



Primary and secondary psychopathy subtypes in a forensic outpatient sample

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Backgrounds & Objectives

- Diagnosing psychopathy is not a standard procedure in forensic outpatient care, although it is an important factor to limit the risk of drop-out and recidivism;
- To date, it is unknown to what extent increased psychopathy scores occur in this setting;
- Patients with psychopathy are a heterogeneous group, various scholars posit a distinction between primary and secondary subtypes;
- Primary psychopathy is assumed being underpinned by a heritable affective deficit, whereas secondary psychopathy is characterized by affective disturbance, acquired through life experiences, including trauma;
- Distinguishing between subtypes would lead to a more appropriate alignment of treatment programmes;
- Support for these subtypes has been found in community, prison and forensic inpatient samples, but not yet in forensic outpatient samples.



Methodology

- Cross-sectional study conducted with an online survey tool (Qualtrics);
- Self-report questionnaires: Self-Report Psychopathy Scales III (SRP-III; Neumann et al., 2012); Trait Anxiety subscale of the State Trait Anxiety Inventory (STAI-DY; Spielberger et al., 1971); Cognitive Reappraisal subscale and Expression Suppression subscale of the Emotion Regulation Questionnaire (ERQ_CR and ERQ_ES; Gross & John, 2003) and Child Trauma Questionnaire-Short Form (CTQ-SF; Bernstein & Fink, 1998).



Client demographics

Gender



Average age:

44

(range 18-74 years)

n=291

Treatment



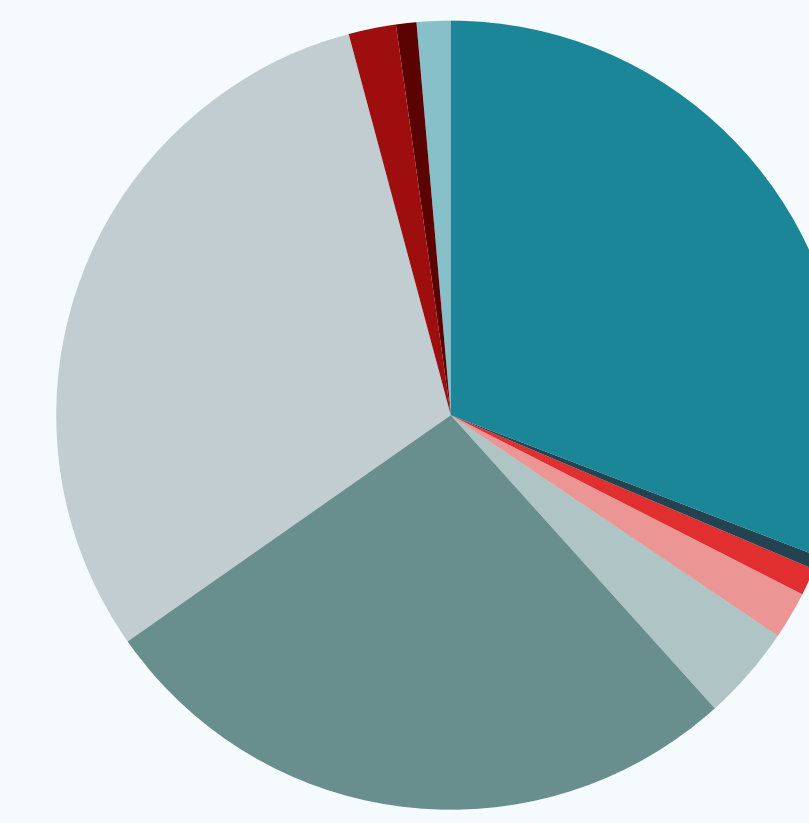
74%

Voluntary



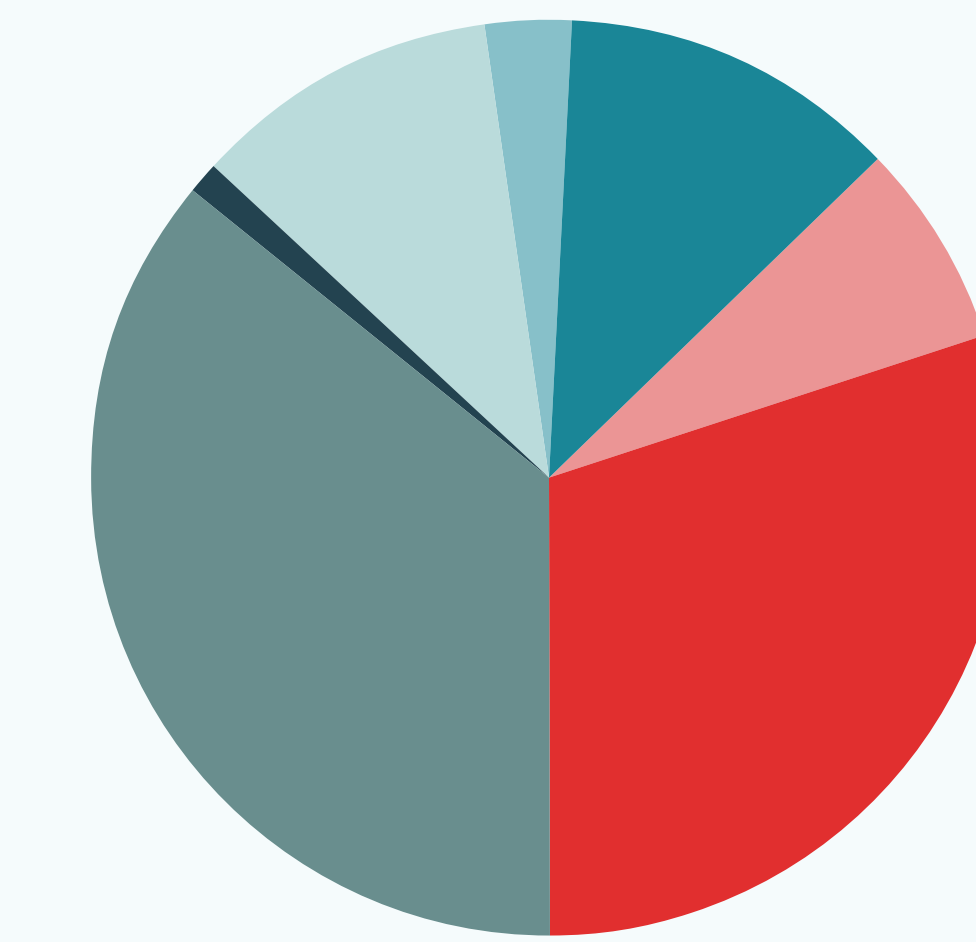
26%

Mandatory



Type of crime

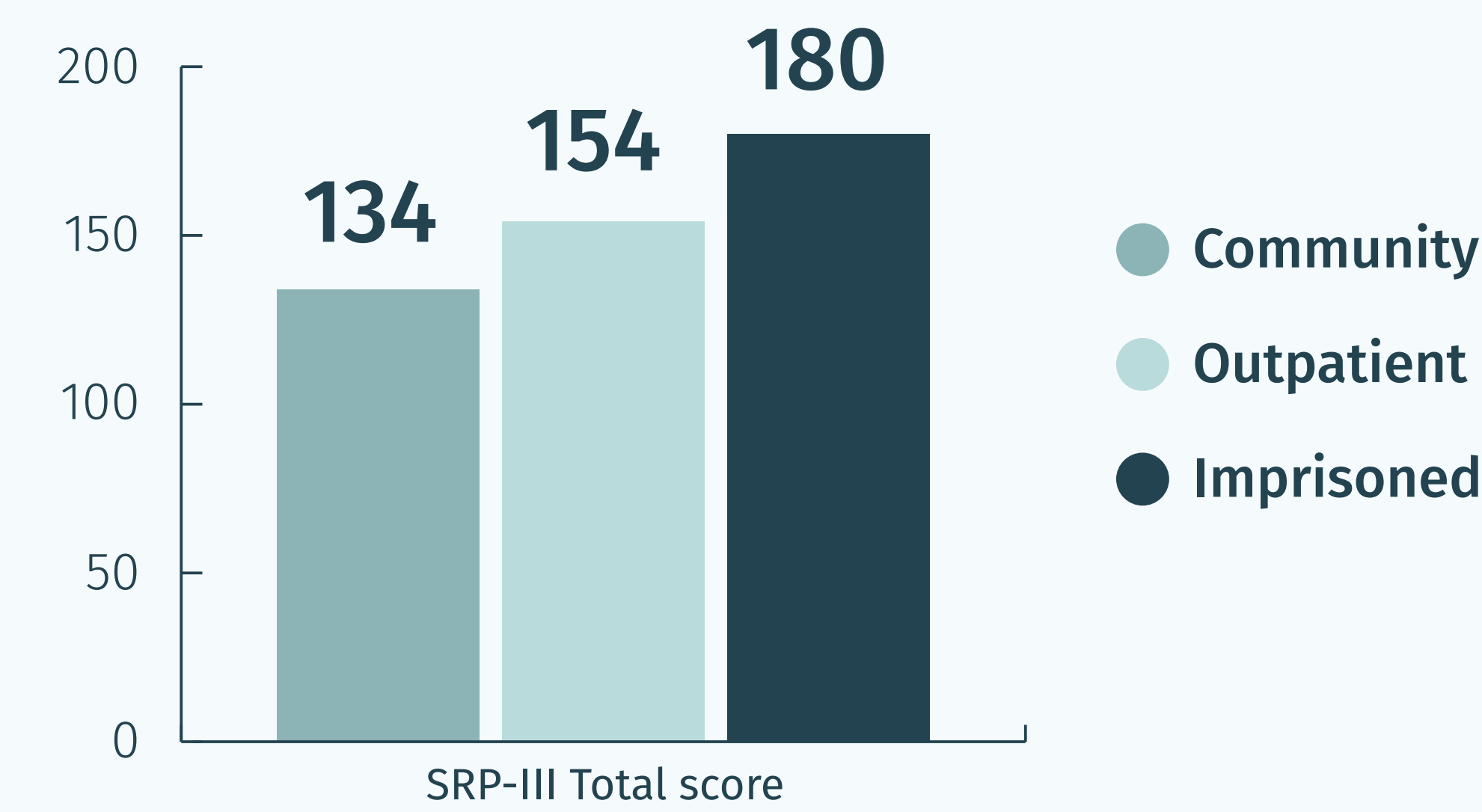
- 31% Domestic violence
- 27% Sexual offence
- 1% Drugs
- 30% Violence
- 1% Homicide & Murder
- 2% Violence & Domestic violence
- 2% Other
- 1% Violence & Drugs
- 4% Property crime
- 1% Violent property crime



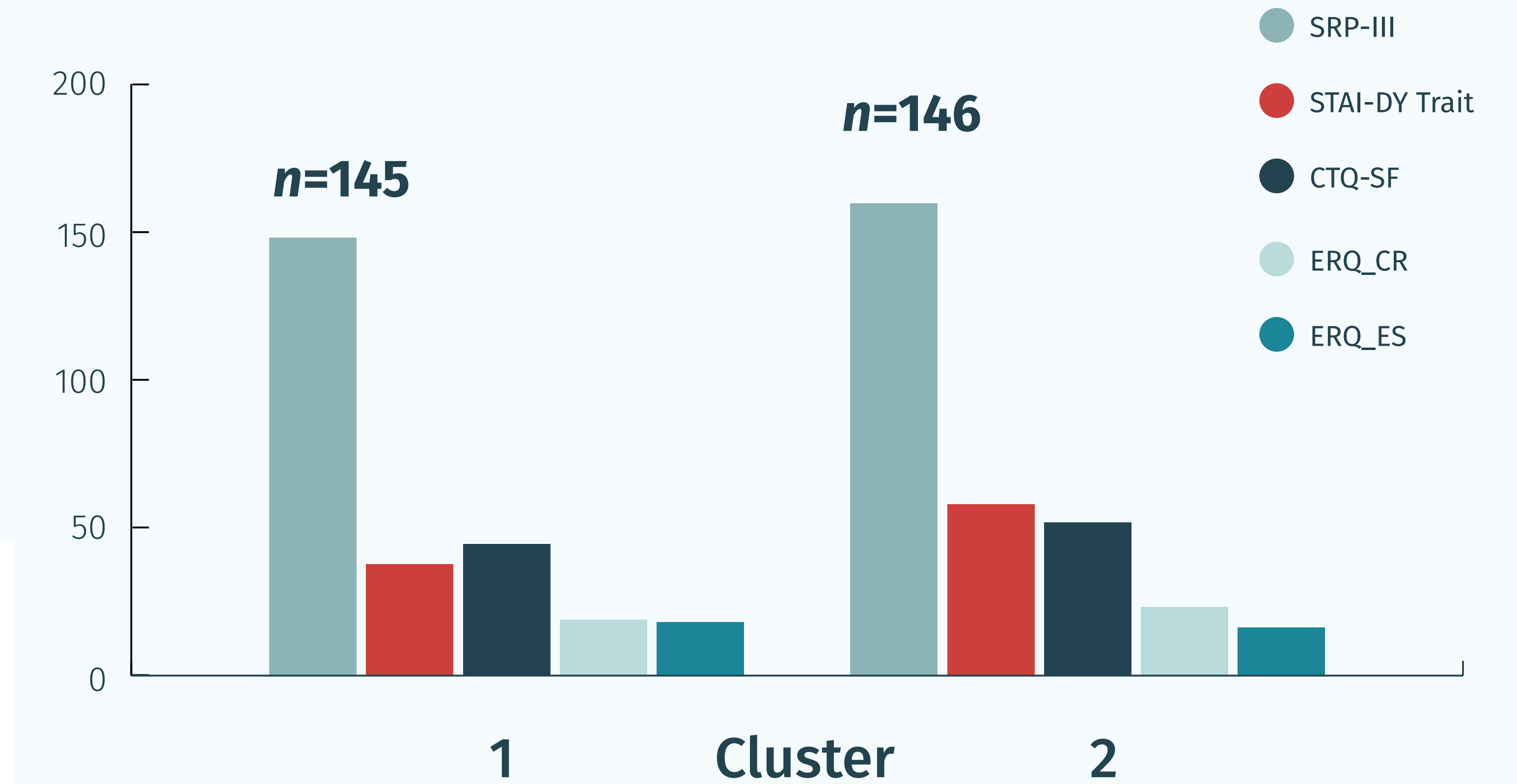
Education level

- 12% Elementary School
- 36% Junior High
- 30% High School
- 11% Bachelors degree
- 7% Masters degree
- 1% Ph. D.
- 3% Unknown

Results



Mean SRP-III score is significantly higher than in community samples ($p < .01$) and significantly lower than imprisoned offender samples ($p < .01$).



Questionnaire	Scoring range	Cluster 1 M (SD) n=145	Cluster 2 M (SD) n=146	p-value
SRP-III	64-320	148.0 (31.0)	159.7 (35.6)	< .01
STAI-DY Trait	20-80	37.6 (7.1)	57.9 (7.4)	< .01
CTQ-SF	24-125	44.5 (17.7)	51.8 (18.1)	< .01
ERQ_CR	6-42	18.8 (5.9)	23.3 (7.1)	< .01
ERQ_ES	4-28	18.0 (4.9)	16.3 (5.0)	< .01



Discussion & Conclusion

- SRP-III total scores in a forensic outpatient sample are significantly higher than in community samples and significantly lower than imprisoned offender samples;
- Two clusters revealed using mixture-model analyses on SRP-III total scores and the Trait Anxiety subscale of the STAI-DY;
- Cluster 1, the primary subtype, exhibited significantly lower psychopathic traits and trait anxiety compared to cluster 2;
- Cluster 2, the secondary subtype, displayed significantly higher psychopathic traits and trait anxiety compared to cluster 1;
- Validation of these subtypes showed significantly higher levels of childhood trauma for the secondary subtype compared to the primary subtype. Nevertheless, both subtypes showed moderate levels of trauma experiences;
- Contrary to expectations, the primary subtype uses significantly less adaptive (cognitive reappraisal) and significantly more maladaptive (expression suppression) strategies than the secondary subtype;
- Nevertheless, both subtypes use low to moderate levels of adaptive and moderate levels of maladaptive emotion regulation strategies;
- In view of the results, mapping and subtyping psychopathy in forensic outpatient care is important. It could implicate different focus in treatment, according to underlying differences in these subtypes.