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Psychopathy Screening of Incarcerated Juveniles: A Comparison of Measures

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How well do brief screening measures correspond with a full-scale assessment of psychopathy among juvenile offenders? This study compared 3 independent screening measures (the Antisocial Process Screening Device [APSD] Self-Report [A. A. Caputo, P. J. Frick, & S. L. Brodsky, 1999], the APSD Staff Rating [P. J. Frick & R. D. Hare, 2001], and the Psychopathy Content Scale [D. C. Murrie & D. G. Cornell, 2000] on the Millon Adolescent Clinical Inventory [T. Millon, 1993]) with the Psychopathy Checklist: Youth Version (PCL:YV; A. E. Forth, D. S. Kosson, & R. D. Hare, in press) in a sample of 117 incarcerated male juveniles. Modest correlations (.30–.49) were found between PCL:YV scores and those of the 3 screening measures, and there was moderate accuracy (67%–82%) in identifying youth who scored relatively high (≥25) on the PCL:YV. Although these results support the construct of adolescent psychopathy, they indicate substantial limitations in the use of psychopathy screening measures with juvenile offenders.

The emergence of psychopathy as a well-established construct in the assessment of adult criminal offenders (Cooke, Forth, & Hare, 1998; Hare, 1996) has stimulated great interest in measuring psychopathy traits in adolescents (Edens, Skeem, Cruise, & Cauffman, 2001). The substantial evidence supporting Hare's Psychopathy Checklist (PCL) to measure psychopathy in adults (Hare, 1991; Salekin, Rogers, & Sewell, 1996) makes the more recent adolescent version, the Psychopathy Checklist: Youth Version (PCL:YV; Forth, Kosson, & Hare, in press) the leading candidate for a gold standard in the assessment of juvenile psychopathy traits (Forth & Mailloux, 2000).

However, the PCL:YV is a labor-intensive and complex instrument, requiring a lengthy clinical interview and review of records by a well-trained clinician. Not surprisingly, several new instruments use a self-report or brief informant report. These include the Antisocial Process Screening Device rating scale (APSD; Frick & Hare, 2001),[1] a self-report version of the APSD (Caputo, Frick, & Brodsky, 1999), and a Psychopathy Content Scale (Murrie & Cornell, 2000) on the Millon Adolescent Clinical Inventory (MACI; Millon, 1993).

The most useful role for a brief measure of psychopathy might be in screening a large sample to identify youths who may warrant a more comprehensive and labor-intensive evaluation. Ideally, a screening measure would be highly sensitive (i.e., yielding few or no false negatives), even if it was not highly specific (i.e., some false positives may be acceptable) such that all who manifested the condition of interest (i.e., psychopathy traits) would be identified for further assessment (see Baldessarini, Finkelstein, & Arana, 1983, on diagnostic screening).

On the other hand, screening for adolescent psychopathy traits is a particularly sensitive undertaking, because the label *psychopath* can have ominous connotations that influence treatment plans and juvenile justice determinations. Recently, Edens et al. (2001) raised cautions about the growing use of juvenile psychopathy measures and called for more research on their reliability and validity. Agreement among measures of a construct is necessary in order to compare research findings and clinical reports using different instruments. The research questions addressed in this study include (a) What is the correspondence among three brief measures of adolescent psychopathy? and (b) Can the briefer measures be used to screen for the presence of psychopathic traits that might be further assessed with the PCL:YV?

Method

We studied 117 male juvenile offenders recently placed in the intake center for the Virginia Department of Juvenile Justice. Participants had committed a variety of offenses, with 82 youths (64%) having at least one violent crime on record. Their ages ranged from 13 to 18 years ($M = 16.0$, $SD = 1.1$). Fifty-nine participants were African American, 50 were White, 7 were Hispanic, and 1 was Asian. Their mean educational level was Grade 8.5; their mean IQ score was 87.

Participants were selected by coin toss to represent approximately 50% of eligible offenders in consecutive admissions over a 7-month period. Twenty juveniles were excluded from consideration because a parent or

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[1] "APSD" is the name given to this instrument when it became commercially available in 2001. In previous studies, this instrument was referred to as the Psychopathy Screening Device (PSD).

Table 1
Descriptive Statistics for Psychopathy Measures

Measure	*M*	*SD*	Minimum–maximum	Skew
PCL:YV Total Score	21.9	6.9	8–37	.19
PCL:YV Factor 1	7.9	3.6	1–16	.31
PCL:YV Factor 2	7.5	2.8	0–13	−.04
APSD Staff Rating	20.1	7.1	7–35	.32
APSD Self-Report	13.0	4.8	2–26	.02
MACI Psychopathy Content Scale	8.8	4.6	0–20	.22

Note. $N = 113$. PCL:YV = Psychopathy Checklist: Youth Version (Forth et al., in press); APSD = Antisocial Process Screening Device (Staff Rating: Frick & Hare, 2001; Self-Report: Caputo et al., 1999); MACI = Millon Adolescent Clinical Inventory (Millon, 1993).

guardian declined participation in the study. Of those selected by coin toss, 16 were removed when file information reported cognitive functioning in the mentally retarded range.

PCL:YV

Like Hare's (1991) PCL–R, the PCL:YV (Forth et al., in press) assesses psychopathy using a standardized, semistructured interview supplemented by a review of records. A rater assigns the participant a rating of 0 (*no*), 1 (*maybe or in some respects*), or 2 (*yes*) for each of 20 items. Ratings are summed to yield an overall psychopathy score. The PCL:YV generates a total score and two factor scores. Factor 1 reflects an interpersonal/affective dimension and includes items such as glibness/superficial charm, grandiosity, manipulativeness, dishonesty, and callousness. Factor 2 reflects behavioral or lifestyle features such as impulsivity, irresponsibility, early behavioral problems, and a lack of goals (Forth et al., in press).

Four doctoral students in clinical psychology, trained in use of the PCL–R, conducted and scored the PCL:YV interviews. To assess interrater reliability for this study, Daniel C. Murrie paired with each of the three other researchers for 10 interviews, alternating who conducted the interview, and independently scored the PCL:YV. The three pairs of interviewers obtained intraclass correlations measuring absolute agreement of .98, .96, and .98 for PCL:YV total scores; .93, .93, and .88 for Factor 1 scores; and .94, .92, and .96 for Factor 2 scores. To address possible coder drift, researchers conducted another reliability study near the end of the data collection process by independently scoring PCL:YV results for 6 participants. Intraclass correlations were .98, .99, and .97 for PCL:YV total scores; 1.0, .95, and .87 for Factor 1; and .99, .97, and .90 for Factor 2.

APSD

Frick and Hare (2001) adapted the APSD from Hare's (1991) PCL–R to measure psychopathy traits in juveniles. Each of the 20 items on the rating scale is assigned a value of 0 (*not true*), 1 (*sometimes true*), or 2 (*definitely true*), yielding an overall score ranging from 0 to 40. There is evidence of adequate test–retest reliability (McBurnett et al., 1994, as cited in Christian, Frick, Hill, Tyler, & Frazer, 1997) and internal consistency (Wootton, Frick, Shelton, & Silverthorn, 1997) for the APSD. The APSD was designed for completion by parents or teachers; however, in a juvenile correctional population many youths are wards of the court and parents are often unavailable. Thus, we obtained consensus ratings from the adolescent's treatment team. Each team consisted of at least one psychologist, direct care staff member (correctional officer or unit manager), caseworker, and educational evaluator. Team members were familiar with the youths through testing, interviewing, compiling a social history, and supervising the youths over a 4–6-week period. They completed the APSD rating form during the staffing meeting near the end of each youth's stay at the facility. Team members discussed each item and arrived at a consensus score. We were not able to conduct a formal reliability study for the APSD, although the use of consensus ratings rather than individual ratings should enhance reliability.

We also administered the self-report version of the APSD reported by Caputo et al. (1999). This instrument has content parallel to the APSD rating scale, with wording altered for first-person responses.

MACI Psychopathy Content Scale

The MACI is a multiscale personality inventory designed for use in clinical and correctional settings. Murrie and Cornell (2000) devised a 20-item Psychopathy Content Scale from the MACI that had an internal consistency (α) of .87 and correlated .60 with an adolescent version of the PCL–R.

Institutional review boards for the University of Virginia and for the Virginia Department of Juvenile Justice granted approval for the study. Juveniles were informed that a Federal Certificate of Confidentiality protected study results from subpoena and all participants gave informed voluntary assent to participate in the study. Youths completed the APSD Self-Report shortly after intake. The MACI was completed in small groups, shortly before or after participating in an individual interview with the PCL:YV. Finally, the treatment team completed the APSD rating scale during a staffing meeting held during the final week of the youth's stay. Each measure was given independently, with administrators blind to the results of the other measures.

Results

Of 117 initial participants, 4 youths inappropriately endorsed one or more validity items on the MACI (e.g., "I have not seen a car in the last 10 years"), reducing the sample to 113. Descriptive statistics are presented in Table 1 and intercorrelations among the psychopathy measures are presented in Table 2.

We entered all three screening measures into a regression analysis to predict PCL:YV scores. Screening measure scores accounted for a significant portion of the variance in PCL:YV scores, $F(3, 109) = 20.1$, $p < .01$, with an effect size (R^2) of .37. Part correlations revealed that the MACI Psychopathy Content Scale accounted for 16% unshared variance, and the APSD staff ratings accounted for 12% unshared variance, but the APSD Self-Report explained almost no variance that was not shared by the other instruments.

Only 17 participants (15%) received PCL:YV scores at or above 30, a cutoff that has been used in some studies of adult

Table 2
Intercorrelations Among Measures

Measure	1	2	3	4	5
1. PCL:YV Total Score	—				
2. PCL:YV Factor 1	.85*	—			
3. PCL:YV Factor 2	.82*	.49*	—		
4. APSD Staff Rating	.35*	.40*	.15	—	
5. APSD Self-Report	.30*	.18	.38*	.04	—
6. MACI Psychopathy Content Scale	.49*	.28*	.56*	.01	.54*

Note. $N = 113$. PCL:YV = Psychopathy Checklist: Youth Version (Forth et al., in press); APSD = Antisocial Process Screening Device (Staff Rating: Frick & Hare, 2001; Self-Report: Caputo et al., 1999); MACI = Millon Adolescent Clinical Inventory (Millon, 1993).
* $p < .01$.

Table 3
Identification of a High-Psychopathy Group Using Screening Measures

Measure	Cutoff score	Wilks's λ	χ^2 (*df*)	*p*	% correctly classified[a]	Sensitivity	Specificity	Positive predictive power	Negative predictive power	κ
Discriminant function analyses										
APSD Staff Rating	33	.94	6.9 (1)	.009	67 (65)	.09	.92	.33	.70	.02
APSD Self-Report	20	.92	8.9 (1)	.003	74 (71)	.18	.97	.75	.73	.19
MACI Psychopathy Content Scale	14	.81	23.1 (1)	<.01	77 (73)	.35	.95	.75	.77	.36
MACI Psychopathy Content Scale and validity indices[b]		.79[b]	26.0 (4)	<.01	77 (76)	.47	.90	.67	.80	.40
APSD Staff Rating and MACI Psychopathy Content Scale[c]		.75[c]	31.3 (2)	<.01	82 (82)	.59	.92	.77	.84	.55
Post hoc analyses										
APSD Staff Rating	16				50	.88	.33	.36	.87	.15
APSD Self-Report	9				44	.88	.24	.34	.86	.11
MACI Psychopathy Content Scale	6				54	.91	.37	.39	.91	.21
Joint decision rule[d]	11 or 24[d]				65	.85	.57	.46	.90	.33

Note. $N = 113$ for all analyses. High psychopathy is defined as youths scoring in the top third of the distribution of psychopathy scores in this sample (Psychopathy Checklist: Youth Version [Forth et al., in press] score ≥ 25; $n = 34$). Validity indices include the three Millon Adolescent Clinical Inventory (MACI; Millon, 1993) scales designed to measure subject response bias: Disclosure, Desirability, and Debasement. For discriminant function analyses, the statistical software (SPSS for Windows, Version 10.1) identified cutoff points that maximized overall classification accuracy. In post hoc analyses, cutoff scores were selected to maximize sensitivity, without reducing specificity to zero. 1 − Wilks's $\lambda = \eta^2$, a measure of effect size. APSD = Antisocial Process Screening Device (Staff Rating: Frick & Hare, 2001; Self-Report: Caputo et al., 1999).

[a] Numbers in parentheses represent percentage correctly classified following the SPSS for Windows Version 10.1 jackknife strategy.

[b] The canonical discriminant function coefficients were .989 for the MACI Psychopathy Content Scale, .125 for Disclosure, −.224 for Desirability, and −.430 for Debasement.

[c] The canonical discriminant function coefficients were .544 for the APSD Staff Rating and .902 for the MACI Psychopathy Content Scale.

[d] This decision rule classified as high psychopathy any subjects scoring in the upper third of either the MACI Psychopathy Content Scale (11 or higher) or the APSD Staff Rating (24 or higher).

psychopathy. However, because psychopathy has not been established as an adolescent diagnosis, and because it has not been demonstrated that the same cutoff should be used with the youth version (Edens et al., 2001), we elected to identify as *high-psychopathy youths* those who scored in the top third of the PCL:YV score distribution. In our sample, the top third (34 youths) scored 25 or higher. This procedure was meant to identify youths who displayed greater psychopathy traits relative to peers; we certainly do not contend that these youths are psychopaths in the diagnostic sense.

We used discriminant function analysis to examine the ability of each brief measure to identify youths who scored 25 or above on the PCL:YV. As shown in Table 3, the measures accurately classified 67%–77% of the sample, with kappa values in the range of .02 to .36. We examined the stability of the discriminant results by using the SPSS jackknifing procedure ("crossvalid" in SPSS 10.1) and found relatively little shrinkage in classification accuracy. The largest drop was 74% to 71% correctly classified by the APSD Self-Report. In light of previous regression analyses, we also combined the APSD staff ratings and the MACI Psychopathy Content Scale in an additional discriminant function analysis. When both scales were entered into a discriminant model, 82% of cases were classified correctly (Wilks's $\lambda = .753$), $\chi^2(2, N = 113) = 31.3$, $p < .01$. This combination of scales yielded a kappa coefficient of .55 and substantially improved indicators of predictive validity.

Receiver operating characteristic (ROC) analysis is a means of evaluating prediction accuracy that is independent of base rates, based on a plot of the sensitivity and 1 − specificity values associated with all possible cutoff scores on the test (Mossman, 1994; Rice & Harris, 1995). The area under the curve (AUC) in the ROC plot indicates the test's diagnostic efficiency and approximates the common language effect size. For comparison, a diagonal line represents the diagnostic accuracy attributable to chance. The ROC curve generated by the MACI Psychopathy Content Scale (see Figure 1) yielded the largest effect size of the three screening measures. For this scale, the AUC was .76 ($SE = .05$), with a 95% confidence interval (CI) of .66–.86. The AUC reflects a 76% probability that a randomly selected high-psychopathy youth (defined by PCL:YV scores in the top-third of the distribution) will have a higher MACI Psychopathy Content Scale score than a randomly selected low-psychopathy youth. AUC values for the APSD screening measures were .68 ($SE = .06$; CI = .57–.79) for the self-report format and .67 ($SE = .05$; CI = .56–.77) for the staff ratings. All three AUCs represent significant ($p < .01$) improvement over chance.

We examined score distributions to determine an appropriate cutoff score for screening purposes. Although the discriminant function analysis identified cutoff points that maximized overall classification accuracy, a cutoff score for screening purposes should place greater weight on the identification of high-psychopathy youths (in this case, youths who will score 25 or above on the PCL:YV), even at the expense of falsely identifying some lower scoring youths. The statistical software (SPSS for Windows, Version 10.1) used scores of 33 or above for the APSD Staff Rating and 20 or above for the APSD Self-Report (both scales range from 0 to 40). The computer-generated cutoff for the MACI Psychopathy Content Scale (score range = 0–20) was 14.

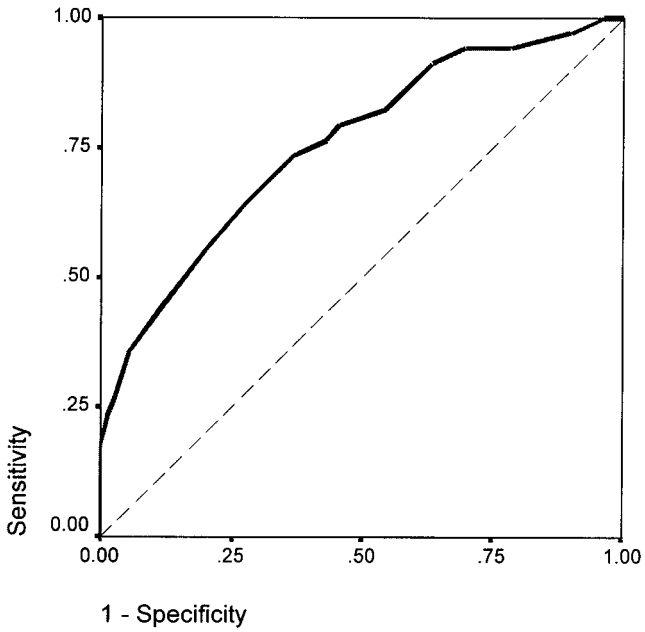

Figure 1. Receiver operating characteristic curve for the Millon Adolescent Clinical Inventory (Millon, 1993) Psychopathy Content Scale (Murrie & Cornell, 2000).

As noted in Table 3, the sensitivities of these cutoff scores were .09 for APSD Staff Rating, .18 for APSD Self-Report, and .35 for the MACI Psychopathy Content Scale.

Thus, the score distributions revealed no useful cutoff score for identification of all high-psychopathy youths. For each screening measure, there were at least a few high-psychopathy youths who obtained very low scores. We next searched for cutoff scores that would generate maximum sensitivity without excessive false-positive scores. In Table 3, we report cutoff scores for each test that generated high (approximately 90%) sensitivity, but at the sacrifice of overall classification accuracy. Despite the improved sensitivity and negative predictive power attained using these cutoff scores, specificity was greatly reduced, as was the overall agreement beyond that expected due to chance ($\kappa = .11$–$.21$).

Finally, as a post hoc exercise, we examined the sensitivity obtained by identifying all youths who scored either in the upper third of the MACI Psychopathy Content Scale (11 or higher) or in the upper third of the APSD staff ratings (24 or higher). This decision rule identified 29 of 34 high-psychopathy youths (85%), with a specificity of .85 and overall classification accuracy of 65%. These findings require replication.

Because the two APSD instruments, like the PCL:YV, were designed to parallel the adult PCL–R, we investigated the correlations between pairs of parallel items. As shown in Table 4, there were no statistically significant correlations between parallel APSD Self-Report and APSD Staff Rating items. Just nine APSD Staff Rating items and six APSD Self-Report items were significantly correlated with their PCL:YV counterparts. (MACI Psychopathy Content Scale items were selected from a preexisting pool and were not intended to parallel specific PCL–R items.)

Table 4
Item Correlations for Three Psychopathy Measures

A. PCL:YV	B. APSD Ratings by Staff	C. APSD Self-Report	Correlations		
			A with B	A with C	B with C
1. Impression management	14. "Can be charming at times, but in ways that seem insincere or superficial."	14. "You act charming and nice to get what you want."	.21*	.08	−.03
2. Grandiose sense of self-worth	8. "Brags excessively about his abilities accomplishments or possessions"	8. "You brag a lot about your abilities accomplishments or possessions."	.10	.22*	.12
	16. "Seems to think that he is better or more important than most people"	16. "You think you are better or more important than most people."	.22*	.16	.12
3. Stimulation seeking	9. "Gets bored easily"	9. "You get bored easily."	.12	.24**	.03
	13. "Engages in risky or dangerous activities"	13. "You do risky or dangerous things."	.02	.22**	.06
4. Pathological lying	6. Lies easily	6. Lies easily	.22*	.00	.06
	7. Keeps promises	7. Keeps promises.	−.19*	.17	.16
5. Manipulation for personal gain	10. Cons others	10. Cons others	.03	.16	.06
6. Lack of remorse	12. Feels guilty	12. Feels guilty	−.21*	−.45**	.12
7. Shallow affect	5. Emotions shallow	5. Emotions shallow	.15	.00	.10
	19. Hides feelings	19. Hides feelings	.21*	−.17	−.07
8. Callous/lack of empathy	11. Teases or makes fun	11. Tease or make fun	.00	.15	−.03
	18. Concerned about others	18. Concerned about others	−.17	−.20*	.06
9. Parasitic orientation	(no parallel item)	(no parallel item)	—	—	—
10. Poor anger tolerance	15. Angry when corrected	15. Angry when corrected	.29**	.20*	.06
11. Impersonal sexual behavior	(no parallel item)	(no parallel item)	—	—	—
12. Early behavior problems	(no parallel item)	(no parallel item)	—	—	—
13. Lacks goals	17. Does not plan ahead	17. Does not plan ahead	.04	.15	−.10
14. Impulsivity	4. Acts without thinking	4. Acts without thinking	.05	.14	−.08
15. Irresponsibility	3. Cares about school or work	3. Cares about school or work	−.06	−.15	.11
16. Failure to accept responsibility	1. Blames others	1. Blames others	.44**	.05	.05
17. Unstable interpersonal relationships	20. Keeps friends	20. Keeps friends	−.06	.00	.02
18. Serious criminal behavior	2. Illegal activities	2. Illegal activities	.19*	.14	.14
19. Serious violation of conditional release	(no parallel item)	(no parallel item)	—	—	—
20. Criminal versatility	(no parallel item)	(no parallel item)	—	—	—

Note. $N = 113$. PCL:YV = Psychopathy Checklist: Youth Version (Forth et al., in press); APSD = Antisocial Process Screening Device (Ratings by staff: Frick & Hare, 2001; Self Report: Caputo et al., 1999). The terms in column A are the labels for the PCL-YV items, reprinted with permission from Multi-Health Systems Inc (MHS). Column B items in quotation marks are verbatim from the APSD adult-informant instrument. MHS declined permission to reproduce more than six of the items from this instrument, thus the remainder are labels created for purposes of this table. Column C items in quotation marks are APSD Self-Report items reprinted with permission from Paul J. Frick. The remainder are item labels created for the purposes of this table.
* $p < .05$. ** $p < .01$.

Discussion

Our findings provide support for the construct validity of adolescent psychopathy, but raise concern about the correspondence among psychopathy measures. The PCL:YV correlations with the APSD Self-Report ($r = .30$) and the APSD Staff Rating ($r = .35$) were lower than expected, particularly because these instruments were developed as downward adaptations of the PCL–R (Caputo et al., 1999; Frick, O'Brien, Wootton, & McBurnett, 1994). The 20-item MACI Psychopathy Content Scale obtained the highest correlation with the PCL:YV ($r = .49$), but it could not be regarded as an equivalent instrument among the juvenile offenders we studied.

We were surprised to discover virtually no correspondence between the APSD Self-Report and APSD Staff Rating ($r = .04$, *ns*), even though these instruments are composed of parallel items and both scales correlated with the PCL:YV. In our sample, none of the Staff Rating and Self-Report item pairs were significantly correlated. This observation perhaps underscores the difficulty of assessing juvenile psychopathy with brief screening instruments.

There may be good reasons for these low correlations. Personality ratings from multiple sources often generate modest correlations (Meyer et al., 2001). For example, the correlations between self and parent informants, and between parent and teacher informants, on children's behavioral and emotional problems are both approximately .29 (Meyer et al., 2001). Specific to incarcerated juveniles, one study (Forehand, Frame, Wierson, Armistead, & Kempton, 1991) found moderate correlations between adult informant ratings of externalizing problems measures, but no correlation between these adult informants and the juvenile's self-report. Some disagreement among raters may reflect differences in training, judgment, or perspective, and some disagreement may reflect legitimate differences in how children behave in different domains or situations (Achenbach, 1995).

Another source of low instrument agreement may lie in the nature of the psychopathy construct. Psychopathy is characterized by dishonesty and a deceptive self-presentation, presenting a considerable challenge for self-report assessment. Psychopathic individuals are known to be inconsistent in their self-presentation; at times they are dishonest, but at other times they are brutally honest in revealing their contemptuous attitudes and history of destructive behavior (Hare, 1993). One of the strengths of the Psychopathy Checklist approach may be that the interviewer conducts a thorough review of the participant's records as well as a clinical interview and is therefore able to contrast these two sources of information. In addition, the interviewer is free to discount statements that seem unreliable or lacking in credibility. (For example, 1 adolescent described an extraordinary and quite unlikely history of sexual conquests.)

Moreover, the clinical interview is not simply a matter of eliciting self-report on a checklist of items. The subject is not asked directly if he or she is dishonest, manipulative, or shallow. Instead, the subject is asked to describe his or her life experiences in some detail, and the trained clinician makes judgments about the characteristics of psychopathy displayed by this account. A disadvantage of self-report scales is that respondents are presented with straightforward items that require them to endorse socially undesirable qualities. For example, consider items on the APSD Self-Report such as "You act charming and nice to get what you want" or "Your emotions are shallow and fake." One possible advantage of the MACI is that the items appear to be worded in a slightly more palatable manner. The Psychopathy Content Scale includes items such as "I don't see anything wrong with using others to get what I want," "I am very good at making up excuses to get out of trouble," and "I can charm people into giving me almost anything." Anecdotally, we observed that a few youths with very high scores on the PCL:YV denied almost every item indicative of psychopathy on the self-report scales. On one test item four youths even denied engaging in illegal activities, despite their current incarceration.

None of the briefer instruments were successful as screening measures to identify youths who scored high on the PCL:YV. ROC analyses yielded AUC values that were relatively low for screening purposes. The most accurate instrument, the MACI Psychopathy Content Scale, correctly classified about three fourths of the youths scoring above or below a cutoff of 25, but sensitivity was .35, too low for screening purposes. We searched for alternative, lower cutoffs that could generate higher sensitivity even at the expense of reduced specificity. Reducing the MACI scale cutoff to 6 yielded 91% sensitivity, but at the cost of 35% specificity and only 54% accuracy. We emphasize that use of a low cutoff score can only be justified if youth above the cutoff are subsequently administered the PCL:YV. Youths scoring above a cutoff of 6 should not be described as high-psychopathy youths.

Because the APSD Staff Rating and the MACI Psychopathy Content Scale appeared to tap somewhat distinct aspects of psychopathy, we examined whether their use in combination would improve screening accuracy. The discriminant function analysis obtained respectable classification accuracy (82%), but again sensitivity was relatively low (.59) for screening purposes. As an alternative, we identified youths scoring in the upper third of either scale distribution as high-psychopathy cases. This procedure successfully identified 29 of 34 youths who scored over 25 on the PCL:YV and may hold some promise as a screening procedure. However, we emphasize that this decision rule was determined by post hoc inspection of the data and must be replicated in other samples.

Further work is needed on the long-term stability and predictive value of the psychopathy construct in adolescents (Edens et al., 2001). There is a body of evidence linking adolescent psychopathy traits—assessed via various measures—to previous and concurrent antisocial behavior (e.g., Brandt, Kennedy, Patrick, & Curtin, 1997; Frick et al., 1994; Loper, Hoffschmidt, & Ash, 2001; Murrie, 2002; Stafford & Cornell, in press), but research is needed on the adult outcomes of youth who score high on psychopathy measures (Edens et al., 2001), particularly because many antisocial youths desist in their criminal behavior as they mature (Elliott, 1994). More research is needed on the veracity of youths' self-reports and their willingness to reveal undesirable information about themselves, in both research and clinical contexts.

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