The construct of psychopathy has well-established value for identifying particularly serious and persistent adult offenders (see Hart & Hare, 1997; Salekin, Rogers, & Sewell, 1996). In recent years, this construct has been extended to conceptualizations of antisocial behavior in youth (e.g., Frick, O’Brien, Wootton, & McBurnett, 1994; Lynam, 1996). Although mounting evidence supports the value of the construct of psychopathy in youth (e.g., Blair, 1999; Brandt, Kennedy, Patrick, & Curtin, 1997; Christian, Frick, Hill, Tyler, & Frazer, 1997; Forth, Hart, & Hare, 1990; Frick, Cornell, Barry, Bodin, & Dane, 2003; Loney, Frick, Clements, Ellis, & Kerlin, 2003; Lynam, 1997), many questions remain. One particularly important question concerns the latent structure of psychopathy in youth. Is psychopathy best approached as a dimensional or categorical construct (i.e., a taxon)? As discussed below, the answer to this question has a wide range of important implications.

In considering the latent structure of psychopathy, it is essential to begin with a clear definition of the construct and to clarify its relation to similar constructs such as antisocial personality disorder (APD) and conduct disorder (CD). Beginning with Cleckley’s (1941, 1988) seminal work, descriptions of psychopathy have consistently emphasized not only behavioral features such as impulsivity, irresponsibility, and persistent antisocial and criminal behavior, but also affective and interpersonal characteristics such as a lack of guilt, loyalty, empathy, or emotional depth, an inability to form deep relationships, severe egocentrism, glibness and superficial charm (Frick, 1998; Harpur, Hart, & Hare, 2002; Lykken, 1995). Factor analyses of measures of these characteristics (e.g., the Psychopathy Checklist-revised [PCL-R; Hare, 1991], which is a widely used measure of psychopathic characteristics in adulthood) typically reveal two factors: Factor 1...
captures the affective-interpersonal aspects of psychopathy, which are often referred to as callous-unemotional [CU] traits in the child and adolescent psychopathy literature (Frick et al., 1994; Frick, Bodin, & Barry, 2000); Factor 2 captures the antisocial lifestyle of the psychopath (often labeled impulsive-conduct problems [ICP] in the literature on psychopathy in youth [Frick et al., 1994]).

Although the construct of APD was intended to be synonymous with psychopathy, the focus of the DSM-III (American Psychiatric Association, 1980) and later diagnostic manuals on explicit behavioral characteristics led to minimal inclusion of the affective-interpersonal features that are considered hallmarks of psychopathy (Frick, 1998; Hare, Hart, & Harpur, 1991). APD symptoms are highly correlated with the antisocial lifestyle/ICP dimension of current psychopathy measures but are less correlated with the CU traits that characterize the psychopath (Frick, 1998; Harpur et al., 2002). Thus, whereas a majority of adult criminal offenders located in severe prison settings meet criteria for APD, adult forensic studies suggest a base rate for psychopathy of approximately .20 to .25 in such incarcerated samples (e.g., Hart & Hare, 1989). Likewise, studies suggest that a similar proportion of children and adolescents who exhibit severe conduct problems will show high levels of psychopathic traits (e.g., Brandt et al., 1997; Christian et al., 1997; Forth et al., 1990; Kruh, Frick, & Clements, 2005; Murrie & Cornell, 2002).

In the adult literature, psychopathy has been conceptualized in both categorical and dimensional terms. The categorical view of psychopathy has a long history beginning with Cleckley’s (1941, 1988) classic description and continuing to current conceptualizations (e.g., Lykken’s [1995] conceptualization of the primary psychopath). Lynam (2002) suggested that “most of the research aimed at understanding psychopathy operates from the perspective that psychopathy is a relatively homogeneous condition that is qualitatively distinct from normal functioning” (p. 325). However, psychopathy has also often been approached as a dimensional construct (e.g., Harpur et al., 2002; Lynam, 2002).

Consistent with the adult literature, psychopathy in youth has been approached both dimensionally (e.g., Kruh et al., 2005; Frick, Lilienfeld, Ellis, Loney, & Silverthorn, 1999; Loney et al., 2003) and categorically (e.g., Barry et al., 2000; Blair, Colledge, Murray, & Mitchell, 2001; Loney et al., 2003; Lynam, 1998). For example, continuous scores on psychopathy measures are commonly entered into regression analyses (e.g., Edens, Poythress, & Lilienfeld, 1999; Frick et al., 1994, 1999; Kruh et al., 2005). This approach assumes that the relation between psychopathy and various dependent variables is optimally (or at least adequately) described by a simple linear function. However, if psychopathy is actually a categorical construct, such an approach may miss important relations. Farrington and Loeber (2000) have described a variety of problems that may arise when dimensional approaches are taken to analyzing relationships among variables having highly skewed distributions with frequent outliers, as tends to be the case for measures of psychopathy, especially in samples of children and adolescents from the general population (Frick et al., 2000). Additionally, such analytic approaches may fail to find important relations among variables due to their nonlinear nature. Indeed, nonlinear relations may be a hallmark of categorical disorder constructs (Sonuga-Barke, 1998). These problems may be avoided or substantially reduced if such variables are instead approached categorically. However, Farrington and Loeber (2000) also noted that dichotomization of truly continuous variables is potentially problematic due to the loss of information entailed by dichotomization.

In general, increased knowledge of psychopathy’s underlying structure should facilitate theoretical and empirical advances and help to clarify and integrate empirical findings regarding psychopathy and its correlates (for a detailed discussion, see Beauchaine, 2003). As an illustration of this, consider the example of phenylketonuria (PKU), which leads to mental retardation unless affected individuals are placed on a phenylalanine-free diet. As Mendels (1970, p. 35) noted, the value of such a diet would be missed in the absence of recognition that individuals with PKU constitute a distinct subgroup within the broader population of mentally retarded individuals. With regard to psychopathy, in the interest of improved treatment and prevention programs, it is important to determine whether psychopathy is better considered along a continuum, with similar causal factors influencing the development of the traits all along the spectrum, or whether individuals exhibiting high levels of psychopathic traits are best considered as qualitatively distinct from those who show less severe manifestations of such traits. In the latter case, treatment and prevention programs that are appropriate for those in the broad range of such traits may be inappropriate for members of the class showing severe levels of such traits. Similarly, knowledge of psychopathy’s underlying structure is also likely to have important implications for the ways in which it is assessed in clinical and research contexts – ultimately leading to reduced measurement error and increased predictive power (Ruscio & Ruscio, 2002). For example, at present, a variety of cut-off scores have been used to tentatively identify psychopaths using the Antisocial Process Screening Device (APSD, Frick & Hare, 2001), which is one commonly used measure of psychopathy in youth. However, it is unclear which