Hare Psychopathy Checklist (PCL)

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Hare Psychopathy Checklist

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Synonyms

Hare psychopathy checklist; Psychopathy checklist; PCL

Definition

An assessment rating scale designed for use with incarcerated male offenders for the assessment of traits and behaviors underlying the clinical construct of psychopathy.

Introduction

The *Hare Psychopathy Checklist* (PCL; Hare and Frazelle 1980) was a preliminary research rating scale developed by Robert Hare and his colleagues for the assessment of the clinical construct psychopathy in criminal populations. The psychopathy construct measured in the PCL was largely influenced by the clinical observations of Hervey Cleckley regarding the psychopathic personality and associated antisocial behaviors (Cleckley 1976). The PCL is the precursor to the widely used and well-validated assessment scale called the *Psychopathy Checklist—Revised* (PCL-R; Hare 1991, 2003). Use of the PCL has been replaced by the updated and revised PCL-R for research and clinical purposes. However, the PCL is still viewed as a scale that contextualizes the existing PCL-family measures – including the PCL-R, the *Psychopathy Checklist: Youth Version* (PCL:YV; Forth et al. 2003), and the *Psychopathy Checklist: Screening Version* (PCL:SV; Hart et al. 1995) – and helps trace the construct-related validity of these PCL-family measures to the clinical construct of psychopathy. Although the PCL is no longer used, understanding its development and contribution as the first systematic effort to assess psychopathy in pursuing research underscores its importance and relevance as a historical assessment scale. This entry will explore the historical context and rationale behind the development of the PCL, how the scale was developed, its structure, some of the first studies to use the scale, and some issues that led to its refinement.

Rationale for Developing the PCL

Three observations largely fueled the development of the PCL as a research scale to assess psychopathy (Hare 1980). First and most importantly, theory and research on psychopathy were limited since no reliable and valid measure to assess the construct existed at the time. Clinical judgment, self-report, and behavioral measures...
were all being used at the time to assess psychopathy, but none of these had any systematic or consistent way of confirming that they were capturing the same construct (Hare and Cox 1978). For example, a global rating scale from 0 to 7 was often used to rate offenders on the clinical construct of psychopathy observed by Cleckley. Although this scale enjoyed good interrater reliability, the score was a single measure arrived at using clinical inference across all available information about the offender (Hare and Neumann 2005). A central purpose of the PCL then was to identify the features (i.e., traits and behaviors) that went in to making the global ratings from the clinical inference and making a more objective measure that could assess the presence of those features. Thus, the PCL was a solution that could provide a common and more objective measurement accessible to clinical and nonclinical investigators researching and reporting on psychopathy.

The second observation that led to the PCL’s development was a concern that clinical decisions about the assessment and diagnosis of psychopathy were being made based on a very limited time frame of the individual’s life. There was often little to no consideration for lifetime personality and behavioral traits exhibited by the offender when assessing for psychopathy. The PCL instead would provide a more extensive scoring system that would consider a longer time period of assessing how entrenched, chronic, and persistent some of the traits and behaviors were for a particular offender being assessed. This was seen as a solution to both reliability and validity issues when assessing psychopathy.

The third observation that led to the development of the PCL was the recognition that research assessment scales of psychopathy should also be explicitly and, thus, meaningfully connected to the clinical construct of psychopathy (Cleckley 1976). Ensuring that the PCL was truly measuring the construct that it claimed to measure was necessary to make meaningful claims about the individuals presenting with the traits and behaviors underlying that construct. Thus, adhering to this allows interventions for individuals presenting with these traits and behaviors to be properly informed from the research using the PCL.

Development of the Scale

The PCL was developed using construct validity and statistical analysis. Based on the clinical construct of psychopathy (Cleckley 1976), “all of the traits, behaviors, indicants, and counterindicants of psychopathy” (Hare 1980, p. 114) were recorded, resulting in a list of over 100 potential features. Statistical analyses were then conducted using these features to identify redundancy between them, whether they could be scored adequately and reliably, and which ones were effective at discriminating between offenders rated high or low on the global clinical scale of psychopathy. These analyses reduced the list to 22 features that were identified to best capture psychopathy and thus formed the structure of the PCL.

The PCL Scale: Structure, Scoring, and Administration

The PCL consists of 22 items (see Table 1), each scored on a 3-point ordinal scale (0, 1, or 2). Information to score the items is obtained from a semi-structured interview lasting approximately 1 h and reviewing the offender’s institutional file. The PCL was designed for use in criminal populations and so institutional files were often readily available. The interview portion was designed to sample the offender’s interpersonal style (e.g., impression management tactics, attitudes, etc.) and to probe different areas of their lives including education, occupations, family life, marital status, present and past offenses, drug and alcohol use, and health problems.

After reviewing the institutional file and conducting the interview, the items are scored either a 0 (definitely not present) or 2 (definitely present) unless there is not enough information or inconsistent information is present to score the item, in which case it is scored a 1. In an effort to establish consistency between raters, guidelines of what information from the interview and
institutional files is relevant when scoring items was provided (Hare and Frazelle 1980). Total scores on the PCL are obtained by summing all of the items, providing a range from 0 to 44, with higher scores indicating a greater manifestation of the traits and behaviors underlying the construct of psychopathy. To increase the reliability of the PCL, it was encouraged that two raters independently rate the offender and then use the average of the two scores (Hare and Frazelle 1980). This also promoted early investigations on the intrater reliability of the PCL.

### Using the PCL: Early Validation and Research

Early validation for the PCL was conducted to ensure that it was capturing a similar construct as Cleckley’s criteria and the global ratings of psychopathy. The initial sample consisted of 143 white incarcerated males from a prison in British Columbia in Canada (Hare 1980). Regression analysis showed that PCL scores significantly predicted global ratings of psychopathy, indicating that the items forming the PCL were consisting of similar features that clinicians were using when coming to a decision on the global rating of psychopathy. Additionally, factor analysis using the PCL and Cleckley’s criteria revealed a good fit between the two sets of factors, suggesting that both the 22-item PCL and Cleckley’s 16 criteria of psychopathy were measuring a similar construct. Early validation analysis, thus, suggested that the PCL was accurately capturing the same or similar construct of psychopathy that clinicians were assessing with global rating scales of psychopathy and Cleckley’s criteria, placing confidence in the ability of the PCL as a measure of psychopathy (Hare 1980). Reliability of the scale items and ratings from this initial study also indicated that it could be used confidently as a reliable measure.

Subsequent research using the PCL began to shed light on psychopathy. A number of early studies were crucial for influencing the psychopathy literature for decades to come. The first study to link the PCL with other measures of personality used the Eysenck Personality Questionnaire (Hare 1982). This study found that PCL scores were associated with psychoticism and negatively with the lie scale. Another study examined the relation between the PCL and violence (Hare and McPherson 1984). This study found that criminals with higher PCL scores were more likely to commit violent and aggressive criminal acts than those lower in PCL scores and that lower IQ was not a reason for this effect. This finding would propel the PCL into research examining the risk that offenders with elevated PCL(-R) scores pose for committing violent criminal acts upon release from prison (Hare 2003). Another early and consistent finding was that individuals with high PCL scores were less likely to learn from punishment when there was a prospect of receiving a monetary reward (Newman 1987). These findings laid the groundwork for subsequent research that would corroborate and extend these
features and many others into a greater understanding of individuals with psychopathic traits.

**Beyond the PCL**

The PCL initiated the development of a research scale for the assessment of psychopathy. However, a number of issues arose from the early validation study of the scale. The PCL contained 22 items, but two items had relatively low correlations with the overall PCL score (Hare 1980). These two items were item 2 (Previous diagnosis as psychopath (or similar)) and item 22 (Drug or alcohol abuse not direct cause of antisocial behavior). These two items were subsequently removed when developing the revised scale, resulting in a total of 20 items (with scores ranging from 0 to 40). Additionally, item 16 (Irresponsible behavior as parent) was modified to represent irresponsible behavior across many contexts beyond just parenting.

Another issue concerned what information about the individual should be used to score each item. Thus, more comprehensive and clear item descriptions were subsequently provided. Scoring the PCL was also problematic when little to no information was available for a given item. In these circumstances, raters would often score the offender a 1 for that item, which may have artificially inflated scores. As a result, the need to omit items and provide prorated scores was suggested and implemented in the revised scale. Lastly, some of the factors from the factor analysis in the preliminary study did not have underlying content that could meaningfully be communicated. However, refinements of the PCL items, scoring adjustments, and clearer item descriptions would later produce the replicable and content-meaningful four-factor structure found in the PCL-R, PCL:SV, and PCL:YV (e.g., interpersonal, affective, lifestyle, and antisocial factors).

**Conclusion**

The PCL provided the first assessment scale enabling systematic research into the clinical construct of psychopathy. Previous to its development, psychopathy was largely a clinical diagnosis, arrived at by interviewing the individual and using clinical judgment to make the diagnosis. The PCL provided a rating scale that amalgamated many of the traits and behaviors of psychopathy using conceptual and statistical methods to provide for a more objective and dimensional assessment of psychopathy in criminal populations. Amalgamating the features that form the construct of psychopathy had the benefit of not being unduly influenced by any particular salient trait or behavior of the offender (e.g., extensive deception, heinous crimes). In this way, the PCL provided a balanced, reliable, and accurate way to assess an individual on psychopathic traits for research and clinical purposes.

**Cross-References**

- Psychopathy
- Psychopathy Checklist Revised (PCL-R)
- Psychopathy Checklist: Screening Version (PCL:SV)
- Psychopathy Checklist: Youth Version (PCL:YV)

**References**


