

PSYCHOPATHIC TRAITS, PARENTING, AND SELF-CONCEPT:
FACTORS INFLUENCING YOUTH AGGRESSION

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DEDICATION

This thesis is dedicated, firstly, to my parents. My parents, Kenneth and Sandra Chumchal, have stood by me since I was a child, cultivating my love for education and illustrating that with big dreams anything can happen. My parents have never held me back and encouraged me to pursue whatever goals I have and ensuring that I could meet them. Without their love and support, my journey to this moment would have been much harder if not impossible.

Secondly, I would like to dedicate this thesis to my fiancé, Christopher Willever Jr. In our nine years together, Chris has never questioned my educational goals, nor has he stood in my way. He has placed himself by me and supported my every whim, pushing me to work my hardest when the road got tough. Chris' affection and encouragement has seen me through both good times and bad, and I look forward to the life we will have together after marriage. I know he will never hold me back, but lift me up.

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ABSTRACT

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The current study aimed to assess factors related to youth aggression, specifically psychopathic traits, parenting practices, and self-concept. Correlations were run to ensure that the current, youth sample followed past literature and to determine areas for future research in the field. Analyzed data was collected from two middle schools and one intermediate school in Texas. Results followed past research, finding correlations between aggression and psychopathic traits when compared to unhealthy parenting practices and negative self-concept. Notable findings were that proactive aggression and honesty self-concept were negatively correlated, impulsivity and behavioral conduct self-concept were negatively correlated, and impulsivity and honesty self-concept were positively correlated. Results were discussed in terms of interpersonal theory. Callous-unemotional traits were also discussed since proactive aggression is a hallmark of these traits and share theoretical and behavioral considerations. Although the current study was not representative of a clinical sample, implications for parents and teachers are provided and underlie the importance of encouraging prosocial behaviors. Future research would allow for a better understanding of the variables interactions.

KEY WORDS: Psychopathic traits, Poor parenting, Positive parenting, Self-concept, Physical aggression, Reactive aggression, Proactive aggression, Relational aggression, Middle childhood, 7-16 years

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CHAPTER I

Introduction

Psychopathy is a personality disorder that presents with affective, interpersonal, and behavioral abnormalities, including antisocial and aggressive behavior (Feilhauer & Cima, 2013; Ribeiro da Silva, Rijo, & Salekin, 2012). The rarity of psychopathy has kept the number of interested researchers small; however, curiosity of the disorder and its etiologies has increased modern research. In spite of this, little has been firmly established about psychopathy's roots in development.

The first textual mention of adult psychopathy was in the early 1800s. Philippe Pinel described a lack of remorse in humans as “insanity without delirium” (Pinel, 1806). He increasingly focused his research on vile and brutal members of society who openly expressed their lack of emotion. Since Pinel, a handful of researchers have studied psychopaths, but it was not until Hervey Cleckley, in the mid 20th century, that psychopathy became clarified as a personality disorder. Cleckley (1941/1988, p. 40) wrote his classic, *The Mask of Sanity*, depicting the psychopath as one who is “indifferent to all these matters in life itself. Beauty and ugliness, except in a very superficial sense, goodness, evil, love, horror, and humour have no actual meaning, no power to move him.” In Cleckley's time, psychopathy was believed to be a disorder that presented with symptoms in adulthood, but he discussed the possibility of psychopathy's root in childhood and adolescence. Soon after, McCord and McCord (1964) specified the necessity for identifying and treating psychopathy in children. As the field has grown, modern researchers have tied genetic and environmental influences to the presentation of psychopathic traits in children, following them through adolescence and into adulthood.

The current study will look at the patterns of psychopathic traits in early adolescence, investigating the varying types of aggression to pinpoint factors that may influence them: psychopathic traits, ineffective parenting, and self-concept.

CHAPTER II

Literature Review

The “psychopathy trifecta,” callous-unemotional traits (CU traits), narcissism, and impulsivity, is considered to be most helpful predicting aggression in children, as well as adult psychopathy; therefore, most child psychopathy measures investigate these three traits (Frick & Hare, 2001; Colins, Andershed, & Pardini, 2015; Kerig & Stellwagon, 2010; see Table 1 for a break-down of the factors and diagnostic criteria).

Table 1

Characteristics of Psychopathic Traits

Factors	Characteristics
Callous-Unemotional ^a (CU traits)	<ul style="list-style-type: none"> • Lack of remorse • Lack of empathy • Callous to others • Shallow affect • High intelligence • Lower anxiety • Low emotional reactivity to punishment • Hallmark of child psychology
Narcissistic (Grandiose-Manipulative Traits)	<ul style="list-style-type: none"> • Reward oriented response • Arrogant • Deceitful • Grandiose • Self-Serving
Impulsive (Daring-Impulsive Traits)	<ul style="list-style-type: none"> • Great attraction to new/risky activities • Low fear

Note. Information taken from Fanti, Demetriou, and Kimonis, 2013; Feilhauer and Cima, 2013; Kerig and Stellwagen, 2010; and Ribeiro da Silva, et al., 2012.

While Psychopathic traits can present in children, researchers are wary to label children as psychopaths (Barry, Frick, DeShazo, McCoy, Ellis, & Loney, 2000; Feilhauer & Cima, 2013; Ribeiro da Silva, et al., 2012). Indeed, the caution to include child psychopathic traits or adolescent psychopathy in the *Diagnostic and Statistical Manual of Mental Disorders* may be a result of researcher's wariness. Psychopathic traits have additionally been found to be malleable with certain behavioral interventions if caught and treated early on (APA, 2013; Ribeiro da Silva, Rijo, & Salekin, 2013). This finding, that treatment for aggression stemming from these traits is possible, intensifies the need for a greater understanding of psychopathic traits in children and adolescents to catch symptoms early in development.

Furthermore, individual psychopathic traits are considered to vary among adult psychopaths, such as on a continuum, creating variations in the population (Babiak & Hare, 2007; Dutton, 2012; Edens, Marcus, Lilienfeld, & Poythress, 2006; Falkenbach, Howe, & Falki, 2013; Miller, Lynam, Widiger, & Leukefeld, 2001). Likewise, researchers focus on thinking of child psychopathy as a multifaceted model, wherein each trait can be weighted differently in each child, affecting the presentation of their behavioral symptoms (Salekin, Brannen, Zalot, Leistico, & Neumann, 2006). In both children and adolescents, reports of all three dimensions of psychopathic traits in children have offered more predictive information of overall aggression than one single dimension. Thus, the more dimensions with high scores found in a child, the more aggressive the child is. In fact, Fanti & Kimonis (2012), while studying psychopaths and bullying, found that the combination of all three psychopathic traits in 12 to 14 year-olds predict the greatest levels of bullying, both psychological and physical. However, some

forms of externalizing behavior may be dependent on which dimensions are elevated in the adolescent, illustrating the complexity of the disorder (Andershed, Kohler, Eno Louden, & Hinrichs, 2008; Colins, Bijttebier, Broekaert, & Andershed, 2014; Corrado, Vincent, Hart, & Cohen, 2004; Kruh, Frick, & Clements, 2005). Moreover, Barry et al. (2007), using teacher and parent-reported forms of psychopathy and aggression, found that specifically the impulsivity and narcissism dimensions predict different forms of aggression in 10 year-olds. Consequently, much still needs to be discovered about psychopathy's behavioral roots in childhood, including the forms that psychopathic traits take and how it affects each child's behavioral outcomes.

Psychopathic Traits

As referenced, psychopathic traits have traditionally been labeled as callous-unemotional traits, narcissism, and impulsivity; however, Salekin (2016) updated the labels to develop more inclusive and descriptive names. Thus, the new labels are callous-unemotional, grandiose-manipulative, and daring-impulsive traits (See Table 1).

CU traits. Callous-unemotional traits (CU traits) are referred to as the characteristics of interpersonal callousness, such as a lack of remorse, empathy, and reduced ability to form meaningful attachments (Kerig, Stellwagon, 2010). These traits are considered to be the hallmark of child psychopathy, since they highly correlate with the Psychopathy Checklist-Revised factors that describe the interpersonal and affective characteristics of the adult psychopath; accordingly, they have been discovered to be moderately to highly stable through the lifetime (Barry, Barry, Deming, & Lochman, 2008; Dadds, Frasier, Frost, & Hawes, 2005; Frick, Kimonis, Dandreaux, & Farell, 2003). Additionally, CU traits are hypothesized to be a precursor to adult psychopathy

and are most often referred to when studying child psychopathy (Salekin, 2016). Consequently, current research appears to be skewed, in that most of the completed research has tested CU traits only rather than testing for all three psychopathic traits. Bridging this gap, the current study includes analysis of not only CU traits, but also the other dimensions of psychopathic traits. The literature review of the current study will refer to the new labels proposed by Salekin (2016; 2016) for definitions, but will use the traditional labels when discussing results due to the measure used.

GM traits. Grandiose/manipulative traits, traditionally named narcissism, are affective traits, including arrogance, dominance, manipulation, and deceit (Salekin, 2016). These traits are considered to have a premature start and stable manifestation, as egocentricity and deliberate manipulation expressed in early childhood has been found to be continually expressed in early adulthood (Assary, Salekin, Barker, 2015; Carlson & Gjerd, 2009; Cramer, 2011; Fu, Evans, Xu, & Lee, 2012). Some researchers have found that GM traits may be more to blame for aggression and delinquency than CU traits (Lau & Marsee, 2013; Lau, Marsee, Kunimatsu, & Fassnacht, 2011). GM traits are also hypothesized to allow the child to feel good about themselves while hurting others, thus increasing aggression and decreasing prosocial behavior (Ojanen, Findley, & Fuller, 2012). In the current study, GM traits will be referred to as narcissism in line with the psychopathy measure used.

DI traits. Daring/impulsive traits, traditionally named impulsivity, tend to increase the incidence of sensation seeking behaviors, while also increasing irresponsibility. In older children, DI traits have been linked to adventure seeking behaviors, decreased mental representation skills, and poorer performance in reading and

mathematics (Sharp & Vanwoerden, 2014). Further, children scoring high on DI traits have more educational and conduct problems than other children (Willoughby, Blair, Wirth, & Greenberg, 2012). In his literature review, Salekin (2016) predicts that the level of DI traits is related to the start of behavioral issues in the child; however, researchers have discovered that environmental factors, including parenting, may affect expression (Barker et al., 2011; Belsky, 2014). This finding increases the need for more information on factors affecting each proposed trait. In the current study, DI traits will be referred to as impulsivity in line with the antisocial measure used.

Psychopathic Traits and Aggression

In the 1940s and 1950s, Karpman (1941) discussed the possibility of variants of psychopathy, separated by their etiology and behavioral motivations. He theorized that beyond the most typically defined psychopaths, labeled as a primary psychopath, there was another, more neurotic form of psychopathy, since labeled a secondary psychopath. More comprehensive research on the two adult variants, have uncovered that each of these variants produces different presentations of aggression. Primary variants are considered to be genetic psychopaths, expressing the biological characteristics of psychopaths, such as lower anxiety levels and a lack of a conscience (Fanti, Demetriou, & Kimonis, 2013; Lykken 1957; 2006). Primary variants are also considered to be “emotionally stable” because of their fearlessness and absent reaction to stress and high social dominance (Fanti et al., 2013). The biological oddities in primary psychopaths influence these individuals to utilize either relational aggression (i.e., a threat to someone’s relationship or social status) and/or proactive aggression (i.e., instrumental as a means to dominate or gain coveted items; Ehrenreich, Beron, Brinkley, & Underwood,

2014; Feilhauer & Cima, 2013; Murrie, Cornell, Kaplan, McConville, & Levy-Elkon, 2004; Kerig & Stellwagen, 2010; Vitacco, Neumann, Caldwell, Leistico, & Van Rybroek, 2006).

Conversely, secondary psychopaths are considered to be products of an unhealthy environment in childhood, namely unsecure attachment, parental rejection, lax supervision, and dysfunctional parental bonding (Ribiero da Silva et al., 2012). Considered to be highly aggressive and emotional, these adult psychopaths conflict with the primary psychopath symptomology. As a result, reactive aggression (i.e., a sometimes violent response to provocation and defensive in nature) and physical aggression tend to be hallmarks of secondary psychopaths; reactive aggression is also related to negative affect in a child as this type of aggression tends to be emotionally driven (Crick & Dodge, 1996; Fite, Stoppelbein, & Greening, 2009; Kerig & Stellwagen, 2010).

However, just as researchers and clinicians are wary to label children psychopaths, they are also cautious to separate children and adolescents with psychopathic traits into primary and secondary variants (Skeem, Poythress, Edems, Lienenfeld, & Cale, 2003). This continuing hesitation is the result of limited knowledge of the disorder. More recent research has attempted to tease apart the different variants of adolescents with psychopathic traits, finding results similar to adult research (Fanti et al., 2013). Furthermore, most research conducted on adolescents with psychopathic traits and aggression has focused on proactive aggression in these youths. These studies tend to find that proactive aggression separates youth with CU traits from antisocial youth without these traits. Furthermore, this effect is still seen regardless of whether the adolescent with psychopathic traits is categorized as a primary or secondary variant

(Frick, Cornell, Barry, Bodin, & Dane, 2003; Hicks, Markon, Patrick, Krueger, & Newman, 2004; Kimonis, Frick, Cauffman, Goldweber, & Skeem 2012; Vassileva, Kosson, Abramowitz, & Conrod, 2005). Additionally, physical aggression commonly decreases as children's ability to regulate emotions and social skills develop in early adolescence; however and consequently, relational aggression is developed during this time (Smack, Kushner, & Tackett, 2015). Thus, this period represents a critical time for examining the manifestation of relational and proactive aggression especially when the child also presents with psychopathic traits.

Parent Socialization

Parental style and attachment. Parenting style creates an emotional climate in the home because attitudes that parents show towards their children can be destructive (Musitu & García, 2004). Perceived parental rejection may influence aggression and deviant behavior (Buschgens et al., 2010). Moreover, attachment to parents mediates the links between parent socialization practices and aggressiveness. In the mid-1900s, Bowlby (1969), highlighted the importance of infant attachment, or emotional bond, to mothers, namely the child's primary caregiver. Around the same time, Harlow (1958), using infant monkeys, found that the infants not only needed food from their mother, but comfort as well; they needed something to touch and cling to when anxious. Henceforth, four major attachment styles have been developed: secure attachment (i.e., children who know that the caregiver will be a comfort when they need it), ambivalent-insecure attachment (i.e., children who feel that they cannot depend on their mother and become overly distressed when they leave), avoidant-insecure attachment (i.e., children who tend to avoid their parents; generally a product of abuse or neglect), and disorganized-insecure

attachment (i.e., children who display a random mix of the other attachment styles and possibly a result of inconsistent behavior from the parent; Ainsworth, 1978; Main & Solomon, 1986).

Most research finds that secure attachment with parents creates an environment in which the child develops trust, self-regulation, and reflection, deterring violence and aggressive behavior as a means-to-an-end, seen in children with psychopathic traits (Savage, 2014). Specifically, it has been shown that attachment to both mother and father is important to the child's healthy development. Gallarin and Alonso-Arbiol (2012) discovered that father attachment better predicts child aggression. The authors found that in 16 to 19 year-olds, maladaptive attachment to mothers predicted internalizing behaviors, while maladaptive attachment to fathers predicted externalizing behaviors, illustrating the weight of the father's relationship with the child when shaping his/her expression of aggression. However, attachment styles are labeled and explained in terms of attachment between parent and infant dyads. Thus, while the importance of the first 12 to 18 months of life can be minimal, researchers use this to better understand parenting and later parent-child interaction patterns. Later in development, parenting styles effect the expression of aggression.

Parental influence on aggression. As clarified, family environment and interaction tends to be considered a child's main source of socialization, especially early on (Schaffer & Kipp, 2007). Families teach behavioral norms and expect certain behavior, which the child generally carries with them into adulthood (Buschgens et al., 2010; Woodhouse, Dykas, & Cassidy, 2009). Further, parental socialization practices are viewed as most critical in the presentation of conduct problems and a child's social

competence (McDowell & Parke, 2009; Patterson, Reid, & Dishion, 1992). For example, in a six-year longitudinal study, Andreas and Watson (2009) found that aggressive behaviors in children (e.g., ages seven to 19) can be corrected in a positive family environment. The authors believe that their results imply that childhood aggression could be a symptom of failed socialization. Additionally, Zimmerman & Posick (2016) discovered in a study with 12 year-olds that indirect exposure to violence (i.e., violence that the child sees, but does not take part in) puts a child at a much greater risk of becoming a violent offender. This effect was seen with both community and family violence. These studies illustrate the importance of healthy socialization and environment in the home and surrounding communities.

Overall, it is well-researched that negative parenting is positively associated with aggressive behavior, while the opposite is true of positive parenting (Hart et al., 1998; Joussemet et al., 2008; Kawabata et al., 2011; Patterson et al., 1992). Independently, the different factors of negative parenting have been researched, such as corporal punishment, inconsistent discipline, supervisory neglect, and the resulting behavioral consequences for each. For instance, parental use of corporal punishment (i.e., severe physical punishment) shows an association with aggression and antisocial behavior in their respective children (Gershoff, 2002; Tang, 2006). In 2006, Aucion, Frick, & Bodin studied 12 year-olds, finding that families low on warmth and using corporal punishment are more likely to raise impulsive, violent children. Furthermore, the children who endured high levels of corporal punishment suffered problems in their behavioral development and emotional adjustment.

Similarly, inconsistent discipline tends to be highly associated with relational and

proactive aggression (Smack, et al., 2015). Parents of aggressive or conduct-disordered children tend to have harsh, inconsistent parenting practices and expectations (Lochman & Wells, 1996). Barry, Dunlap, Lochman, & Wells (2009) found that inconsistent discipline has a high relationship with aggression in nine to 12 year-old boys, especially when mothers present with anxiety. Poor supervision and monitoring are also highly associated with the development of physical aggression in children (Smack, et al., 2015). Permissive parenting, under the definition of poor supervision, also leads to high desisting, socially aggressive children (Ehrenreich, Beron, Brinkley & Underwood, 2014). The authors theorize that the overly warm nature of permissive parenting may teach aggressive children less hostile ways to express their aggression, encouraging the development of social or relational aggression instead. However, each of these conjunctures pose a chicken and egg problem in that the aggressive child may cause the negative parenting, rather than parenting causing behavior (Hollerbach et al., 2018). In fact, some researchers have discovered that while raising aggressive children, normal parenting practices can be hard to keep up, especially supervision (Cornell & Frick, 2007). Although this assertion has yet to be fully researched, it holds merit when considering the possible genetic component of psychopathic traits that lead to youth aggression. Hence, a child may be born aggressive despite an appropriate upbringing.

Parenting and Psychopathy Resulting in Aggression

A handful of studies have researched the relationship among child psychopathic traits, ineffective parenting, and aggression, but the results stagger. An analysis of the few studies illustrate the differences in methodologies. In 1997, Wootton, Frick, Shelton, and Silverthorn looked at CU traits as a moderator for ineffective parenting and child

conduct problems in six to 13 year-old children. Using parent, child, and teacher report measures, the authors discovered that negative parenting practices only increase conduct problems when the child does not have increased levels of CU traits. The authors contend that when a child has increased levels of CU traits, parenting practices no longer affect behavioral outcomes. Yeh, Chen, Raine, Baker, and Jacobson (2011) reversed the moderator, looking at whether psychopathic traits moderate parental affect and aggression. The authors used parent-reported psychopathy measures and child-reported aggression and parental affect measures. They discovered that in nine to ten year-olds, the association between parental negative affect and reactive aggression was stronger for children with below average levels of psychopathic traits. When positive parenting was applied to these individuals with lower levels of psychopathy, reactive aggression decreased. Further, youth with high levels of psychopathic traits are unaffected by positive affect in their parents. Thus, not only are psychopathic youth considered to be blind to punishment and negative parental influence, they also cannot process emotional cues (Yeh et al., 2011). Kauten, Lui, Doucette, and Barry (2015) researched family conflict as a moderator of adolescent psychopathic traits and aggression in nine to ten year-olds. Instead of focusing on parenting in general, Kauten et al. (2015) focused their research on family conflict and used self-report measures only. They found that both the adolescents perceived marital discord and parent-child conflict served as risk factors for increased aggression, especially among 16 to 18 year-old participants with high CU traits and narcissism.

Waller, Gardner, and Hyde (2013) relay the different views of the interactions among parenting, psychopathic traits, and aggression in their literature review. They

analyzed approximately 30 studies, discovering five major research questions (i.e., does parenting predict CU traits; does parenting predict antisocial behavior at various levels of CU traits; does parenting differ between youth based on their antisocial behavior and CU traits; do parenting interventions reduce CU traits; do CU traits moderate parenting interventions for antisocial behavior), each with varying results, similar to the results found in the aforementioned studies. Overall, the authors encourage more clarity to frame questions pertaining to this line of research; however, several points are made from their review, namely that children with high CU traits tend to present high aggression that is unrelated to parental practices and that youth with antisocial behavior and CU traits appear to experience some sort of negative parenting. Nevertheless, these mixed results lead, yet again, to the question of whether child psychopathic traits occur before negative parenting or as a result of it.

Self-Concept

According to Piers (1984), self-concept is a relatively stable set of attitudes reflecting both description and evaluation of one's own behavior and attributes. A high (e.g., positive) self-concept is defined as individuals who evaluate themselves positively and accept their identity, while a low (e.g., negative) self-concept is defined as individuals who evaluate themselves harshly and are unaccepting of their attributes (Judge, Erez, & Bono, 1998). Further, self-concept tends to consist of traits, such as self-esteem, self-efficacy, locus of control, and emotional stability (Judge et al., 1998). Consequently, self-concept is considered to be both a risk and a protective factor, in that lower self-concept may lead to decreased social functioning and increased problem behaviors, while higher self-concept promotes general and mental well-being (Gilman &

Huebner, 2006; Marsh, Parada, & Ayotte, 2004; McCullough, Huebner, & Laughlin, 2000).

Interpersonal theory. In 1953, discussing interpersonal theory (i.e., the formation and maintenance of self-concept to interpersonal behaviors), Sullivan found self-concept to be “central to the whole problem of personality disorder” (pp. 247). Modern interpersonal theory hypothesizes that self-concept, perceptions, expectations, and goals affect social behavior (Henry, 2001). Further, theorists believe that interpersonal actions and reactions affirm and compliment the individual’s self-concept.

Self-concept and aggression. The study of self-concept and aggression has elicited inconsistent results. In 1987, Schaughency, Frame, and Strauss found self-concept and aggression to be completely independent of each other in children in grades two through five; however, in 2001, Marsh, Parada, Yeung, & Healey discovered that troublemaking (i.e., getting in physical altercations, getting in trouble, and consequently getting punished) in eighth, tenth, and twelfth grades is slightly, negatively correlated to self-concept. Conversely, the authors also found that as troublemaking increases throughout the years, so does the individual’s self-concept of trouble-making, thus illustrating the affirming process of behavior and self-concept explained via interpersonal theory. Ybrandt (2008) then found, in adolescents aged 15 and 16, a strong relationship between negative self-concept and externalizing problems. As a result, she considers the need for positive self-concept in adolescence to promote positive, prosocial development.

In addition to aggression, self-concept has been researched in comparison to other factors, such as psychopathological symptoms. Self-concept and anxiety are considered to have a negative relationship, such that more anxious children have a lower self-concept

(Garaigordobil, Pérez, & Mozaz, 2008). Further, those with a high self-concept are determined to have fewer psychopathological symptoms (i.e., obsession-compulsion, depression, hostility, paranoia, etc.), resulting in the possible conclusion that strong self-concept is a sign of good mental health (Garaigordobil, Pérez, & Mozaz, 2008). Finally, severe, poor parenting practices, such as corporal punishment have been found to reduce the child's self-concept and adjustment (Aucoin, Firck, & Bodin, 2006). Although mixed, all of these results simply add to the conclusion that self-concept is important to a child's eventual development; however, self-concept has been sparsely researched in youth with psychopathic traits.

Self-concept in those with psychopathic traits. In 1977, Tamayo and Raymond conducted a study on the self-concept of imprisoned, adult psychopaths and compared their scores to imprisoned, adult non-psychopaths. The authors discovered inconsistencies in the self-concepts of those presenting with psychopathy; they viewed their identity and behavior as negative and deviant, but seemed to be conversely satisfied with their nonconformity. This finding illustrates the stereotypical belief that psychopaths are unconcerned with their obviously deviant and destructive behavior. However, this line of research was relatively silent until the twenty-first century. In 2010, Glenn et al. completed a study on the moral identity of adult psychopaths, finding that psychopathy is related to a reduction in moral identity (i.e., referencing one's self-concept when making decisions based on moral actions; Blasi, 1995; see Glenn et al., (2010) for a complete review). This reduction is hypothesized to be derived from high scores in the interpersonal and affective factors (e.g., CU and GM traits). In addition, the authors found that psychopathy allows for more utilitarian judgments to be made when

deciding on actions to take. This may add claim to the idea that adolescents with psychopathic traits tend to utilize proactive aggression to accomplish goals, thinking of the end rather than the means.

Furthermore, a study in 2014 assessed that adolescent, offender males with psychopathic traits diverged in their implicit and explicit self-concepts toward personal aggression and transgressions (Suter, Pihet, Ridder, Zimmerman, & Stephan). Expressing the conflicting self-concept as seen in Tamayo and Raymond's (1977) study, these males implicitly (e.g., through implicit bias tests) perceived themselves as respectful and kind, but explicitly (e.g., when outwardly measured) perceived themselves as transgressive and aggressive. The authors claimed that this may be due in part to the manipulative nature of those with psychopathic traits, especially those high on Salekin's (2016) GM traits. Nevertheless, not much work has been completed on self-concept and psychopathy in adolescents; the current study attempts to add to this line of literature.

The Current Study

The current study analyzes how levels of psychopathic traits, poor parenting practices, and self-concept interact to affect the presentation of middle childhood and adolescent aggression. After the age of 11, most forms of aggression tend to be more innate, or carried over from earlier stages; normal, young aggressive behaviors are generally decreased at this time (Tremblay et al., 1996). Thus, students in this age range were targeted for the current study. Historically, psychopathic traits and parenting practices have been studied as moderators framed in many different ways and self-concept analyzed sparingly in comparison with aggression and psychopathy. Moreover, previous studies have shown that psychopathic traits differ in each youth, such as on a

continuum, while parenting practices vary among families and self-concept grows with an adolescent's experiences (Henry, 2001; Salekin et al., 2006). Given such knowledge, this field of research has yet to combine all three factors to determine the ways they may interact with youth aggression. The current study took a snapshot of these factors in a critical time of development for studying aggressive behavior (e.g., when proactive aggression emerges; Smack et al., 2015). Applying interpersonal theory, attention was focused on addressing theoretical gaps in past literature and analyzing the differences in childhood experience and personality of school adolescents in a community sample. The researcher hypothesized that the current sample (i.e., intermediate and middle schoolers) would follow the trends of past research. Correlations were run to assess these similarities, illustrating that the current sample (e.g., an unexplored demographic in most community research regarding self-concept) will exhibit the same aggressive trends as the younger and older students sampled in the past. These correlations were hypothesized to demonstrate areas for future research and consideration to better delineate aggressive patterns in middle childhood.

CHAPTER III

Methodology

Participants

The current study recruited 37 students (aged 9-15) from three intermediate and middle schools in Central Texas. Twelve participants were from site one, 17 participants were from site two, and seven participants were from site three. Because the targeted student population is below the age of 18, only students who were granted parent permission were allowed to complete the survey. Demographics of the current sample are below in Table 2.

Table 2

Demographics of the Current Sample

Variable	Demographic	<i>Frequency</i>	%
Gender	Male	17	46%
	Female	20	54%
Grade	Fourth	5	14%
	Fifth	2	5%
	Sixth	7	19%
	Seventh	15	41%
	Eighth	8	22%
	Nine	2	5%
Age	Ten	3	8%
	Eleven	8	22%
	Twelve	9	24%
	Thirteen	9	24%
	Fourteen	3	8%
	Fifteen	3	8%
	Sixteen	0	0%
Race	White	17	47%
	Black	10	28%
	Hispanic	5	14%
	Mix	4	11%

Note. One participant declined to provide his/her race.

Design

To test the hypothesis, correlations were run, using SPSS (Version 22) to explore the variable interactions and propose future directions of study.

Materials

The current study was conducted using paper survey measures. First, upon approval from school administration, the researcher met with students during a specified class time to discuss the study and distribute parent consent forms for students to take home. Upon receiving consent, students participating in the study received a packet containing assent and seven protocols measuring self-concept, psychopathic traits, parenting, and aggression. Students were not required to bring anything but a pen or pencil when completing the measures.

Measures

Self-Perception Profile for Children. The *Self-Perception Profile for Children* (Harter, 1985) is a 36-question measure for ages 8 to 14. All students completed this measure. For the purposes of the current study, only two subscales were used: Social Competence and Behavioral Conduct. The subscales were tested in a structured alternative format and were derived from six items rated on a scale from 1 (really untrue) to 4 (really true). Sample statements from the measure include “some kids often do not like the way they behave BUT other kids usually like the way they behave” and “some kids know how to become popular BUT other kids do not know how to become popular. In the current sample, the Cronbach’s alpha of the subscale Social Competence was .18 and the subscale Behavioral Conduct was .57. In past samples, the reliability of these subscales have ranged from .71 to .82 (Stewart, Roberts, & Kim, 2010). Due to a low

alpha for the Social Competence subscale in the current study, the researcher removed the scale from analysis.

Self Description Questionnaire II Short. The *Self Description Questionnaire II Short* (SDQ II Short; Marsh, 1992) is a 51-item measure, assessing multiple subscales of self-concept. Three subscales were adopted from this measure, including General Self-Concept, Honesty, and Emotional Stability. The subscales were measured on a 6-point Likert, rating scale (1 = False; 2 = Mostly False; 3 = More False Than True; 4 = More True Than False; 5 = Mostly True; 6 = True). Sample statements are “Overall, most things I do turn out well,” “I always tell the truth,” and “I worry about a lot of things.” In the current sample, the Cronbach’s alpha for the General Self-Concept scale was .40, the Honesty scale was .68, and the Emotionality scale was .55. Past samples have elicited a Cronbach’s alpha of at least .80 (Marsh, Ellis, Parada, Richards, & Heubeck, 2005). Due to a low alpha for the General Self-Concept subscale in the current study, the researcher removed the scale from analysis.

Antisocial Process Screening Device. The *Antisocial Process Screening Device* (APSD; Frick & Hare, 2001) is a 20-question measure for adolescents, assessing the three psychopathic traits: CU traits, Narcissism, and Impulsivity. Each item is scored on a 3-point Likert, rating scale (0 = not at all true; 1 = sometimes true; 2 = definitely true). Sample statements include, “your emotions are shallow and fake,” “you brag a lot about your abilities, accomplishments, or possessions,” and “you do risky or dangerous things.” In the current sample, the Cronbach’s alpha was as followed: Callous-Unemotional was .52, Impulsivity was .58, and Narcissism was .65. In past samples, the reliability of these subscales were calculated through Cronbach’s alphas and are as followed: Callous-

Unemotional was 0.79, Narcissism was 0.87, and Impulsivity was 0.79.

Alabama Parenting Questionnaire. The *Alabama Parenting Questionnaire* (APQ; Frick, 1991) has 42 items, each rated on a scale of one to five (1 = Never; 2 = Almost Never; 3 = Sometimes; 4 = Often; 5 = Always). The APQ was distributed to students and assessed five subscales of parenting practices received by mother or father: Involvement, Positive Parenting, Poor Monitoring, Inconsistent Discipline, and Corporal Punishment. Additionally, questions are included that sample endorsement of alternative discipline practices. Although the measure includes a parent protocol, only the child form was used for the current study. Research has indicated that adolescents are able to reflect on parenting practices, at an accuracy greater than children, thus youth reports of parenting practices provides a comprehensive depiction of how children identify their parents (Frick, Barry, & Kamphaus, 2010). Sample questions include: “your parents threaten to punish you and then do not do it,” “you fail to leave a note or let your parents know where you are going,” and you play games or do other fun things with your mom.” The current Cronbach’s alphas are as followed: Involvement was .87, Positive Parenting was .81, Poor Monitoring was .62, Inconsistent Discipline was .34, and Corporal Punishment was .69. Past samples have elicited a Cronbach’s alpha of .64 to .76 in each subscale (Smack, et al., 2015).

The Reactive-Proactive Aggression Questionnaire. The *Reactive-Proactive Aggression Questionnaire* (RPQ; Raine et al., 2006) is a self-report aggression measure that was completed by the students, and is a 23-item rating scale, assessing Proactive and Reactive aggression. Items are scored on a 3-point Likert scale (0 = Never; 1 = Sometimes; 2 = Very Often). Sample statements are “Yelled at others when they have

annoyed you” and “Made obscene phone calls for fun.” In the current sample, the Proactive Aggression subscale had a Cronbach’s alpha of .73 and the Reactive Aggression subscale was .83. In past samples, the reliability of the RPQ has produced Cronbach’s alphas ranging from .81 to .86 for the Reactive scale and .84 to .87 for the Proactive scale (Raine et al., 2006).

The Buss-Perry Aggression Questionnaire. The *Buss-Perry Aggression Questionnaire* (BAQ; Buss & Perry, 1992) is a self-report aggression measure that was be completed by the students, and is a 9-item rating scale, assessing Physical Aggression. Items are scored on a 5-point Likert scale, analyzing how characteristic the behavior is (1 = extremely uncharacteristic of me; 5 = extremely characteristic of me). Sample statements are “If someone hits me, I hit back” and “I have threatened people I know.” In the current sample, the Cronbach’s alpha was .73. In past samples, the reliability of the BAQ has produced a Cronbach’s alpha of .85 (Buss & Perry, 1992).

Loudin, Loukas, and Robinson Relational Aggression Subscale. The *Loudin, Loukas, and Robinson Relational Aggression Subscale* (Loudin et al., 2003) is a self-report aggression measure that was completed by the students, and is a 7-item rating scale, assessing Relational Aggression. Items are scored on a 5-point Likert scale (1 = Not at all likely; 2 = Not very likely; 3 = A little likely; 4 = Somewhat likely; 5 = Very likely). A sample statement includes “When angry or mad at a peer how likely are you to give him/her the ‘silent treatment?’” In the current sample, the Cronbach’s alpha was .78. In past samples, the reliability of the RPQ has produced a Cronbach’s alpha of .69 (Loudin et al., 2003).

Procedures

Procedures to collecting data. In order to recruit schools, principals were emailed a project proposal and, based on secured interest, a meeting was planned to discuss the study in further detail. Principals who approved their school as a site for data collection confirmed a date and time for a meet and greet with students. At the first meeting, the researcher passed out informed consent forms (See Appendix A) and an advertisement for parents to each student (See Appendix B). After the first meeting, a second meeting was set-up approximately a week later to distribute the surveys to students (See Appendixes). During the second meeting, students who obtained consent to participate completed the study measures at school. The students were brought to a designated area by school administrators for no longer than an hour to complete the surveys. Data collection occurred between lunch periods or during physical education class, depending on the recommendation of the school administrator. Students were first provided an informed assent, describing the nature of the study and their rights as research participants. A proctor read the assent aloud, encouraged questions, and allowed students who declined to participate to return to their respective classes. All students assented to participate. Students who agreed to participate were given a packet with each measure. Students were first prompted to answer demographic questions, including gender, age, and ethnicity. The proctor then read the general instructions on how to complete the studies and walked around the room while the students silently answered questions. Within each student packet, measures were randomly organized to counterbalance fatigue effect. Each child was able to go through the packet at their own pace. Once each child completed the measures, they turned them in and returned to class.

CHAPTER IV

Results

Results

Using SPSS (Version 22), correlations were executed. A table of significant correlations using aggression and antisocial data are shown in Table 3 and Table 4 below.

Table 3

Significant Correlations in the Current Sample Using Aggression Data

	Physical Aggression	Reactive Aggression	Relational Aggression	Proactive Aggression
Honesty Self Concept	-	-	-	-.380*
CU Traits	-.382*	-	-	-
Impulsivity	-	.461**	.409*	-
Narcissism	-	.647**	.557**	.656**
Antisocial Traits	-	.556**	.549**	.629**
Negative Parenting	-	.417*	.428*	.487*
Poor Monitoring	-	-	-	.444*
Inconsistent Discipline	-	.391*	-	.539**
Corporal Punishment	-	.369*	-	-

Note. * illustrates significance at .05 and ** illustrates significance at .01.

Table 4

Significant Correlations in the Current Sample Using Antisocial Data

	CU Traits	Impulsivity	Narcissism	Antisocial Traits
Self-concept of Behavioral Conduct	-	-.387*	-	-
Self-concept of Honesty	-	.406*	-	-.432*
Poor Monitoring	-	.477**	-	.570**
Inconsistent Discipline	-	.469**	-	.404*
Negative Parenting	-	-	-	.652**
Involvement Mom	-.399*	.358*	-	-
Involvement Dad	-.470**	-	-	-
Positive Parenting	-.437*	.425*	-	-
Corporal Punishment	-	.459**	-	-

Note. * illustrates significance at .05 and ** illustrates significance at .01.

CHAPTER V

Discussion

The Current Study

The purpose of the current study was to run correlations to demonstrate areas for future research and consideration to better delineate aggressive patterns in middle childhood.

Correlations of Key Constructs

The results from correlational data was expected as previous researchers have found increasing trends of aggression and antisocial traits with an increase in negative parenting and self-concept, as well as decreasing trends of aggression and antisocial traits with an increase in positive parenting and self-concept. For example, Belsky (2014) found that parenting may influence the expression of impulsivity. In the current sample, impulsivity was positively correlated with mother's involvement, positive parenting, corporal punishment, poor monitoring, and inconsistent discipline. Moreover, researchers, such as Barry et al. (2007), have hypothesized that the different dimensions of psychopathy are related to different forms of aggression. This was seen in the current sample: CU traits were negatively related to physical aggression, while narcissism was positively related to reactive, relational, and proactive aggression and impulsivity was positively related to reactive and relational aggression scales. Future research should delve into these differing patterns to determine where these differences are coming from and their implications for treatment. Furthermore, Aucion et al. (2006) found that corporal punishment led to the increased chance for children later becoming impulsive and violent as adults; Barry et al. (2009) found the same trends for inconsistent discipline.

In the current sample, reactive aggression was positively correlated to inconsistent discipline and corporal punishment while proactive aggression was also positively correlated with inconsistent discipline. These few examples illustrate how closely the current study followed past literature.

In the current sample, aggression was associated with psychopathic traits, parenting, and self-concept. However, generally, the relationships were weaker when the different forms of aggression were compared to data on self-concept. Impulsivity was discovered to be negatively correlated with self-concept of behavioral conduct, illustrating what much of past research has already determined: impulsivity leads to increased behavioral issues (Willoughby et al., 2012). Interestingly, impulsivity was also positively correlated with honesty self-concept, indicating that as impulsivity increased, honesty increased as well. This finding is surprising when considering the amount of behavioral concerns that impulsive children seem to take part in, yet warranted given past research. For instance, Bolin (2004) states that impulsivity is not directly related to academic dishonesty, but is mediated by attitudes supporting academic dishonesty. Thus, an impulsive child must have a perception favoring lying and cheating to commit such acts. Impulsivity is not an actual predictor of lying on its own. This finding leads to questions regarding the interactions of self-concept and perception in actions, especially for those children with psychopathic traits.

Eliciting a significant, negative correlation was the relationship between proactive aggression and honesty self-concept. This finding is interesting when considering the controversial evidence between aggression and self-concept. In younger samples, grades two through five, self-concept and aggression are assumed to be independent of each

other (Schaughency et al., 1987); however, when the sample gets older, 8th through 12th grade, self-concept tends to be negatively correlated with externalizing problems (Marsh et al., 2001; Ybrandt, 2008). The current sample utilized older students, 4th through 8th grade, closing the age gap of assessed participants, but following Marsh et al. (2001) and Ybrandt's (2008) findings. This indicates that given the trends in past literature, there might be a threshold of 4th or 5th grade when self-concept becomes more important in determining aggressive behaviors. This assertion remains untested. Although, the current study diverged from the past literature by using specific subscales of self-concept instead of general scales of self-concept, the similar patterns in the current sample compared to the older samples in past literature should be addressed in future research. The anomalous relationship between self-concept and aggression is worthy of closer scrutiny.

CU Traits, Proactive Aggression, and Honesty Self-Concept

As stated, proactive aggression was negatively correlated to honesty self-concept, demonstrating that as proactive aggression increased in a child, self-concept of their honesty decreased, indicating more lying behaviors. Proactive aggression and CU traits are uniquely related, as proactive aggression (i.e., an instrumental form of aggression used to dominate or gain coveted items) is a highly documented tactic used by youth with CU traits; thus, proactive aggression may be indicative of some level of CU traits (Ehreneich et al., 2014; See Table 1). Although lying is not a recorded characteristic of CU traits, it can be subsumed that lying does occur in these individuals given their known characteristics: lack of remorse, callousness to others, shallow affect, high intelligence, and low anxiety (Frick & Ellis, 1999; See table 1). Possibly a result of the skewed

sample, it is important to include that proactive aggression and CU traits were not directly correlated in the current study. Nevertheless, the indirect relationships between the three variables offers much insight for future research considering the theoretical assumptions of self-concept.

According to interpersonal theory, lower, general self-concept is associated with increasing negative and externalizing behaviors and self-thought (Sullivan, 1953). This trend occurs alongside behavior, self-talk, and peer acceptance, affirming one's self-concept (Henry, 2001). Together, interpersonal theory states that self-concept is not necessarily stable over time, contrary to Piers' (1984) claim that self-concept is constant. For instance, a child's positive self-concept and behavior can be cyclically altered by peer acceptance of occasional negative behaviors, increasing the child's negative behaviors and paired self-concept. In the current sample, those with proactive aggression acknowledged their lack of honesty in the Honesty Self-Concept subscale. If the students are affirming their lying behaviors when recording their self-concept, based on interpersonal theory, the students in the current sample are engaging in lying behaviors and most likely has a peer group that supports their behavior.

In a sample with adolescents, Suter et al. (2014), reported that honesty about transgression and aggression behavioral patterns may be part of the manipulative nature of those with psychopathic traits, namely narcissism, to shape one's view of them as more menacing. This may be the case in the current sample given the instrumental nature of proactive aggression and its close ties to CU traits in past literature. Students who endorse proactive aggression may be more accustomed to manipulating for means to an end (e.g., having the appearance of being more foreboding). Moreover, Tamayo and

Raymond (1977) documented that adult psychopaths had inconsistent self-concepts. Namely, they viewed their identity and behavior as negative and deviant, but seemed to be conversely satisfied with their nonconformity. In the current study, the Honesty Self-Concept subscale of Marsh's (1992) Questionnaire uses behaviorally-centered questions, using statements, such as "I often tell lies" and "I sometimes cheat." Consequently, the current study simply examined the presence or absence of lying behaviors and not the child's perception of his/her honesty. Future research should build on the current findings to determine whether or not a child with proactive aggression or CU traits, and the paired lack of emotionality or remorse, leaves them bothered by their reported, dishonest behavior.

Support for Psychopathy as a Multi-Faceted Model

The results of the current study illustrate that the three constructs of psychopathy (i.e., CU traits, narcissism, and impulsivity) are differently correlated to distinctive aspects of parenting, aggression, and self-concept. Likewise, shown by the different frequencies of each psychopathy trait in the current sample, no single, tested child had the same levels of either trait; each child placed differently on each subscale. This implies that each child has different levels of each of the three psychopathy traits (i.e., CU traits, narcissism, and impulsivity). While this finding should be considered in light of the skewed sample (e.g., lack of clinical cases and variability; See Table 5), there is support to the notion that psychopathy should be treated as a multi-faceted model as opposed to a single personality construct (Salekin et al., 2006). In treating the disorder as a dimensional or multi-faceted model, psychopathy will be better understood and personalized, leading to more effective intervention practices, ensuring that interventions

are tailored to an individual child (Dutton, 2012). This is especially important, considering that Ribeiro da Silva et al. (2013) discovered that psychopathic traits and their behavioral consequences are malleable if treated early in childhood. Future research should follow in this direction and work to pull apart the constructs of psychopathy to better analyze the personal nature of the disorder.

Limitations

The current study should be considered in light of several limitations. The sample was small; only 37 participants were tested. Thus, the power of analyses and external validity were low. Additionally, the sample was skewed. Shown in Table 5, none of the participants were in a clinical scale or subscale of psychopathy, and the CU and Narcissism variables were bottom heavy, illustrating that only a small percentage of participants had high scores in these variables. These limitations should be addressed in future research.

Table 5

Frequencies of Variables

Variable	<i>N</i>	Minimum Score in Measure	Maximum Score in Measure	Mean of Sample	Standard Deviation of Sample
Relational Aggression	37	7	35	13.5	5.5
Proactive Aggression	35	0	24	2.7	2.9
Reactive Aggression	37	0	22	9.2	4.9

(continued)

Variable	<i>N</i>	Minimum Score in Measure	Maximum Score in Measure	Mean of Sample	Standard Deviation of Sample
Physical Aggression	35	9	45	31.5	7.3
Antisocial Traits	32	0	40	12.5	4.4
CU Traits	37	0	12	3.7	2.2
Impulsivity	37	0	10	4.5	2.1
Narcissism	33	0	14	3.7	2.6

Note. Not including missing cases.

Implication

In the current study, no participant fell in the clinical or subclinical range of the measures. In fact, due to the skewed layout of the sample, most participants were in the below average range of psychopathy, speaking to the individual differences in the sample. This should give teachers and parents a positive outlook on their child's maladaptive behavior: simply because children endorse items on questionnaires that may be characteristic of some psychopathic traits, does not necessarily place them in an aggressive or antisocial trajectory. Specifically, there is no definite trajectory leading to adult antisocial behavior for children who at times make maladaptive choices during adolescence. This also speaks to the rarity of psychopathy and the childhood variant of CU traits. However, given the interactions between poor parenting, psychopathic traits, self-concept, and aggression, parents and teachers should take the time to correct maladaptive behaviors and reflect on factors that influence aggression in their respective children. Future research, specifically on the unanswered questions from the current study, should aid in this reflection.

Future Directions

The current study left many unanswered questions. The small sample size and scope of the current study limited the external validity and ability to answer needed questions regarding the interactions of psychopathic traits, parenting, self-concept, and aggression. Thus, the relationship between self-concept and aggression needs to be assessed within the framework of interpersonal theory to discover whether there is an age threshold as to when self-concept becomes a predictor in the presentation of maladaptive behavior in middle childhood. Older studies on this relationship need to be replicated as well to determine modern viability. The relationship between self-concept and psychopathy also needs to be better addressed in future research. Historically, only two studies seem to have assessed the relationship between psychopathy and self-concept, leaving a major hole in the literature. However, given results in the current study, perception of appropriateness and behavior may play a factor in the relationship between self-concept and psychopathy. Therefore, a better understanding of the perception of behaviors from adolescents with psychopathic traits should be pursued, broadening the scope of possible interventions. Lastly, the current study should be expanded, using tests, such as a latent class analysis (LCA), to create a behavioral map of aggression in middle childhood. Many factors affect childhood aggression and increasing our understanding of the effect of these factors can better inform interventions, as well as increase parent and teacher understanding of correcting behaviors. The current study should be used as a starting point in future research, studying aggression in community, middle childhood samples.

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APPENDIX A

Parent Informed Consent

My name is Martha Jeanette Chumchal, and I am a graduate student in the College of Humanities and Social Sciences at Sam Houston State University. I would like to invite your child to participate in a research study of factors influencing late childhood and adolescent aggression.

I will ask your child to complete several paper surveys on campus. This will only take 40 minutes to an hour of their time. All responses from your child are voluntary; he/she will be able to skip any items they prefer not to answer. I do not expect the study to pose any risk to your child. However, should your child experience any uncomfortable feeling regarding the questions, their school counselor will be notified. Responses from each questionnaire will be deidentified and your child will be given a unique identification number for the study. Only myself, Martha Chumchal and my supervisor, Dr. Courtney Banks, will have access to the unique identification numbers, which will be kept under lock and separate from completed measures.

If you would like your child to participate, you will be asked to sign this consent form. Any data obtained from your child will only be used for the purpose of analyzing. Under no circumstances will your child be identified other than from his/her identification number. In addition, your child's data will remain confidential. This research will only require your child's time at school and he/she will be compensated.

Participation is voluntary. If you decide not to allow your child to participate or if your child withdraws his/her consent, these decisions will not affect future relations with Sam Houston State University. Also, if at any point during the research you decide to withdraw, or do not wish to allow your child to participate in the remainder of the study you are free to do so at any time. If you have any questions, please feel free to ask me using the contact information on the flyer or at the end of this survey.

Further, your child's responses will be kept confidential. Paper measures will be distributed to your child in a sealed envelope and will be turned in, in a sealed envelope. Your child's name will not be on the measures, only their unique identification measure that is kept secret. You should keep in mind; nonetheless, that answers to specific questions may reveal your child's identity. However, none of these information will be given out at any time during the study.

I have read and understand the information above. I agree to allow my child to participate in this project. I know that I or my child can withdraw participation at any time.

Print Name of Parent: _____ Name of Child: _____

Signature of Parent: _____ Date: _____

If you have any questions regarding this study, please feel free to contact me, Martha Jeanette Chumchal or my faculty sponsor, Dr. Courtney Banks, using our contact information below.

Martha Jeanette Chumchal
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APPENDIX B

Consent Flyer



Sam Houston State University

We need your
Child's help to
conduct this
study!

Please contact
researchers with any
questions or concerns:

Martha Chumchal
Mjc063@shsu.edu

Dr. Courtney Banks
Csb028@shsu.edu

BEHAVIOR STUDY

Dear Parents,

I am conducting a study on social behaviors and would like your child to participate by completing a brief questionnaire at their school.

Please read the informed consent, describing more information about the study, by clicking on or typing the URL indicated. Upon review, your decision for your child to participate will be denoted by providing your response in question number two. Thank you in advance for your child's participation!

Primary Researcher: Martha Chumchal

Supervising Professor: Dr. Courtney Banks

**SAM HOUSTON
STATE
UNIVERSITY
STUDY**

**Complete Informed
Consent at the URL
below:**

APPENDIX C

Student Informed Assent

My name is Martha Jeanette Chumchal, and I am a graduate student in the College of Humanities and Social Sciences at Sam Houston State University. I am asking you to be a part of a thesis study, researching negative social behaviors. The answers you provide will inform us on ways to decrease these behaviors. We appreciate your participation in this study and will reward you for your time.

What am I being asked to do?

I am asking you to complete a few paper surveys that will only take about 40 minutes to an hour. You will only have to participate one time and during school hours.

Do I have to do it?

Participation is voluntary. You absolutely do not have to participate even if your parent or guardian has given permission. You will also be able to skip any questions that you do not want to answer.

What happens to me if I do not do it?

If you decide not to participate, it will not affect your school work or your relationship with your teachers or school. You are also able to leave the study at any time even if you have already started it.

What happens to my info/answers?

Responses from each questionnaire will be deidentified, meaning your answers will be given a unique identification number for the study. We will not use your name. Only myself, Martha Chumchal and my thesis chair, Dr. Courtney Banks, will have access to the unique identification numbers. Also, any answers obtained from you will only be used for the purpose of analyzing. Under no circumstances will you be identified other than from your identification number.

Who do I talk to if I have questions?

Please feel free to ask me, Martha Chumchal, or my supervisor, Dr. Courtney Banks, any questions before, during, or after you answer the questionnaires. You may get our information from your teacher. You may also ask your parent, guardian, or teacher if you have any concerns that you do not feel comfortable expressing to me. Your school counselor will also be able to discuss thoughts and feelings with you that come up during the study, including those that do not have to do with the questions you are being asked to answer.

APPENDIX D

Self-Perception Profile for Children

We have some sentences here and, as you can see from the top of your sheet where it says “What I am like”, we are interested in what each of you is like, what kind of a person you are like. This is a survey, *not* a test. There are no right or wrong answers. Since kids are very different from one another, each of you will be putting down something different.

First, let me explain how these questions work. There is a sample question at the top, marked (a). I’ll read it out loud and you follow along with me. (*Examiner reads the sample question.*) This question talks about two kinds of kids, and we want to know which kids are most like *you*.

(1) So, what I want you to decide first is whether *you* are more like the kids on the left side who would rather play outdoors, or whether you are more like the kids on the right side who would rather watch T.V. Don’t mark anything yet, but first decide which kinds of kids are *most like you*, and go to that side of the sentence.

(2) Now the *second* thing I want you to think about, now that you have decided which kinds of kids are most like you, is to decide whether that is only *sort of true for you*, or *really true for you*. If it’s only sort of true, then put an X in the box under Sort of True for me; if it’s really true for you, then put an X in that box, under Really True for me.





















(3) For each sentence, you only check **one** box. Sometimes it will be on one side of the page, another time it will be on the other side of the page, but you can only check *one box* for each sentence. **YOU *DON’T* CHECK BOTH SIDES, JUST THE *ONE* SIDE MOST LIKE YOU.**

(4) OK, that one was just for practice. Now we have some more sentences that I will read out loud. For each one, just check one box—the one that goes with what is true for you, what you are most like.

	Really True for me	Sort of True for me		<u>SAMPLE</u>		Sort of True for me	Really True for me
00.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids would rather play outdoors in their spare time	BUT	Other kids would rather watch T.V.	<input type="checkbox"/>	<input type="checkbox"/>

What I Am Like

	Really True for me	Sort of True for me				Sort of True for me	Really True for me
11.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids find it hard to make friends	BBU T	Other kids find it pretty easy to make friends	<input type="checkbox"/>	<input type="checkbox"/>
22.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids often do not like the way they behave	BBU T	Other kids usually like the way they behave	<input type="checkbox"/>	<input type="checkbox"/>
33.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids know how to make classmates like them	BBU T	Other kids don't know how to make classmates like them	<input type="checkbox"/>	<input type="checkbox"/>
44.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids usually do the right thing	BBU T	Other kids often don't do the right thing	<input type="checkbox"/>	<input type="checkbox"/>
55.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids don't have the social skills to make friends	BBU T	Other kids do have the social skills to make friends	<input type="checkbox"/>	<input type="checkbox"/>
66.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids usually act the way they know they are supposed to	BBU T	Other kids often don't act the way they are supposed to	<input type="checkbox"/>	<input type="checkbox"/>
77.	<input type="checkbox"/>	<input type="checkbox"/>	Some kids understand how to get peers to	BBU T	Other kids don't understand how to get	<input type="checkbox"/>	<input type="checkbox"/>

			accept them		peers to accept them		
88.			Some kids usually get in trouble because of things they do	BBU T	Other kids usually don't do things that get them in trouble		
99.			Some kids wish they knew how to make more friends	BBU T	Other kids know how to make as many friends as they want		
110			Some kids do things they know they shouldn't do	BBU T	Other kids hardly ever do things they know they shouldn't do		
111			Some kids know how to become popular	BBU T	Other kids do not know how to become popular		
112			Some kids behave themselve s very well	BBU T	Other kids often find it hard to behave themselve s		

APPENDIX E

Self-Description Questionnaire II Short

This is a chance to look at yourself. Be sure that YOUR ANSWERS SHOW HOW YOU FEEL ABOUT YOURSELF. When you are ready to begin, please read each sentence and choose an answer. There are six possible answers for each question – “True”, “False”, and four answers in between.

	False	Mostly False	More False than True	More True than False	Mostly True	True
1. Overall I have a lot of be proud of	1	2	3	4	5	6
2. I am honest	1	2	3	4	5	6
3. I worry more than I need to	1	2	3	4	5	6
4. Most things I do, I do well	1	2	3	4	5	6
5. I often tell lies	1	2	3	4	5	6
6. I am a nervous person	1	2	3	4	5	6
7. Overall most things I do turn out well	1	2	3	4	5	6
8. I sometimes cheat	1	2	3	4	5	6
9. I often feel confused and mixed up	1	2	3	4	5	6
10. I do things as well as most people	1	2	3	4	5	6
11. I always tell the truth	1	2	3	4	5	6
12. I get upset easily	1	2	3	4	5	6
13. If I really try I can do almost anything I want to do	1	2	3	4	5	6
14. I sometimes take things that belong to other people	1	2	3	4	5	6
15. I worry about a lot of things	1	2	3	4	5	6
16. Overall I am a failure	1	2	3	4	5	6
17. I sometimes tell lies to stay out of trouble	1	2	3	4	5	6

APPENDIX F

Antisocial Process Screening Device

Instructions: Please read each statement and decide how well it describes you. Mark your answer by circling the appropriate number (0-2) for each statement. Do not leave any statement unrated.

	Not at all True	Sometimes True	Definitely True
1. You blame others for your mistakes	0	1	2
2. You engage in illegal activities	0	1	2
3. You care about how well you do at school/work	0	1	2
4. You act without thinking of the consequences	0	1	2
5. Your emotions are shallow and fake	0	1	2
6. You lie easily and skillfully	0	1	2
7. You are good at keeping promises	0	1	2
8. You brag a lot about your abilities, accomplishments, or possessions	0	1	2
9. You get bored easily	0	1	2
10. You use or "con" other people to get what you want	0	1	2
11. You tease or make fun of other people	0	1	2
12. You feel bad or guilty when you do something wrong	0	1	2
13. You do risky or dangerous things	0	1	2
14. You act charming and nice to get things you want	0	1	2
15. You get angry when corrected or punished	0	1	2
16. You think you are better or more important than other people	0	1	2
17. You do not plan ahead or you leave things until the "last minute"	0	1	2
18. You are concerned about the feelings of others	0	1	2
19. You hide your feelings or emotions from others	0	1	2
20. You keep the same friends	0	1	2

APPENDIX G

Alabama Parenting Questionnaire

Instructions: The following are a number of statements about your family. Please rate each item as to how often it TYPICALLY occurs in your home. The possible answers are NEVER (1), ALMOST NEVER (2), SOMETIMES (3), OFTEN (4), ALWAYS (5). If your dad or mom is currently not living at home with you, then skip the questions about that person.

	Never	Almost Never	Sometimes	Often	Always
1. You have a friendly talk with your mom	1	2	3	4	5
A. How about your dad?	1	2	3	4	5
2. Your parents tell you that you are doing a good job	1	2	3	4	5
3. Your parents threaten to punish you and then do not do it	1	2	3	4	5
4. Your mom helps with some of your special activities (sports, scouts, church)	1	2	3	4	5
A. How about your dad	1	2	3	4	5
5. Your parents reward or give something extra to you for behaving well	1	2	3	4	5
6. You fail to leave a note or let your parents know where you are going	1	2	3	4	5
7. You play games or do fun things with your mom	1	2	3	4	5
A. How about your dad?	1	2	3	4	5
8. You talk your parents out of punishing you after you have done something wrong	1	2	3	4	5
9. Your mom asks you about	1	2	3	4	5

your day in school					
A. How about your dad?	1	2	3	4	5
10. You stay out in the evening past the time you are supposed to be home	1	2	3	4	5
11. Your mom helps you with your homework	1	2	3	4	5
A. How about your dad?	1	2	3	4	5
12. Your parents give up trying to get you to obey them because it's too much trouble	1	2	3	4	5
13. Your parents compliment you when you have done something well	1	2	3	4	5
14. Your mom asks you what your plans are for the coming day	1	2	3	4	5
A. How about your dad?	1	2	3	4	5
15. Your mom drives you to a special activity	1	2	3	4	5
A. How about your dad?	1	2	3	4	5
16. Your parents praise you for behaving well	1	2	3	4	5
17. Your parents do not know the friends you are with	1	2	3	4	5
18. Your parents hug or kiss you when you have done something well	1	2	3	4	5
19. You go out without a set time to be home	1	2	3	4	5
20. Your mom talks to you about your friends	1	2	3	4	5
A. How about your dad?	1	2	3	4	5
21. You go out after dark	1	2	3	4	5

without an adult with you					
22. Your parents let you out of a punishment early (like lift restrictions earlier than they originally said)	1	2	3	4	5
23. You help plan family activities	1	2	3	4	5
24. Your parents get so busy that they forget where you are and what you are doing	1	2	3	4	5
25. Your parents do not punish you when you have done something wrong	1	2	3	4	5
26. Your mom goes to a meeting at school, like a PTA meeting or parent/teacher conference	1	2	3	4	5
A. How about your dad?	1	2	3	4	5
27. Your parents tell you that they like it when you help around the house	1	2	3	4	5
28. You stay out later than you are supposed to and your parents don't know it	1	2	3	4	5
29. Your parents leave the house and don't tell you where they are going	1	2	3	4	5
30. You come home from school more than an hour past the time your parents expect you to be home	1	2	3	4	5
31. The punishment your parents give depends on their mood	1	2	3	4	5
32. You are at home without an adult being with you	1	2	3	4	5

33. Your parents spank you with their hand when you have done something wrong	1	2	3	4	5
34. Your parents ignore you when you are misbehaving	1	2	3	4	5
35. Your parents slap you when you have done something wrong	1	2	3	4	5
36. Your parents take away a privilege or money from you as a punishment	1	2	3	4	5
37. Your parents send you to your room as a punishment	1	2	3	4	5
38. Your parents hit you with a belt, switch, or other object when you have done something wrong	1	2	3	4	5
39. Your parents yell or scream at you when you have done something wrong	1	2	3	4	5
40. Your parents calmly explain to you why your behavior was wrong when you misbehave	1	2	3	4	5
41. Your parents use time out (makes you sit or stand in a corner) as a punishment	1	2	3	4	5
42. Your parents give you extra chores as a punishment	1	2	3	4	5

APPENDIX H

Reactive and Proactive Aggression Questionnaire

There are times when most of us feel angry, or have done things we should not have done. Rate each of the items below by putting a circle around 0 (never), 1 (sometimes), or 2 (often). Do not spend a lot of time thinking about the items—just give your first response. Make sure you answer all the items (see below).

	Never	Sometimes	Very Often
1. Yelled at others when they have annoyed you	0	1	2
2. Had fights with others to show who was on top	0	1	2
3. Reacted angrily when provoked by others	0	1	2
4. Taken things from other students	0	1	2
5. Gotten angry when frustrated	0	1	2
6. Vandalized something for fun	0	1	2
7. Had temper tantrums	0	1	2
8. Damaged things because you felt mad	0	1	2
9. Had a gang fight to be cool	0	1	2
10. Hurt others to win a game	0	1	2
11. Become angry or mad when you don't get your way	0	1	2
12. Used physical force to get others to do what you want	0	1	2
13. Gotten angry or mad when you lost a game	0	1	2
14. Gotten angry when others threatened you	0	1	2
15. Used force to obtain money or things from others	0	1	2
16. Felt better after hitting or yelling at someone	0	1	2
17. Threatened or bullied someone	0	1	2
18. Made obscene phone calls for fun	0	1	2
19. Hit others to defend yourself	0	1	2
20. Gotten others to gang up on someone else	0	1	2
21. Carried a weapon to use in a fight	0	1	2
22. Gotten angry or mad or hit others when teased	0	1	2
23. Yelled at others so they would do things for you	0	1	2

APPENDIX I

The Buss-Perry Aggression Questionnaire

Rate each of the following items in terms of how characteristic they are of you. Use the following scale:

	Extremely uncharacteristic of me				Extremely characteristic of me
1. Once in a while, I can't control the urge to strike another person.	1	2	3	4	5
2. Given enough provocation, I may hit another person.	1	2	3	4	5
3. If someone hits me, I hit back.	1	2	3	4	5
4. I get into fights a little more than the average person.	1	2	3	4	5
5. If I have to resort to violence to protect my rights, I will.	1	2	3	4	5
6. There are people who pushed me so far that we came to blows.	1	2	3	4	5
7. I can think of no good reason for ever hitting a person.	1	2	3	4	5
8. I have threatened people I know.	1	2	3	4	5
9. I have become so mad that I have broken things.	1	2	3	4	5

APPENDIX J

The Loudin, Loukas, and Robinson Relational Aggression Subscale

Think about your interpersonal relationships and your interactions with your peers. A peer can be someone who is a good friend, a classmate, an acquaintance or a dating partner. In your interactions with your peers, how likely are you to do the following:

	Not at all likely	Not very likely	A little likely	Somewhat likely	Very likely
1. When angry or mad at a peer how likely are you to give him/her the "silent treatment?"	1	2	3	4	5
2. When angry or mad at a peer how likely are you to try to damage his/her reputation by passing on negative information?	1	2	3	4	5
3. When angry or mad at a peer how likely are you to try to retaliate by excluding him/her from group activities?	1	2	3	4	5
4. How likely are you to intentionally ignore a peer, until s/he agrees to do something you want them to do?	1	2	3	4	5
5. How likely are you to make it clear to a peer that you will think less of him/her unless they do what you want?	1	2	3	4	5

- | | | | | | |
|--|---|---|---|---|---|
| 6. How likely are you to threaten to share private information with others in order to get a peer to comply with your wishes? | 1 | 2 | 3 | 4 | 5 |
| 7. When angry or mad at a same-sex peer, how likely are you to try and steal that person's dating partner to get back at them? | 1 | 2 | 3 | 4 | 5 |

VITA

EDUCATION

Sam Houston State University, Huntsville, TX

Master of Arts in General Psychology, 18 credit hours in Criminal Justice

Current

Current GPA: 4.0

Texas State University, San Marcos, TX

Bachelor of Arts in Psychology, Minor in Forensic Psychology

May 2015

GPR: 3.83 (Summa cum Laude, Honors College, Deans List, Liberal Arts Award for Academic

Excellence)

RESEARCH EXPERIENCE

Sam Houston State University, Huntsville, TX

Dr. Hillary Langley's Developmental Lab

Aug.

2017-Current

- Contributing to and discussing prior literature on gratitude and parent's socialization of gratitude in children.
- Assisting with IRB applications.
- Developing and collaborating on coding schemes of transcripts of discussions between child and parent about gratitude.

RESEARCH PUBLICATIONS

Sam Houston State University, Huntsville, TX

Master's Thesis

Chumchal, M., J. (In Progress). Psychopathic traits, parenting, and self-concept: Factors influencing aggression.

Sam Houston State University, Huntsville, TX

Other Publications

Chumchal, M., J. (In Progress). Parent beliefs about child emotions moderating parent psychopathology and child behavior.

Chumchal, M., J., & Dobyanski, D. (In Progress). Psychopathy and gratitude.

Langley, H. A., Chumchal, M. J., Billeiter, K. B., & Smith, M. G. (In Progress). How do race/ethnicity differences predict parents' ideas about children's gratitude.

CONFERENCE EXPERIENCE

Prosocial Development Among Diverse Children, Philadelphia, PA

Poster

October

18-20, 2018

Langley, H. A., Chumchal, M. J., Billeiter, K. B., & Smith, M. G. (In Progress). How do race/ethnicity differences predict parents' ideas about children's gratitude.

- Placed third in the poster presentations.

WORK EXPERIENCE

Blinn College, Navasota, TX

Adult Education ESL Instructor

Jan.

2019-Current

- Dedicating 15 hours a week teaching adult ESL students.
- Creating lesson plans.
- Recording attendance and student hours in TEAM program.
- Determining when to test students out of the program.
- Completing 15 yearly hours of training through Texas A&M's professional development portal.
- Following state guidelines in the classroom.
- Maintaining contact between the program supervisors and students.

Sam Houston State University, Huntsville, TX

Dr. Hillary Langley's Teaching Assistant

Jan.

2018-Current

- Dedicating 10 hours a week attending class, holding office hours, and assisting with various tasks.
- Recording student attendance.
- Assisting with grading and developing supplemental instruction items.
- Delivering lectures when needed.

Sam Houston State University, Huntsville, TX

Dr. Hillary Langley's Research Assistant

Aug.

2018-Current

- Dedicating 10 hours a week.
- Assisting with conducting focus groups for data collection.
- Assisting with conducting lab meetings.
- Assisting with recruitment, such as going to organizations and talking to possible participants.

Dr. Michelle Garcia Psy.D & Associates, Spring, TX

Administrative Assistant

Dec.

2017-Current

- Dedicating 20 hours a week from my home office.
- Calling and emailing to confirm appointments for clinician's observations with clients and training of behavioral plans.
- Calling agencies to collect data on clients.
- Maintaining email chains with various employees in the practice.
- Implementing practice marketing and social media.
- Assisting with recruitment and hiring of new clinicians.
- Recording client attendance and travel to assist with billing and ensuring that all clients are seen.
- Keeping track of clients that refuse further services and new clients.
- Handling and maintaining clinician schedules.

- Assisting in writing clinical reports.

Sam Houston State University, Huntsville, TX

Writing Tutor

Aug.

2017-Aug. 2018

- Dedicated 10 hours a week at the Sam Houston State University Writing Center during academic semesters as a graduate assistant.
- Led one-on-one, 30-minute and 60-minute sessions with students.
- Led 90-minute sessions with group papers and assignments.
- Conducted writing center orientations for various classes.
- Assigned role as a lead tutor. Duties included mentoring, assisting, and answering questions for other tutors. I also was charged with evaluating other tutor's sessions.
- Led lectures to students on various formatting styles.
- Led training for new tutors.

Blinn College, Bryan, TX

Writing Tutor

Oct.

2015-May 2017

- Dedicated 12 hours a week at the Blinn College Writing Center during academic semesters.
- Led one-on-one, 45-minute sessions with students.
- Conducted writing center orientations for various classes.
- Taught and tutored in English labs for ESOL and developmental courses.
- Trained new and veteran tutors.
- Created and presented two lectures to students on thesis and annotated bibliography building.

Redline Instruments Incorporated, College Station, TX

Office Manager

Aug.

2015-July 2017

- Dedicated 40 hours a week at the Redline Instruments office.
- Facilitated and answered calls from customers.
- Maintained a network of communication between offices in Midland, Texas; San Antonio, Texas; and Sulphur, Oklahoma via email and phone.
- Organized office material and client files.
- Created and organized invoices.
- Handled and called companies with past due bills.
- Created Commission Reports for salesmen.
- Organized and handled time cards for all employees in the College Station office.

Texas State University, San Marcos, TX

Student Learning Assistance Center Tutor

Aug.

2013-May 2015

- Dedicated 20 hours weekly in academic semesters.
- Provided individual instruction on topics including writing, psychology, and psychology

statistics.

- Selected, based on experience and level of skill, to serve specialized populations, including student athletes and international students.
- Assisted in recruitment, hiring and training of new tutors to better staff and meet student needs.
- Led small and large group sessions, providing instruction to up to 50 students each session.
- Coordinated with department heads to donate books to the tutoring program and marketing tutoring programs to increase student engagement.
- Created materials to assist in the instruction of psychology, sociology, health and criminal justice students.

Texas State University, San Marcos, TX

Upward Bound Intern

Jan.

2015-May 2015

- Dedicated 120 hours onsite at Del Valle High School and at the Texas State Upward Bound office.
- Provided after school academic enrichment sessions for at-risk, low-income, and/or first generation students.
- Participated in community service trips and a college visit to Southwestern University.
- Created and distributed a College Writing Newsletter with tips and exercises on getting ready for the rigor of college writing.
- Presented a lesson during enrichment sessions each week.
- Contacted parents in providing support for academic progress of their students and reviewed students' grades and alerting them to unacceptable progress.

Texas State University, San Marcos, TX

Psych and Law Service Learning Course - Travis County Probate Court

Aug.

2014-Dec. 2014

- Completed fifteen court visits for the Travis County Probate Court, in the Austin area.
- Visited group homes, nursing homes, private homes, as well as the Austin State Supported Living Center (ASSLC) and the Austin State Hospital (ASH)—five wards in varying group homes, five wards at ASSLC, three wards, each in private homes, one ward in foster care, and one ward at a nursing home.
- Interacted with facility staff, mental health patients, and guardians.
- Completed paperwork to measure and review each facility's adequacy in following State Laws governing ward care to be turned in to the Travis County Probate Court.
- Met with social workers to create action plans to improve the various conditions of mental health facilities in Austin.
- Observed Judge Dan Prashner in five commitment hearings at the Austin State Hospital.

CERTIFICATIONS and TRAININGS

Sam Houston State University, Huntsville, TX

CITI Research with Human Subjects Training

May 2017

- Received certification based on 1 hour of training regarding the history, regulations, and definition of ethical behavior when working with human subjects.
- Training expires in April 2022.

Blinn College, Bryan, TX

College Reading and Learning Association Certification Level Three

May 2016

- Received certification based on 10 hours of training. Read research on learning. Created workshops and trainings to be delivered to students and tutors. Completed at least 25 hours of one-on-one tutoring.

Texas State University, San Marcos, TX

College Reading and Learning Association Certification Level Two

May 2015

College Reading and Learning Association Certification Level One

May 2014

- Received certification based on training, work experience and assessment. Completed at least 25 hours of face-to-face tutoring, 10 hours of training, and completion assessments for each level.