

Examining the *DSM–5* Alternative Personality Disorder Model Operationalization of Antisocial Personality Disorder and Psychopathy in a Male Correctional Sample

Dustin B. Wygant
Eastern Kentucky University

Martin Sellbom
University of Otago

Chelsea E. Sleep
University of Georgia

Tina D. Wall
The University of New Orleans

Kathryn C. Applegate
The University of Alabama

Robert F. Krueger
University of Minnesota

Christopher J. Patrick
Florida State University

For decades, it has been known that the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) diagnosis of Antisocial Personality Disorder (ASPD) is a nonadequate operationalization of psychopathy (Crego & Widiger, 2015). The *DSM–5* alternative model of personality disorders provides an opportunity to rectify some of these long held concerns. The current study compared the Section III alternative model's trait-based conception of ASPD with the categorical model from the main diagnostic codes section of *DSM–5* in terms of associations with differing models of psychopathy. We also evaluated the validity of the trait-based conception more broadly in relation to measures of antisocial tendencies as well as psychopathy. Participants were 200 male inmates who were administered a battery of self-report and interview-based researcher rating measures of relevant constructs. Analyses showed that Section III ASPD outperformed Section II ASPD in predicting scores on Hare's (2003) Psychopathy Checklist-Revised (PCL-R; $r = .88$ vs. $.59$). Additionally, aggregate scores for Section III ASPD performed well in capturing variance in differing ASPD and psychopathy measures. Finally, we found that the Section III ASPD impairment criteria added incrementally to the Section III ASPD traits in predicting PCL-R psychopathy and SCID-II ASPD.

Keywords: Antisocial Personality Disorder, *DSM–5* Section III, personality disorder, psychopathy

Psychopathy is a severe personality disorder characterized by deficiencies in affective processing (e.g., guiltlessness, callousness), interpersonal relations (e.g., grandiosity, deceitfulness), and behavioral dysfunction (e.g., impulsivity, criminality; see Hare & Neumann, 2008; Patrick, Fowles, & Krueger, 2009). Psychopathy has particularly important implications for the criminal justice system given research establishing its robustness as a predictor of criminal behavior, recidivism, violent behavior, and sexual aggression (e.g., Hare & Neumann, 2008). The *DSM–5* operationalizes

psychopathy as Antisocial Personality Disorder (ASPD), which has been widely criticized for its inability to capture the full psychopathy construct (e.g., Crego & Widiger, 2015).

DSM–5 Alternative PD Model Operationalization

When the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (*DSM–5*) was released in 2013, it was revealed that the American Psychiatric Association (APA) Board of Trust-

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Dustin B. Wygant, Department of Psychology, Eastern Kentucky University; Martin Sellbom, Department of Psychology, University of Otago; Chelsea E. Sleep, Department of Psychology, University of Georgia; Tina D. Wall, Department of Psychology, The University of New Orleans; Kathryn C. Applegate, Department of Psychology, The University of Alabama; Robert F. Krueger, Department of Psychology, University of Minnesota; Christopher J. Patrick, Department of Psychology, Florida State University.

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Correspondence concerning this article should be addressed to Dustin B. Wygant, Department of Psychology, Eastern Kentucky University, 521 Lancaster Avenue, Richmond, KY 40475. E-mail: dustin.wygant@eku.edu

ees had retained the categorical model of personality disorders from *DSM-IV* to the main Diagnostic Criteria & Codes part of *DSM-5* (Section II). The final revision proposal, a hybrid model that used dimensional traits and impairment to define categorical diagnoses (termed the “Alternative model”), was instead placed in the “Emerging Measures and Models” portion (Section III). For a thorough review of the *DSM-5* Section III alternative model, see Krueger and Markon (2014). With respect to psychopathy, this decision was unfortunate, as the alternative model promised better coverage of the psychopathic personality.

Criterion A of the *DSM-5* alternative model centers on impairment in self and interpersonal functioning that is specifically tailored for each personality disorder (APA, 2013). In the case of ASPD, impairment in self-functioning is characterized by egocentricity and absence of internal prosocial standards and failure to conform to lawful behavior. Interpersonal dysfunction is characterized by lack of concern for others, lack of remorse, exploitativeness, use of deceit, coercion, dominance, and intimidation to fulfill interpersonal needs (APA, 2013). Criterion B for personality pathology in the alternative model focuses on the presence of maladaptive personality traits in five broad domains (each containing 3–7 traits) that align conceptually and empirically with the Personality Psychopathology Five (PSY-5; Harkness & McNulty, 1994) (e.g., Anderson et al., 2013) and Five Factor models (FFM) of personality (e.g., Thomas et al., 2013). In addition to drafting the hybrid model of personality disorders, the Personality and Personality Disorders workgroup developed a clinician trait rating form (APA, 2010) and a 220-item self-report questionnaire, the *Personality Inventory for DSM-5* (PID-5; Krueger et al., 2011), to assess criterion B.

In addition to specifying distinct functional impairment criteria for each disorder, the alternative trait model in *DSM-5* also defines each personality disorder by a constellation of specific personality trait facets. ASPD, in particular, is defined by a constellation of manipulativeness, deceitfulness, callousness, and hostility from the broad Antagonism domain, and irresponsibility, impulsivity, and risk-taking from the Disinhibition domain. The trait-based diagnosis of ASPD requires at least moderate impairment in at least 2 of the 4 criterion areas of personality functioning (identity, self-direction, empathy, intimacy) along with elevations on at least 6 of the 7 ASPD-specified traits. Furthermore, the alternative model includes a *Psychopathy Features Specifier* for ASPD with three additional traits (low anxiousness, low withdrawal, and attention seeking), which were meant to reflect a socially potent interpersonal style coupled with high stress immunity. These traits are thought to reflect the bold and fearless-dominant traits of psychopathy (Patrick et al., 2009) in line with Cleckley (1941) and others.

DSM-5 Alternative Trait Model Research

Previous research on the alternative trait model has focused on evaluating the effectiveness of the Criterion B specified traits in capturing ASPD and psychopathy. Wygant and Sellbom (2012) examined the association between the *DSM-5* personality domains, and the Psychopathy Checklist-Screening Version (PCL: SV; Hart, Cox, & Hare, 1995) in a sample of 99 criminal defendants who underwent forensic psychological assessments. PSY-5 Aggressiveness, which broadly mirrors Section III Antagonism

(Anderson et al., 2013), was strongly associated with scores on the PCL: SV as a whole, and its two broad factors and four narrower facets, whereas the PSY-5 Disconstraint domain (akin to Section III Disinhibition) was preferentially correlated with the social deviance component of the PCL: SV (Factor 2) and its two facets. Notably, these authors also found that lower levels of PSY-5 Negative Emotionality (Section III Negative Affectivity) were related to the interpersonal (Facet 1) and affective (Facet 2) facets of the PCL: SV (i.e., those associated with Factor 1), lending some support to the Psychopathy Specifier at the domain level.

Strickland, Drislane, Lucy, Krueger, and Patrick (2013) examined associations of *DSM-5* alternative model personality trait facets, as indexed by the PID-5, and dispositional facets of psychopathy specified by the triarchic model of psychopathy (Patrick et al., 2009) in a mixed community and university sample. They found that PID-5 ASPD traits correlated strongly with psychopathic facets reflecting callous and aggressive proclivities (i.e., meanness) and externalizing tendencies (disinhibition). Two PID-5 ASPD traits (Risk Taking, Manipulativeness), along with *Psychopathy Specifier* traits (i.e., Anxiousness, Withdrawal, Attention Seeking), were associated with boldness.

Although both Wygant and Sellbom (2012) and Strickland and colleagues (2013) demonstrated relevance of maladaptive personality traits to various operationalizations of psychopathy, these studies were limited in terms of directly comparing Section III ASPD and its Section II counterpart. To date, only two studies have directly compared the *DSM-5* Section II and III operationalizations of ASPD in their respective associations with contemporary operationalizations of the psychopathy construct. Anderson, Sellbom, Wygant, Salekin, and Krueger (2014) examined the relationship between the *DSM-5* alternative model of ASPD personality traits and psychopathic traits (indexed by the Psychopathic Personality Inventory—Revised [PPI-R; Lilienfeld & Widows, 2005] and Triarchic Psychopathy Measure [TriPM; Patrick, 2010]) in samples of university undergraduate students and community-dwelling participants oversampled for subclinical psychopathic traits. These authors found that the alternative trait model conceptualization of ASPD was more strongly associated with psychopathy scores than was Section II ASPD. Moreover, traits comprising the *Psychopathic Features Specifier* exhibited stronger correlations with the psychopathy measures in comparison to the *DSM-5* Section II ASPD, particularly with regard to the boldness and fearless-dominance domains of psychopathy that the specifier was designed to capture. Another study by Few, Lynam, Maples, MacKillop, and Miller (2015) compared the Section II and Section III conceptions in a sample of 106 individuals receiving mental health treatment. These investigators also found that both conceptualizations of ASPD were associated with psychopathy, although the alternative trait model outperformed Section II in this regard. Few et al. further argued that the psychopathy specifier traits added little (if any) incremental utility in the prediction of externalizing behaviors.

Crego and Widiger (2014) examined the *DSM-5* Section III Psychopathy Specifier as indexed by the PID-5 in relation to different psychopathy measures in two samples recruited via MTurk of individuals who indicated that they had engaged in criminal activities. These authors found that the Psychopathy Specifier was strongly (and preferentially) associated with different operationalizations of boldness. However, when the Psychop-

athy Specifier was examined at the level of its specific constituent traits, it was found that (low) Anxiousness contributed most substantially to this association. Withdrawal showed negative correlations with boldness measures as expected, but it was positively correlated with other aspects of psychopathy, which included various measures of antagonism. Finally, Attention Seeking was moderately correlated with all facets of psychopathy facets (boldness as well as meanness and disinhibition), with no clear discriminant pattern.

DSM-5 Section III Impairment Research

Finally, although the aforementioned studies have focused extensively on the trait profile for ASPD/psychopathy (Criterion B), very little attention has been directed at the Section III impairment component (Criterion A) in this context. More broadly, some recent research has indicated mixed results regarding the notion that impairment designations can augment specified traits in the operationalization of personality pathology. Two studies using psychiatric and community samples, respectively, found that personality traits and impairment were strongly correlated, with the latter not contributing incrementally to the prediction of personality disorder measures (Bastiaansen et al., 2013; Calabrese & Simms, 2014). A third study by Berghuis, Kamphuis, and Verheul (2012) found that traits and impairment constructs could clearly be differentiated, but did not test for incremental validity with respect to predicting personality disorders. Only one study by Few et al. (2015) has examined psychopathy specifically and found that impairment, as measured by the broad Levels of Personality Functioning Scale (APA, 2013), added only modestly to clinician-rated Section III traits in the prediction of psychopathy.

The Current Study

The current investigation had three main goals. First, we evaluated whether the *DSM-5* alternative model criteria accounted for more variance in various psychopathy operationalizations relative to the traditional Section II operationalization. Second, we evaluated the validity of the proposed alternative model ASPD trait (i.e., Criterion B) operationalization, as well as the psychopathy specifier, in terms of its convergence with Section II ASPD and differing psychopathy operationalizations. We also tested whether additional, conceptually relevant traits would augment this operationalization. Finally, we examined whether the alternative model impairment designation (Criterion A) for ASPD would contribute over and above the Criterion B personality traits in accounting for variance in Section II ASPD and psychopathy. To address these questions, we employed a multimethod approach in which interview-based research ratings and self-report measures of ASPD/psychopathy (e.g., Psychopathy Checklist-Revised; Hare, 2003; Psychopathic Personality Inventory—Revised; Lilienfeld & Widows, 2005; Triarchic Psychopathy Measure; Patrick, 2010) were used along with alternative model criteria (APA Clinician Rating Form; PID-5). Yet another notable feature of the current study was that it was the first to examine these associations in a correctional sample, which is arguably one of the most important settings for the examination of ASPD and psychopathy given the greater representation of high levels of these constructs in incarcerated individuals (Hare, 2003; Krueger et al., 2007).

Based on conceptual and empirical considerations (Anderson, Sellbom, et al., 2014; Few et al., 2015; Strickland et al., 2013), we hypothesized that the *DSM-5* alternative model operationalization of ASPD would index contemporary definitions of psychopathy better than its Section II counterpart, primarily owing to its emphasis on the range of dimensional personality traits that relate to the disorder (APA, 2013). We further predicted that traits comprised by the Psychopathic Features Specifier would contribute incrementally over the seven designated ASPD traits in the differentiation of psychopathy and Section II ASPD—particularly in the prediction of psychopathy facets in which boldness is emphasized (e.g., PCL-R Interpersonal facet; TriPM Boldness; PPI Fearless-Dominance; Venables et al., 2014; Wall et al., 2015).

We further hypothesized that the seven ASPD traits listed in the alternative model would be predictive of both ASPD and psychopathy; however, because psychopathy is a heterogeneous condition that likely extends beyond the seven ASPD and three Psychopathy Specifier traits listed in the alternative model (e.g., Lynam & Vachon, 2012), we also examined whether additional traits might provide improved coverage of psychopathy. To this end, we examined four additional conceptually relevant (to psychopathy) traits consisting of: Restricted Affectivity, (low) Submissiveness, Grandiosity, and Distractibility. These additions were based on empirical data reported by Anderson et al. (2013) and Strickland et al. (2013), and on findings for conceptually related FFM traits (Lynam & Miller, 2015). Finally, we tentatively hypothesized that alternative model impairment criteria would increment the trait model in operationalizing ASPD and psychopathy in light of Few et al.'s (2015) findings.

Method

Participants

Participants were 200 male inmates from Northpoint Training Center, a medium-security prison in central Kentucky (M age = 34.00, *SD* = 9.55; mean education = 11.79 years, *SD* = 1.49). The racial composition was: 52% Caucasian, 43% African American, and 5% other. These inmates were serving sentences ranging from 4 years (for Robbery) to Life (for homicide). Nearly 62% were incarcerated for violent offenses, 25% for sexual offenses, and 24% for drug related offenses, among others. Many offenders had multiple current convictions.

Measures

Table 1 provides the descriptive data for all of the scale scores of the measures utilized in this study, including means, standard deviations, skewness/kurtosis, and ranges.

Structured interviews/clinical ratings.

Structured Clinical Interview for DSM-IV Axis II Disorders (SCID-II ASPD; First, Gibbon, Spitzer, Williams, & Benjamin, 1997). The SCID-II is a structured clinical interview for assessment of *DSM-IV* personality disorders, and by extension, these disorders as defined in *DSM-5* Section II. The Antisocial Personality Disorder module was administered to participants in the current study. Available data indicate good interrater reliability for SCID-II assessed ASPD, with intraclass correlation (ICC) coefficients ranging from .85 (Lobbestael, Leurgans, & Arntz, 2011) to

Table 1
Descriptive Data for All Measures Utilized in the Study

Measure/Scale	Mean	SD	Min	Max	Skewness ^a	Kurtosis ^b
PCL-R						
Total	22.2	8.6	2.5	39.0	-.343	-.608
Factor 1	8.4	4.4	.0	16.0	-.077	-.996
Factor 2	11.7	4.7	.0	20.0	-.466	-.536
Interpersonal	3.7	2.6	.0	8.0	.106	-1.209
Affective	4.7	2.4	.0	8.0	-.420	-.873
Lifestyle	5.7	2.5	.0	10.0	-.374	-.691
Antisocial	6.0	2.9	.0	10.0	-.438	-.646
SCID-II ASPD	4.6	2.0	.0	8.0	-.427	-.572
TriPM						
Total	135.6	18.4	84.0	193.0	.151	.050
Boldness	53.0	7.8	29.0	72.0	-.213	-.008
Meanness	34.2	9.4	19.0	60.0	.455	-.365
Disinhibition	48.4	10.9	19.0	76.0	-.147	-.401
PPI-R						
Total	297.3	35.6	216.0	406.0	.099	-.395
Fearless Dominance	120.9	18.5	76.0	171.0	.176	.123
Self-Centered Impulsivity	145.4	25.7	85.0	217.0	.278	-.350
Coldheartedness	31.1	7.1	16.0	53.0	.354	.100
DSM-5 Section III Traits^c						
Manipulativeness	1.5/1.18	1.1/.71	.0/.0	3.0/3.0	.033/.034	-1.423/-.743
Deceitfulness	1.4/.79	1.1/.57	.0/.0	3.0/2.9	.047/.655	-1.262/.476
Callousness	1.5/.77	1.1/.58	.0/.0	3.0/2.6	.074/.625	-1.411/-.478
Hostility	1.7/1.33	1.1/.64	.0/.1	3.0/3.0	-.330/.292	-1.230/-.418
Irresponsibility	1.8/.58	1.1/.51	.0/.0	3.0/2.9	-.308/.932	-1.228/1.190
Impulsivity	2.0/1.33	1.0/.71	.0/.0	3.0/3.0	-.606/.076	-.878/-.651
Risk Taking	2.0/1.68	1.0/.57	.0/.4	3.0/3.0	-.717/.176	-.665/-.341
Anxiousness	.6/1.48	.9/.66	.0/.2	3.0/3.0	1.307/.057	.693/-.585
Withdrawal	.5/1.30	.9/.70	.0/.0	3.0/3.0	1.697/.195	1.556/-.740
Attention Seeking	.9/1.07	1.1/.70	.0/.0	3.0/3.0	.822/.355	-.695/-.566
Restricted Affectivity	.9/1.29	1.0/.63	.0/.0	3.0/3.0	.764/.432	-.699/-.284
Grandiosity	1.4/.94	1.2/.63	.0/.0	3.0/2.8	.133/.450	-1.442/-.441
Submissiveness	.2/.98	.7/.65	.0/.0	3.0/2.3	2.888/.228	7.677/-.873
Distractibility	.9/1.13	1.0/.74	.0/.0	3.0/3.0	.701/.322	-.611/-.851
DSM-5 Section III Impairment Rating						
Identity	1.64	1.003	.0	4.0	.682	.080
Self-Direction	2.12	.922	.0	4.0	-.008	-.364
Empathy	1.79	1.136	.0	4.0	.245	-.748
Intimacy	1.61	.918	.0	4.0	.276	-.105

Note. PCL-R = Psychopathy Checklist-Revised; SCID-II = Structured Clinical Interview for *DSM-IV* Axis II Disorders; ASPD = Antisocial Personality Disorder; TriPM = Triarchic Psychopathy Measure; PTRF = *DSM-5* Personality Trait Rating Form; PID-5 = Personality Inventory for *DSM-5*.

^a Standard error = .172 for each variable. ^b Standard error = .342 for each variable. ^c Values before the slash represent PTRF, after the slash represent PID-5.

.98 (Maffei et al., 1997). The current study scored the SCID-II ASPD as a dimensional symptom count ranging from 0 to 8 (i.e., presence of Conduct Disorder and 7 adult ASPD criteria).

DSM-5 ASPD Impairment Criteria Interview. This semistructured interview includes 14-items that were developed for the current project to specifically assess the ASPD impairment (Criteria A) in the *DSM-5* Section III. After the interview was completed, impairment ratings for Self-Direction, Identity, Empathy, and Intimacy were rated on a 5-point scale modeled after the *DSM-5* Level of Personality Functioning Scale (LPFS; American Psychiatric Association, 2013). Eleven percent of the sample was randomly selected for independent rating by two graduate research assistants to permit computation of interrater reliability. ICC reliabilities for the four impairment criteria ranged from .87 (interpersonal impairment) to .92 (self impairment).

Psychopathy Checklist—Revised (PCL-R; Hare, 1991/2003). The PCL-R is a 20-item rating scale for psychopathy scored using information from a semistructured clinical interview and a review of the participant's institutional record. Items are rated on a scale of 0 (*not present*), 1 (*maybe, or occasionally, present*), and 2 (*definitely present*), with total scores thus ranging from 0 to 40. The PCL-R is a well-validated psychopathy instrument in a range of forensic and correctional samples (e.g., Hare & Neumann, 2008). Twelve percent of the sample was randomly selected for independent rating by two graduate research assistants to permit computation of interrater reliability; the interrater reliability (ICC) for PCL-R total scores was .93.

DSM-5 Clinicians' Personality Trait Rating Form (PTRF; APA, 2011). This rating form employs a brief description to evaluate each of the 25 *DSM-5* PD traits, organized into five broad

domains: Negative Affectivity, Detachment, Antagonism, Disinhibition, and Psychoticism. Interviewers rate individuals from 0 (*very little or not at all descriptive*) to 3 (*extremely descriptive*) based on observed manifestations of each facet trait. Ratings for traits within each domain are summed to yield aggregate scores for the five domains. Nine percent of the sample was randomly selected for independent rating by two graduate research assistants to permit computation of interrater reliability. Reliabilities for the ASPD facet traits were uniformly high (Mdn. ICC = .90).

Self-report measures.

Personality Inventory for DSM-5 (PID-5). The PID-5 (Krueger et al., 2011) is a self-report inventory developed to assess traits included in the *DSM-5* alternative dimensional model. The inventory contains 220 items, which are completed using a 4-point Likert-type scale, and aggregated to yield scores for the 25 individual traits and the five broad domains. Prior published research has established that this inventory shows empirical associations with well-validated dimensional measures of personality pathology, including the FFM (e.g., Gore & Widiger, 2013; Thomas et al., 2013) and the PSY-5 model (e.g., Anderson et al., 2013), as well as with report-based measures of general psychopathology such as the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF; Sellbom et al., 2013). In addition, previous research has shown associations for the PID-5 facet trait with measures of psychopathy (Anderson, Sellbom, et al., 2014; Strickland et al., 2013). Internal consistency reliabilities (alpha) for scales used in the current study ranged from .73 (Hostility) to .90 (Cynicism).

Triarchic Psychopathy Measure (TriPM; Patrick, 2010). The TriPM is a 58-item that assesses psychopathy in terms of the triarchic conceptualization, with subscales indexing dispositional constructs of boldness, meanness, and disinhibition. Items are completed on a 4-point scale (*true, somewhat true, somewhat false, false*). Internal consistency for the three scales in the current study was .74 for Boldness, .88 for Meanness, and .83 for Disinhibition. Evidence for the construct validity of the TriPM scales has been shown in terms of associations with other established psychopathy inventories (e.g., Drislane, Patrick, & Arsal, 2014; Sellbom & Phillips, 2013; Stanley et al., 2013).

Psychopathy Personality Inventory—Revised (PPI-R; Lilienfeld & Widows, 2005). The PPI-R is a 154-item self-report questionnaire that assesses psychopathic personality traits. It yields a total score, along with scores on eight trait subscales, three thematic factors (Self-Centered Impulsivity, Fearless Dominance, Coldheartedness), and three validity scales. Substantial evidence exists for the construct validity of the inventory in relation to other measures of psychopathy (Lilienfeld & Widows, 2005; Marcus, Fulton, & Edens, 2012; Poythress et al., 2010). Internal consistency for the three factors in the current study were .97 for Fearless Dominance, .91 for Self-Centered Impulsivity, and .77 for Coldheartedness.

Procedure

Inmate participants were recruited from their dorms or signed-up via recruitment flyers. Participants each completed 2 to 3 individual test sessions with a graduate research assistant, during which they were administered three semistructured clinical interviews, the Hare PCL-R: 2nd Edition Interview Guide (Hare, 2003), SCID-II ASPD module, and the *DSM-5* ASPD Impairment Criteria Interview. Scores on the *DSM-5* Clinicians' Personality Trait

Rating Form (PTRF) were based on the PCL-R Interview Guide since it was the most extensive source of data (125 questions). To score the PCL-R, a review of the test subject's institutional records was undertaken following completion of the interview. Participants were administered self-report measures in small groups (2–5 inmates per session). Per Kentucky Department of Corrections regulation, no compensation was provided for study participation.

The first two authors, both licensed psychologists with extensive clinical experience and specialized training in PCL-R psychopathy assessment, provided ongoing clinical supervision for the graduate research assistants who performed the interviews and assigned the PCL-R ratings. Ongoing weekly supervision sessions were utilized to minimize the possibility of construct drift in the ratings.

Results

Table 1 provides the basic descriptive statistics for all of the variables utilized in the study.¹

Section II Versus Section III

We first addressed the question of whether the Section III ASPD operationalization was more strongly associated with psychopathy scores than the Section II operationalization. To this end, we compared the correlations between the *DSM-5* Section III (PTRF ASPD) and Section II (SCID-II ASPD) with PCL-R scores. We also compared SCID-II ASPD to the Section III version of ASPD with the Psychopathy Specifier (PTRF ASPD + PS; computed by adding the sum of the three psychopathy specifier traits to PTRF ASPD) as well as to the psychopathy specifier on its own. Steiger's (1980) *t* test for dependent correlations was used for all comparisons of correlation magnitudes. SCID-II ASPD correlated with the PTRF ASPD, PTRF ASPD with PS, and PS alone, at .54, .52, and .25, respectively. Table 2 shows these results. As shown in this table, PTRF ASPD was significantly more strongly associated with all PCL-R scores (except PCL-R Facet 4) than SCID-II ASPD. PTRF ASPD + PS followed this general pattern. Relative to SCID-II ASPD, the PS on its own was only significantly more strongly associated with PCL-R Facet 1 (Interpersonal).

Section III ASPD Traits

Next, we examined the associations between individual Section III ASPD traits (assessed both by the PTRF and PID-5), SCID-II ASPD and psychopathy scores. We calculated zero-order correlations among the standard Section III ASPD traits, the three psychopathy specifier traits, and the four additional traits deemed to be conceptually or empirically relevant to the psychopathy construct. These results are shown in Tables 3 and 4. To examine the unique and additive associations for Section III traits with psychopathy total and domain scores, we also undertook hierarchical regression analyses for each psychopathy criterion score in which the seven standard Section III traits were entered as predictors in the first step, the three psychopathy specifier traits were added in the second step, and the four additional candidate traits were added in the third step. The R^2

¹ A full matrix of the correlations between all variables in the study is available on request by the first author.

Table 2
Comparison Between Section II and Section III ASPD/Psychopathy in Predicting PCL-R Scores

Scale	PCL-Total	Factor 1	Factor 2	Interpersonal	Affective	Lifestyle	Antisocial
SCID-II ASPD	.59	.35	.65	.32	.31	.62	.52
PTRF ASPD	.88	.78	.76	.68	.69	.76	.58
PTRF ASPD + PS	.88	.80	.76	.73	.67	.77	.56
PS only	.44	.44	.34	.54	.21	.39	.20
Steiger <i>t</i> tests							
SCID-II ASPD vs. PTRF ASPD	8.4*	9.6*	2.6*	6.9*	7.4*	3.2*	1.1
SCID-II ASPD vs. PTRF ASPD + PS	7.4*	7.8*	2.2	6.3*	5.2*	3.0*	.6
SCID-II ASPD vs. PS only	-2.6*	1.4	-5.7*	3.7*	-1.5	-4.1*	-5.3*

Note. PTRF ASPD = Sum of Impairment Criteria and 7 designated ASPD traits; PTRF ASPD + PS = Sum of Impairment Criteria, 7 ASPD traits, and 3 psychopathy specifier traits; ASPD = Antisocial Personality Disorder; PTRF = DSM-5 Personality Trait Rating Form; PS = Psychopathy Specifier; SCID-II = Structured Clinical Interview for DSM-IV Axis II.

* *p* < .01.

values and standardized beta weights for each step for each regression equation are shown in Tables 5 and 6.

With regards to the seven standard Section III ASPD traits, each was meaningfully correlated with Section II ASPD symptom scores and PCL-R total scores across measurement modalities. In the regression analyses, all PTRF trait ratings contributed uniquely to the prediction of PCL-R Total scores, whereas a smaller set of traits uniquely predicted SCID-II ASPD (e.g., impulsivity), TriPM, and PPI-R total scores (e.g., risk taking, manipulateness; and PID-5 Callousness). In terms of specific psychopathy domains, correlation and regression results followed a pattern generally consistent with a priori expectations. For instance, scores on PCL-R Factor 1 and its Interpersonal and Affective facets, along with TriPM Meanness and PPI-R Coldheartedness, each correlated

with Antagonism domain traits such as manipulateness, deceitfulness, callousness, and hostility, whereas PCL-R Factor 2 and its Lifestyle and Antisocial facets, along with TriPM Disinhibition and PPI-R Self-Centered Impulsivity, generally showed higher associations with traits of impulsivity, irresponsibility, risk taking, and hostility.

As regards the Psychopathy Specifier traits (see Tables 3 and 4), Attention seeking was consistently associated with most psychopathy scores, whereas PTRF Withdrawal was primarily associated (negatively) with PCL-R scores, as well as TriPM Boldness and PPI-R Fearless-Dominance. PID-5 Withdrawal was significantly positively associated with other self-reported psychopathy scales (e.g., TriPM Meanness). PTRF/PID-5 Anxiousness was generally not associated with PCL-R scores. Both PTRF and PID-5 Anx-

Table 3
Zero-Order Correlations Between ASPD and PCL-R Psychopathy Scores and Section III Personality Traits and Impairment

Scale	SCID-II ASPD	PCL-R Total	PCL-R Factor 1	PCL-R Factor 2	Facet 1 Interpersonal	Facet 2 Affective	Facet 3 Lifestyle	Facet 4 Antisocial
Section III ASPD traits								
Manipulateness	.34**/.33**	.68**/.30**	.72**/.21**	.46**/.33**	.78**/.22**	.46**/.14	.49**/.29**	.33**/.29**
Deceitfulness	.22**/.30**	.59**/.28**	.65**/.19**	.40**/.32**	.68**/.16*	.46**/.16*	.40**/.29**	.28**/.27**
Callousness	.34**/.33**	.66**/.33**	.71**/.25**	.47**/.36**	.48**/.13	.76**/.29**	.40**/.26**	.42**/.37**
Hostility	.37**/.27**	.55**/.30**	.45**/.19**	.55**/.36**	.35**/.10	.44**/.24**	.39**/.28**	.55**/.36**
Irresponsibility	.46**/.31**	.49**/.21**	.24**/.11	.62**/.26**	.17**/.09	.25**/.08	.64**/.25**	.45**/.20**
Impulsivity	.38**/.41**	.53**/.28**	.35**/.08	.55**/.39**	.35**/.02	.28**/.12	.66**/.43**	.31**/.27**
Risk Taking	.39**/.34**	.52**/.37**	.32**/.28**	.58**/.39**	.29**/.22**	.28**/.26**	.67**/.37**	.36**/.31**
Psychopathy Specifier								
Anxiousness	.00/.09	-.04/.08	.02/-.03	-.08/.16*	-.11/-.03	.14**/-.02	-.13/.12	.00/.16*
Withdrawal	-.20**/.11	-.34**/.07	-.36**/.01	-.25**/.11	-.42**/-.07	-.20**/.09	-.28**/.06	-.16**/.12
Attention Seeking	.16**/.16*	.44**/.27**	.46**/.24**	.30**/.24**	.49**/.24**	.31**/.18**	.32**/.22**	.21**/.20**
Additional traits								
Restricted Affectivity	.10/.25**	.40**/.22**	.45**/.24**	.25**/.16*	.29**/.18**	.53**/.24**	.16**/.12	.27**/.16*
Grandiosity	.23**/.19**	.63**/.31**	.72**/.33**	.41**/.22**	.76**/.31**	.48**/.27**	.42**/.22**	.31**/.16*
Submissiveness	-.14/.02	-.26**/-.01	-.26**/-.02	-.18**/-.05	-.30**/-.01	-.16**/-.01	-.19**/.07	-.14/-.14
Distractibility	.20**/.25**	.29**/.13	.17**/-.02	.17**/.25**	-.16**/-.06	.13/.03	.42**/.28**	.13/.17*
Impairment								
Identity	.28**	.62**	.62**	.48**	.55**	.54**	.46**	.38**
Self-Direction	.49**	.60**	.44**	.63**	.35**	.43**	.58**	.51**
Empathy	.27**	.65**	.67**	.47**	.53**	.67**	.48**	.35**
Intimacy	.28**	.58**	.53**	.46**	.43**	.51**	.48**	.33**

Note. ASPD = Antisocial Personality Disorder; SCID-II = Structured Clinical Interview for DSM-IV Axis II; PCL-R = Psychopathy Checklist-Revised. Correlations before the slash represent PTRF, after the slash represent PID-5. PTRF = DSM-5 Personality Trait Rating Form. PID-5 = Personality Inventory for DSM-5.

* *p* < .05. ** *p* < .01.

Table 4

Zero-Order Correlations Between TriPM and PPI-R Psychopathy Scores and Section III Personality Traits and Impairment

Scale	TriPM Total	Boldness	Meanness	Disinhibition	PPI-R Total	Self-Centered Impulsivity	Coldheartedness	Fearless Dominance
Section III ASPD traits								
Manipulativeness	.23**/.53**	.19**/.28**	.23**/.45**	.06/.32**	.33**/.61**	.20**/.52**	.16**/.34**	.29**/.33**
Deceitfulness	.11/.41**	.08/-.06	.11/.42**	.03/.36**	.23**/.55**	.16**/.59**	.07/.30**	.18**/.13
Callousness	.29**/.64**	.14**/.10	.35**/.74**	.09/.36**	.29**/.60**	.18**/.58**	.19**/.47**	.25**/.17*
Hostility	.39**/.54**	.14**/-.06	.35**/.61**	.26**/.46**	.33**/.51**	.25**/.64**	.20**/.23**	.21**/.00
Irresponsibility	.27**/.34**	-.01/-.23**	.21**/.36**	.29**/.42**	.24**/.43**	.26**/.58**	.12/.22**	.06/-.06
Impulsivity	.33**/.46**	-.04/-.08	.27**/.35**	.36**/.53**	.25**/.46**	.32**/.60**	.09/.09	.00/.01
Risk Taking	.38**/.57**	.28**/.19**	.28**/.51**	.21**/.40**	.36**/.63**	.28**/.54**	.18**/.30**	.23**/.36**
Psychopathy Specifier								
Anxiousness	-.14**/.11	-.21**/-.42**	-.09/.10	-.02/.41**	-.22**/.08	-.08/.43**	-.13/-.19**	-.25**/-.37**
Withdrawal	.04/.25**	-.11/-.15*	.16**/.32**	.00/.26**	.07/.13	.09/.32**	.10/.11	-.02/-.25**
Attention Seeking	.17**/.22**	.22**/.14*	.13/.20**	.02/.10	.28**/.42**	.14**/.27**	.08/.10	.32**/.39**
Additional traits								
Restricted Affectivity	.07/.37**	.01/.16*	.14**/.42**	-.01/.14*	.17**/.36**	.16**/.29**	.06/.33**	.09/.16*
Grandiosity	.18**/.26**	.32**/.11	.16**/.33**	-.07/.08	.28**/.43**	.07/.38**	.11/.17*	.39**/.19**
Submissiveness	-.15**/-.03	-.16**/-.24**	-.12/.04	-.04/.08	-.13/.03	-.09/.28**	-.13/-.14*	-.08/-.17*
Distractibility	.18**/.30**	-.01/-.26**	.13/.27**	.20**/.45**	.23**/.33*	.24**/.61**	.05/.04	.08/-.21**

Note. TriPM = Triarchic Psychopathy Measure; PPI-R = Psychopathic Personality Inventory-Revised. Correlations before the slash represent PTRF, after the slash represent PID-5. PTRF = DSM-5 Personality Trait Rating Form; PID-5 = Personality Inventory for DSM-5.

* $p < .05$. ** $p < .01$.

iousness were associated most strongly with TriPM and PPI-R scores. Results from the regression analyses indicated a clearer pattern. As evident in Tables 5 and 6, (low) Anxiousness and Attention seeking contributed incrementally to the prediction of psychopathy domains most strongly linked to boldness (i.e., PCL

Facet 1 [interpersonal], TriPM Boldness, and PPI-R Fearless-Dominance).

Next, we considered four additional traits that we expected to augment the operationalization of psychopathy from the Section III trait perspective. As seen in Tables 3 and 4, two of these traits,

Table 5

Hierarchical Regression Analyses Predicting ASPD and PCL-R Psychopathy Scores From Section III Personality Traits and Impairment

Scale	SCID-II ASPD	PCL-R Total	PCL-R Factor 1	PCL-R Factor 2	Facet 1 Interpersonal	Facet 2 Affective	Facet 3 Lifestyle	Facet 4 Antisocial
Section III ASPD (R^2)								
Manipulativeness	.373**/.235**	.753**/.175**	.733**/.112**	.631**/.228**	.68**/.093**	.612**/.114**	.697**/.219**	.399**/.171**
Deceitfulness	.15/.13	.30**/.06	.38**/.04	.12/.07	.54**/.15	.08/-.10	.16**/.07	.05/.05
Callousness	-.05/-.01	.13**/.08	.21**/.09	.06/.07	.28**/.08	.10/.08	.04/.07	.05/.05
Hostility	.08/.19	.29**/.10	.42**/.09	.11/.08	.09/-.06	.66**/.24*	.08/-.03	.11/.17
Irresponsibility	.08/-.15	.13**/.04	.04/.02	.21**/.06	.06/-.00	.02/.06	-.02/-.03	.36**/.13
Impulsivity	.33**/.09	.12**/-.02	-.03/-.04	.19**/.00	.00/.02	-.04/-.10	.30**/.04	.05/-.04
Risk Taking	.18**/.30**	.16**/.04	-.04/-.17	.31**/.19*	-.07/-.20*	.00/-.07	.31**/.29**	.23**/.06
Attention Seeking	.07/.06	.13**/.22**	.08/.27**	.15**/.15	.05/.27**	.10/.19*	.27**/.16	.01/.09
Psychopathy Spec (R^2_{chg})								
Anxiousness	.022/.008	.006/.017	.028**/.025	.007/.007	.062**/.019	.006/.021	.009/.008	.003/.007
Withdrawal	.08/-.05	-.07/-.05	-.10**/-.08	-.04/.00	-.18**/-.03	.00/-.12	-.06/-.06	-.01/.05
Attention Seeking	-.05/-.09	-.01/-.02	.02/-.01	-.05/-.07	-.01/-.02	.05/.00	-.04/-.05	-.03/-.07
Restricted Affectivity	-.13**/-.06	.06/.14	.18**/.17	-.07/.04	.24**/.15	.08/.15	-.07/.06	-.05/.03
Additional traits (R^2_{chg})								
Restricted Affectivity	.008/.016	.032**/.040*	.059**/.087**	.006/.021	.066**/.105**	.070**/.039	.010/.011	.013/.049*
Grandiosity	-.05/.15	.17**/.14	.20**/.26**	.08/.00	.07/.27**	.31**/.19**	.04/.01	.10/-.01
Submissiveness	-.03/.02	.13/.16*	.22**/.24**	.02/.03	.36**/.28**	.02/.15	.09/.13	-.04/-.07
Distractibility	-.08/-.06	-.03/-.07	.17/-.02	-.03/-.16*	-.01/-.03	.03/.00	-.07/-.03	.01/-.23**
Impairment (R^2_{chg})	-.05/-.05	.00/-.13	.00/-.17	-.03/-.03	.00/-.19	.00/-.10	.04/.04	-.09/-.08
Identity								
Identity	.033*	.038**	.055**	.050**	.045**	.056**	.031**	.057**
Self-Direction	-.04	.16**	.23**	.07	.25**	.16**	.05	.08
Empathy	.22**	.09	-.07	.26**	-.10	-.01	.15**	.30**
Intimacy	-.10	.05	.13*	-.05	.05	.21**	.03	-.10
Intimacy	-.05	.04	-.03	.02	-.04	.00	.08	-.02

Note. ASPD = Antisocial Personality Disorder; PCL-R = Psychopathy Checklist-Revised. Beta-weights before the slash represent PTRF, after the slash represent PID-5; PTRF = DSM-5 Personality Trait Rating Form; PID-5 = Personality Inventory for DSM-5.

* $p < .05$. ** $p < .01$.

Table 6

Hierarchical Regression Analyses Predicting TriPM and PPI-R Psychopathy Scores From Section III Personality Traits and Impairment

Scale	TriPM Total	Boldness	Meanness	Disinhibition	PPI-R Total	Self-Centered Impulsivity	Coldheartedness	Fearless Dominance
Section III traits (R^2)	.242**/.515**	.184**/.300**	.197**/.572**	.187**/.363**	.211**/.577**	.144**/.616**	.072**/.272**	.173**/.306**
Manipulativeness	.08/.20**	.17/.43**	.01/.02	-.07/.02	.18**/.24**	.06/.09	.10/.12	.22**/.29**
Deceitfulness	-.13/-.06	-.06/-.15	-.14/.00	-.05/.00	-.02/.15*	.01/.14*	-.09/.07	-.02/.08
Callousness	.11/.36**	.11/.25*	.23**/.57**	-.08/-.07	.10/.17*	.00/.01	.12/.50**	.15/.11
Hostility	.21**/.08	.03/-.29**	.15/.16	.20**/.21*	.13/.00	.11/.27**	.10/-.19*	.07/-.31**
Irresponsibility	.07/-.02	-.21**/-.33**	.02/-.02	.24**/.22**	.00/.02	.10/.23**	.00/-.03	-.14/-.22**
Impulsivity	.09/.11	-.27**/-.12	.08/-.05	.27**/.31**	.01/.04	.19**/.20**	-.07/-.15	-.22**/-.19*
Risk Taking	.20**/.21**	.45**/.23**	.11/.14*	-.08/.07	.22**/.35**	.06/.10	.14/.14	.30**/.47**
Psychopathy Spec (R^2_{chg})	.003/.010	.051**/.096**	.016/.014	.013/.039**	.032/.023*	.015/.013*	.016/.057**	.081**/.181**
Anxiousness	-.05/-.08	-.16**/-.35**	.01/-.10	.02/.20**	-.12/-.12*	.00/.15**	-.10/-.22**	-.20**/-.36**
Withdrawal	.04/-.08	-.08/-.02	.13/-.09	.01/-.04	.13/-.08	.13/-.01	.11/-.12	.03/-.10
Attention Seeking	-.01/-.07	.18**/.16*	-.01/-.07	-.13/-.17*	.14/.09	-.01/-.09	.00/-.14	.29**/.34**
Additional traits (R^2_{chg})	.014/.010	.033/.021	.009/.007	.032/.022	.009/.012	.037/.015	.007/.020	.031/.043**
Restricted Affectivity	-.09/.04	-.10/.12	-.04/.05	-.03/-.07	.00/.12	.08/-.01	-.07/.10	-.08/.19**
Grandiosity	-.10/-.10	.21**/.07	-.11/-.08	-.23**/-.16*	-.08/.06	-.22**/.07	-.06/-.11	.19**/.05
Submissiveness	-.06/-.06	.00/-.11	-.05/.06	-.07/-.07	.02/-.06	-.06/.03	-.05/-.09	.15**/-.12*
Distractibility	.00/-.03	-.11/.00	-.01/-.03	.07/-.02	.10/.04	.13/.18*	.01/-.03	.01/-.16*

Note. TriPM = Triarchic Psychopathy Measure; PPI-R = Psychopathic Personality Inventory-Revised. Beta-weights before the slash represent PTRF, after the slash represent PID-5; PTRF = DSM-5 Personality Trait Rating Form; PID-5 = Personality Inventory for DSM-5.

* $p < .05$. ** $p < .01$.

both PID-5 and PTRF Grandiosity and Restricted affectivity, were consistently correlated with psychopathy scores. However, in the hierarchical regression analyses, they only contributed incrementally to the prediction of some psychopathy domain scores. For instance, Grandiosity added uniquely to the prediction of PCL-R Factor 1 and its Interpersonal facet, and to PPI-R Fearless-Dominance; Restricted affectivity contributed distinctively to the prediction of PCL-R Factor 1 and its Affective facet, and to PPI-R Fearless-Dominance; and Submissiveness contributed distinctively to prediction of the PCL-R's Antisocial facet (positively) and PPI-R Fearless-Dominance (negatively). Although Distractibility was significantly correlated with certain psychopathy factor and facet scores, particularly those reflecting disinhibitory tendencies, it never added incrementally to standard Section III ASPD and Psychopathy Specifier traits.

Section III Traits and Impairment

Finally, we tested whether the impairment criteria (i.e., Criterion A) would account for incremental variance above and beyond specified traits in the operationalization of ASPD and psychopathy. This analysis focused on scores for the PCL-R operationalization of psychopathy in order to utilize predictor and criterion variables in the same (i.e., PTRF) method of measurement (i.e., clinical ratings). We examined correlations (see Table 3) and undertook hierarchical regression analyses in which the seven PTRF ASPD traits were entered in the first step and the four impairment facets (identity, self-direction, empathy, and intimacy) were added in the second step as predictors of SCID-II ASPD and PCL-R scores (see Table 5). Overall, the impairment criteria correlated at a moderate to high level with PCL-R total, factor, and facet scores in a manner consistent with a priori expectation (e.g., PCL-R Interpersonal most strongly with Identity and Empathy;

PCL-R Affective with Empathy; PCL-R Lifestyle and Antisocial with Self-Direction). SCID-II ASPD, on the other hand, only exhibited a moderate-large correlation with Self-Direction. In the regression analyses, the four impairment scores significantly augmented the seven PTRF ASPD traits in all analyses ($\Delta R^2 = .031-.057$); the unique predictors among these impairment scores again were consistent with conceptual expectations for the factor and facet scores; however, only Identity augmented the prediction of PCL-R Total scores.

Discussion

The current investigation examined whether the DSM-5 Section III operationalization of ASPD has moved closer to the traditional target construct of psychopathy relative to its conceptually and empirically limited Section II variant. By and large, the current findings indicate a resounding affirmative response to this research question. Section III ASPD (i.e., PTRF ASPD) outperformed Section II ASPD (i.e., SCID-II ASPD) in the prediction of psychopathy traits. Moreover, individual Section III ASPD traits and impairment criteria were more strongly correlated with PCL-R, PPI-R, and TriPM measures of psychopathy than with Section II ASPD. In addition, we found that several additional trait facets (particularly grandiosity and restricted affectivity) can potentially augment the current trait profile in operationalizing the psychopathy construct from these various perspectives. Finally, we tested and found support for Criterion A (personality impairment) incrementing the prediction of ASPD and psychopathy above and beyond personality traits.

At an aggregate diagnostic level, Section III ASPD (PTRF ASPD) was found to be significantly more associated with PCL-R psychopathy than Section II (SCID-II ASPD) for every score with the exception of Facet 4 (Antisocial). This is likely attributable to

the greater emphasis on antagonism traits (e.g., callousness) in Section III, compared with the stronger emphasis in Section II on behaviors reflective of disinhibition traits (e.g., impulsivity, hostility). It is not surprising that the difference between Section II and III was not significant for PCL-R Facet 4, which includes items reflective of juvenile and adult criminal tendencies. Moreover, the Psychopathy Specifier did not further improve on this increased performance for Section III versus II in general, which is likely attributable to less presence of boldness/fearless-dominance (which the Psychopathy Specifier captures) in the PCL model of psychopathy. The Psychopathy Specifier did outperform Section II ASPD alone in predicting Facet 1 of the PCL-R (Interpersonal), which includes items tapping glibness/superficial charm, manipulativeness, and grandiose sense of self. These items are the most reflective of boldness in the PCL-R conceptualization of psychopathy. In summary, the current findings extend the work of Anderson, Sellbom, et al. (2014) and Few et al. (2015) and indicate that Section III ASPD is better aligned with psychopathy than the behaviorally oriented model in *DSM-5* Section II.

The current results, in line with Anderson, Sellbom, et al. (2014); Few et al. (2015), and Strickland et al. (2013), provide robust evidence that the dimensional model of Section III ASPD provides comprehensive trait-based coverage of both Section II ASPD and psychopathy. By and large, regardless of measurement modality, all seven trait facets were meaningfully associated with Section II ASPD and psychopathy from multiple perspectives (e.g., PCL-R, PPI, TriPM). As Lynam and Vachon (2012) highlight, several issues need to be addressed empirically before the Section III model is fully adopted for clinical use. Indeed, findings here and from Anderson, Sellbom, et al. (2014) and Strickland et al. (2013) indicate that grandiosity and restricted affectivity might be considered as additions to the ASPD/psychopathy trait profile in future, with an eye toward providing the most comprehensive coverage of the constituent components of psychopathy. In contrast to Anderson et al. and Strickland et al., however, the current findings were less supportive of low submissiveness as a unique contributor to prediction of psychopathy scores. It is worth noting, however, that efforts should be made to avoid substantial overlap between the trait profiles of each PD so that issues confounding the *DSM-IV/DSM-5* Section II PD model are not continued. For example, Grandiosity (which added incrementally in our study) as well as Attention Seeking (already part of the Psychopathy Specifier) are the sole traits comprising the Section III operationalization of narcissistic personality disorder.

As regards the Psychopathy Specifier, the results were less conclusive. The composite Psychopathy Specifier score outperformed SCID-II ASPD in the prediction of one particular component of the PCL-R—the Interpersonal facet. Moreover, the linear combination of the Psychopathy Specifier facets added incrementally to the Section III ASPD trait facets in the prediction of PCL-R Interpersonal, TriPM Boldness, and PPI-R Fearless-Dominance, but nothing else. However, at the individual trait level, the findings were somewhat unclear. In the regression models, only anxiousness and attention seeking emerged as unique contributors in predicting the aforementioned facets. This is partly consistent with other studies indicating that only low anxiousness was specific to boldness facets of self-report psychopathy measures, whereas attention seeking was moderately associated with most psychopathy facets and withdrawal showing opposing associations with bold-

ness and meanness (Crego & Widiger, 2014; Few et al., 2015). In sum, the Psychopathy Specifier is directly linked to the boldness domain, but not other aspects of the psychopathic personality. It is worth noting, however, that the Psychopathy Specifier is not a stand-alone diagnosis, but rather additional traits to those already indicated for ASPD, that in aggregate indicate the presence of primary psychopathy. Of course, there remains contention in the field as to whether boldness (and thus, the Psychopathy Specifier) is a key component of the disorder (e.g., Lilienfeld et al., 2012; Miller & Lynam, 2012), but the present study does provide evidence for validity of this specifier as an indicator of boldness, which is consistent previous research (Anderson, Sellbom, et al., 2014; Crego & Widiger, 2014, 2015; Few et al., 2015).

It is important to note that not all hypothesized traits emerged as unique predictors of total psychopathy scores in the regression models (with the lone exception of all interview-based ASPD traits uniquely contributing to the prediction of PCL-R total scores), particularly in analyses utilizing predictor and criterion scores from differing measurement domains, despite moderate to large zero-order associations. The patterns of the unique predictors were consistent with conceptual expectations as they covered a range of trait domains (i.e., antagonism and disinhibition). However, future studies with larger samples (and thus, greater assurance that these are not Type II errors) are needed to further elucidate whether all these traits are needed to operationalize ASPD/psychopathy. The results of this study, do, however, confirm that the newer operationalizations of psychopathy, as represented by the TriPM and PPI-R, are different from the PCL-R in terms of their trait structure on the PID-5. Crego and Widiger (2014) also found similar results with respect of the Elemental Psychopathy Assessment (EPA; Lynam et al., 2011).

The current work is also among the first to examine the incremental utility of the personality impairment criteria in Section III. Our analyses yielded consistent evidence that impairment scores indeed augmented prediction for the trait profile in all instances, with specific impairment facets mapping onto conceptually relevant psychopathy domains (e.g., self-direction with PCL-R Factor 2, TriPM Disinhibition, and PPI-R Self-Centered Impulsivity). This is consistent with Crego and Widiger (2015), who discussed how deficits in self and interpersonal functioning are conceptually related to PCL psychopathy. Despite these positive findings, it is important to note that rarely did more than one facet add incrementally to these predictions, which indicates only modest contribution. Although Type II error needs to be ruled in future studies using larger samples, the findings are consistent with Few et al. (2015), who likewise reported evidence for a modest increment in prediction of self-reported psychopathy using the Level of Personality Functioning Scale to index impairment. Whereas Few et al. (2015) found that impairment only added in the prediction of the FFM Psychopathy count and FFM Fearless Dominance, the current study found that the impairment criteria added incrementally in the prediction of all scores on the PCL-R. This discrepancy may be a result of Few et al. relying solely on information from the SCID-II ASPD (which is not particularly specific to personality impairment) in rating the LFPS, whereas the current study utilized a structured interview specifically designed to rate impairment. Moreover, because Section III characterizes personality impairment specifically for each PD, our interview items assessed each of the impairment criteria specifically to how they present for ASPD

(e.g., Identity impairment presents as self-esteem derived from personal gain, power, or pleasure).

In terms of broader implications, the current findings provide compelling support for the Section III operationalization of ASPD, particularly with respect to how it can capture Section II ASPD and various models of psychopathy. Our findings also indicate that the trait profile, particularly with respect to representation of psychopathic tendencies, may warrant some important revision. However, as articulated by Anderson, Snider, et al. (2014), this enterprise of retro-fitting traits onto predefined theories of personality pathology might not make full use of the actual trait model. Psychopathy itself is not a unitary construct, with multiple studies showing evidence of differing personality profiles for individuals attaining high overall scores on psychopathy measures (e.g., Drislane et al., 2014; Hicks et al., 2004). Moreover, controversy persists regarding the exact nature and optimal method by which to define this form of personality pathology (e.g., Hare & Neumann, 2010; Lilienfeld et al., 2012; Miller & Lynam, 2012; Skeem & Cooke, 2010). As such, predetermining trait profiles that may occur with limited prevalence in clinical practice (see, Samuel et al., 2013) will likely restrict the utility of a dimensional trait model. For instance, an offender with significant levels of callousness, grandiosity, and deceitfulness, but low levels of impulsivity and irresponsibility, would likely present phenotypically in a manner that is quite antagonistic and predatory—and as such, would not conform to Section III profiles for ASPD or psychopathy. However, this configuration of traits but would nonetheless be clinically informative. Thus, moving away from predefined personality constellations to a descriptive approach based on individual trait profiles (along with personality impairment, if ultimately deemed meaningful) may eventually prove more useful clinically and allow for better construct validity.

The current study features several strengths that build on previous research. The study used an offender sample, which is important given the greater range of maladaptive personality traits represented relative to student and community samples. We also used multiple methods for assessing both Section III traits and psychopathy, including the PCL-R, which is arguably the most validated method for assessing this personality disorder. Finally, we assessed the degree to which personality impairment added incrementally in the prediction of psychopathy.

Even in light of these strengths, our findings and associated conclusions must be interpreted in light of some important limitations on which future research can build. First, we only had access to a male offender sample, which limits generalizability to women. It is noteworthy, however, that our findings generally coincide with those of previous studies that used mixed-gender samples (Anderson, Sellbom, et al., 2014; Few et al., 2015; Strickland et al., 2013), which is encouraging with respect to broader generalizability. Second, our sample size was somewhat small given the large number of predictors in the regression models; as such, it will be important in future studies to replicate these findings using larger samples to defray concerns regarding Type II error. Finally, our interview-based impairment measure was designed specifically for this study, with no previous validity data; however, it exhibited good interrater reliability and its content is quite congruent with Criterion A.

Building on the current work, future research should seek to extend the nomological network of the Section III trait profile associated with ASPD and psychopathy. Work along this line

would do well to consider established neurobiological and neuropsychological correlates of psychopathy (e.g., executive functioning; affective processing; structural abnormalities to limbic and prefrontal brain regions), with the specific aim of determining which distinct facets exhibit these associations most strongly. In terms of further clinical/forensic applied research, it will be important to establish the degree to which distinct dispositional facets are predictive of future crime and violence, as well as institutional adjustment, which are well-established for the psychopathy construct as a whole (e.g., Hare & Neumann, 2008).

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