculating.

Key Adjectival Descriptors

- Devious
- Exploitative
- Calculating

Illustrative Indicators

- Convinces others to do favours through misrepresentation
- Sets up other prisoners to take blame for what he or she has done
- Scams or cons others for money or property
- Gets pleasure from deceiving or manipulating others
- Gets others to do his or her “dirty work”

D5) Insincere

Individuals who manifest this symptom can be described as superficial, slick or evasive.

Key Adjectival Descriptors

- Superficial
- Slick
- Evasive

Illustrative Indicators

- Tries to impress others by presenting self more favourably than they are entitled to
- Tells unlikely stories that presents them in best light
- Uses jargon inappropriately and without genuine understanding
- Presentation is inconsistent
- Presentation is affected and seems forced or phoney
- Flatters others obviously and excessively
- Tells interviewer what they think they want to hear
- Plays to an audience
- Evasive when challenged, including by the interviewer

D6) Garrulous

Individuals who manifest this symptom can be as described glib, verbose or pretentious.

Key Adjectival Descriptors

- Glib
- Verbose
- Pretentious

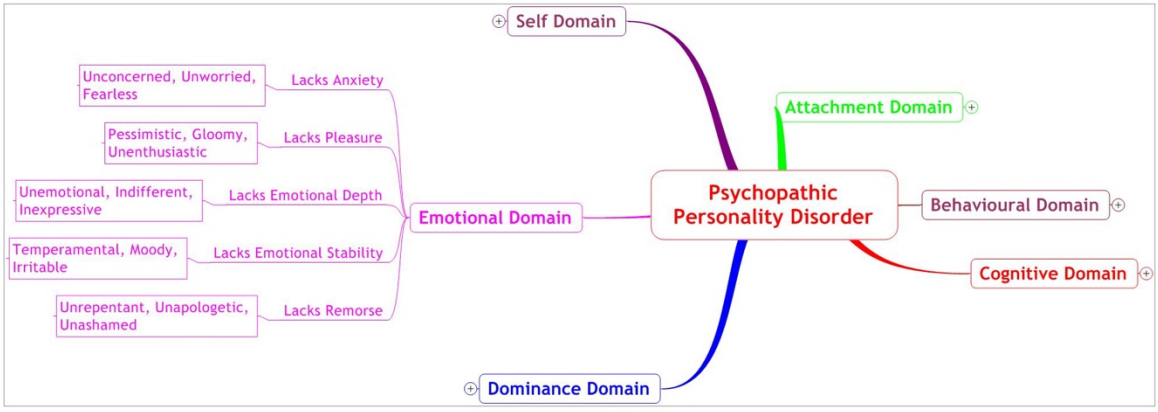
Illustrative Indicators

- Talks a lot
- Talks tiresomely
- Talks loudly and quickly
- Avoids answering direct questions
- Always has a ready answer
- Tendency to flood the interviewer with too much information, usually irrelevant, thus giving the impression of co-operation
- Stories are unbelievable

Emotional Domain

Emotional or affective difficulties are a key component of personality disorders. Emotions are psychological feelings in reaction to persons or situations that are usually accompanied by a physiological reaction. The emotional difficulties associated with personality disorder are manifold. In PPD the primary difficulties relate to shallowness of affective experience and to dysregulation of emotion.

There are five symptoms in this domain, 1) Lacks anxiety, 2) Lacks pleasure, 3) Lacks emotional depth, 4) Lacks emotional stability, 5) Lacks remorse



E1) Lacks Anxiety

Individuals who manifest this symptom can be described as unconcerned, unworried or fearless.

Key Adjectival Descriptors

- Unconcerned
- Unworried
- Fearless

Illustrative Indicators

- Appears calm and relaxed
- Mood is stable
- Unafraid of others or challenging situations
- Does not express worries or concerns
- Not tense or jittery
- Does not appear agitated or perturbed when confronted
- Does not get wound up about anything
- Immediately confident in new situations
- Makes no attempt to avoid conflict

E2) Lacks Pleasure

Individuals who manifest this symptom can be described as pessimistic, gloomy or unenthusiastic.

Key Adjectival Descriptors

- Pessimistic
- Gloomy
- Unenthusiastic

Illustrative Indicators

- Rarely if ever experiences pleasure except in relation to the intimidation or mockery of others
- Rarely if ever seems happy
- Frequently appears bored and depressed
- Appears indifferent to praise or criticism

E3) Lacks Emotional Depth

Individuals who manifest this symptom can be described as unemotional, indifferent or inexpressive.

Key Adjectival Descriptors

- Unemotional
- Indifferent
- Inexpressive

Illustrative Indicators

- Appears unemotional or stony
- Emotional experiences appear short lived
- Emotions appear shallow or superficial
- Can describe extreme violence without any real or substantial emotion

E4) Lacks Emotional Stability

Individuals who manifest this symptom can be described as temperamental, moody or irritable.

Key Adjectival Descriptors

- Temperamental
- Moody
- Irritable

Illustrative Indicators

- Aggressive with little provocation
- Moods change frequently
- Never know how they will respond
- Walks out of meetings if things don't seem to be going his or her way
- Moods appear to change easily
- Argues easily
- Difficult to know what they will do next
- Prone to outbursts
- Easily frustrated
- Flies off the handle
- Short tempered
- Unpredictable
- Dramatic

E5) Lacks Remorse

Individuals who manifest this symptom can be described as unrepentant, unapologetic or unashamed.

Key Adjectival Descriptors

- Unrepentant
- Unapologetic
- Unashamed

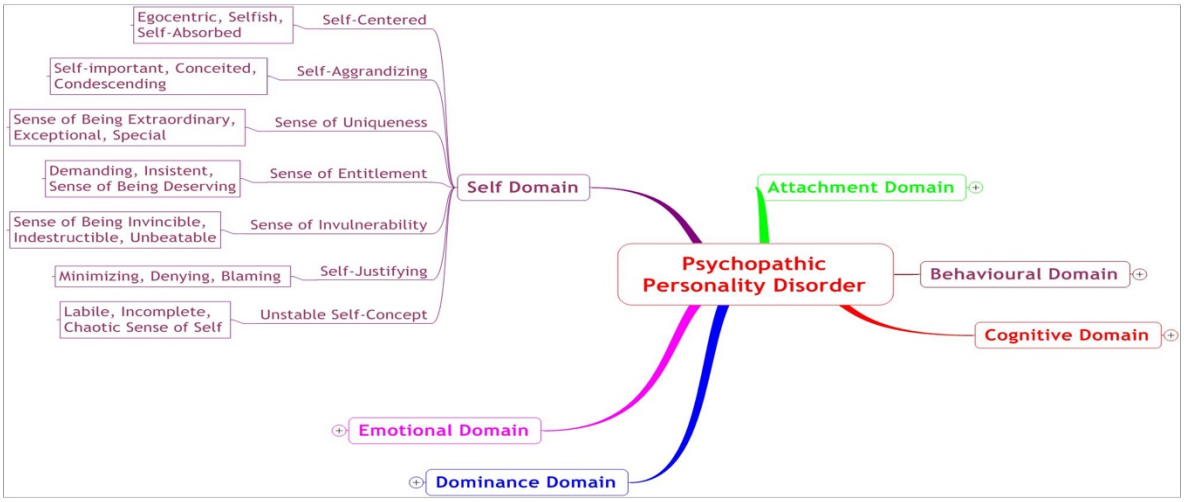
Illustrative Indicators

- Denies having hurt others or minimises the consequences for their victim
- Blames harmful behaviour on others
- Indicates that the response to their harmful behaviour was disproportionate
- Claims victims exaggerate the harm suffered at their hands
- Does not regret their harmful behaviour
- Considers that harmful behaviour is justified
- Admissions of guilt appear phoney or false
- Everything is always someone else's fault
- Tries to present self as victim

Self Domain

The self-domain covers the individual's awareness of his or her own identity. This domain encompasses the individual's appreciation of their personality traits and schemas, as well as their salient abilities, qualities and needs. Self-awareness also influences social roles and how individuals relate to others. Knowledge and awareness about the self, which is at odds with the expectations and preferences of others, can lead to problems for the individual in his or her relations with others. Also, an impoverished or conflicted sense of self can make the setting of goals and the imagining of possible futures difficult because of a lack of clarity and consistency about interests and abilities.

There are seven symptoms in this domain, 1) Self-centred, 2) Self-aggrandizing, 3) Sense of uniqueness, 4) Sense of entitlement, 5) Sense of invulnerability, 6) Self-justifying, 7) Unstable self concept



S1) Self-Centred

Individuals who manifest this symptom can be described as egocentric, selfish or self-absorbed.

Key Adjectival Descriptors

- Egocentric
- Selfish
- Self-Absorbed

Illustrative Indicators

- Talks only about him- or herself (disinterested in others)
- In relationship(s) purely for what they can get out of it and at the expense of their partners
- Relationships tend to focus on personal needs rather than on the shared experience
- Self-obsessed and preoccupied
- The value of others rests on their value to him- or herself
- Bragging and boastful
- Exploits others regardless of their relationship with him/her

S2) Self-Aggrandizing

Individuals who manifest this symptom can be described as self-important, conceited or condescending.

Key Adjectival Descriptors

- Self-important
- Conceited
- Condescending

Illustrative Indicators

- Demands assistance from others e.g., “I need you to get me…”
- Only talks to the most important people
- Takes on role as spokesman or ‘guru’ to those around him or her
- Regards him or herself as being of higher status (e.g., socially, intellectually, physically) than those around him
- Demands that his or her own needs supercede the needs of others
- Is dismissive of those considered to be beneath them
- Acts like they know what’s best for people around them
- Talks up their accomplishments and is not willing to discuss anything more than minor weaknesses or mistakes

S3) Sense of Uniqueness

Individuals who manifest this symptom view themselves as being extraordinary, exceptional or special.

Key Adjectival Descriptors

- (Sense of being) Extraordinary
- (Sense of being) Exceptional
- (Sense of being) Special

Illustrative Indicators

- Asks for help different from that offered to others because of special qualities
- Suggests that no help is required because it is not being provided by knowledgeable enough practitioners
- Requests and expects to be treated in a different way from people around them
- Claims to have met or impressed or confounded an expert in the relevant (e.g., forensic) field
- Enjoys talking about occasions in which they think they have got one over on a person claiming to be an expert
- States his or her moral code is superior to others or to the law
- Tells unlikely stories that portray them in a very good light
- Not embarrassed about talking about achievements and abilities
- Requests and expects to be treated in a different way from people around them
- Opts out of routine/mundane tasks
- Very good self-confidence
- Expects that others will want to know them

S4) Sense of Entitlement

Individuals who manifest this symptom can be described as being demanding, insistent, and possessing a sense of being deserving.

Key Adjectival Descriptors

- Demanding
- Insistent
- (Sense of being) Deserving

Illustrative Indicators

- Insistently demands rights
- Demands unusual or special privileges
- Believes that the ends justifies the means
- Exploits loopholes in the law, and in rules and privileges
- Only wants to speak to the most important person e.g., the governor, the senior manager, or consultant

S5) Sense of Invulnerability

Individuals who manifest this symptom can be described as evincing a sense of being invincible, indestructible or unbeatable.

Key Adjectival Descriptors

- (Sense of being) Invincible
- (Sense of being) Indestructible
- (Sense of being) Unbeatable

Illustrative Indicators

- Acts like they are unbeatable
- Is very competitive and has to win games and contests
- Believed that nothing can get in the way of what they want
- Enjoys taking risks
- Believes in their ability to meet any challenge regardless of level of skill or experience
- Fears failing because of loss of face
- Denies failures
- Denies that fear would stop them from doing anything challenging and would be contemptuous of anyone who would be so afraid
- Denies that giving up a task was because they were not able to do it

S6) Self-Justifying

Individuals who manifest this symptom can be described as minimizing, denying, or blaming.

Key Adjectival Descriptors

- Minimizing
- Denying
- Blaming

Illustrative Indicators

- Minimises or even denies role in anything problematic that has happened to them or others around them, despite evidence to the contrary
- Minimises the significance of personal weaknesses or vulnerability factors
- Presents him or herself in overly favourable light and denies the need for change, despite evidence to the contrary
- Minimises or even denies responsibility for harmful or offending behaviour, despite evidence to the contrary
- Denies responsibility for changing behaviours that appeared to precede episodes of harm or offending

S7) Unstable Self-Concept

Individuals who manifest this symptom can be described as having a labile, incomplete, or a chaotic sense of self.

Key Adjectival Descriptors

- Labile (sense of self)
- Incomplete (sense of self)
- Chaotic (sense of self)

Illustrative Indicators

- Demonstrates variable moods
- Is markedly different with different people or in different situations
- Is confused about what they want to achieve in life, or they have changed their mind often about what they want
- Has difficulty keeping promises or fulfilling obligations to others (including in work and treatment)
- Reports extremes of emotion that are distressing for them and can be difficult for others to manage
- Over invested in criminal code which gives them high status amongst their peers that they could not attain otherwise

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