

PATHOLOGICAL PERSONALITY TRAITS PREDICTING INTERPERSONAL AND
FUNCTIONAL IMPAIRMENT AMONG COLLEGE STUDENTS

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ABSTRACT

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Personality is defined as the characteristic set of behaviors, cognitions, and emotional patterns that evolve from biological and environmental factors. A personality disorder (PD) is defined by possessing pathological personality traits that impair an individual's ability to function. Increasing dissatisfaction with categorical PD diagnoses has led to the development of dimensional PD frameworks, such as the Alternative Model for Personality Disorders (AMPD). The current study aimed to investigate pathological personality traits and their prediction of functional impairment over time. A secondary aim of the current study was assessing whether quality of life moderates the relationship between personality trait pathology and impairment. We hypothesized that Antagonism and Detachment traits would be highly associated with the interpersonal domain of the LPFS-SR. In addition, it was hypothesized that quality of life would moderate the relationship between pathological personality and level of impairment. Results revealed that personality traits and impairment were correlated with each other at all time points. Additionally, quality of life moderated the relationship between Negative Affectivity, Detachment, and Disinhibition and impairment for Time 2, and Negative Affectivity and Disinhibition on impairment for Time 3. Since quality of life moderated these relationships, potential intervention points may be beneficial to limit the magnitude of impairment an individual may feel.

KEY WORDS: Personality; Personality Disorders; Sam Houston State University, Graduate School, Texas.

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PREFACE

Before you lies the thesis “Pathological Personality Traits Predicting Interpersonal and Functional Impairment Among College Students”, the basis of which are several measures on pathological personality traits and personality disorders. It has been written to fulfill the graduation requirements of the Clinical Psychology Masters Program at Sam Houston State University (SHSU). I was engaged in researching and writing this thesis from January 2021 to May 2022.

The project was undertaken with the help of Dr. Jaime Anderson. The research was difficult, but conducting an extensive investigation has allowed me to answer the question that we identified. Fortunately, Dr. Anderson and my committee members, Dr. Adam Natoli and Dr. Tiffany Russell, were always available and willing to answer my queries.

I would like to thank my committee for their excellent guidance and support during this process. I also wish to thank all the participants. This study would have not been capable without you all. I also benefitted from debating issues with my friends and family. If I ever lost interest, they kept me motivated. My parents deserve a particular note of thanks: your wise counsel and kind words have, as always, served me well.

I hope you enjoy your reading.

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CHAPTER I

Introduction

Personality is a “complex pattern of deeply embedded psychological characteristics that are largely nonconscious and not easily altered, which express themselves automatically in almost every facet of functioning” (Millon, 2016). Additionally, personality is an important aspect in understanding behavior across many contexts, including social interactions (Nezlek et al., 2011), relationship satisfaction and stability (Dyrenforth et al., 2010), and coping skills (Roesch et al., 2006). Personality psychopathology, on the other hand, refers to enduring patterns of cognition, emotion, and behavior that negatively affect a person’s adaptation (Eaton et al., 2011). Previous research has shown personality psychopathology is associated with issues such as impaired professional functioning (McGurk et al., 2013), marital problems (Zanarini et al., 2015), and criminal behavior (Miller and Lynam, 2001).

The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychological Association, 2013) defines a personality disorder (PD) as a pervasive pattern of inner experience and behavior that deviates from the expectation of the individual’s culture that leads to distress or impairment. 2. Individuals with PDs struggle with occupational instability, damaged interpersonal relationships, and an inability to cope and regulate their emotions. These costs further diminish their quality of life (Soeteman, Verheul, & Busschbach, 2008). Previous research has supported that PDs are associated with impaired self (e.g., difficulty establishing and/or achieving personal goals and experiences a lack of identity; Schmeck et al., 2013) and interpersonal

functioning (e.g., problems in social relationships; Noren et al., 2007), and lower global social adjustment scores (Skodol et al., 2005a) even when controlling for other diagnoses (Hong et al., 2005, Johnson et al., 2000, Skodol et al., 2005b). Additionally, the World Health Organization (WHO) defines quality of life as “an individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns” (WHO, 2012). Standard indicators of quality of life include wealth, employment, the environment, physical and mental health, education, recreation and leisure time, social belonging, religious beliefs, safety, security and freedom (Gregory et al., 2009; Nussbaum & Sen, 1993; Barcaccia, 2013). Quality of life has a wide range of contexts, including the fields of international development, healthcare, politics, and employment. Notably, one’s perception of their position in life may impact the level of impairment experienced by personality psychopathology. In other words, relatively stable pathological traits may vary in their impact when one perceives life as going well vs. aspects of life being perceived as problematic.

Historically, PDs have been measured as part of a multi-axial and categorical system in the DSM. PDs were introduced in the DSM-III as discrete types grouped into three clusters and placed on a separate axis (Axis II- personality disorders and mental retardation). Later versions of the DSM (DSM-III-R, 1987 and DSM-IV, 1994) kept the same multi-axial classification system, though this categorical system of diagnosis proved to be problematic. Indeed, there is a vast body of literature discussing the numerous problems with the categorical model of diagnosing PDs, including high levels of comorbidity (co-occurrence) between putatively distinct disorders, poor coverage of

possible PD content, arbitrary boundaries for distinguishing the presence/absence of a PD, and heterogeneity among individuals with the same PD diagnosis (e.g., Widiger & Trull, 2007). Furthermore, there are problems with the current classification system because personality features and psychopathological tendencies do not describe categories of individuals in nature (Kreuger et.al., 2011; Clarkin, Meehan, & Lenzenweger 2015; Widiger & Samuel, 2005). Individuals showing significant personality psychopathology are not well sorted into the 10 PD categories in the DSM-5, and a more structured, trait model better describes personality pathology (Kreuger et. al., 2011; Trull, 2006).

In response to decades of criticism regarding the categorical diagnostic model for PDs (e.g., Clark, 2007; Watson, Clark, & Chmielewski, 2008; Widiger & Mullins-Sweatt, 2010), the fifth edition of the DSM includes an Alternative Model for Personality Disorders (AMPD) in Section III. The AMPD assesses personality psychopathology on the basis of two criteria. Criterion A is defined by impairment in self and interpersonal functioning. Disturbances in self-functioning are characterized by impairment in one's sense of identity and self-direction, whereas disturbances in interpersonal functioning are characterized by one's capacity for empathy and intimacy. Given the advances in our understanding of dimensional, trait-based models of personality psychopathology (Krueger & Markon, 2014; Widiger & Trull, 2007), a pathological trait model is also a central part of the AMPD in Criterion B, which includes 25 specific pathological trait facets. These 25 traits are organized into five broad domains—Negative Affectivity, Detachment, Antagonism, Disinhibition, and Psychoticism—that overlap substantially with the Five Factor Model (FFM; e.g., Few et al., 2013; Gore & Widiger, 2013; Thomas

et al., 2012). Though the FFM provides a foundation for personality traits in the AMPD, the AMPD also overlaps with other pathological models of personality. Prior studies have shown that the AMPD coincides with other models such as the Computerized Adaptive Test of Personality Disorder (CAT-PD; Simms et al., 2011) and the Personality Psychopathology Five (PSY-5; Anderson et al., 2013; Finn et al., 2014), providing support for the construct validity of the trait model. The vast majority of work on the AMPD has focused on the trait model, which has generally found widespread empirical support (see Zimmermann et al., 2019 for a review). Together, the two criteria (severity of impairment and possessing pathological traits) of the AMPD can be used to diagnose six personality disorders (i.e., schizotypal, antisocial, borderline, narcissistic, avoidant, and obsessive–compulsive) in addition to a non-specific “personality disorder-trait specified” diagnosis wherein both impairment and pathological traits are present without conforming to a specific PD.

Along with the model, the Personality Inventory for the DSM-5 (PID-5; Kreuger et al., 2012) was developed as a dimensional measure of AMPD Criterion B (APA; 2013). The PID-5 has been well researched, with numerous studies showing support for its validity and reliability (see Al-Dajani et al., 2016 for a review). Specifically, the PID-5 displays acceptable psychometric properties, convergence with existing personality instruments, and expected associations with broadly conceptualized clinical constructs.

Personality Impairment

Although the AMPD model has found broad support in research thus far, continued research on the association between traits and impairment is needed. As noted, the majority of research on the AMPD has focused on the dimensional trait model;

however, a growing body of literature has examined functional impairment (Criterion A) as well. Reviews from Zimmermann and colleagues (2019) as well as Krueger and Hobbs (2020) demonstrated that the impairment criteria show promising results in terms of reliability, validity, and utility of the AMPD; however, there are still challenges that future research should address. Notably, several studies have demonstrated a substantial overlap between Criterion A and Criterion B, with many questioning the necessity of separate impairment criteria (Widiger et al., 2019; Miller, Sleep, & Lynam, 2018; Few et al., 2013). Others have questioned the break-down of self and interpersonal functioning domains over a more global functional impairment dimension (Meehan et al., 2019; Bender, Zimmermann, & Huprich, 2018). One study conducted by Anderson & Sellbom (2018) examined impairment specific to the six personality disorder diagnoses included in the AMPD model. Their results exhibited limited support for the two domain and four subfacet levels of impairment, but showed some support for disorder-specific impairment. Their results also indicated that disorder-specific impairment was associated with other measures of functional impairment, DSM-5 Section II PD symptoms, and Section III traits with a generally good degree of convergence. Similarly, Sleep and colleagues (2019) evaluated impairment in accounting for psychopathology. They found that the functional impairment dimensions were highly interrelated and exhibited little evidence of discriminant validity. In addition, the impairment dimensions displayed strong correlations with measures of both mental health and substance use disorders (Axis I) and personality disorder (Axis II) constructs, challenging the notion that personality dysfunction is unique to PDs. On the other hand, Garcia and colleagues (2021) examined Criterion A of the AMPD and found that most variables were highly

intercorrelated, but further analyses revealed that personality functioning (measured as LPFS) possesses meaningful personality construct variance not fully explained by severity of pathological traits or psychiatric and psychosocial impairment, suggesting support for the AMPD model. Of note, most of this research has been cross-sectional, perhaps limiting the ability to differentiate between the two criteria.

The optimal amount of overlap between traits and impairment within the AMPD is certainly debated. The criteria are not meant to be entirely overlapping, though traits and impairment should (and do) converge in the AMPD model as well as others. Indeed, beyond the AMPD, previous research has shown dimensional models of personality, including pathological personality traits, are predictive of impairment and psychosocial functioning (Few et al., 2013; Boland, Damjanovic, & Anderson, 2018). Importantly, numerous studies have examined the extent to which pathological personality traits predict future levels of functional impairment. A study conducted by Morey et. al. (2011) compared the FFM, the Schedule for Nonadaptive and Adaptive Personality (SNAP; Clark, 1993), and DSM-IV PDs, in a 6-, 8-, and 10-year follow up study. The results demonstrated that personality traits are predictive of intermediate and even longer-term outcomes, supporting the use of personality traits to understand functional impairment. Further, Wright et. al. (2015) found that only six of the 25 DSM-5 Section III traits exhibited even a small degree of change over time, demonstrating that AMPD traits are also highly stable, consistent with the definition of PD. Calabrese and Simms (2014) examined whether dimensions of personality pathology and psychosocial dysfunction can be psychometrically distinguished. Participants were instructed to rate their dysfunction experienced within the past 24 hours. Their findings showed substantial overlap between

traits and dysfunction. However, follow-up analyses revealed that baseline dysfunction ratings incrementally predicted daily dysfunction ratings after accounting for personality trait ratings, suggesting that traits and dysfunction are at least partially differentiable. Moreover, Hopwood et al. (2013) analyzed normal traits, pathological traits, and personality disorder dimensions. Their results demonstrated that individuals with more severe functional impairment at baseline displayed more dramatic changes in personality features (measured using the SNAP) than those with less severe impairment.

Importantly, there is substantial variability in the length between assessments in various studies examining personality and impairment. Morey et. al. (2011) included multiple years between their assessment of personality and dysfunction, Wright et. al.'s (2015) study length included almost a year and a half between assessments, Hopwood et al.'s (2013) study analyzed various personality traits and dimensions over a 10-year time period, and Calabrese and Simms' (2014) study duration included a shorter time of 10 days. The time frame in Calabrese and Simms' (2014) study is consistent with previous literature studying similar constructs of interpersonal conflict (Bolger & Zuckerman, 1995), negative and positive life events (Langston, 1994), and impulsive behaviors (Wu & Clark, 2003). Because of the variability of duration with previous studies and lack of literature discussing impairment shifts, it is difficult to predict impairment changes. The current study intends to examine the association of pathological personality traits with interpersonal and functional (self-functioning, i.e., identity and self-direction) impairment over a two-week period using the AMPD. In contrast to previous studies, a shorter period of time was chosen because psychopathological changes can occur in the short term as well (e.g., Calabrese & Simms, 2014).

The Current Study

The primary aim of the current study is to examine whether baseline pathological personality traits will predict short term functional impairment among undergraduate college students. It is hypothesized that pathological traits at baseline will predict impairment one and two weeks later. In particular, it is predicted that Detachment and Antagonism will have especially strong relationships with interpersonal dysfunction because such individuals experience interpersonal withdrawal, grandiosity, callousness, and mistrust of others (e.g., Wilson et al., 2017). It is expected that Negative Affectivity will predict all areas of dysfunction, as some have suggested Negative Affectivity may be a general factor across many areas of psychopathology (e.g., Lahey et al., 2017; Tackett et al., 2014) and is likely to heavily influence impairment severity (Sharp et al., 2015). No specific hypotheses were made for Disinhibition or Psychoticism domains. Notably, it has been shown that pathology predicts impairment (Skodol, 2018; Bogaerts et al., 2021) and that pathological traits and functional impairment are somewhat overlapping (e.g., Anderson & Sellbom, 2018). Therefore, some degree of overlap across these constructs is expected, even a few weeks apart. That being said, we hypothesize that impairment may vary as a function of the environment, while traits remain more stable over time. If this is the case—that personality traits are theoretically stable and impairment varies—there should be a reason for this variation (e.g., quality of life). Little research has examined these potential factors.

Therefore, a second aim of the current study is to investigate if the association between pathological traits and impairment depends on one's quality of life. Because traits are relatively stable over time, variation in the level of impairment caused by

personality pathology could be due to an individual's quality of life (e.g., poor health, financial strain, interpersonal problems, etc.) It is expected that as quality of life increases, the association between pathological personality traits and impairment will become weaker. We chose to examine quality of life because these variations could impact one's interpersonal relationships and overall well-being. Therefore, the present study seeks to explore the predictiveness of baseline personality traits and levels of impairment using the AMPD, while moderating for quality of life.

CHAPTER II

Methods

Participants

The initial sample of participants included 500 undergraduate students (M age = 21.17) at a southwestern university who participated in a large-scale data collection from which the current data were extracted. Of the initial sample, 80.2% identified as female, 14.3% as male, and 1.7% as genderfluid/nonbinary. 44.9% identified as White, 23.4% as Black/African American, 22.6% as Latinx, 3.4% as Asian-American, and 5.4% as other. Because the study included different time points, some participant drop-out occurred. At Time 2, there were 343 participants (M age = 21.63). Of the sample, 85.4% identified as female, 14.2% as male, and 0.5% as genderfluid/nonbinary. 48.4% of the Time 2 sample identified as White, 21.3% as Black/African American, 23.6% as Latinx, 1.3% as Asian-American, and 5.3% as other. At Time 3, there were 250 participants (M age = 21.81). Of the participants, 78.4% identified as female, 12.4% as male, and 0.4% as genderfluid/nonbinary. Additionally, 48.7% identified as White, 20.9% as Black/African American, 23.5% as Latinx, 1.3% as Asian-American, and 5.2% as other.

Measures

The following measures were administered to participants:

Demographics. Demographic information, including age, gender identity, race/ethnicity, sexual orientation, and previous or current mental health diagnoses were collected via self-report at Time 1.

Personality Inventory for DSM-5 - Short Form. The Personality Inventory for DSM-5 – Short Form (PID-5-SF; APA, 2013; Maples et al., 2015) is an abbreviated, 100

item version of the Personality Inventory for DSM-5 (PID-5; American Psychological Association [APA], 2013). This self-report measure is designed to assess the personality trait model found in the DSM-5 AMPD. The inventory measures 25 personality trait facets, and can be categorized into five broader traits domains, including Negative Affectivity, Detachment, Psychoticism, Disinhibition, and Antagonism. The items for each of these domains is measured on a Likert scale, ranging from 0 (“Very false or often false”) to 3 (“Very true or often true”). The PID-5-SF was administered at each timepoint; however, only Time 1 scores will be used in this study. Cronbach’s alpha values were acceptable (i.e., $\alpha > .70$) for all PID-5-SF domains and facet scales.

Level of Personality Functioning Scale Self-Report. The Level of Personality Functioning Scale-Self Report (LPFS-SR; Morey, 2017) is an 80 item self-rated personality functioning scale. It assesses four interrelated core functions of personality, including Identity, Self-Direction, Empathy, and Intimacy, with each of these subcomponent scales consisting of 16 to 23 items. The four subcomponent scores are summed to yield an index of the level of severity of impairment in general personality functioning. The items for each of these domains is measured on a 4-point Likert scale, ranging from 1 (“Totally false, not at all true”) to 4 (“Very true”). The LPFS-SR scores for each participant were gathered at all three time points; however, only scores from Time 2 and 3 were used for analysis in the current study. Cronbach’s alpha values were acceptable (i.e., $\alpha > .70$) for all LPFS-SR domains.

World Health Organization Quality of Life-BREF. The WHOQOL-BREF is a quality-of-life indicator. The WHOQOL-BREF (WHO, 1998a) is an abbreviated 26 item self-report version of the WHOQOL-100 (WHO, 1998b). This measure was developed to

assess quality of life across four domains, including physical health, psychological health, social relationships, and environment. It uses a “past 2 weeks” timeframe and 5-point Likert-type scale format (1 = “Very poor” or “Very dissatisfied” to 5 = “An extreme amount” or “Very satisfied”). High scores on this scale indicate high quality of life. The WHOQOL-BREF scores for each participant were gathered at all three time points; however, only scores from Time 2 and 3 were used for analysis in the current study. Cronbach's alpha coefficient for the WHOQOL-BREF scale was adequate ($\alpha = 0.89$).

Validity Indicator. Six validity items were dispersed throughout the survey at each timepoint. These indicators included questions such as “I am allergic to water” and “I am close personal friends with the prime minister of Zanzibar.” Individuals who were suspected of random responding (i.e., individuals who endorse three or more validity items), or who completed the entire survey in less than 25 minutes (less than 2.97 seconds per question), were excluded.

Procedures

Participants were recruited online in exchange for course credit. They signed up to participate via Sam Houston State University (SHSU) Psychology Research Participation System (PeRP) and were provided a link to complete Time 1. Participants were asked to provide contact information for follow-up time points. After one week, undergraduate Research Assistants (RAs) sent participants a survey link for Time 2. Participants who completed Time 2 were then asked to complete Time 3 one week later. Participants who did not complete Time 2 or Time 3 surveys within 48 hours were excluded from analysis.

Analyses

Preliminary analyses included tests of normality (Shapiro-Wilks test, consideration of skewness and kurtosis), and analyses of statistical power. Descriptive statistics (e.g., frequencies, ranges, means, standard deviations, measures of skewness and kurtosis) were computed for the measures.

To address the first aim, correlational analyses were conducted. We hypothesized that Time 1 personality traits would be positively correlated with levels of impairment at Times 2 and 3. Specifically, the associations between the five trait domains and 25 facets on the PID-5-SF would be correlated with the four subscales and the total score of the LPFS-SR at Time 2 and Time 3. In particular, we expected that the Antagonism and Detachment traits would be most highly associated with the interpersonal domain (measured as the Empathy and Intimacy subscales of the LPFS-SR). Furthermore, we also expected Negative Affectivity to be associated with all areas of dysfunction, since Negative Affectivity subsumes a variety of negative emotions and poor self-concept. Because there were 45 comparisons (the five PID-5-SF domains with the LPFS-SR total score and 4 subscales), a Bonferroni correction ($p < .001$) was utilized to control for the risk of a Type 1 error. In addition, we focused our interpretation on correlations that reached at least a moderate magnitude (.30).

To address the second aim, linear regression analyses were conducted using both Time 2 and Time 3 data. Regression analyses were only run for relationships that were at least moderate in the first aim. In addition, we focused these analyses at the domain level (i.e., Detachment, Negative Affectivity, Antagonism, Disinhibition, and Psychoticism) in order to minimize the amount of error due to multiple comparisons. We hypothesized that quality of life would moderate the relationship between pathological personality and level

of impairment at 1-week and 2-week time points. More specifically, the regression analyses examined the total score on the WHOQOL-BREF with the five dimensions on the PID-5-SF and the five impairment variables (the LPFS-SR total score and the four domains). As the total score of quality of life increased, we hypothesized the relationship between each of the five PID-5-SF domains and each of the five domains of LPFS-SR would become less positive.

Hypothesized Results

H1: It was expected that baseline pathological personality traits would predict an individual's level of impairment at one week and at two-week time points. It was also expected that Detachment and Antagonism traits would show particularly strong correlations with the interpersonal domain. Lastly, it was expected that Negative Affectivity would be related to impairment in all areas. No specific hypotheses were made for Disinhibition of Psychoticism domains.

H2: Quality of life was expected to moderate the effects of impairment on pathological personality traits. Specifically, it was expected that as quality of life increases, the association between pathological personality traits (at the domain level) and functional impairment would become weaker.

CHAPTER III

Results

Descriptive statistics for the PID-5-SF, LPFS, and the WHOQOL-BREF are presented in Table A1. Due to participant drop-out, analyses were run on 343 participants at Time 2 and 250 participants at Time 3.

Correlational Analyses

The relationship between pathological personality traits (as measured by the PID-5-SF) and impairment (as measured by the LPFS-SR) was examined using Pearson correlations. It was hypothesized that baseline pathological personality traits would predict an individual's level of impairment at one week and again at two-week time points. Particularly, it was expected that the Detachment and Antagonism traits would show particularly strong correlations with the interpersonal domain. Due to the impact of shared method variance and possibility of inflated correlation, only moderate correlations ($r \geq 0.30$) were examined. These results are shown in Table A2.

Correlation analyses indicated impairment was correlated with all broad domains of pathological personality traits, as well as most facets of the PID-5-SF. Indeed, correlation analyses revealed moderate correlations across PID-5-SF at baseline and LPFS-SR scores (r 's = .30 - .64) at both Time 2 and 3, with the exception of Antagonism at Time 2 ($r = .28$). At Time 2, correlations were moderate to strong between the facets of Negative Affectivity and LPFS scores (r 's = .31 [LPFS-SR Empathy and PID-5-SF Anxiousness] - .64 [LPFS-SR Self and PID-5-SF Depressivity]). Correlations were also moderate to strong between the facets of Detachment and LPFS-SR scores (r 's = .31 [LPFS-SR Intimacy and PID-5-SF Intimacy Avoidance] - .62 [LPFS-SR Self and PID-5-

SF Anhedonia]). For the Antagonism domain, moderate correlations were observed between the facets and LPFS-SR scores (r 's = .30 [LPFS-SR Self and PID-5-SF Attention Seeking] - .42 [LPFS-SR Total and PID-5-SF Callousness]). Additionally, correlations were moderate between the facets of Disinhibition and LPFS-SR scores (r 's = .32 [LPFS-SR Empathy and PID-5-SF Distractibility] - .48 [LPFS-SR Identity and PID-5-SF Distractibility]). Lastly, correlations were moderate to strong between facets of Psychoticism and LPFS-SR scores (r 's = .30 [LPFS-SR Intimacy and PID-5-SF Unusual Beliefs and Experiences] - .52 [LPFS-SR Self and PID-5-SF Perceptual Dysfunction]).

Time 3 correlations displayed similar findings to Time 2, such that impairment was correlated with all broad domains of personality traits and most facets of the PID-5-SF. Correlations were moderate to strong between facets of Negative Affectivity and LPFS-SR scores (r 's = .36 [LPFS-SR Intimacy and PID-5-SF Separation Insecurity] - .61 [LPFS-SR Intimacy and PID-5-SF Suspiciousness]). Additionally, the facets of the Detachment domain exhibited similar results of having moderate to strong correlations between LPFS-SR scores (r 's = .30 [LPFS-SR Empathy and PID-5-SF Intimacy Avoidance] - .60 [LPFS-SR Self and PID-5-SF Anhedonia]). For the Antagonism domain, moderate correlations were observed between the facets and LPFS-SR scores (r 's = .31 [LPFS-SR Intimacy and PID-5-SF Callousness] - .42 [LPFS-SR Empathy and PID-5-SF Deceitfulness]). Correlations were moderate to strong between facets of Disinhibition and LPFS-SR scores (r 's = .30 [LPFS-SR Empathy and PID-5-SF Risk Taking] - .50 [LPFS-SR Identity and PID-5-SF Distractibility]). Finally, correlations were moderate to strong between facets of Psychoticism and LPFS-SR scores (r 's = .33

[LPFS-SR Intimacy and PID-5-SF Unusual Beliefs and Experiences] - .56 [LPFS-SR Identity and PID-5-SF Eccentricity]).

Moderation

Regression analyses were conducted to determine the extent to which PID-5-SF domains predict impairment (LPFS-SR) at Time 2 and Time 3. Detachment emerged as the strongest predictor in most cases, including Time 2 Identity ($\beta=.30$), Self ($\beta=.34$), Empathy ($\beta=.34$), Intimacy ($\beta=.36$) and Total LPFS-SR ($\beta=.32$) as well as Time 3 Self ($\beta=.28$), Empathy ($\beta=.21$), and Intimacy ($\beta=.36$). Negative Affectivity most strongly predicted Identity ($\beta=.34$) and LPFS-SR total ($\beta=.28$) at Time 3.

Moderation analyses were conducted in order to determine the potential interaction effect of quality of life. Multiple linear regression models were tested that examined the impact of quality of life (as measured by the WHOQOL-BREF) on the correlations between pathological personality traits (as measured by the PID-5-SF broad domain scales) and impairment (as measured by the LPFS-SR), and their interaction effects. In total, 45 moderation analyses were conducted, as Antagonism was not examined due to its weak correlation ($r = .28$) with impairment.

Mixed results were found within the moderation analyses. In the cases of Negative Affectivity (β 's = 5.08 - 29.98 , t 's = 4.77 – 7.49 , p 's = .014 - .004), Disinhibition (β 's = 9.03 – 37.66 , t 's = 7.00 – 7.06 , p 's = .001), and Detachment ($\beta = 9.03$, $t = 6.14$, $p = .002$) for Time 2, quality of life significantly moderated the relationship between personality and impairment. At low levels of personality psychopathology, levels of impairment were generally low. However, as personality psychopathology increased, the level of impairment was impacted by quality of life

wherein lower quality of life led to higher levels of impairment at similarly high levels of personality psychopathology. Only Negative Affectivity (β 's = 5.47 – 30.10 , t 's = 5.01 – 7.80 , p 's = .010 - .047) and Disinhibition ($\beta = 11.80$, $t = 8.24$, $p = .004$) for Time 3 analyses revealed quality of life significantly moderated the relationship between personality and impairment (see Figures A1 – A11.). There were no moderating effects on the relations with Psychoticism or Antagonism and impairment for either Time 2 or Time 3.

CHAPTER IV

Discussion

The primary purpose of this study was to examine the relationship between pathological personality traits and functional impairment across a brief period of time. In particular, though the cross-sectional relationship between personality traits and impairment in the AMPD is well established (e.g., Sleep et al., 2020; Boland, Damnjanovic, Anderson, 2018; Lim, Gwee, Hong, 2019), we were interested in investigating whether these relationships were maintained across time. In addition, we aimed to examine whether these relationships were moderated by quality of life. Specifically, this study approached personality psychopathology from a dimensional perspective rather than using categorical diagnoses, which had previously been the norm. We expected to find at least moderate correlations between personality traits and impairment, as well as between quality of life and impairment. This expectation was supported by previous research, which indicated quality of life is tied to interpersonal and functional impairment (Crempien et al., 2017; Pontone et al., 2017; He et al., 2019). Results from the current study provide a clearer, foundational examination of the relationship between pathological personality and impairment.

Our results revealed that impairment was correlated with all broad domains of pathological personality traits, as well as most facets of the PID-5-SF at both Times 2 and 3. This finding is supported by previous research that demonstrates impairment and personality are related (Long et al., 2021; Frank, Schnetti, & Lower, 2002; Hajek & Konig, 2021). Consistent with previous literature, our results illustrate that personality and impairment are associated with one another, even in a longitudinal manner. Calabrese

& Simms (2014), Wright and colleagues (2014), Hopwood and colleagues (2013), and Hopwood and Zanarini (2010) all examined personality and impairment in a longitudinal fashion and demonstrated similar results- that personality traits predicted impairment anywhere from 10 days to 10 years. These findings demonstrate that the DSM-5 Section III traits are stable, consistent with the definition of PD, prospectively predictive of psychosocial functioning, and are dynamically associated with functioning over time. Notably, each previous study has used a different amount of time between assessments and across the study in its entirety. In addition, previous work has used a variety of personality models. Our timepoints were only a week apart, but add to this literature, demonstrating the predictive utility of personality traits across various points in time using the DSM-5 AMPD more specifically.

Additionally, our results showed that Detachment appeared to be the strongest predictor of impairment. This was somewhat surprising, as we expected Negative Affectivity to be strongly associated with all areas of impairment and for Detachment to primarily show associations with interpersonal impairment. Therefore, it is possible that Detachment drives impairment more heavily than other pathological traits, though certainly additional research would be needed to support this. Notably, strong associations emerged in the majority of personality and impairment relationships, potentially highlighting a lack of discrimination either in the measurement of these constructs or the constructs themselves. Several previous studies have suggested considerable overlap between Criterion A (impairment) and Criterion B (traits; e.g., Anderson and Sellbom, 2016; Few et al., 2013; Waugh et al., 2017; Zimmerman et al., 2015), with some arguing that there is such little distinction that separate criteria are not

even necessary. However, the lack of discrimination found in the current study could also result instead from a lack of discrimination between various areas of impairment. This would explain the lack of discriminant relationships between certain pathological personality traits and theoretically relevant areas of impairment.

In contrast to some scholars suggesting indistinguishable differences between pathological traits and functional impairment (or at least in their measurement with the AMPD), the current study's moderation analyses highlight differences between them. Indeed, our results demonstrated that quality of life moderated the relationship between Negative Affectivity and impairment the most, which is supported by previous literature (Conti et al., 2017; Panagopoulou et al., 2006). As mentioned previously, quality of life is a cornerstone of happiness and satisfaction in an individual's life. It is possible that quality of life moderated these relationships because individuals with a higher quality of life could have more meaningful, richer lives than the individuals who reported a low quality of life. For instance, if a participant scored high on Negative Affectivity, but had meaningful social relationships and financial stability, they may not feel as impaired as someone else who scored high on Negative Affectivity- but had strong environmental stressors. These findings not only highlight some of the discrimination between pathological traits and impairment, but also demonstrate the role of perceived life quality in impairment. In other words, the impact of personality on functioning may be more dynamic, with fluctuations based on an individual's current circumstances and life satisfaction.

Additional research on the relation between quality of life and personality psychopathology would benefit the field and provide insight into potential intervention

points to limit the magnitude of impairment an individual may feel. Moreover, it demonstrates that weekly assessments, for example in therapy, could be useful to prevent further impairment. For instance, a quality of life questionnaire could be used to assess the severity of impairment an individual may be feeling from session to session.

In addition, the relationship between personality traits and functioning being moderated by quality of life may provide insight into specific motivating/grounding factors. For example, a study conducted by Schalock and colleagues (2015) discussed an individual's quality of life includes personal demographics (race, gender, ethnicity, socioeconomic status, etc.), organizational culture (level of personal involvement), and family-unit factors (i.e., family income, size, family structure) that might strengthen an individual's ability to cope with psychopathology. Though these factors were not specifically evaluated in the current study, these may be important targets to better understand quality of life and its impact on functioning in future work.

Quality of life is a multidimensional phenomenon composed of core domains that constitute personal well-being. These domains are influenced by personal characteristics and environmental factors. One's quality of life is the product of these factors and can be impacted positively through quality enhancement strategies that encompass developing personal talents, maximizing personal involvement, providing individualized supports, and facilitating personal growth opportunities (Reinders & Schalock, 2014; Schalock & Verdugo, 2012). There are several ways to incorporate quality of life into clinical settings including increasing personal involvement, individualized supports, and personalized growth opportunities. Personal involvement enhances one's level of motivation through increased self-regulation and autonomy/self-determination. There is considerable

empirical evidence that individualized supports enhance quality of life-related personal outcomes (Claes et al., 2012; Vanleerberghe et al., 2017). Finally, personal growth opportunities relate to employing quality enhancement strategies that facilitate the actualization of individual possibilities (Reinders, 2014). Personal growth opportunities that reflect the interplay among individual potential (i.e., micro-system), family and organization policies and practices (mesosystem) , and macrosystem-level societal circumstances (Chiu et al., 2013; Verdugo and Schalock, 2009). Improving one's quality of life can have positive effects on a person's personality and overall outlook on life, which, as demonstrated earlier, is an important factor in the magnitude of impairment someone may feel.

Limitations and Future Directions

This study provides some reflection on the AMPD and dimensional approach to personality psychopathology. As previously mentioned, discrepancies between this study and previous categorical-based studies highlight some of the difficulties of translating research into new conceptualizations and models. Therefore, as the field continues to embrace dimensional approaches, it is important to reexamine established trends, relations and constructs under this new lens.

Although this study provides a clear examination of personality psychopathology, functional impairment, and quality of life, there are limitations to the current study. This study was conducted online and utilized only self-report measures, which can lead to inflated correlations due to shared method variance. Additionally, a significant portion of the original sample was removed from the analyses due to random responding or completing the study in an impractical amount of time. In addition, it is possible some

participants included responded carelessly or quickly, but were not detected with the validity standards utilized.

Although this sample is large, it is entirely collected from an undergraduate sample at a single university. This convenience sampling may have limited the variability of psychopathology in the sample and generalizability of these findings to other populations. In addition, future studies should consider using more advanced statistics (i.e., Structural Equation Modeling) to examine shifts in impairment while accounting for baseline personality psychopathology. Furthermore, additional studies may benefit from analyzing change scores at each time point. Examining change scores was out of the scope of the current study; however, future examinations of change scores may be helpful.

Overall, this study has several important implications despite the limitations. As previously mentioned, our results illustrated that personality traits and impairment are related across a short period of time, which in turn, supports the use of the AMPD. The AMPD provides clinicians with a clear, consistent, and coherent system for identifying personality psychopathology, quantifying its severity, and characterizing its myriad clinical manifestations in terms of impairments in personality functioning and pathological personality traits. In addition, the current study highlighted the importance of life quality in understanding the ways in which pathological traits may impair an individual, providing avenues for future research and treatment considerations.

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APPENDIX A

Table 1
Descriptive Statistics of the PID-5-SF, LPFS-SR, and WHO-QOL-BREF Results

	<u>Week 1</u>			<u>Week 2</u>			<u>Week 3</u>		
	Mean	N	Std. Dev.	Mean	N	Std. Dev.	Mean	N	Std. Dev.
<u>PID-5-SF Negative Affectivity</u>	2.54	499	0.97	-	-	-	-	-	-
Anxiousness	3.05	499	1.22	-	-	-	-	-	-
Emotional Lability	2.17	499	1.11	-	-	-	-	-	-
Separation Insecurity	2.41	499	1.10	-	-	-	-	-	-
Perseveration	2.12	499	0.98	-	-	-	-	-	-
Suspiciousness	1.96	500	0.87	-	-	-	-	-	-
Submissiveness	2.31	500	1.05	-	-	-	-	-	-
Depressivity	1.61	499	0.89	-	-	-	-	-	-
Hostility	2.03	500	1.01	-	-	-	-	-	-
<u>PID-5-SF Detachment</u>	1.87	500	0.77	-	-	-	-	-	-
Withdrawal	2.04	499	0.92	-	-	-	-	-	-
Anhedonia	1.83	500	0.98	-	-	-	-	-	-
Intimacy Avoidance	1.74	499	0.89	-	-	-	-	-	-
Restricted Affectivity	1.38	481	0.61	-	-	-	-	-	-
<u>PID-5-SF Antagonism</u>	1.53	500	0.60	-	-	-	-	-	-
Manipulativeness	1.70	500	0.78	-	-	-	-	-	-
Deceitfulness	1.52	500	0.70	-	-	-	-	-	-
Grandiosity	1.37	500	0.61	-	-	-	-	-	-
Attention Seeking	1.82	499	0.83	-	-	-	-	-	-
Callousness	1.33	500	0.60	-	-	-	-	-	-
<u>PID-5-SF Disinhibition</u>	2.09	500	0.77	-	-	-	-	-	-
Irresponsibility	1.62	499	0.65	-	-	-	-	-	-
Impulsivity	1.97	500	1.01	-	-	-	-	-	-
Distractibility	2.67	499	1.18	-	-	-	-	-	-
Rigid Perfectionism	1.25	473	0.66	-	-	-	-	-	-
Risk Taking	1.86	500	0.85	-	-	-	-	-	-
<u>PID-5-SF Psychoticism</u>	1.78	500	0.78	-	-	-	-	-	-
Unusual Beliefs	1.74	499	0.87	-	-	-	-	-	-
Eccentricity	2.15	500	1.14	-	-	-	-	-	-
Perceptual Dysregulation	1.45	500	0.68	-	-	-	-	-	-
LPFS-SR Identity	80.45	471	24.19	77.28	319	23.99	72.20	238	24.31
LPFS-SR Self	54.38	470	17.48	53.73	326	19.15	50.97	234	18.03
LPFS-SR Empathy	37.45	476	11.92	36.00	332	11.89	34.96	242	11.67
LPFS-SR Intimacy	62.65	474	18.83	61.46	327	20.69	58.51	235	19.80
LPFS-SR Total Score	234.34	420	65.08	226.59	285	68.56	215.55	218	67.83
WHOQOL Phys. Health	27.07	489	4.80	27.23	334	4.79	27.92	245	4.52
WHOQOL Psych. Health	20.61	491	5.03	21.01	341	4.99	21.50	247	5.01
WHOQOL Social Rel.	11.15	491	2.62	11.46	342	2.50	11.48	250	2.46
WHOQOL Environment	29.75	493	5.38	30.13	343	5.31	30.26	247	5.27
WHOQOL Total Score	96.05	474	16.40	97.60	324	16.02	98.60	236	15.57

Note. PID-5-SF = The Personality Inventory for the DSM-5 – Short Form, LPFS-SR = Level of Personality Functioning-Self-Report, and WHOQOL-BREF = World Health Organization Quality of Life-BREF. Broad domain faces are underlined.

Table 2
Correlations between personality traits (PID-5-SF) and impairment (LPFS-SR)

<u>PID-5-SF</u>	Week 2					Week 3				
	Identity	Self	Empathy	Intimacy	Total	Identity	Self	Empathy	Intimacy	Total
<u>Negative Affectivity</u>	.56	.46	.37	.48	.52	.60	.49	.45	.55	.58
Anxiousness	.53	.40	.31	.41	.45	.51	.41	.38	.50	.50
Emotional Lability	.51	.42	.37	.48	.50	.58	.48	.46	.56	.57
Separation Insecurity	.41	.32	.25	.32	.37	.45	.34	.30	.36	.42
Perseveration	.57	.57	.42	.46	.54	.56	.52	.45	.51	.55
Suspiciousness	.52	.44	.45	.52	.51	.54	.47	.47	.61	.56
Submissiveness	.53	.45	.31	.29	.42	.46	.44	.24	.33	.41
Depressivity	.56	.64	.52	.53	.61	.58	.59	.50	.54	.59
Hostility	.37	.32	.32	.44	.41	.47	.37	.46	.49	.49
<u>Detachment</u>	.56	.56	.50	.55	.56	.54	.54	.50	.57	.57
Withdrawal	.53	.47	.44	.50	.51	.47	.43	.42	.52	.49
Anhedonia	.57	.61	.51	.55	.60	.58	.60	.49	.57	.60
Intimacy Avoidance	.29	.32	.29	.31	.29	.28	.29	.30	.30	.28
Restricted Affectivity	-.13	-.17	-.21	-.15	-.16	-.02	-.01	-.06	-.03	-.06
<u>Antagonism</u>	.28	.31	.39	.39	.40	.30	.33	.43	.39	.37
Manipulativeness	.24	.25	.31	.34	.34	.26	.27	.38	.35	.33
Deceitfulness	.33	.36	.37	.35	.40	.33	.40	.42	.35	.39
Grandiosity	.15	.16	.30	.29	.26	.18	.15	.29	.28	.23
Attention Seeking	.33	.30	.27	.34	.36	.38	.32	.33	.33	.37
Callousness	.24	.36	.41	.41	.41	.21	.22	.32	.31	.26
<u>Disinhibition</u>	.52	.54	.40	.43	.51	.53	.54	.47	.46	.55
Irresponsibility	.33	.34	.37	.36	.40	.34	.35	.32	.34	.36
Impulsiveness	.39	.46	.29	.32	.38	.39	.42	.38	.31	.40
Distractibility	.47	.44	.32	.34	.43	.50	.47	.38	.42	.50
Rigid Perfectionism	-.23	-.22	-.23	-.26	-.25	-.24	-.21	-.22	-.24	-.29
Risk Taking	.19	.27	.19	.23	.21	.25	.28	.30	.23	.28
<u>Psychoticism</u>	.52	.53	.47	.44	.51	.55	.53	.51	.45	.53
Unusual Beliefs	.38	.37	.34	.30	.36	.41	.39	.41	.33	.38
Eccentricity	.49	.49	.43	.42	.48	.56	.51	.48	.45	.55
Perceptual Dysregulation	.44	.52	.44	.41	.48	.42	.45	.41	.36	.42

Note. Broad domain facets are underlined, and significant values of moderate correlate (i.e., $r \geq 0.30$) are presented in boldface font. All presented values were significant at a Bonferroni-corrected alpha level.

Table 3

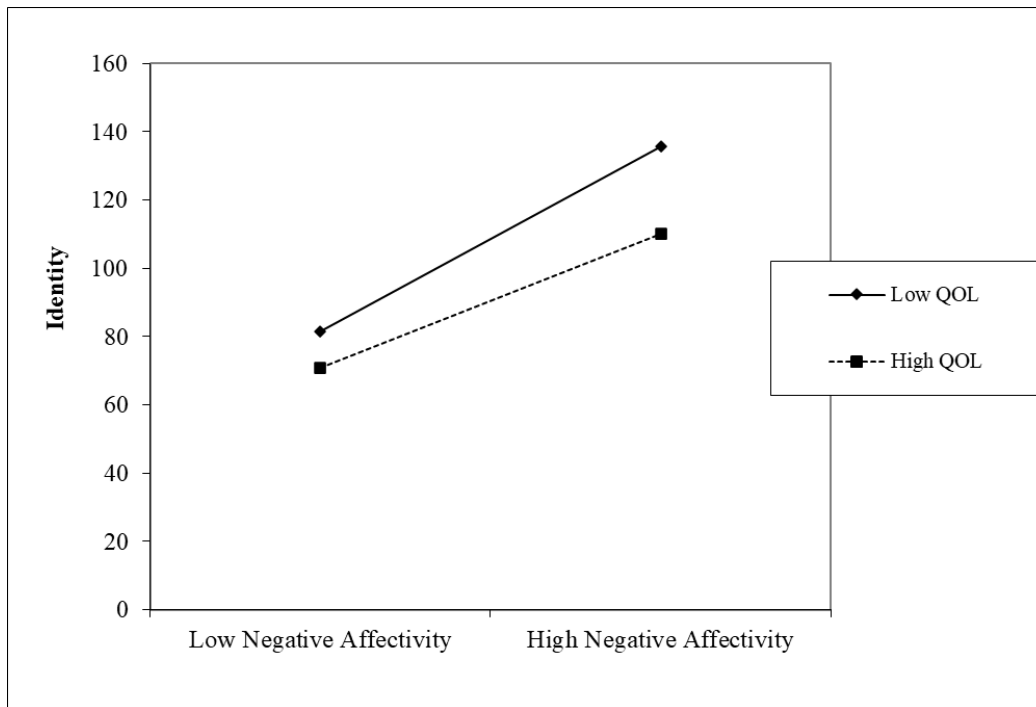
Interaction effects of quality of life (WHOQOL-BREF) on the relationships between pathological personality traits (PID-5-SF) and impairment (LPFS-SR)

Quality of Life Interactions							
		Week 2			Week 3		
		β	t	p	β	t	p
<u>Negative Affectivity</u>	Identity	-.11	-1.97	.049	-.11	-1.82	.070
	Self	-.11	-2.31	.021	-.13	-2.58	.010
	Empathy	-.07	-1.96	.050	-.02	-.48	.629
	Intimacy	-.14	-2.47	.014	-.07	-1.31	.192
	LPFS-SR Total Score	-.57	-2.94	.004	-.35	-2.00	.047
<u>Detachment</u>	Identity	-.02	-.23	.822	.04	.47	.634
	Self	-.18	-3.13	.002	-.09	1.45	.146
	Empathy	-.08	-1.86	.063	.05	1.23	.220
	Intimacy	-.05	-.74	.456	.04	.60	.553
	LPFS-SR Total Score	-.48	-1.76	.079	.07	.27	.786
<u>Antagonism</u>	Identity	.19	1.18	.238	.12	.79	.428
	Self	-.08	-.69	.486	.07	.68	.495
	Empathy	-.00	-.07	.943	.05	.73	.465
	Intimacy	.04	.31	.756	-.03	-.23	.820
	LPFS-SR Total Score	.04	.08	.935	.16	.40	.687
<u>Disinhibition</u>	Identity	-.17	-2.15	.032	-.04	-.43	.662
	Self	-.24	-3.91	.001	-.19	-2.94	.004
	Empathy	-.07	-1.51	.130	-.05	-1.01	.315
	Intimacy	-.10	-1.30	.194	-.13	-1.54	.126
	LPFS-SR Total Score	-1.10	-3.62	.001	-.40	-1.53	.129
<u>Psychoticism</u>	Identity	.05	.67	.499	.11	1.05	.291
	Self	-.07	-1.16	.247	-.04	-.50	.621
	Empathy	-.00	-.08	.934	.01	.22	.829
	Intimacy	.04	.55	.580	-.70	-.64	.526
	LPFS-SR Total Score	-.26	-.74	.456	-.00	-.01	.996

Note. Significant values are presented in boldface font.

Figure 1

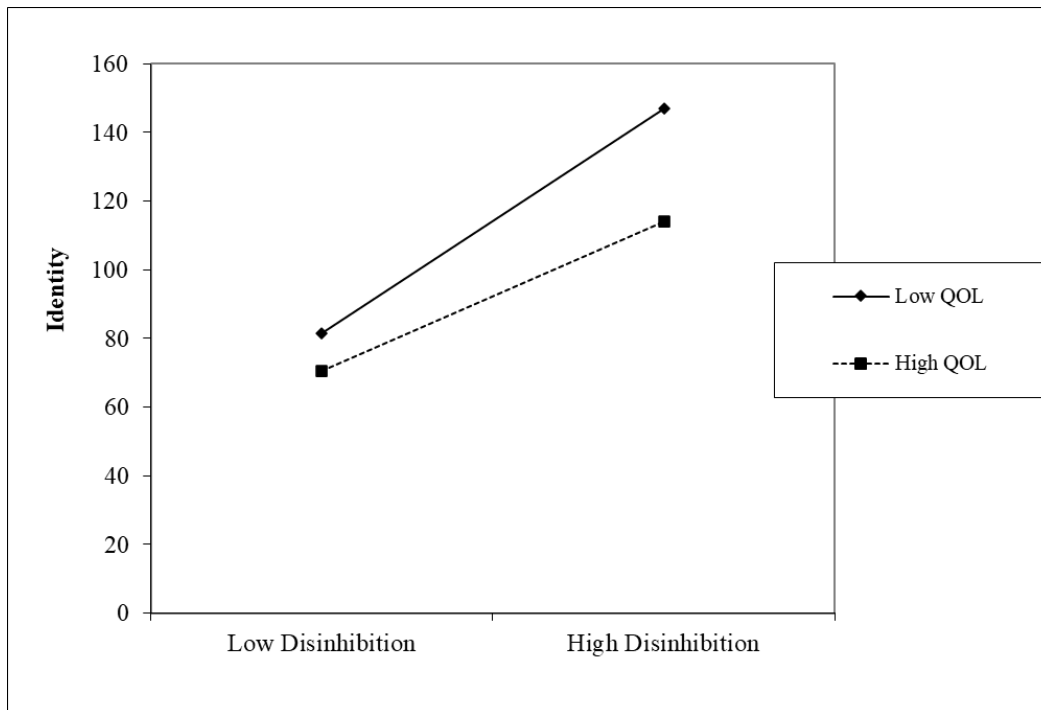
Interaction effect of quality of life (WHOQOL-BREF) on the relationship between Negative Affectivity (PID-5-SF) and Identity (LPFS-SR) in Time 2



Note. Interaction effect of quality of life on Negative Affectivity and Identity.

Figure 2

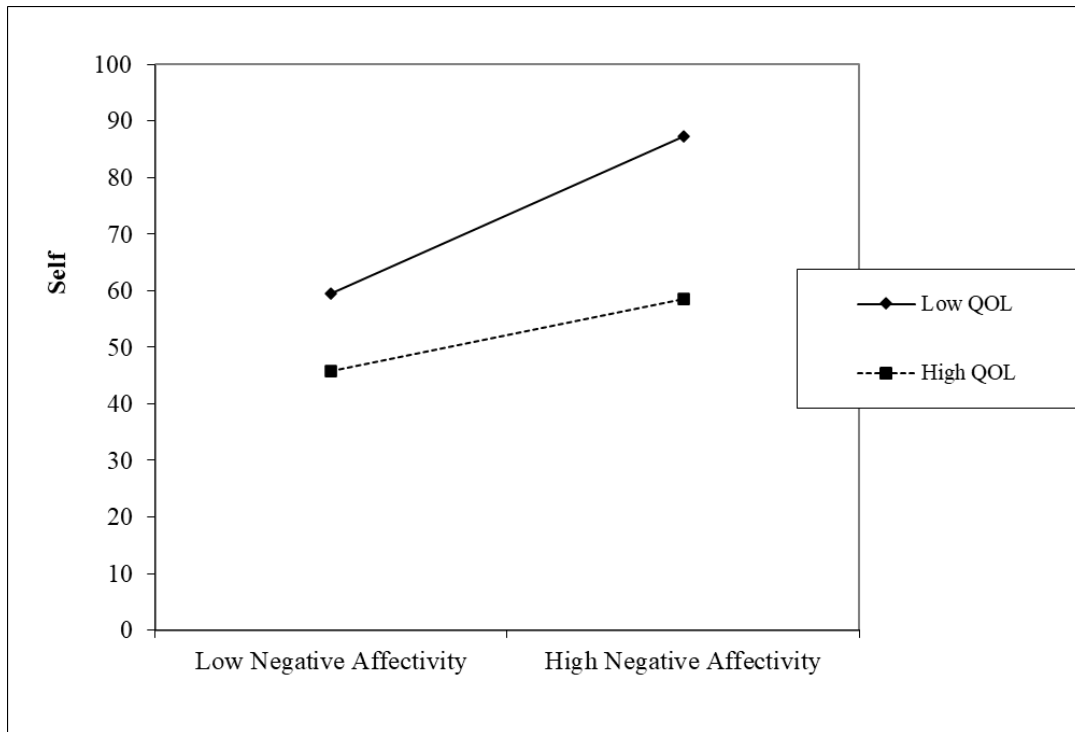
Interaction effect of quality of life (WHOQOL-BREF) on the relationship between Disinhibition (PID-5-SF) and Identity (LPFS-SR) in Time 2



Note. Interaction effect of quality of life on Disinhibition and Identity.

Figure 3

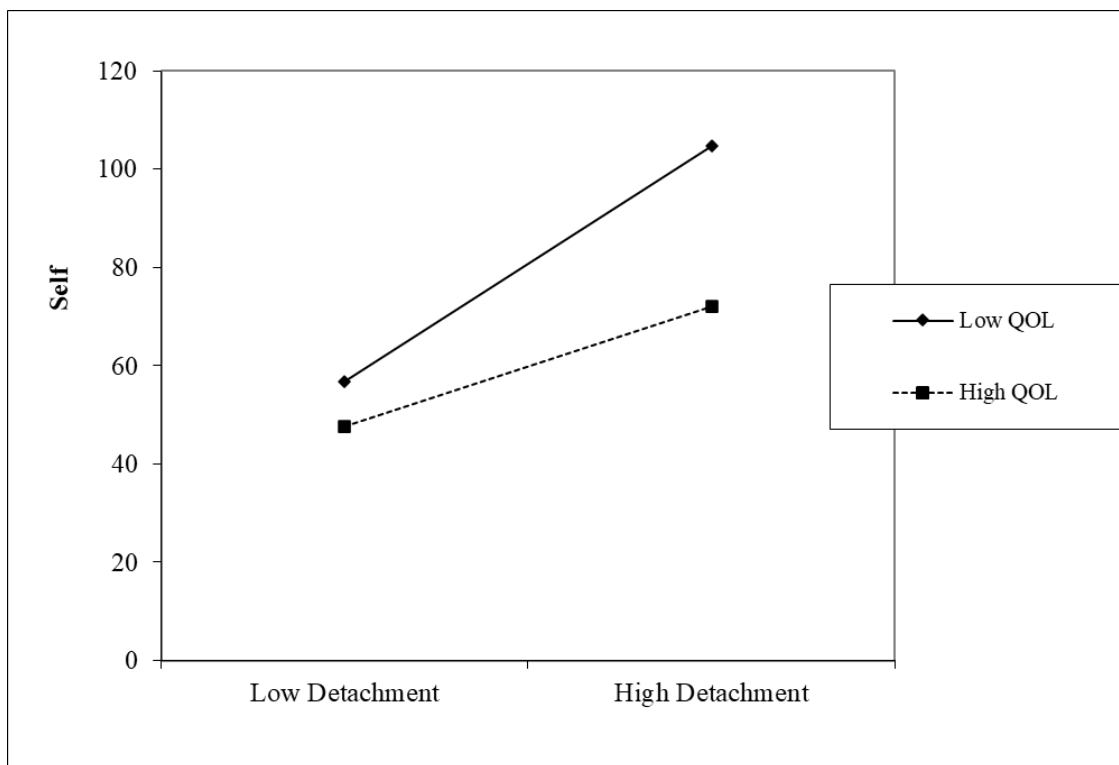
Interaction effect of quality of life (WHOQOL-BREF) on the relationship between Negative Affectivity (PID-5-SF) and Self (LPFS-SR) in Time 2



Note. Interaction effect of quality of life on Negative Affectivity and Self.

Figure 4

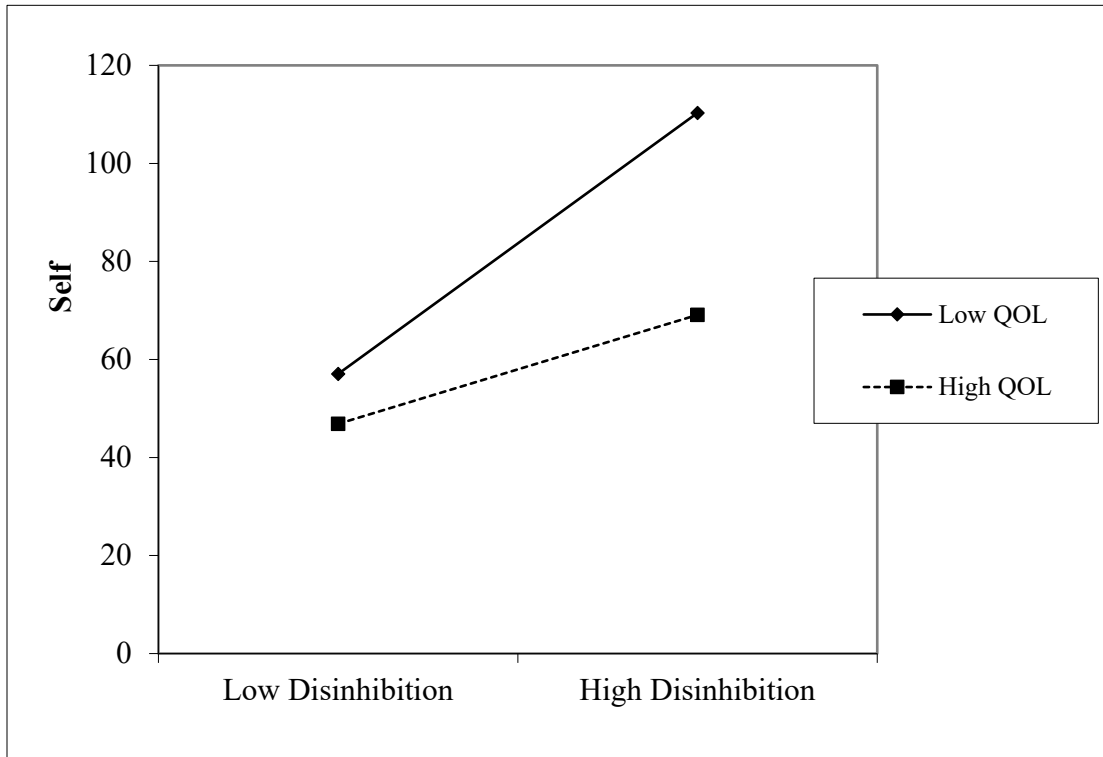
Interaction effect of quality of life (WHOQOL-BREF) on the relationship between Detachment (PID-5-SF) and Self (LPFS-SR) in Time 2



Note. Interaction effect of quality of life on Detachment and Self.

Figure 5

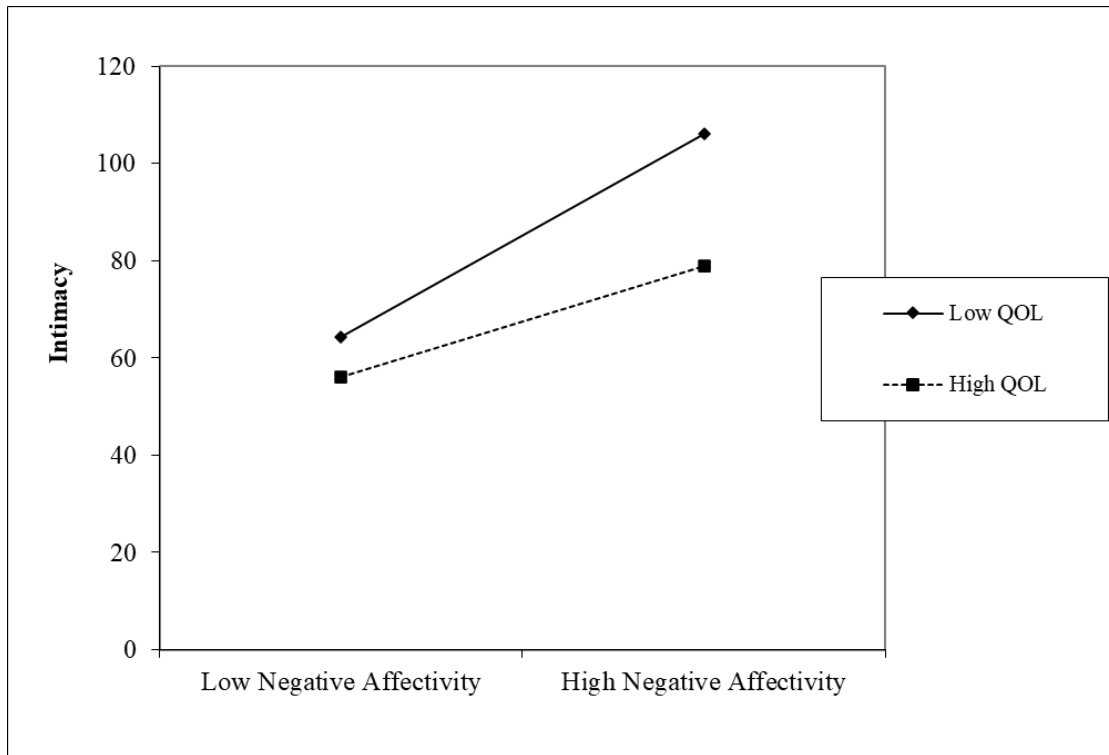
Interaction effect of quality of life (WHOQOL-BREF) on the relationship between Disinhibition (PID-5-SF) and Self (LPFS-SR) in Time 2



Note. Interaction effect of quality of life on Disinhibition and Self.

Figure 6

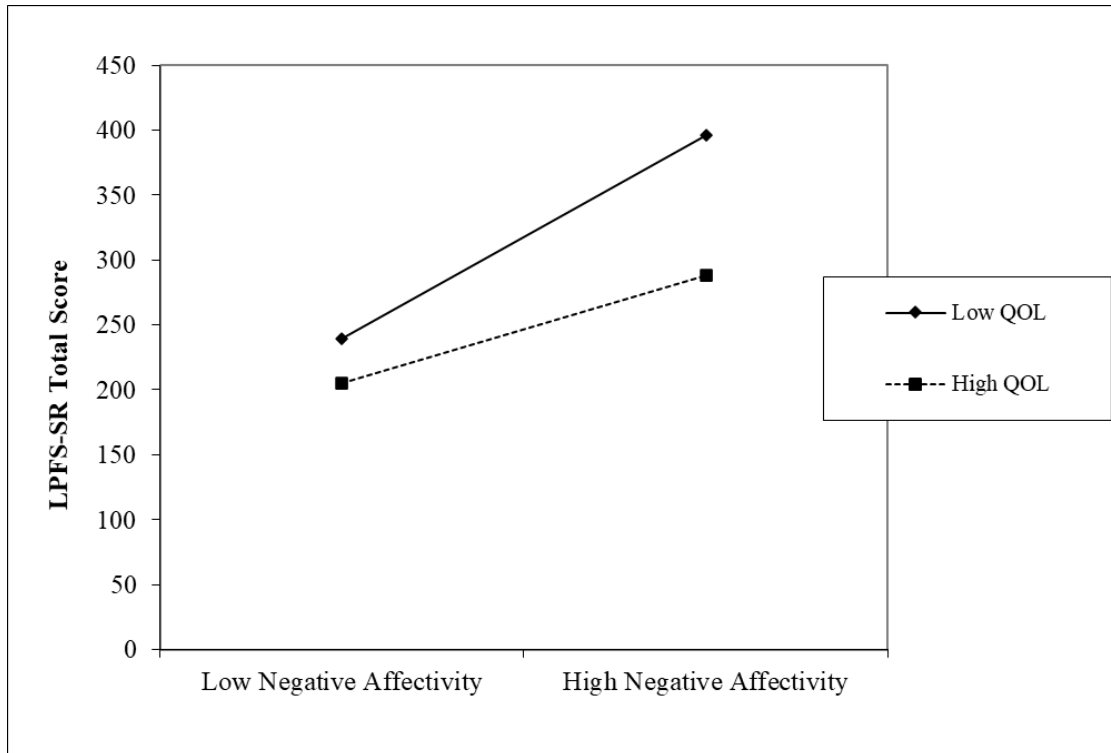
Interaction effect of quality of life (WHOQOL-BREF) on the relationship between Negative Affectivity (PID-5-SF) and Intimacy (LPFS-SR) in Time 2



Note. Interaction effect of quality of life on Negative Affectivity and Intimacy.

Figure 7

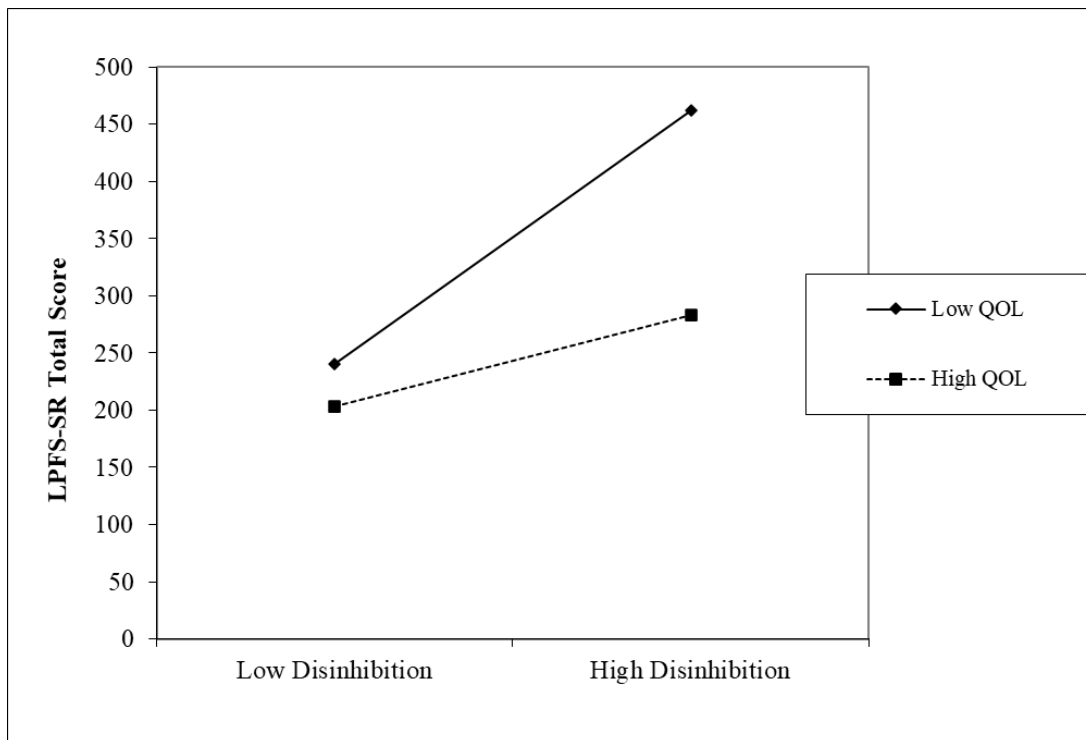
Interaction effect of quality of life (WHOQOL-BREF) on the relationship between Negative Affectivity (PID-5-SF) and Total Score (LPFS-SR) in Time 2



Note. Interaction effect of quality of life on Negative Affectivity and LPFS-SR Total Score.

Figure 8

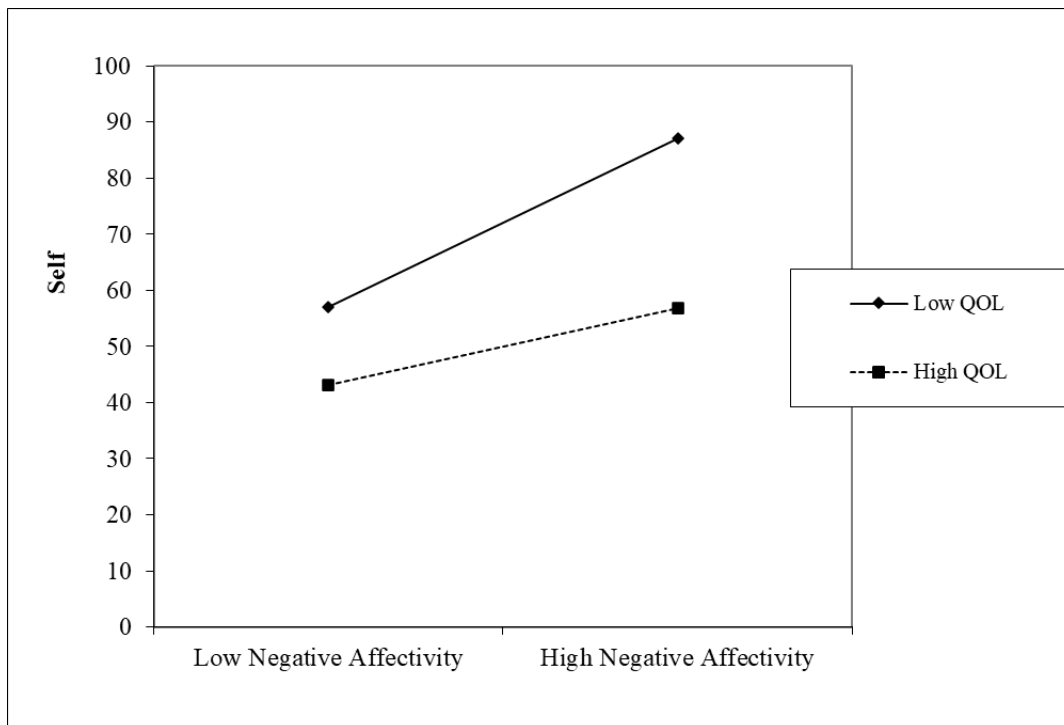
Interaction effect of quality of life (WHOQOL-BREF) on the relationship between Disinhibition (PID-5-SF) and Total Score (LPFS-SR) in Time 2



Note. Interaction effect of quality of life on Disinhibition and LPFS-SR Total Score.

Figure 9

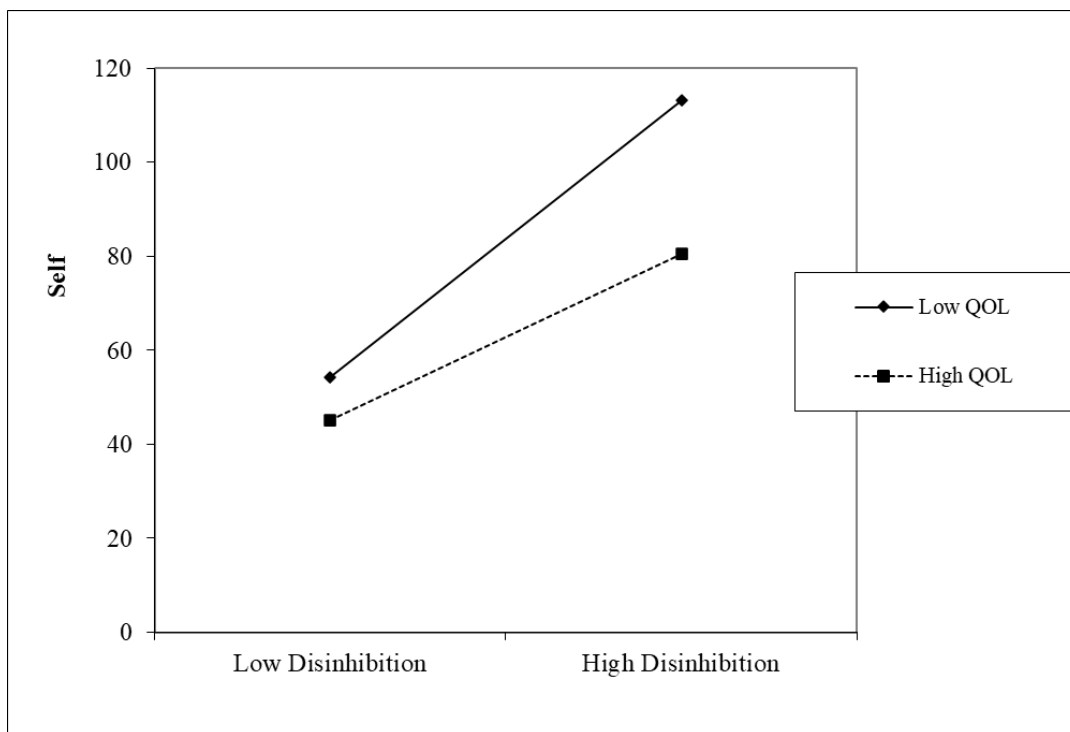
Interaction effect of quality of life (WHOQOL-BREF) on the relationship between Negative Affectivity (PID-5-SF) and Self (LPFS-SR) in Time 3



Note. Interaction effect of quality of life on Negative Affectivity and Self.

Figure 10

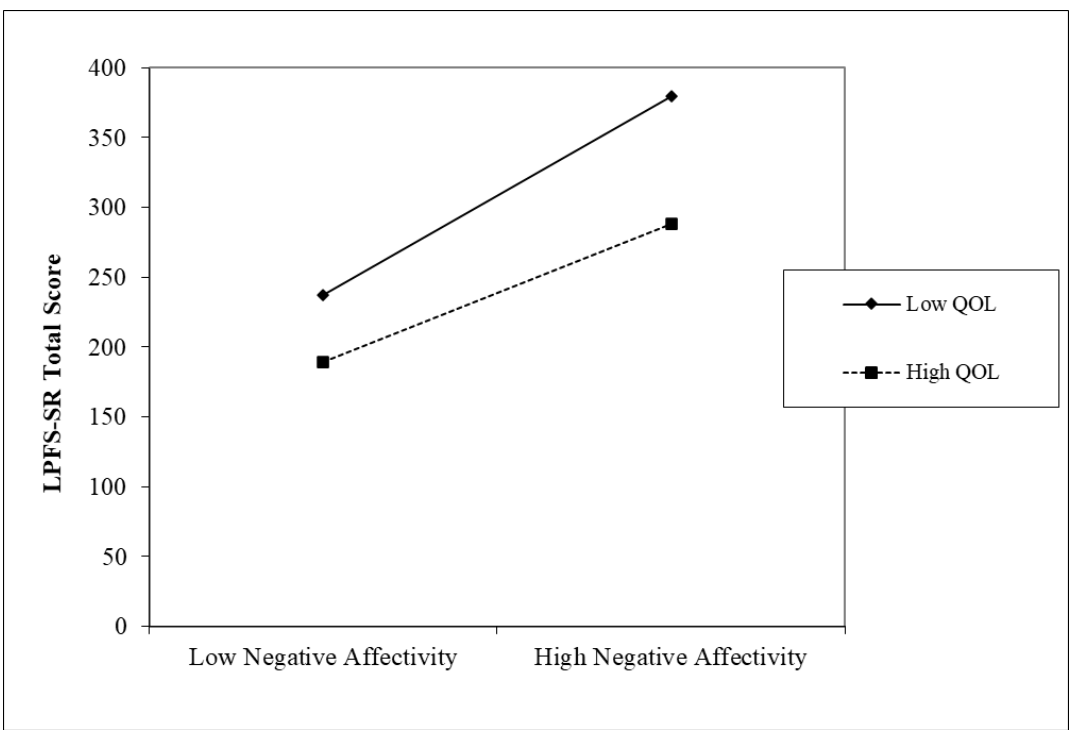
Interaction effect of quality of life (WHOQOL-BREF) on the relationship between Disinhibition (PID-5-SF) and Self (LPFS-SR) in Time 3



Note. Interaction effect of quality of life on Disinhibition and Self.

Figure 11

Interaction effect of quality of life (WHOQOL-BREF) on the relationship between Negative Affectivity (PID-5-SF) and Total Score (LPFS-SR) in Time 3



Note. Interaction effect of quality of life on Negative Affectivity and LPFS-SR Total Score.

APPENDIX B

IRB Approval

Date: 3-7-2022

IRB #: IRB-2018-155
Title: Personality and Functional Impairment Over Time
Creation Date: 10-17-2018
End Date:
Status: Closed
Principal Investigator: Jaime Anderson
Review Board: SHSU IRB
Sponsor:

Study History

Submission Type	Initial	Review Type	Full	Decision	Approved
Submission Type	Modification	Review Type	Expedited	Decision	Approved
Submission Type	Renewal	Review Type	Expedited	Decision	Approved
Submission Type	Modification	Review Type	Expedited	Decision	Approved
Submission Type	Closure	Review Type	Unassigned	Decision	

Key Study Contacts

Member	Jaime Anderson	Role	Principal Investigator	Contact	jla068@shsu.edu
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Member	Stephanie Haugh	Role	Investigator	Contact	sjh044@shsu.edu
Member	Larissa Fernandez	Role	Investigator	Contact	laf035@shsu.edu
Member	Nicholas Kavish	Role	Investigator	Contact	nak012@shsu.edu
Member	Tessa Long (Do Not Use)	Role	Investigator	Contact	

VITA

BROOKE E. TOMPKINS**EDUCATION**

- **M.A. in Clinical Psychology | Sam Houston State University | Huntsville, TX Aug. 2020 –**
 - GPA: 4.0
 - Thesis: *Pathological Personality Traits Predicting Interpersonal and Functional Impairment among College Students*
 - Committee Chair: Jaime Anderson, Ph.D.
 - Committee Members: Tiffany Russell, Ph.D. & Adam Natoli, Ph.D.
- **B.A. in Psychology | University of North Texas | Denton, TX Aug. 2019**
 - GPA: 3.94 (*summa cum laude*)
- **B.B.A. in Human Resources | University of North Texas | Denton, TX May 2018**
 - GPA: 3.73 (*magna cum laude*)

PAPERS

Natoli, A. P., **Tompkins, B.** & Hoskin, K. (Under Review). Variations in Interpersonal Dependency Across Different Types of Trauma: A Latent Class Approach.

CONFERENCES & POSTER PRESENTATIONS

Tompkins, B. & Anderson, J. (2022, March). *Pathological Personality Traits Predicting Impairment Among College Students*. Poster presented at the 2022 Annual Society for Personality Assessment Conference.

Tompkins, B. & Natoli, A. (2021, August). *Exploring the Relationship Between Trauma Types and Dependency Styles*. Poster presented at the Virtual 2021 Annual American Psychological Association Convention.

Riggs, S. A., **Tompkins, B.**, Dugan, R., Romero, D., McGuffin, J. (2021, August). *Adult Attachment States of Mind, PTSD, and Dissociation Among Inpatient Trauma Survivors*. Poster presented at the Virtual 2021 Annual American Psychological Association Convention.

Tompkins, B. & Natoli, A. (2021, May). *Examining Dependency Styles in the Context of Trauma Types*. Poster presented at the Virtual 2021 Annual Association for Psychological Science Conference.

Hoskin, K., **Tompkins, B.**, & Natoli, A. P. (2021, May). *Examining the Relationship Between Trauma & Trait Detachment: Overall And By Trauma Type*. Poster presented at the 2021 Virtual Association for Psychological Science Conference.

Tompkins, B. & Neumann, C. (2018, October). *Exploring the Relationship between Psychopathy, Empathy, and Social Dominance*. Poster presented at the 2018 Annual UNT Psychology Research Fair, Denton, TX.

Tompkins, B. & Neumann, C. (2018, April). *Dimensional Approaches to Pathological Personality Related to Interpersonal Difficulties Across the Lifespan*. Poster presented at the 2018 Annual UNT Scholar's Day Fair, Denton, TX.

RESEARCH EXPERIENCE

Graduate Research Assistant | Sam Houston State University | Huntsville, TX Aug. 2020 – Dr. Jaime Anderson | Psychology Department

I am currently assisting Dr. Anderson with data collection for a study that is examining the utility of the MMPI-3 in the assessment of a broad range of psychopathology in veteran populations. Specifically, I helped participants in the completion of an online version of the MMPI-3. Additionally, I am assisting in another study analyzing the extent to which pathological personality traits are predictive of outcomes for individuals on probation. Due to the ongoing nature of the COVID-19 pandemic, my duties have been postponed. However, once it is safe to physically interact with participants again, my specific responsibilities will include administering the Psychopathy Checklist: Screening Version (PCL-SV) and the Structured Clinical Interview for the DSM-5 Alternative Model for Personality Disorders (SCID-5-AMPD) to participants, as well as supplies preparation. Particularly, placing heart rate and skin conduciveness monitors on the participants during the study.

Research Assistant | University of North Texas | Denton, TX July 2018 – July 2019 Dr. Daniel Taylor | Psychology Department

I assisted Dr. Taylor in a research project to examine different sleep patterns in nurses after given a vaccine. I ran over 300 nurses through a rigorous data collection protocol at a local hospital. My responsibilities included interacting with and preparing clients to participate in the study by giving them the proper protocol procedure, supplies preparation, data entry, and data analysis of the results.

Research Assistant | University of North Texas | Denton, TX Dec. 2017 – May 2019 Dr. Craig Neumann | Psychology Department

I worked under Dr. Neumann's supervision to examine the languages of psychopaths. Specifically, I examined the differences in prosodic channels of communication in psychopaths and non-psychopaths, based on the Psychopathy Checklist Revised (PCL-R). My duties included assessing the correct probes, isolating audio files, and statistical analysis of the data.

WORK EXPERIENCE

Graduate Assistant | SHSU Psychology Dept. | Huntsville, TX Aug. 2020 – Supervisors: Dr. Shelley Riggs, Dr. Jared Ruchensky, Dr. Zachary Bachman

As a GA, I assist my supervisors with various administrative tasks including grading assignments, proctoring exams, conducting research over various topics (i.e., student outcome information, LPA and LPC licensure, current practicum sites, etc.). I also created and administered online surveys to current students and alumni in order to assess their level of satisfaction or dissatisfaction with the General/Experimental and Clinical Psychology Masters program.

Behavior Therapist | The Behavior Exchange | Plano, TX **May 2019 – March 2020**
I practiced Applied Behavior Analysis with children of various ages in order to reach their goals. Specifically, I helped them practice a range of abilities including functional skills, interpersonal skills, lifestyle/life skills, and fine & gross motor skills. Additionally, I completed the required paperwork and treatment plan goals throughout each session.

Student Assistant | University of North Texas Psychology Clinic | Denton, TX **Sept. 2016 – May 2019**
During my time as an assistant at the Psychology Clinic, I helped with many administrative tasks including checking in clients, answering phone calls, locating client files, etc. I also assisted the student clinicians with scheduling clients and rooms to use for therapy or assessments. Furthermore, I screened applicant resumes and conducted interviews for potential future student assistants.

LEADERSHIP & SERVICE

Editor-in-Chief | UNT Undergraduate Psychology Newsletter | Denton, TX **Jan. 2017 – May 2019**
As the Editor-in-Chief, I oversaw the entirety of the newsletter. My responsibilities included, making final edits to the articles, formatting the newsletter, and submitting it in a timely manner to the faculty to be disbursed.

Volunteer | Ronald McDonald House Charities | Dallas, TX **Sept. 2017 – May 2018**
Through Alpha Delta Pi, I collected soda can tabs that were recycled and used to fund the houses that families stayed at while their child/children received mental health services. These houses provided families a chance to receive the best care for their children at little cost and were able to provide support through difficult times.

Volunteer | Denton Animal Shelter | Denton, TX **Feb. 2016 – Sept. 2017**
At the Denton Animal Shelter, I cared for both cats and dogs. I walked the dogs and socialized with them, as well as making sure they were fed. I oversaw making sure both animals had clean kennels and were aesthetically pleasing to future adopters.

AWARDS & HONORS

SHSU Academic Affairs Scholarship	May 2021
SHSU Graduate School General Scholarship	May 2021 & Jan. 2022
Society for Personality Assessment Student Scholarship	Feb. 2021 & Jan. 2022
SHSU Graduate Studies Scholarship	Jan. 2021 & Aug. 2021
SHSU College of Humanities and Social Sciences Scholarship	Aug. 2020 – Present
UNT President's List	May 2018 – December 2018
UNT Dean's List	Jan. 2016 – Aug. 2019

AFFILIATIONS

Society for Personality Assessment
Association for Psychological Science
SHSU Graduate Student Organization in Psychology
Alpha Delta Pi National Panhellenic Sorority
Phi Sigma Pi National Honor Fraternity

September 2021 – Present
March 2021 – Jan. 2022
Aug. 2020 – Present
Aug. 2017 – Aug. 2018
March 2016 – May 2018