The Problems of Internal Validation Without a Theoretical Context: 
The Different Conceptual Underpinnings of Psychopathy and the 
Disruptive Behavior Disorder Criteria

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G. L. Burns (2000) has concluded that the Psychopathy Screening Device’s content is limited because it contains items that overlap with criteria for several disorders in the Diagnostic and Statistical Manual of Mental Disorders (DSM). The problem with G. L. Burns’s analysis is that it was conducted without an adequate understanding or specification of the conceptual underpinnings of either the construct of psychopathy or the constructs assessed by the DSM criteria. This reply attempts to clarify these conceptual frameworks to illustrate that to judge the adequacy of a measure of psychopathy by comparing it with DSM criteria is inconsistent with the differing theoretical frameworks underlying these classification systems. Forcing measures of psychopathy to be designed around DSM criteria leads to inadequate measures of psychopathy and can limit advances both in our understanding of developmental precursors to psychopathy and in the classification of DSM disorders.

I appreciated the comments by G. L. Burns (2000) that were prompted by our article describing the structure of psychopathic traits in two samples of children (Frick, Bodin, & Barry, 2000). Burns’s comments focus on the Psychopathy Screening Device (PSD; Frick & Hare, in press), a tool that we used in this and other studies to assess these traits in children. Burns makes several very important points in his comments. First, the PSD is clearly in a very early stage of development and, as Burns points out, much more information is needed on its construct validity for its clinical utility to be fully evaluated (see also Frick & Hare, in press). Second, one important aspect of this validation is to determine its relations with other constructs used in the assessment of childhood psychopathology, such as the DSM criteria (American Psychiatric Association, 1980, 1987, 1994), which we have tried to do in many of our studies using the PSD (Frick, Bodin, & Barry, 2000; Frick, O’Brien, Wootton, & McBurnett, 1994).

The major issue on which I disagree with Burns’s (2000) analysis is his use of content overlap with DSM criteria as the sole criteria for judging that the content of the PSD “is limited.” His comparison of the content of the PSD and the DSM criteria is done without an adequate specification of how the construct of psychopathy, as operationally defined by the PSD, was conceptualized and without any attempt to specify how he is conceptualizing the construct or constructs that the DSM criteria are attempting to measure. It is a problem that is well articulated by Morey (1991) as a focus on “internal validation” (i.e., how a construct is operationalized and its various internal properties) without adequate attention to the theoretical formulation that guided the selection of the operational criteria. The optimal internal properties of a measure are not universal for all constructs but are determined by their theoretical context. Burns’s analysis illustrates this problem. It operates under the assumption that the PSD criteria, in order to assess psychopathy adequately, should be completely independent of DSM criteria. In the following paragraphs, I try to provide a more detailed description of the conceptual framework for the construct being measured by the PSD, which illustrates that this assumption is inconsistent with its theoretical foundations.

Psychopathy and DSM Criteria: Different Conceptual Foundations

Burns (2000) provides a quote from Frick, O’Brien, et al. (1994) describing our translation of items from the Psychopathy Checklist—Revised (PCL–R; Hare, 1991) to form the content of the PSD and considers this as the primary conceptual foundation for our extension of the construct of psychopathy to children. This illustrates confusion over the theoretical formulation and internal validation aspects of construct development. This quote was intended to describe the process of operationalizing the construct of psychopathy, not the conceptualization of psychopathy and its critical features. One could argue (see, e.g., Lilienfeld & Andrews, 1996) that the way psychopathy is operationalized by the PCL–R is flawed and, therefore, using it as a basis for the content of a measure designed to study developmental precursors to this construct would also be flawed. But this would require a delineation of the conceptual foundations of psychopathy that led to the item content of the PCL–R, and such a delineation was not included in Burns’s analysis.

In short, the PCL–R content was based on numerous clinical descriptions of personality traits that seemed to describe certain antisocial and violent individuals (Cleckley, 1955; Hare, 1993; McCord & McCord, 1964). These traits focused primarily on a