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Antisocial Personality Disorder and Psychopathy: The AMPD in Review

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The current review examines the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (*DSM–5*) alternative model for personality disorders' (AMPD) operationalization of antisocial personality disorder (ASPD), particularly as it relates to the construct of psychopathy. We review the available literature on the AMPD conceptualization of ASPD, its potential improvement over previous versions of the *DSM*, and its relationship to established measures of psychopathy. In addition, we review the literature on the AMPD's psychopathy specifier, including its utility in differentiating between ASPD and psychopathy. We provide a critical commentary for what these findings mean moving forward and discuss areas for future research direction. We argue that the *DSM–5* conceptualization of ASPD is a vast improvement over previous iterations of the diagnosis; however, we discuss potential limitations and disagreements that could arise in its overlap with the construct of psychopathy. Finally, we argue that work moving forward should focus more broadly on dimensional traits and their prediction of outcomes, rather than continuing to seek diagnostic accuracy in conceptualizing ASPD and/or psychopathy and that the AMPD provides a good framework for this work.

Keywords: psychopathy, antisocial personality disorder, ASPD, AMPD, *DSM-5*

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Current conceptualizations of psychopathy in the scientific literature are rife with disagreement (e.g., Miller & Lynam, 2012; Skeem & Cooke, 2010), leading to a proliferation of models with varying emphases and inclusiveness. In vying to delineate the etiology, boundaries, and implications of psychopathy these alternative conceptualizations have generated a great deal of empirical investigation and, despite their differences, found some common ground. One area of relative consensus is that psychopathy is no longer considered a unitary taxon. Contemporary frameworks suggest psychopathy manifests as a configuration of attributes, thereby acknowledging the existence of heterogeneous variants (e.g., Lilienfeld, 2018) and paving a way for the representation of antisocial personality disorder (ASPD) and psychopathy in the *Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition* (*DSM–5*) alternative model of personality disorders (AMPD; American Psychiatric Association, 2013).

The most widely used clinical assessment of psychopathy remains the Psychopathy Checklist–Revised (PCL-R; Hare, 1991/2003), which organizes psychopathy into interpersonal, affective, lifestyle, and antisocial facets. However, other models and measures exist, such as the Psychopathic Personality Inventory–Revised (Lilienfeld & Widows, 2005), which excludes items related to criminal behavior and explicitly incorporates features associated with positive adjustment, such as social poise and stress immunity. The more recent triarchic model proposed by Patrick (2010) defines psychopathy as a constellation of three discrete yet overlapping dimensions, including boldness, meanness, and disinhibition. However, although the triarchic model was intended to reconcile traditional and contemporary descriptions of psychopathy, its structure, and the incorporation of boldness in particular, seems to have paradoxically entrenched divisions in the field (Roy et al., 2021). In another attempt to unify the construct, the Comprehensive Assessment of Psychopathic Personality (Cooke et al., 2004) was developed from a lexical paradigm of trait-descriptive adjectives that represent symptoms from attachment, behavioral, cognitive, dominance, emotional, and self domains. Still further, there is extensive research demonstrating that psychopathy can be effectively and advantageously operationalized by the five-factor model of general personality (Lynam & Miller, 2015), setting the stage for the maladaptive variants of these traits in the AMPD to show promise in advancing the assessment of psychopathy. In the following sections, we summarize the past decade of research on ASPD and psychopathy through the lens of the AMPD, analyzing strengths and challenges that can direct future research and refinement of the model.

Psychopathy in the *DSM*

The *DSM-I* (American Psychiatric Association, 1952) included a "sociopathic personality disturbance" label, with the antisocial reaction subtype including cases of "constitutional psychopathic state." Despite its intention to represent psychopathy, ASPD evolved into a largely behavioral syndrome, and an inadequate representation of its intended target (Cooke & Logan, 2015). Most recently, the *DSM–5* introduced a hybrid

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dimensional categorical system, which conceptualizes PDs as a combination of impairment in self/other functioning (Criterion A) and pathological traits (Criterion B). In order to create a bridge to current clinical practice, the AMPD also includes six categorical classifications, including a trait operationalization of ASPD and a psychopathy specifier. The AMPD describes impairment for ASPD to include issues such as egocentricity (identity), absence of prosocial standards (self-direction), lack of concern for others (empathy), and use of dominance to control others (intimacy). In addition, a diagnosis of ASPD requires the presence of six of seven traits from the Antagonism (i.e., Manipulativeness, Callousness, Deceitfulness, and Hostility) and Disinhibition (i.e., Risk Taking, Impulsivity, and Irresponsibility) domains. Finally, the *DSM–5* AMPD includes a psychopathy specifier, which treats psychopathy as a specific variant of ASPD, described by a "lack of anxiety or fear and by a bold interpersonal style that may mask maladaptive behaviors" (American Psychiatric Association, 2013, p. 765). The specifier is characterized by low Anxiousness, low Withdrawal, and Attention Seeking. This suggests ASPD is a rather homogeneous set of antagonistic and disinhibited features, and the addition of boldness alone differentiates psychopathy from ASPD. Although these latter traits are prominent in many current models of psychopathy, the role of boldness has been debated (Lilienfeld et al., 2016; Miller & Lynam, 2012), making the specifier contentious as well.

Naturally, this model and conceptualization of both ASPD and psychopathy came with varying opinions. For instance, Lynam and Vachon (2012) argued that the conceptualization of ASPD was incomplete, missing several important traits—some of which are available in the AMPD model (i.e., Suspiciousness and Distractibility) and some of which are not (e.g., Opposition, Self-Centeredness, Invulnerability). These authors, along with Crego and Widiger (2015), also argued that the AMPD missed an opportunity to reunite ASPD and psychopathy, as the ASPD trait conceptualization made little overt effort to account for traits beyond those included in previous iterations of the DSM. Crego and Widiger (2015) go on to discuss the psychopathy specifier, arguing that it too fails to represent established models of psychopathy, that the traits chosen are largely adaptive, and that the use of reverse coded scales is problematic.

Operationalization of ASPD

Though these criticisms are important and valid, the precise representation of ASPD is, of course, an empirical question—and one that many researchers have aimed to address. Numerous studies have established the extent to which AMPD traits can capture Section II PDs, including ASPD (Anderson et al., 2014; Hopwood et al., 2012). Though some additional traits (e.g., Suspiciousness, low Submissiveness) may present as good candidates, research has generally suggested that the current traits assigned to ASPD in the AMPD adequately represent previous versions of the disorder. Of course, the more interesting and complex question is whether this trait conceptualization of ASPD outperforms its predecessor in measuring psychopathy. Several studies have examined this, and the results have been quite clear. Section III ASPD traits consistently outperformed Section II symptom counts as evidenced by Steiger's *t* tests comparisons demonstrating greater associations between psychopathy and Section III ASPD traits than Section II symptoms (Anderson et al., 2014; Wygant et al., 2016, 2020) as well as hierarchical regression analyses demonstrating improved prediction with the inclusion of Section III ASPD traits (Few et al., 2015). Not surprisingly, little improvement comes in the prediction of antisocial facets of psychopathy; however, Section III augments the prediction of global psychopathy scores as well as other facets across models.

Additional research has focused more generally on examining associations between AMPD traits and various operationalizations of psychopathy (Anderson et al., 2014; Crego & Widiger, 2014; Few et al., 2015; Fossati et al., 2013; Latzman et al., 2020; Miller et al., 2018; Somma et al., 2019; Strickland et al., 2013; Wygant et al., 2016, 2020). Fairly consistently, this research has demonstrated that the AMPD provides good coverage of psychopathic traits. What is somewhat less consistent is which traits perform best, and whether the traits assigned to ASPD are optimal. Indeed, most studies have found additional traits could potentially augment the prediction of psychopathy. Though some of these traits are included in the psychopathy specifier (discussed in more detail in the following text), several candidate traits are proposed for neither ASPD nor the specifier, such as Distractibility, Suspiciousness, Grandiosity, Restricted Affectivity, Perseveration, and low Submissiveness (Anderson et al., 2014; Somma et al., 2019; Strickland et al., 2013; Wygant et al., 2016, 2020). Complicating matters, facets related to internalizing dysfunction such as Depressivity, Emotional Lability, and Anhedonia are positively associated with disinhibited traits (e.g., *r*s = .25–.49), but negatively correlated with boldness/fearless dominance indicators (e.g., *r*s = −.10–−.44; Anderson et al., 2014; Strickland et al., 2013). Finally, though it has been the subject of more limited research, several studies have also examined Criterion A (i.e., functional impairment) as it relates to ASPD and psychopathy. These studies have demonstrated via hierarchical regression analyses that impairment augmented the prediction of psychopathy, albeit quite modestly, in undergraduate, community, and correctional populations over and above Section II ASPD (ΔR^2 = .01–.32; Few et al., 2015), Section III traits (ΔR^2 = .02–.06; Sleep et al., 2019, 2020; Wygant et al., 2016), and five-factor model of personality traits (ΔR^2 = .02–.05; Sleep et al., 2020).

To summarize, research suggests that psychopathy (which is itself somewhat of a moving target) is fairly well-represented in the AMPD conceptualization of ASPD. Though some models may be more strongly represented than others (e.g., the triarchic model) and disagreements on specific traits are legitimate, it is difficult to argue that the AMPD is not at least *better* than Section II for this purpose. Indeed, imperfect as the model or the specific trait constellation may be, we would argue that the inclusion of a trait system in the *DSM–5* moves in a positive empirical direction consistent with broader movements in the field.

AMPD Psychopathy Specifier

A growing body of research has also examined the psychopathy specifier for ASPD. Arguments about the centrality of boldness aside, available literature generally suggests that the specifier achieved its goal of capturing the boldness construct (Anderson et

al., 2014; Few et al., 2015; Miller et al., 2018; Wygant et al., 2016, 2020). However, it is somewhat debatable whether the three traits chosen are the *optimal* operationalization of boldness. Several studies have shown strong associations (*r*s = .19–.67) between boldness and traits already included in the ASPD operationalization, such as Risk Taking and Manipulativeness (Somma et al., 2019; Strickland et al., 2013; Wygant et al., 2016). Similarly, in developing triarchic scales for the AMPD, Drislane et al. (2019) constructed the Boldness scale largely using items from nonspecifier traits, including Grandiosity, Manipulativeness, Submissiveness, Risk Taking, and Anhedonia.

Of course, perhaps the most agreed upon "core" of psychopathic presentations is meanness (e.g., Miller et al., 2016; Verschuere & te Kaat, 2020), which seems to be best represented by traits in the Antagonism domain (specifically Callousness) that are already included in the ASPD operationalization. Therefore, despite seemingly providing a decent representation of its targeted construct, the decision to make boldness the differentiating feature of psychopathy from ASPD perhaps serves to act as lighter fluid in the psychopathy forest fire. Indeed, correlation and hierarchical regression analyses across numerous studies have shown the specifier does little to augment Section III ASPD traits in predicting global psychopathy (Anderson et al., 2014; Few et al., 2015; Miller et al., 2018; Wygant et al., 2016) or facets other than boldness, with the possible exception of interpersonal features (Wygant et al., 2016). Further, in many studies the specifier (or its traits) even exhibit negative correlations with other facets (Anderson et al., 2014; Miller et al., 2018; Strickland et al., 2013), thus doing little to put arguments about the centrality of boldness to rest.

What is perhaps more disconcerting is that the AMPD encapsulates psychopathy as relatively monothetic, requiring almost all elements of antagonism and disinhibition, as well as an interpersonally bold style. Findings of boldness as a differentiating feature between *DSM–IV*/*DSM–5* Section II ASPD and psychopathy should be less relevant when both ASPD and psychopathy are on a level trait-based playing field. However, as the model currently stands, the AMPD seemingly took one step forward toward a dimensional trait-based perspective, but then one step back from the associated support for multiple constellations of psychopathic traits.

Summary and Future Directions

Psychopathy as a Diagnostic Label

In our view, we should not only be questioning the various aspects of ASPD or a psychopathy specifier, but really the utility of these labels at all. Though there are certainly some agreed upon features of psychopathy (e.g., antagonism), there appears to be more disagreement than consensus. Many of the various arguments surrounding psychopathy could be solved (or at least mitigated) by focusing our efforts on understanding traits/symptoms over syndromes. Indeed, the original intent of the AMPD was to eventually remove labels, and the six categorical diagnoses were included more as a bridge than an ultimate end goal. Similar to the *International Classification of Diseases, 11th Revision* model or even broader efforts in the field, such as the Hierarchical Taxonomy of Psychopathology (Kotov et al., 2017) system or the National Institute of Health's Research Domain Criteria (Insel et al., 2010), the AMPD allows for a measurement of maladaptive traits without the use of syndromes. Moving forward, we would advocate for both research and practice to focus more on the ways in which these traits fit into contemporary models of personality and psychopathology rather than one particular diagnostic construct—especially one whose meaning can vary so widely. The AMPD, imperfect as it may be, provides an opportunity to bring psychopathy in the psychopathology fold. This is not to say that a certain constellation of traits is not useful to understand in their combination. Instead, it is less important whether a trait needs to be in the set of criteria (or a defining feature of a specifier), and more important whether the addition of a given trait means something clinically.

Directions for Future Research

Certainly, future work could replicate the findings of past research across various settings, using varying measures, or in more diverse populations. Arguably traits like Grandiosity, Perseveration, Restricted Affectivity, or low Submissiveness could be added to the trait constellation for ASPD/psychopathy (or replace other poorer performing traits). Of note, the *DSM–5* provided little rationale for how particular trait constellations were chosen for particular disorders. It seems as if discriminant validity was prioritized over construct validity in some cases, such as the inclusion of Grandiosity only in the constellation for Narcissistic PD and not ASPD/psychopathy. Future meta-analytic work could provide a method to consolidate the research in this area and create a more optimal representation. Further, as some have noted (Lynam & Vachon, 2012), there may also be traits that are not currently well-delineated in the AMPD, and such traits should be considered for inclusion in the model. However, like most work on PD diagnostic constructs, we would argue that achieving a diagnostic "truth" or accuracy is somewhat difficult, particularly given that the features of psychopathy are so hotly debated.

What is likely to be most useful moving forward is how this diagnosis (or these various traits) perform in predicting maladaptive behavior. In the case of ASPD or psychopathy, we are generally most interested in externalizing behavior, though of course other areas of dysfunction may be very relevant as well. Notably, there have been some cross-sectional studies using the AMPD to predict aggression (e.g., Dunne et al., 2018); however, more work is needed in the prediction of future behavior, whether that work focuses on specific trait constellations for ASPD and psychopathy, or (perhaps preferably) on the larger pool of individual traits and symptoms that best aid in understanding maladaptive outcomes.

Not surprisingly, we would also argue that work moving forward should aim to better integrate the ASPD/psychopathy literature into broader work in the area of personality and psychopathology. Given the vast body of research on psychopathy and its correlates, it is certainly meaningful to establish whether and how this construct is represented in the AMPD. However, the AMPD provides a good framework to align the field with overarching contemporary movements. For example, this holistic approach could provide a more sophisticated understanding of how levels and manifestations of maladaptive traits interact with psychiatric comorbidity, as well as

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more precisely identify traits as integral, relevant, or specific to outcomes of interest. Though improvements to the model may be warranted, our general conclusion is that this system is a large empirical step forward—for the measurement of psychopathy, and the implementation of a more empirically guided system of diagnosis more broadly.

References

American Psychiatric Association. (1952). *Diagnostic and statistical manual of mental disorders*.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*.

Anderson, J. L., Sellbom, M., Wygant, D. B., Salekin, R. T., & Krueger, R. F. (2014). Examining the associations between DSM-5 section III antisocial personality disorder traits and psychopathy in community and university samples. *Journal of Personality Disorders*, *28*(5), 675–697. https://doi.org/10.1521/pedi_2014_28_134

Cooke, D. J., Hart, S. D., Logan, C., & Michie, C. (2004). *Comprehensive Assessment of Psychopathic Personality—Institutional Rating Scale (CAPP-IRS)*. Unpublished manual.

Cooke, D. J., & Logan, C. (2015). Capturing clinical complexity: Towards a personality-oriented measure of psychopathy. *Journal of Criminal Justice*, *43*(4), 262–273. https://doi.org/10.1016/j.jcrimjus.2015.04.004

Crego, C., & Widiger, T. A. (2014). Psychopathy, DSM-5, and a caution. *Personality Disorders: Theory, Research, and Treatment*, *5*(4), 335–347. https://doi.org/10.1037/per0000078

Crego, C., & Widiger, T. A. (2015). Psychopathy and the DSM. *Journal of Personality*, *83*(6), 665–677. https://doi.org/10.1111/jopy.12115

Dunne, A. L., Gilbert, F., & Daffern, M. (2018). Investigating the relationship between DSM-5 personality disorder domains and facets and aggression in an offender population using the Personality Inventory for the DSM-5. *Journal of Personality Disorders*, *32*(5), 668–693. https://doi.org/10.1521/pedi_2017_31_322

Drislane, L. E., Sellbom, M., Brislin, S. J., Strickland, C. M., Christian, E., Wygant, D. B., Krueger, R. F., & Patrick, C. J. (2019). Improving Characterization of Psychopathy within the DSM-5 AMPD: Creation and validation of PID-5 Triarchic Scales. *Personality Disorders: Theory, Research, and Treatment*, *10*(6), 511–523. https://doi.org/10.1037/per0000345

Few, L. R., Lynam, D. R., Maples, J. L., MacKillop, J., & Miller, J. D. (2015). Comparing the utility of DSM-5 Section II and III antisocial personality disorder diagnostic approaches for capturing psychopathic traits. *Personality Disorders: Theory, Research, and Treatment*, *6*(1), 64–74. https://doi.org/10.1037/per0000096

Fossati, A., Krueger, R. F., Markon, K. E., Borroni, S., & Maffei, C. (2013). Reliability and validity of the personality inventory for DSM-5 (PID-5): Predicting *DSM–IV* personality disorders and psychopathy in community-dwelling Italian adults. *Assessment*, *20*(6), 689–708. https://doi.org/10.1177/1073191113504984

Hare, R. D. (1991/2003). *The Psychopathy Checklist—Revised manual and interview guide* (2nd ed.). Multi-Health Systems.

Hopwood, C. J., Thomas, K. M., Markon, K. E., Wright, A. G. C., & Krueger, R. F. (2012). DSM-5 personality traits and *DSM–IV* personality disorders. *Journal of Abnormal Psychology*, *121*(2), 424–432. https://doi.org/10.1037/a0026656

Insel, T., Cuthbert, B., Garvey, M., Heinssen, R., Pine, D. S., Quinn, K., Sanislow, C., & Wang, P. (2010). Research domain criteria (RDoC): Toward a new classification framework for research on mental disorders. *The American Journal of Psychiatry*, *167*(7), 748–751. https://doi.org/10.1176/appi.ajp.2010.09091379

Kotov, R., Krueger, R. F., Watson, D., Achenbach, T. M., Althoff, R. R., Bagby, R. M., Brown, T. A., Carpenter, W. T., Caspi, A., Clark, L. A., Eaton, N. R., Forbes, M. K., Forbush, K. T., Goldberg, D., Hasin, D., Hyman, S. E., Ivanova, M. Y., Lynam, D. R., Markon, K., . . . Zimmerman, M. (2017). The Hierarchical Taxonomy of Psychopathology (HiTOP): A dimensional alternative to traditional nosologies. *Journal of Abnormal Psychology*, *126*(4), 454–477. https://doi.org/10.1037/abn0000258

Latzman, R. D., Tobin, K. E., Palumbo, I. M., Conway, C. C., Lilienfeld, S. O., Patrick, C. J., & Krueger, R. F. (2020). Locating psychopathy within the domain space of personality pathology. *Personality and Individual Differences*, *164*, Article 110124. https://doi.org/10.1016/j.paid.2020.110124

Lilienfeld, S. O. (2018). The multidimensional nature of psychopathy: Five recommendations for research. *Journal of Psychopathology and Behavioral Assessment*, *40*(1), 79–85. https://doi.org/10.1007/s10862-018-9657-7

Lilienfeld, S. O., Smith, S. F., Sauvigné, K. C., Patrick, C. J., Drislane, L. E., Latzman, R. D., & Krueger, R. F. (2016). Is boldness relevant to psychopathic personality? Meta-analytic relations with non-Psychopathy Checklist-based measures of psychopathy. *Psychological Assessment*, *28*(10), 1172–1185. https://doi.org/10.1037/pas0000244

Lilienfeld, S. O., & Widows, M. R. (2005). *Psychopathic Personality Inventory-Revised (PPI-R)*. Psychopathological Assessment Resources.

Lynam, D. R., & Miller, J. D. (2015). Psychopathy from a basic trait perspective: The utility of a five-factor model approach. *Journal of Personality*, *83*(6), 611–626. https://doi.org/10.1111/jopy.12132

Lynam, D. R., & Vachon, D. D. (2012). Antisocial personality disorder in DSM-5: Missteps and missed opportunities. *Personality Disorders: Theory, Research, and Treatment*, *3*(4), 483–495. https://doi.org/10.1037/per0000006

Miller, J. D., Lamkin, J., Maples-Keller, J. L., & Lynam, D. R. (2016). Viewing the triarchic model of psychopathy through general personality and expert-based lenses. *Personality Disorders: Theory, Research, and Treatment*, *7*(3), 247–258. https://doi.org/10.1037/per0000155

Miller, J. D., Lamkin, J., Maples-Keller, J. L., Sleep, C. E., & Lynam, D. R. (2018). A test of the empirical profile and coherence of the DSM-5 psychopathy specifier. *Psychological Assessment*, *30*(7), 870–881. https://doi.org/10.1037/pas0000536

Miller, J. D., & Lynam, D. R. (2012). An examination of the Psychopathic Personality Inventory's nomological network: A meta-analytic review. *Personality Disorders: Theory, Research, and Treatment*, *3*(3), 305–326. https://doi.org/10.1037/a0024567

Patrick, C. J. (2010). *Operationalizing the triarchic conceptualization of psychopathy: Preliminary description of brief scales for assessment of boldness, meanness, and disinhibition*. Unpublished test manual. Florida State University.

Roy, S., Vize, C., Uzieblo, K., van Dongen, J. D. M., Miller, J., Lynam, D., Brazil, I., Yoon, D., Mokros, A., Gray, N. S., Snowden, R., & Neumann, C. S. (2021). Triarchic or septarchic?-Uncovering the Triarchic Psychopathy Measure's (TriPM) structure. *Personality Disorders: Theory, Research, and Treatment*, *12*(1), 1–15. https://doi.org/10.1037/per0000392

Skeem, J. L., & Cooke, D. J. (2010). Is criminal behavior a central component of psychopathy? Conceptual directions for resolving the debate. *Psychological Assessment*, *22*(2), 433–445. https://doi.org/10.1037/a0008512

Sleep, C. E., Lynam, D. R., Widiger, T. A., Crowe, M. L., & Miller, J. D. (2019). An evaluation of DSM-5 Section III personality disorder Criterion A (impairment) in accounting for psychopathology. *Psychological Assessment*, *31*(10), 1181–1191. https://doi.org/10.1037/pas0000620

Sleep, C. E., Weiss, B., Lynam, D. R., & Miller, J. D. (2020). The DSM-5 section III personality disorder criterion a in relation to both pathological and general personality traits. *Personality Disorders: Theory, Research, and Treatment*, *11*(3), 202–212. https://doi.org/10.1037/per0000383

Somma, A., Fossati, A., Ferracuti, S., Caretti, V., Montalbò, D., La Tegola, D., & Carabellese, F. (2019). Tracking psychopathy in female Italian inmates: The role of the DSM-5 alternative model of personality

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disorders dysfunctional personality domains. *Clinical Neuropsychiatry: Journal of Treatment Evaluation*, *16*(3), 140–148.

Strickland, C. M., Drislane, L. E., Lucy, M., Krueger, R. F., & Patrick, C. J. (2013). Characterizing psychopathy using DSM-5 personality traits. *Assessment*, *20*(3), 327–338. https://doi.org/10.1177/1073191113486691

Verschuere, B., & te Kaat, L. (2020). What are the core features of psychopathy? A prototypicality analysis using the Psychopathy Checklist-Revised (PCL-R). *Journal of Personality Disorders*, *34*(3), 410–419.

Wygant, D. B., Engle, J. E., & Sellbom, M. (2020). Further examination of DSM-5 antisocial personality disorder and psychopathy: Findings from a female correctional sample. *Personality and Mental Health*, *14*(4), 388–398. https://doi.org/10.1002/pmh.1494

Wygant, D. B., Sellbom, M., Sleep, C. E., Wall, T. D., Applegate, K. C., Krueger, R. F., & Patrick, C. J. (2016). Examining the DSM-5 alternative personality disorder model operationalization of antisocial personality disorder and psychopathy in a male correctional sample. *Personality Disorders: Theory, Research, and Treatment*, *7*(3), 229–239. https://doi.org/10.1037/per0000179

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