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Sex As A Moderator of The Association Between Childhood Trauma, Impulsivity, and Primary Psychopathy in A Hispanic Undergraduate Sample

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SEX AS A MODERATOR OF THE ASSOCIATION BETWEEN CHILDHOOD TRAUMA, IMPULSIVITY, AND PRIMARY PSYCHOPATHY IN A HISPANIC UNDERGRADUATE SAMPLE

A Thesis

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ABSTRACT

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The current study investigates the effect that sex as a moderator has on the association between childhood trauma and impulsivity on primary psychopathy in a Hispanic college sample. The online survey obtained 443 responses from undergraduates; however after incomplete responses were removed and the data was cleaned, a sample size of 367 remained for use in primary analysis. The study utilized a hierarchical moderation regression analysis to determine the effect of sex on the association of predictor variables—childhood trauma and impulsivity, to the dependent variable, primary psychopathy. Researchers hypothesized that sex will enhance the association between childhood trauma and psychopathy, between childhood trauma and impulsivity, and that sex will have a buffering effect on the association between impulsivity and psychopathy. Contrary to expectation, sex did not moderate any of the predictor-dependent variable associations; however, strong direct associations were found between primary psychopathy, and impression management and impulsivity.

DEDICATION

The completion of my graduate studies would not have been possible without the love and support of my family and friends. My mother, Silvia Sifonte, and my father, Adalberto Sifonte, who inspired, motivated, and supported me through it all, and my grandmother, Linda Galindo Hernandez, whose unwavering faith in me helped me through difficult times when I thought about quitting. This accomplishment is as much mine as it is yours, because without you, I would not have made it this far. I love you!

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CHAPTER 1

INTRODUCTIONS

Studies have found that traumatic experiences in childhood may contribute to personality disorders later in life, such as psychopathy. Further, research exploring the relationship between impulsivity and psychopathy has found a positive association between the two. Finally, research exploring the association between childhood trauma and impulsivity has indicated that individuals with a history of childhood trauma are more likely have behavioral adjustment difficulties including impulsivity. In addition to this, some study findings indicate that gender may play a factor in how these interactions take place. This study will test whether gender moderates the association between childhood trauma, impulsivity, and primary psychopathy.

Introduction to Psychopathy

Psychopathy (PPY) is a clinical construct characterized by grandiosity, shallow affect, lack of empathy and remorse, deceit and manipulation, impulsivity, and the repeated violations of social and legal norms and expectations (O'Neill *et al.*, 2009). An abundance of research investigating psychopathy uses prison samples because individuals with psychopathy have a tendency to break laws and serve prison time. Research shows that psychopaths are usually not constrained to single-event offenses; rather, they tend to engage in antisocial behaviors repeatedly (Juni, 2010).

The Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition Text Revision (DSM-IV-TR; American Psychological Association, 2000), published by the American Psychiatric Association, does not include psychopathy as an official term or personality disorder, although it shares many characteristics with Antisocial Personality Disorder (ASPD). According to the *DSM-IV-TR* (2000), in the United States the prevalence of ASPD is about 3% in males and 1% in females. A study conducted in the U.K. looked at the combined general population of England, Scotland, and Wales and found a prevalence of psychopathy of 0.6% (95% CI: 0.2–1.6; Coid, 2009). Although there are behavioral similarities, ASPD and psychopathy are not synonymous. A diagnosis of ASPD using the *DSM-IV-TR* (2000) criteria is based on behavioral patterns, whereas PPY measurements also include more indirect personality characteristics. The diagnosis of ASPD covers two to three times as many prisoners as are rated high in psychopathy. The Psychopathy Checklist-Revised (PCL-R) is a psychopathy measure developed by Robert Hare and most often used in forensic settings (Hare, 2003). Most offenders scoring high on the PCL-R also meet ASPD criteria; however, most of those who meet criteria for ASPD do not score high on the PCL-R.

Given the personality characteristics of deceit and manipulation displayed by high psychopathy individuals, several studies investigating psychopathy have utilized measures of desirable responding to address these concerns. In a 2007 study, researchers, who investigated the relationship between child abuse history and sexual abuse perpetration against others in a female sex offender sample, included a desirable responding measure to gauge whether participants were responding in a truthful manner (Christopher *et al.*, 2007). Another study investigating sexual strategy and psychopathy also addressed the importance of including a desirable responding measure when assessing for psychopathy (Seto *et al.,* 1996).

Factor Structure

Hervey Cleckley (1988) and Robert Hare (1996) described psychopathy as characterized by superficial charm, egocentricity, impulsivity, irresponsibility, shallow emotions, pathological lying, manipulation, persistent violation of societal norms, and a lack of empathy, guilt, or remorse. Throughout their research, psychopathy has commonly been described using a two-factor structure. The first factor, also known as primary psychopathy (PPY-1), is generally characterized by interpersonal and affective aspects such as social dominance, narcissism, fearlessness, and manipulativeness; while the second factor, referred to as secondary psychopathy (PPY-2), is associated to antisocial features, including impulsivity, aggression, and irresponsibility (Fulton *et al.*, 2010).

Is psychopathy genetic or a result of environmental influences?

The fundamental cause of PPY has been the source of much debate in psychological research. Two driving forces behind etiology research are a fundamental biological cause and a primarily environmental one. In the biological point of view, the psychopathic individual has a genetic predisposition to the emotional dysfunction. The environmental explanation emphasizes the role of stressors in producing emotional dysfunction (Furnham *et al.*, 2009). A more likely theory is that both the environment and genetics play a role in the development of psychopathy. Since much of antisocial *behavior* is goal oriented, it is extremely unlikely that there is a direct genetic contribution to these *behaviors.* However, where genetics are likely to play a role is in determining the probability that the individual will *learn* an antisocial strategy to gain money, for example, by mugging other people, as opposed to a strategy sanctioned by society such as using an ATM machine. Many individuals have argued that the emotional dysfunction shown by individuals with psychopathy makes them more likely to learn antisocial strategies to reach goals

(Blair, 2006). Identifying factors correlated with the development of psychopathy is crucial to understanding the disorder and to develop early intervention or prevention programs. History of childhood trauma is one such factor that has been linked to psychopathy.

Childhood Trauma and Psychopathy

Investigations using prison population samples have made large contributions to the understanding psychopathy and trauma. Study findings support a positive relationship between traumatic experiences during childhood and impulsive nonplanfulness, and a negative relationship between childhood trauma and cold-heartedness and stress immunity in offenders (Cima *et al.*, 2008). Poythress *et al.* (2006) found that abuse is unrelated to the affective and interpersonal traits of psychopathy that make up primary psychopathy, but related moderately to the impulsive and irresponsible lifestyle or externalizing features of secondary psychopathy. In another study, researchers who assessed Post Traumatic Stress Disorder (PTSD) and psychopathy scores in an inmate sample found that none of the offenders with high psychopathy scores met diagnostic criteria for PTSD despite a significant correlation between psychopathy scores and the number of traumatic experiences (Moeller & Hall, 2003).

Given that psychopathy is a personality disorder marked by maladaptive traits and patterns of antisocial behavior, relative to men, women remain understudied in the psychopathy literature (Blonigen *et al.*, 2012). In detained juveniles, girls reported significantly more often to have experienced emotional, sexual and physical abuse compared to boys. Krischer and Sevecke (2008) found that traumatization has a different influence upon girls than boys with respect to psychopathic traits. There is a strong association between physical and emotional abuse and psychopathic traits for delinquent boys; while for girls, other family-related variables, such as

non-parental living arrangements and divorce, seemed to be more influential in developing the psychopathy syndrome than traumatization (Krischer & Sevecke, 2008).

A number of studies have found that individuals who have experienced childhood trauma (CT) are more likely receive the diagnosis of a personality disorder in adulthood. However, other studies indicate that many traumatized children do not develop personality disorders later in life (Allen & Lauterbach, 2007). Without discarding the possibility that early traumatization might not influence personality, an alternative is that early traumatization may influence personality in more subtle and less pathological ways. Weizmann-Henelius *et al.* (2010) went further, explaining that childhood maltreatment has been linked to symptoms of personality disorder, including psychopathy in both genders. In a study that examined the manifestation of psychopathy depending on gender, researchers found that mean psychopathy scores were higher in men than in women (Miller *et al*., 2011). Another study, examining the impact of childhood abuse and neglect on adult mental health, found that abused and neglected women reported more symptoms of dysthymia, antisocial personality disorder, and substance abuse than controls (Horwitz *et al.*, 2001). In the current study, the researcher will examine whether the relationship between CT and PPY in a college student sample is moderated by gender.

Hypothesis 1. Gender will enhance the association between CT and PPY.

Introduction to Impulsivity

Since Freud, impulse control has been used as an explanatory concept for the development of the socialized self in its presence and as an explanation of psychopathy and delinquency in its absence (Snoyman & Aicken, 2011). An absence of consensus as to what constitutes 'impulsivity' has led to confusion in the literature and to indiscriminant labeling of

people and behavior as 'impulsive' (Snoyman & Aicken, 2011). In the *DSM-IV-TR* (2000), impulsivity (IMP) is conceptualized as a buildup of tension and relief after an action is performed in disorders such as kleptomania, pyromania, and pathological gambling, and as "acting without thinking where the act should be delayed or prevented altogether" in disorders such as attention deficit/hyperactivity disorder and borderline personality disorder. In many instances, a continuum describes IMP, where low levels are advantageous in certain circumstances needing quick decisions such as a firefighter assessing structural damage to a burning building and determining the safest entry, while high levels are often maladaptive and implicated in the etiology of psychiatric illness (Somer *et al.*, 2012).

Childhood Trauma and Impulsivity

Many victims of trauma report emotional and behavioral adjustment difficulties that are associated with IMP and psychological dysregulation (Somer *et al.*, 2012). Research has explored consequences of trauma on emotional and behavioral adjustment. Researchers cite impulse control as a common factor in the connections between a history of trauma and maladaptive behaviors, such as substance abuse, suicide attempts, pathological gambling, and personality disorders. In a study that compared levels of IMP among gamblers with and without a history of trauma, researchers found that gamblers with a history of abuse reported lower levels of IMP (Kausch *el al.*, 2006). The authors attributed this finding to a heightened vigilance and hesitance to act, possibly a result of a dampening effect on impulsivity from the abuse. Mixed findings regarding the association of IMP and CT led the current authors to hypothesize that IMP may still have a prolonged effect on behavior adjustments in other instances.

In a study that looked at the relationship between IMP and CT on depressed adults, subjects who reported abuse were more likely to have a co-morbid diagnosis of borderline

personality disorder (Brodsky et al., 2001).Participants with a reported history of childhood physical or sexual abuse had significantly higher IMP scores than those with no history of abuse. Additionally, researchers found that childhood abuse, which may be a risk factor for the development of psychopathic traits in women, has been linked to higher rates of impulsivity (Brodsky *et al.*, 2001).

A study that examined the moderating role of gender on the relationship between substance abuse and impulsivity found that although high sensation seeking-impulsivity females report higher frequencies than low sensation seeking-impulsivity females, their values are significantly lower than high sensation seeking-impulsivity males (Baker *et al.*, 2002). The current study defined impulsivity as a personality trait, or a cognitive-emotional style, characterized by disinhibition and a tendency to act quickly on urges. The current study will examine whether gender has an enhancing effect on the relation between CT and IMP in college students.

Hypothesis 2. Gender will enhance the association between childhood trauma and impulsivity.

Impulsivity and Psychopathy

Impulsivity is a key component of psychopathy (Morgan *et al.*, 2011). Research investigating the relationship between IMP and PPY has found that individuals with primary and secondary psychopathy express impulsivity differently. Individuals with high levels of primary psychopathy are thought to be low in anxiety and fear, and have low sensitivity to cues from harm, punishment, and non-reward. On the other hand, individuals high in secondary psychopathy are thought to be over-sensitive to cues of punishment or reward and as a result can overreact to situations; therefore, it would appear that the concept of IMP is most likely associated with PPY-2 (Snowden & Gray, 2011). Given the strong preexisting relationship

between PPY-2 and IMP, the primary analysis in this study only evaluated relationships with PPY-1.

Given the relevance of IMP to psychological disorders, and to both healthy and harmful behaviors, accurate assessment has been an area of great interest. The Barratt Impulsiveness Scale—originally created in 1959 and currently on its 11th edition—is a personality questionnaire for the measurement of IMP (Stanford *et al.*, 2009; Morgan *et al.*, 2011). To understand the association between impulsivity and psychopathy in non-incarcerated samples, Morgan *et al.* (2011) collected data from a nonclinical community sample and found that increased IMP as measured by the BIS-11 correlated strongly with the PPY scores. A study conducted to examine the association of impulsive traits on delinquent behavior found that impulsivity, callousness, and neighborhood risk all appeared to be greater risk factor for delinquency for boys than girls (Meier *et al.*, 2008). The present study will investigate whether gender has a buffering effect on the association between IMP and PPY in college students. *Hypothesis 3: Gender will have a buffering effect on the association between IMP and PPY.*

Considerations of the Hispanic Population

Research on the prevalence and level of PPY in Hispanic populations is rather scarce. Some studies that report ethnicity do not specify the percentages of each group nor do they disclose which ethnicity groups were included (e.g., Allen & Lauterbach, 2007). A number of studies with moderate sample sizes have neglected to include a Hispanic sample altogether (Ruiz *et al.*, 2010). A recent meta-analysis indicated that differences between Black and White subjects in psychopathy were small and statistically nonsignificant (Skeem *et al.*, 2003). A study that was not included in this meta-analysis looked at two major community studies, the Environmental

Catchment Area (ECA) study and the National Comorbidity Study (NCS), and, found no significant racial or ethnic differences in the incidence of ASPD (Zuckerman, 2003). Given these findings, the current study will analyze data collected from Hispanic participants. The researcher does not expect any racial differences in psychopathy. The scarcity of research reporting these factors in Hispanic samples gives the current study additional importance.

Overview of Hypotheses

The current study investigated the effect of gender on the relationship between childhood trauma and impulsivity on psychopathy in a Hispanic undergraduate student sample. We hypothesize that:

1) Gender will enhance the association between childhood trauma and psychopathy

2) Gender will enhance the association between childhood trauma and impulsivity.

3) Gender will have a buffering effect on the association between impulsivity and psychopathy.

CHAPTER II

METHOD

Participants

The study recruited undergraduate students from The University of Texas-Pan American to complete an online survey. The sample was composed of 23% men and 77% women. The average participant age was 23 years of age with a standard deviation of 4.9 years and an age range of 18 to 48. Approximately 443 students started the online survey; however, only 367 of the participants identified themselves as Hispanic/Latino; their responses were used for data analysis. *Table 1* provides additional participant characteristics.

Procedure

Responses were collected using Qualtrics online survey software. The survey contained questionnaires that obtained demographic information, and assessed other factors such as impulsivity, psychopathy, history of trauma, and desirable responding.

Measurements/Instruments

Levenson Self-Report Psychopathy Scale (LSRP). The LSRP contains 26 Likert-scale items (1= *disagree strongly*, 2= *disagree somewhat*, 3= *agree somewhat*, 4= *agree strongly*). Items are divided into two subscales: primary psychopathy (LSRP1) and secondary psychopathy (LSRP2). Leveson *et al.* (1995) determined that the LSRP had an alpha coefficient of 0.82 for primary

psychopathy and 0.63 for secondary psychopathy in their study. In this investigation, primary analysis consisted only of LSRP1. *Table 2* provides the correlation coefficients for the variables used in this study.

Traumatic Events Questionnaire (TEQ). The TEQ assesses experiences in eleven different categories of adult and childhood trauma. Although the current study will focus on traumatic events occurring before the age of 18, researchers also procured the lifetime trauma history from participants. The TEQ contains questions about: combat trauma, large fires or explosions, serious industrial or farm incidents, sexual assault and rape, natural disasters, violent crimes, adult abusive relationships, physical and sexual child abuse, witnessing someone mutilated, seriously injured, or violently killed, other life-threatening situations, and about a violent or very unexpected death of a loved one. TEQ reliability has ranged from $r = 0.72$ to 0.91 in previous research (Vrana & Lauterbach, 1994).

The structure of the TEQ allows researchers to obtain a wide array of information. The questionnaire presented the participants with 11 trauma experience categories. After endorsing a particular trauma category, the participants receive follow-up items assessing that category of trauma. The additional items in the TEQ assess the following: the number of times an event was experienced, the participant's age at the time of the event, and the degree to which the event affected his or her life then and now. The follow-up items also provide an opportunity for participants to describe the experience in their own words. These additional questions provide a more detailed look into how events affected each person, because the items not only provide a quantitative measure of trauma intensity, but also provide qualitative data from the participants' descriptions. Developers of the TEQ described two ways of scoring: first, obtaining the sum of the trauma categories endorsed, which has a max score of 11; and second, obtaining an intensity

score by summing the responses to the additional items (c thru *f*, see Appendix). Researchers that utilized this measure recommend the use of the intensity score.

In this study, the researchers assessed the childhood trauma intensity score (TI) four different ways. Since previous literature only explained that the trauma intensity score was obtained from summing the responses to the intensity items, in this study two TI variables were created for comparability to previous research. First, the TI sum score was calculated from the addition of all the responses to the additional items. The second TI variable was obtained by averaging out all the responses and multiplying them by the number of items. In the results section, the differences in scores between the TI sum and mean variables will be discussed.

Additionally, the researcher created modified variables that took into account the frequency reported by participants for each category. The responses to the follow-up questions in each category were summed, and then multiplied by the reported number of times that trauma category was experienced. In this manner, participants who endorsed all 11 categories and reported experiencing each only once will have a lower Trauma Intensity Composite (TIC) score than participants endorsing all 11 categories with repeated experiences in each one. Two variables were created from the TIC:

1) Binary TIC, A binary variable indicating whether each participant indicated any childhood trauma (value: 1) or not (value: 0) ;
2) Continuous TIC, a continuous variable applicable only to those participants reporting some trauma, indicating the intensity of the trauma.

Since the primary focus is on trauma during childhood, traumatic experiences that occurred during adulthood will not be included in the primary analysis.

Barrett Impulsivity Scale (BIS-11). The BIS-11 contains 30 Likert-scale items (1=*Rarely/Never*, 2=*Occasionally*, 3=*Often*, 4=*Almost Always*). Researchers reported that the BIS-11 total score had good internal consistency (Cronbach's α =0.83) and test-retest reliability at one month (Spearman's rho =0.83; Stanford *et al.*, 2009). Although the BIS-11 can be broken down into subscales, the current study used the total score of the BIS-11 as the measure of impulsivity.

Balanced Inventory of Desirable Responding (BIDR). The BIDR has 40 items with Likert-scale responses ranging from 1= *Not True* to 7= *Very True*. The items are divided into two subscales: self-deceptive positivity (SDP) and impression management (IM). SDP refers to the tendency to give reports that the participant believes but have a positive bias, while IM is deliberate self-representation to an audience. The BIDR emphasizes exaggerated claims of positive cognitive attributes. A study that used the BIDR variables reported the internal consistencies of IM and SDP in the .68-.80 and .75-.86 ranges, respectively (Paulhus, 1991). Desirability responding was included as a way to measure any unintentional or deliberate manipulation of scores.

CHAPTER III

RESULTS

Preliminary analysis consisted of descriptive statistics, reliability coefficients (See *Table 2*), and intercorrelations (See *Table 3*) between the hierarchical regression variables in the study. The study used a hierarchical regression analysis (HRA) with a moderator to test the hypotheses regarding the effects of sex on impulsivity and childhood trauma on primary psychopathy (See *Figure 1*).

The HRA was conducted with LSRP1 as the dependent variable and predictors entered in sequential steps (in each step, all predictors from the previous steps are included):

1. Covariates (age, SES, IM, and SDP)
2. Predictor Variables and moderator (BIS-11, TIC, and Sex)
3. Interaction variables

Table 4 illustrated the results of the HRA.

Given the lack of specific scoring instructions for the Trauma intensity score, the researcher calculated intensity using two similar methods. The first method of calculating the TIC consisted of summing the responses to all of the additional responses; *Table 4* illustrates the findings of the primary analysis using the Sum of TIC variable. The second method involved finding the mean of all responses and multiplying it by the number of items; *Table 5* provides the results from primary analysis using the Mean of the TIC variable. The key difference in the

results presented in *Table 4* and *Table 5* is that using the Sum of TIC variable accounts for 31% of the variance, while using Mean of TIC accounts for 32% of variance.

The HRA was originally conducted twice: once with the Sum of TIC and again with Mean of TIC. Results from the two analyses is presented in *Table 4* and *5*, and discussed below.

The first regression analysis was utilized to examine whether sex moderated the relation between impulsivity and childhood trauma, and primary psychopathy using the Sum of TIC variable. To examine this, covariates were entered in the first step, explaining 19% of the variance of primary psychopathy (LSRP1). In step 2, the predictor variables were entered, accounting for an additional 12% of the variance of LSRP1. After the entry of the interaction terms between BIS-11 and Sex and TIC and sex, the total variance explained by the model as a whole was 32%, $F (2, 193) = 1.38$, $p > .05$. Once the variables were entered, impression management and impulsivity showed a strong relation to LSRP1 at $p< .01$, and sex showed a relation to LSRP1 at $p< .05$; however, sex did not moderate the relationship between BIS-11 and LSRP1 or between TIC and LSRP1 (see *Table 4*).

In the next regression analysis, the Mean of TIC variable was used. In step 1, the covariates accounted for 19% of the variance of LSRP1. In step 2, the addition of the predictor variables accounted for an additional 10% of the variance of LSRP1. After the entry of the interaction terms in step 3, the total variance explained by the model as a while was 31%, $F (2,193) = 2.118$, $p> .05$. Once all variables were entered, IM, BIS-11, and Sex showed a strong relationship to LSRP1 with $p<.01$; however, sex did not moderate the relationship between BIS-11 and LSRP1 or between TIC and LSRP1 (see *Table 5*).

Given the lack of statistical significant using the standard scoring method of the TIC, the researcher created two additional TIC variables that took into account the frequency of events

reported by participants, which was not accounted for previously. The binary variable of TIC specified whether each participant indicated any childhood trauma (value 1) or not (value 0). The continuous variable of the TIC was applicable only to those participants reporting some trauma, thus indicating the intensity of the trauma. Secondary analyses were conducted using the binary and continuous variables of the TIC.

In the regression analysis using the binary TIC variable, covariates were entered in step 1 and accounted for 21% of the variance of LSRP1. In step 2, the predictor variables were entered and accounted for an additional 10% of the variance of LSRP1. In step 3, the interaction terms were entered and the total variance by the model as a whole was 31%, $F(2,355) = 1.71$, $p > .05$. After entering all variables, IM, BIS-11, and Sex showed a strong relationship to LSRP1 with $p < .01$; however, sex did not moderate the relationship between BIS-11 and LSRP1 or between TIC and LSRP1 (see *Table 6*).

In the regression analysis using the continuous TIC variable, covariates were entered in step 1, accounting for 17% of the variance of LSRP1. Predictor variables were added in step 2 and accounted for an additional 28% of the variance of LSRP1. In step 3, the interaction variables were entered and the total variance explained by the model as a whole was 29%, $F(2,180) = 1.95$, $p > .05$. Once all variables were entered, only IM and BIS-11 showed a strong relationship to LSRP1 with $p < .01$; however, sex did not moderate the relationship between BIS-11 and LSRP1 or between TIC and LSRP1 (see *Table 7*).

CHAPTER IV

DISCUSSION

Since the propensity for individuals high in psychopathy to commit crimes and other social violations, previous research has focused on clinical or incarcerated samples for their investigations. Although psychopathy research using college samples exists, research focusing on Hispanic college populations is scant. The results from this study reflect only the responses from self-identified Hispanic individuals. The present study investigates the moderating effect of sex on the relationship between childhood trauma and primary psychopathy and between impulsivity and primary psychopathy. Past research has looked at these topics individually, but not in combination.

In order to account for any sex differences, the current study used sex as a moderator to buffer the relation between impulsivity and psychopathy. The results demonstrated that sex does not moderate the association between impulsivity and psychopathy; however, higher levels of impulsivity were directly related to higher levels of primary psychopathy. These results are similar to previous research that found a positive association between impulsivity and psychopathy. Morgan *et al.* found that impulsivity as measured by the BIS-11correlated strongly with the PPI-R, a measure of psychopathy (Morgan *et al.*, 2011). Another study investigating these two concepts concluded that the relationship of primary and secondary psychopathy to impulsivity is quite complex; however, findings support the existence of a relationship (Snowden & Gray, 2011).

The present study also used sex as a moderator to enhance the relation between childhood trauma and primary psychopathy; however, the results demonstrated that sex does no moderate the relationship between childhood trauma and primary psychopathy. Contrary to expectation, results indicated that childhood trauma was not directly related to primary psychopathy. Previous research investigating the association between trauma and psychopathy has also produced mixed findings. For example, Cima *et al.* (2008) found support for the association between childhood trauma and psychopathic features, but Allen & Lauterbach (2007) pointed out that many traumatized children do not develop disorders of personality like psychopathy.

In addition to using sex as a moderator in the regression analysis, sex was also entered with the predictor variables in the second step. Results suggest that although sex did not have a moderating effect on the association between the predictor variables and primary psychopathy, sex does have a direct effect. Results indicate that males were more likely to have higher psychopathy scores, compared to females. Previous studies investigating sex differences in psychopathy had produced comparable results. In a recent study investigating gender differences in psychopathy, researchers found a significant gender difference in self-report psychopathy scores, where men scored higher (Miller *et al.*, 2011). Research findings using prison samples have revealed similar findings that male inmates tend to score higher on psychopathy (Rogers *et al.*, 2007).

The results from the current study suggest that higher levels of psychopathy relate to lower levels of impression management. This may indicate that high psychopathy individuals may be less concerned with being perceived positively by others. These results resemble similar findings by Seto *et al*., who investigated deception and sexual strategy in psychopathy and found a moderately large negative correlation between psychopathy scores and impression management

(Seto *et al*., 1996). The negative association between impression management and primary psychopathy could suggest a lack of desire for high-psychopathy individuals to present themselves positively. This lack of desire in individuals with psychopathy might result from deficits in facial affect recognition (Marsh & Blair, 2008).

Post Hoc Analysis

Since the interactions of BIS-11 and LSRP1, and TIC and LSRP1 were not statistically significant, the researcher conducted post hoc analyses using all of the trauma intensity responses, rather than looking only at childhood trauma. Two all trauma intensity (ATI) variables were created— the sum and mean variables, by: 1) summing all the intensity item responses, and 2) by finding the mean of the intensity responses and multiplying it by the number of items.

The first regression analysis utilized the sum of ATI variable. In the first step, the covariates were entered and accounted for 19% of the variance of LSRP1. In step 2, the predictor variables were entered and accounted for an additional 10% of the LSRP1 variance. The interaction variables were entered in step 3. After all variables were entered, the total variance explained by the model as a whole was 30%, $F(2, 193) = 2.17$, $p > .05$. Once all variables were entered, IM, BIS-11, and Sex showed a strong relationship to LSRP1 with $p < .01$; however, sex did not moderate the relationship between BIS-11 and LSRP1 or between TIC and LSRP1 (see *Table 8*).

In the second post hoc regression analysis, the mean of ATI variable was utilized. The covariates were entered in step 1 and accounted for 19% of the variance of LSRP1. In step 2, the predictor variables were entered and accounted for an additional 10% of the LSRP1 variance. In

step 3, the interaction variables were entered, and the total variance explained by the model as a whole was 31%, F (2, 193) = 3.66, $p > .05$. Once all variables were entered, Sex, IM, and BIS-11 showed a strong relationship to LSRP1 with $p < .01$; however, sex did not moderate the relationship between BIS-11 and LSRP1 or between TIC and LSRP1 (see *Table 9*).

Limitations

Since some of the core characteristics of psychopathy are pathological lying and the manipulation of others, there is an intuitive basis for the assumption that psychopathic individuals are better deceivers that non-psychopathic individuals (Cima *et al.*, 2008). Therefore, the use of self-reports in assessing the level of psychopathy is a limitation of this study. To control for this limitation, the researcher included the desirable responding measure; however, other more effective methods are available such as the PCL-R or the Psychopathy Checklist: Screening Version (PCL: SV) which can be obtained for a fee.

The current study assessed psychopathy in a relatively large sample of Hispanic undergraduates, thus future work should examine the generalizability of these findings in samples with higher levels of psychopathy, impulsivity, and childhood trauma. Range restriction in the responses to the childhood trauma and impulsivity measures is possible since college students tend to be relatively well adjusted, and have low levels of impulsivity and childhood trauma compared to other populations.

Another limitation of this study is the retrospective, self-report design for assessing childhood trauma, since participants may over- or under-estimate the degree to which they were affected by traumatic events and independent verification is not available. Similarly, the self-report measure of impulsivity is another limitation due to an inability to know oneself truly and

the problem of deliberate efforts to present oneself in a positive or negative light. Snowden and Gray also recognize this limitation and share that current research does not suggest that laboratory measures are able to tap impulsivity as defined by the self-report measures (Snowden & Gray, 2011).

Implications and Future Directions

Given that impulsivity is a core feature of psychopathy as a whole, differences exist in the impulsive nature of the secondary psychopath from that of the primary psychopath (Snowden & Gray, 2011). Such differences in psychopathy need to be managed quite differently in considerations of management and release of offenders, for example. A study on low and high trait impulsivity in offenders found that offenders with low trait impulsivity were more prone to instrumental violence, while those with high trait impulsivity were more prone to reactive violence (Donal & Fullam, 2004).

Rather than relying only on a self-report measure of impulsivity, future studies should consider incorporating a continuous performance task to provide an objective measure of impulsivity. Similarly, future researcher might consider including additional measures of psychopathy, such as the PCL-R or the Stroop task (Hiatt *et al.* 2004). Furthermore, replicating this study in the future with a general population sample, rather than a student sample, may provide a better basis for the generalization of results to other populations.

Conclusion

The current study emphasizes that psychopathy, impulsivity, and childhood trauma are complex constructs that have both conceptual and methodological problems. Completing this

study was an important step for the assessment of psychopathy in Hispanic populations. Although the findings did not show a moderating effect of sex on the relationship between childhood trauma and psychopathy or impulsivity and psychopathy, the findings did indicate that impulsivity is a significant predictor of primary psychopathy, as found in previous research.

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Table 1.
Sample Demographics

Participant Characteristics		%
Marital Status	Never Married	78.0%
	Living with Partner, unmarried	10.0%
	Married	11.0%
	Other	1.0%
Children	yes	15.5%
	no	85.5%
Number of Children	1	6.5%
	2	5.7%
	3	3.0%
	4	30.0%
GPA	0.00-1.00	30.0%
	1.00-1.50	0.5%
	1.50-2.00	3.3%
	2.00-2.50	19.0%
	2.50-3.00	26.4%
	3.00-3.50	32.2%
	3.50-4.00	18.3%
Mother's Highest Education Level	Less than 9th grade	24.0%
	9th-12th grade, no diploma	8.4%
	High School Graduate or GED	21.3%
	Some College, no degree	19.9%
	Associate's Degree	7.1%
	Bachelor's Degree	12.5%
	Master's Degree	5.2%
	Professional/Doctoral Degree	1.4%

Participant Characteristics		%
Father's Highest Education Level	Less than 9th grade	28.6%
	9th-12th grade, no diploma	9.8%
	High School Graduate or GED	25.1%
	Some College, no degree	14.4%
	Associate's Degree	4.6%
	Bachelor's Degree	10.4%
	Master's Degree	4.4%
	Professional/Doctoral Degree	2.2%
SES	Less than $10,000	12.3%
	$10,000-24,999	31.9%
	$25,000-34,999	13.1%
	$35,000-49,999	13.9%
	$50,000-74,999	13.1%
	$75,000-99,999	6.3%
	$100,000-149,999	7.6%
	$150,000-249,999	0.8%
	$250,000 and up	0.5%
Classification	Freshman	1.9%
	Sophomore	14.4%
	Junior	37.9%
	Senior	45.8%
Most Common Majors	Psychology	45.2%
	Biology	13.1%
	Rehabilitative Services	10.9%
	Social Work	8.2%
	Nursing	5.2%

Table 2.

Reliability Coefficients for Impulsivity, Primary Psychopathy, and Social Desirability.

Scales	Cronbach's α	Number of Items
BIS-11	0.82	30
LSRP1	0.83	16
IM	0.75	20
SDP	0.73	20

Note: BIS-11=Impulsivity; LSRP1 = Primary Psychopathy; IM= Impression Management; SDP= Self-Deceptive Positivity.

Table 3.

Correlation Matrix of Variables.

	Age	Sex	SES	SDP	IM	BIS-11	TI	LSRP1
Age	–							
Sex	-.06	–						
SES	-.04	-.16**	–					
SDP	.19**	-.11*	.03	–				
IM	.24**	.05	-.03	.46**	–			
BIS-11	-.13*	-.04	.07	-.49**	-.33**	–		
TI	.18*	.20**	-.05	-.11	-.01	.09	–	
LSRP1	-.15**	-.22**	-.01	-.24**	-.45**	.37**	-.02	–

Note. N ranged from 204 to 367 for individual pairs of variables. TI= Trauma Intensity;BIS-11=Impulsivity; LSRP1 = Primary Psychopathy; IM= Impression Management; SDP= Self-Deceptive Positivity.
*p<0.05, **p<0.01

Table 4.

Hierarchical Regression Analysis with Sex as a moderator and using the Sum of the Trauma Intensity variable.

	Trauma Intensity Sum								
	Step 1			Step 2			Step 3		
Variables	B	SE B	β	B	SE B	β	B	SE B	β
Age	-.07	.10	-.04	-.08	.10	-.05	-.08	.10	-.05
SES	.00	.00	.01	.00	.00	.00	.00	.00	.00
IM	-.15	.03	-.42**	-.13	.02	-.35**	-.12	.02	-.34**
SDP	.00	.03	-.01	.05	.03	.11	.04	.03	.11
BIS-II				.22	.05	.31**	.33	.09	.47**
TI				.01	.03	.02	-.05	.09	-.11
Sex				-2.89	1.11	-.17**	-2.45	1.20	-.14*
BIS-II * Sex							-.15	.10	-.18
TI * Sex							.06	.09	.14
R^2	.19			.29			.31		
Δ R^2	.19			.11			.01		
F change	11.38**	**		10.27**			1.38		

Note*:* TI= Trauma Intensity, BIS-11= Impulsivity, IM= Impression Management, SDP= Self-Deceptive Positivity.
*p<0.05, **p<0.01

Table 5.

Hierarchical Regression Analysis with Sex as a moderator and using the Mean of the Trauma Intensity variable.

Trauma Intensity Mean

	Step 1			Step 2			Step 3		
Variables	B	SE B	β	B	SE B	β	B	SE B	β
Age	-.07	.10	-.04	-.10	.10	-.06	-.11	.10	-.07
SES	.00	.00	.01	.00	.00	.00	.00	.00	.01
IM	-.15	.03	-.42**	-.13	.02	-.35**	-.12	.02	-.33**
SDP	.00	.03	-.01	.05	.03	.12	.05	.03	.12
BIS-II				.22	.05	.31**	.34	.09	.48**
TI				.01	.01	.07	-.01	.01	-.09
Sex				-3.07	1.10	-.18**	-2.58	1.13	-.15*
BIS-II * Sex							-.16	.10	-.20
TI * Sex							.02	.02	.18
R^2	.19			.30			.32		
Δ R^2	.19			.12			.02		
F change	11.38**			10.71**			2.12		

Note*:* TI= Trauma Intensity, BIS-11= Impulsivity, IM= Impression Management, SDP= Self-Deceptive Positivity.
*p<0.05, **p<0.01

Table 6.

Hierarchical Regression Analysis with Sex as a moderator and using the modified Trauma Intensity binary variable.

	Trauma Intensity Binary								
	Step 1			Step 2			Step 3		
Variables	B	SE B	β	B	SE B	β	B	SE B	β
Age	-.07	.07	-.04	-.08	.07	-.06	-.08	.07	-.05
SES	.00	.00	-.02	.00	.00	-.03	.00	.00	-.03
IM	-.16	.02	-.43**	-.14	.02	-.37**	-.14	.02	-.37**
SDP	-.02	.02	-.04	.02	.02	.04	.02	.02	.05
BIS-II				.18	.04	.25**	.29	.07	.40**
TI				-1.25	.64	-.09	-1.88	1.35	-.13
Sex				-3.30	.78	-.19**	-3.22	.78	-.19**
BIS-II * Sex							-.14	.08	-.17
TI * Sex							.72	1.54	.04
R^2	.21			.31			.31		
Δ R^2	.21			.10			.01		
F change	23.74**			16.85**			1.71		

Note*:* TI= Trauma Intensity, BIS-11= Impulsivity, IM= Impression Management, SDP= Self-Deceptive Positivity.
*p<0.05, **p<0.01

Table 7

Hierarchical Regression Analysis with Sex as a moderator and using the modified Trauma Intensity continuous variable.

Trauma Intensity Continuous

	Step 1			Step 2			Step 3		
Variables	B	SE B	β	B	SE B	β	B	SE B	β
Age	-.05	.10	-.03	-.07	.10	-.05	-.08	.10	-.05
SES	.00	.00	.00	.00	.00	-.01	.00	.00	-.02
IM	-.14	.03	-.39**	-.12	.03	-.33**	-.12	.03	-.32**
SDP	-.02	.03	-.04	.04	.03	.09	.03	.03	.08
BIS-II				.21	.05	.30**	.36	.10	.52**
TI				.62	.50	.08	.03	1.27	.00
Sex				-2.56	1.19	-.15*	-2.06	1.22	-.12
BIS-II * Sex							-.20	.11	-.25
TI * Sex							.83	1.39	.10
R^2	.17			.28			.29		
Δ R^2	.17			.10			.02		
F change	9.77**			8.67**			1.95		

Note*:* TI= Trauma Intensity, BIS-11= Impulsivity, IM= Impression Management, SDP= Self-Deceptive Positivity.
*p<0.05, **p<0.01

Table 8.

Hierarchical Regression Analysis with Sex as a moderator and using the Sum of the All Trauma Intensity variable.

	Trauma Intensity Sum								
	Step 1			Step 2			Step 3		
Variables	B	SE B	β	B	SE B	β	B	SE B	β
Age	-.08	.08	-.06	-.11	.08	-.07	-.11	.08	-.07
SES	.00	.00	-.01	.00	.00	-.02	.00	.00	-.03
IM	-.15	.02	-.41**	-.13	.02	-.35**	-.12	.02	-.34**
SDP	-.01	.03	-.03	.02	.03	.05	.02	.03	.04
BIS-II				.17	.04	.25**	.30	.08	.43**
ATI				.02	.02	.06	-.02	.05	-.06
Sex				-3.42	.94	-.20**	-3.33	.93	-.20**
BIS-II * Sex							-.17	.09	-.21
TI * Sex							.04	.05	.12
R^2	.19			0.28			.30		
Δ R^2	.19			0.10			.01		
F change	14.92**			11.40**			2.17		

Note*:* ATI= All Trauma Intensity, BIS-11= Impulsivity, IM= Impression Management, SDP= Self-Deceptive Positivity.
*p<0.05, **p<0.01

Table 9.

Hierarchical Regression Analysis with Sex as a moderator and using the Mean of the All Trauma Intensity variable.

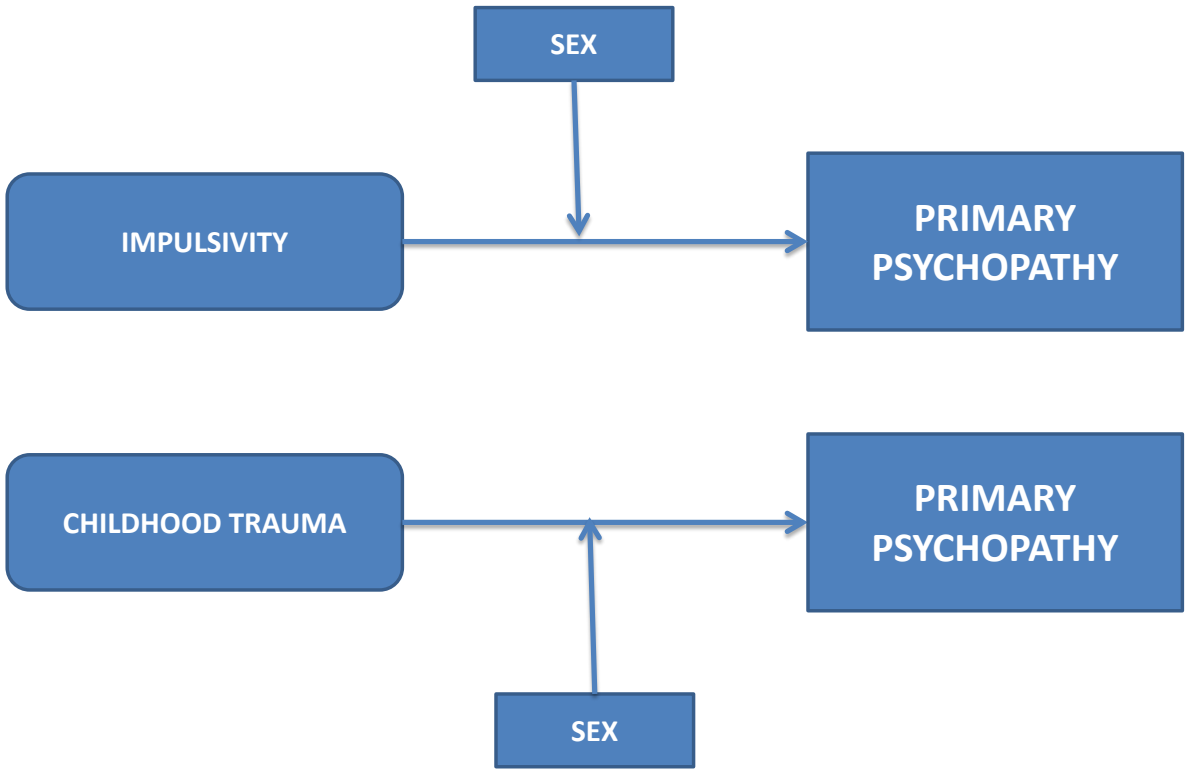
Trauma Intensity Mean

	Step 1			Step 2			Step 3		
Variables	B	SE B	β	B	SE B	β	B	SE B	β
Age	-.08	.08	-.06	-.10	.08	-.07	-.10	.08	-.07
SES	.00	.00	-.01	.00	.00	-.02	.00	.00	-.02
IM	-.15	.02	-.41**	-.13	.02	-.35**	-.13	.02	-.34**
SDP	-.01	.03	-.03	.02	.03	-.05	.02	.03	.04
BIS-II				.17	.04	.24**	.30	.08	.43**
ATI				.01	.01	.08	-.01	.01	-.12
Sex				-3.57	.94	-.21**	-2.98	.97	-.18**
BIS-II * Sex							-.18	.09	-.22
TI * Sex							.03	.02	.22
R^2	.19			0.29			.31		
Δ R^2	.19			0.10			.02		
F change	14.92**			11.83**			3.66		

Note*:* ATI= All Trauma Intensity, BIS-11= Impulsivity, IM= Impression Management, SDP= Self-Deceptive Positivity.
*p<0.05, **p<0.01

Figure 1.

Theoretical Model illustrating the effect of Sex as a moderator on the association between Childhood Trauma (CT) and Primary Psychopathy (PPY-1) and between Impulsivity (IMP) and Primary Psychopathy (PPY-1).



APPENDIX A

APPENDIX A

LEVENSON SELF-REPORT PSYCHOPATHY SCALE (LSRP)

		Disagree Strongly	Disagree Somewhat	Agree Somewhat	Agree Strongly
1	I am often bored.				
2	In today's world, I feel justified in doing anything I can get away with to succeed.				
3	Before I do anything, I carefully consider the possible consequences.				
4	My main purpose in life is getting as many goodies as I can.				
5	I quickly lose interest in tasks I start.				
6	I have been in a lot of shouting matches with other people.				
7	Even if I were trying very hard to sell something, I wouldn't lie about it.				
8	I find myself in the same kinds of trouble, time after time.				
9	I enjoy manipulating other people's feelings.				
10	I find that I am able to pursue one goal for a long time.				
11	Looking out for myself is my top priority.				
12	I tell other people what they want to hear so that they will do what I want them to do.				
13	Cheating is not justifiable because it is unfair to others.				
14	Love is overrated.				
15	I would be upset if my success came at someone else's expense.				
16	When I get frustrated, I often "let off steam" by blowing my top.				
17	For me, what's right is whatever I can get away with.				

18	Most of my problems are due to the fact that other people just don't understand me.	
19	Success is based on survival of the fittest; I am not concerned about the losers.	
20	I don't plan anything very far in advance.	
21	I feel bad if my words or actions cause someone else to feel emotional pain.	
22	Making a lot of money is my most important goal.	
23	I let others worry about higher values; my main concern is with the bottom line.	
24	I often admire a really clever scam.	
25	People who are stupid enough to get ripped off usually deserve it.	
26	I make of point of trying not to hurt others in pursuit of my goals.	

APPENDIX B

APPENDIX B

TRAUMATIC EVENTS QUESTIONNAIRE (TEQ)

DIRECTIONS: This questionnaire is comprised of a variety of traumatic events which you may have experienced. For each of the following "numbered" questions, indicate whether or not you experienced the event. If you have experienced one of the events, circle "Yes" and complete the "lettered" items immediately following it that ask for more details. If you have not experienced the event, circle "No" and go to the next "numbered" item.

No Yes 1. Have you been in or witnessed a serious industrial, farm, or car accident, or a large fire or explosion?

a. How many times? once ❑ twice ❑ three + ❑
b. How old were you at that time(s)? 1st ____ 2nd ____ 3rd ____
c. Were you injured?
Not at all Severely
1 2 3 4 5 6 7

d. Did you feel your life was threatened?
Not at all Extremely
1 2 3 4 5 6 7

e. How traumatic was this for you at that time?
Not at all Extremely
1 2 3 4 5 6 7

f. How traumatic is this for you now?
Not at all Extremely
1 2 3 4 5 6 7

g. What was the event? _____

No Yes 2. Have you been in a natural disaster such as a tornado, hurricane, flood or major earthquake?

a. How many times? once ❑ twice ❑ three + ❑
b. How old were you at that time(s)? 1st ____ 2nd ____ 3rd ____
c. Were you injured?
Not at all Severely
1 2 3 4 5 6 7

d. Did you feel your life was threatened?
Not at all Extremely
1 2 3 4 5 6 7

e. How traumatic was this for you at that time?
Not at all Extremely
1 2 3 4 5 6 7

f. How traumatic is this for you now?
Not at all Extremely
1 2 3 4 5 6 7

g. What was the event? _____

No Yes 3. **Have you been a victim of a violent crime such as rape, robbery, or assault?**

☞ a. How many times? once ❑ twice ❑ three + ❑
b. How old were you at that time(s)? 1st____ 2nd____ 3rd____
c. Were you injured?

Not at all						Severely
1	2	3	4	5	6	7

d. Did you feel your life was threatened?

Not at all						Extremely
1	2	3	4	5	6	7

e. How traumatic was this for you at that time?

Not at all						Extremely
1	2	3	4	5	6	7

f. How traumatic is this for you now?

Not at all						Extremely
1	2	3	4	5	6	7

g. What was the crime? _____

⇓

No Yes 4. **As a child, were you the victim of either physical or sexual abuse?**

☞ a. How old were you when it began? _____
b. How old were you when it ended? _____
c. Were you injured?

Not at all						Severely
1	2	3	4	5	6	7

d. Did you feel your life was threatened?

Not at all						Extremely
1	2	3	4	5	6	7

e. How traumatic was this for you at that time?

Not at all						Extremely
1	2	3	4	5	6	7

f. How traumatic is this for you now?

Not at all						Extremely
1	2	3	4	5	6	7

g. Check (_) all categories that describe the experience . . .

❑ physical abuse
❑ sexual abuse

No Yes 5. **<u>As an adult</u>, have you had any unwanted sexual experiences that involved the threat or use of force?**

☞ a. How many times? once ❑ twice ❑ three + ❑
b. How old were you at that time(s)? 1st____ 2nd____ 3rd____
c. Were you injured?

Not at all						Severely
1	2	3	4	5	6	7

d. Did you feel your life was threatened?

Not at all						Extremely
1	2	3	4	5	6	7

e. How traumatic <u>was</u> this for you at that time?

Not at all						Extremely
1	2	3	4	5	6	7

f. How traumatic <u>is</u> this for you now?

Not at all						Extremely
1	2	3	4	5	6	7

⇩

No Yes 6. **<u>As an adult</u>, have you ever been in a relationship in which you were abused either physically or otherwise?**

☞ a. How old were you when it began? _____
b. How old were you when it ended? _____
c. Were you injured?

Not at all						Severely
1	2	3	4	5	6	7

d. Did you feel your life was threatened?

Not at all						Extremely
1	2	3	4	5	6	7

e. How traumatic <u>was</u> this for you at that time?

Not at all						Extremely
1	2	3	4	5	6	7

f. How traumatic <u>is</u> this for you now?

Not at all						Extremely
1	2	3	4	5	6	7

⇩

No Yes 7. **Have you witnessed someone who was mutilated, seriously injured, or violently killed?**

☞ a. How many times? once ❑ twice ❑ three + ❑
b. How old were you at that time(s)? 1st____ 2nd____ 3rd____
c. Were you injured?

Not at all						Severely
1	2	3	4	5	6	7

d. Did you feel your life was threatened?

Not at all						Extremely
1	2	3	4	5	6	7

e. How traumatic <u>was</u> this for you at that time?

Not at all						Extremely
1	2	3	4	5	6	7

f. How traumatic <u>is</u> this for you now?

Not at all						Extremely
1	2	3	4	5	6	7

⇓

No Yes 8. **Have you been in serious danger of losing your life or of being seriously injured?**

☞ a. How many times? once ❑ twice ❑ three + ❑
b. How old were you at that time(s)? 1st____ 2nd____ 3rd____
c. Were you injured?

Not at all						Severely
1	2	3	4	5	6	7

d. Did you feel your life was threatened?

Not at all						Extremely
1	2	3	4	5	6	7

e. How traumatic <u>was</u> this for you at that time?

Not at all						Extremely
1	2	3	4	5	6	7

f. How traumatic <u>is</u> this for you now?

Not at all						Extremely
1	2	3	4	5	6	7

g. What was the event? _____

⇓

No Yes 9. **Have you received news of the mutilation, serious injury, or violent or unexpected death of someone close to you?**

a. How many times? once ❑ twice ❑ three + ❑
b. How old were you at that time(s)? 1st____ 2nd____ 3rd____
c. What relation was this person to you? _____
d. Did you feel your life was threatened?
Not at all Extremely
1 2 3 4 5 6 7
e. How traumatic was this for you at that time?
Not at all Extremely
1 2 3 4 5 6 7
f. How traumatic is this for you now?
Not at all Extremely
1 2 3 4 5 6 7

No Yes 10. **Have you ever had any other very traumatic event like these?**

a. How many times? once ❑ twice ❑ three + ❑
b. How old were you at that time(s)? 1st____ 2nd____ 3rd____
c. Were you injured?
Not at all Severely
1 2 3 4 5 6 7

d. Did you feel your life was threatened?
Not at all Extremely
1 2 3 4 5 6 7

e. How traumatic was this for you at that time?
Not at all Extremely
1 2 3 4 5 6 7

f. How traumatic is this for you now?
Not at all Extremely
1 2 3 4 5 6 7

g. What was the event? _____

⇓

No Yes 11. **Have you had any experiences like these that you feel you can't tell about (note: you don't have to describe the event).**

☞ a. How many times? once ❑ twice ❑ three + ❑

b. How old were you at that time(s)? 1st____ 2nd____ 3rd____

c. Were you injured?

Not at all Severely

1 2 3 4 5 6 7

d. Did you feel your life was threatened?

Not at all Extremely

1 2 3 4 5 6 7

e. How traumatic was this for you at that time?

Not at all Extremely

1 2 3 4 5 6 7

f. How traumatic is this for you now?

Not at all Extremely

1 2 3 4 5 6 7

APPENDIX C

APPENDIX C

BARRATT IMPULSIVENESS SCALE (BIS-11)

DIRECTIONS: People differ in the ways they act and think in different situations. This is a test to measure some of the ways in which you act and think. Read each statement and put an X on the appropriate circle on the right side of this page. Do not spend too much time on any statement. Answer quickly and honestly.

	① Rarely/Never	② Occasionally	③ Often	④ Almost Always/Always
1	I plan tasks carefully.	①	②	③ ④
2	I do things without thinking.	①	②	③ ④
3	I make-up my mind quickly.	①	②	③ ④
4	I am happy-go-lucky.	①	②	③ ④
5	I don't "pay attention."	①	②	③ ④
6	I have "racing" thoughts.	①	②	③ ④
7	I plan trips well ahead of time.	①	②	③ ④
8	I am self controlled.	①	②	③ ④
9	I concentrate easily.	①	②	③ ④
10	I save regularly.	①	②	③ ④
11	I "squirm" at plays or lectures.	①	②	③ ④
12	I am a careful thinker.	①	②	③ ④
13	I plan for job security.	①	②	③ ④
14	I say things without thinking.	①	②	③ ④
15	I like to think about complex problems.	①	②	③ ④
16	I change jobs.	①	②	③ ④
17	I act "on impulse."	①	②	③ ④
18	I get easily bored when solving thought problems.	①	②	③ ④
19	I act on the spur of the moment.	①	②	③ ④
20	I am a steady thinker.	①	②	③ ④
21	I change residences.	①	②	③ ④
22	I buy things on impulse.	①	②	③ ④
23	I can only think about one thing at a time.	①	②	③ ④

24 I change hobbies.	①	②	③	④
25 I spend or charge more than I earn.	①	②	③	④
26 I often have extraneous thoughts when thinking.	①	②	③	④
27 I am more interested in the present than the future.	①	②	③	④
28 I am restless at the theater or lectures.	①	②	③	④
29 I like puzzles.	①	②	③	④
30 I am future oriented.	①	②	③	④

APPENDIX D

APPENDIX D

BALANCED INVENTORY OF DESIRABLE RESPONDING (BIDR)

Using the scale below as a guide, write a number beside each statement to indicate how much you agree with it.

1	2	3	4	5	6	7
Not True			Somewhat True			Very True

_____ 1. My first impressions of people usually turn out to be right.
_____ 2. It would be hard for me to break any of my bad habits.
_____ 3. I don't care to know what other people really think of me.
_____ 4. I have not always been honest with myself
_____ 5. I always know why I like things.
_____ 6. When my emotions are aroused, it biases my thinking.
_____ 7. Once I've made up my mind, other people can seldom change my opinion.
_____ 8. I am not a safe driver when I exceed the speed limit.
_____ 9. I am fully in control of my own fate.
_____ 10. It's hard for me to shut off a disturbing thought.
_____ 11. I never regret my decisions.
_____ 12. I sometimes lose out on things because I can't make up my mind soon enough.
_____ 13. The reason I vote is because my vote can make a difference.
_____ 14. My parents were not always fair when they punished me.
_____ 15. I am a completely rational person.
_____ 16. I rarely appreciate criticism.
_____ 17. I am very confident of my judgments.
_____ 18. I have sometimes doubted my ability as a lover.
_____ 19. It's all right with me if some people happen to dislike me.
_____ 20. I don't always know the reasons why I do the things I do.
_____ 21. I sometimes tell lies if I have to.
_____ 22. I never cover up my mistakes.
_____ 23. There have been occasions when I have taken advantage of someone.

_____ 24. I never swear.
_____ 25. I sometimes try to get even rather than forgive and forget.
_____ 26. I always obey laws, even if I'm unlikely to get caught.
_____ 27. I have said something bad about a friend behind his or her back.
_____ 28. When I hear people talking privately, I avoid listening.
_____ 29. I have received too much change from a salesperson without telling him or her.
_____ 30. I always declare everything at customs.
_____ 31. When I was young I sometimes stole things.
_____ 32. I have never dropped litter on the street.
_____ 33. I sometimes drive faster than the speed limit.
_____ 34. I never read sexy books or magazines.
_____ 35. I have done things that I don't tell other people about.
_____ 36. I never take things that don't belong to me.
_____ 37. I have taken sick-leave from work or school even though I wasn't really sick.
_____ 38. I have never damaged a library book or store merchandise without reporting it.
_____ 39. I have some pretty awful habits.
_____ 40. I don't gossip about other people's business.

BIOGRAPHICAL SKETCH

Judy Denise Sifonte is a graduate student in the Clinical Psychology Master's Program at The University of Texas-Pan American. She received a B.A. degree in Psychology from The University of Texas at Austin, which she attended on a full-time basis from 2006 to 2010. She began the graduate program in 2011, after a one-year sabbatical during which she took time to meditate and prioritize her goals and ambitions. Her research areas of interest include psychopathy, personality disorders, disorders of impulse control, among others. Following completion of her Master's Program, Ms. Sifonte plans to continue work in the field of psychological assessments and possibly apply to a doctoral program in the future.

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