

PERSONALITY ASSESSMENT FEEDBACK USING DSM
AND FFM PERSONALITY TRAITS:
CLINICAL UTILITY FROM THE CLIENT'S PERSPECTIVE

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Abstract: Clinical utility is an important issue in the diagnosis and treatment of DSM disorders. Several studies have examined the clinical utility of personality functioning utilizing clinician ratings. However, research examining the impact of these preferences on assessment or treatment is limited, despite the fact that client preference is a central component for evidence-based practice (APA, 2006). The current study examined the clinical utility of personality assessment from the client's perspective. In particular, the present study provides insight on what aspects of personality trait feedback clients find useful in understanding themselves and effectively addressing problems in living. The study also examined DSM-5 Section III Alternative Model of Personality Pathology (DSM-AM) and the Five Factor Model (FFM) to determine how these traits relate to important areas of impairment. Participants included treatment-seeking college students and Amazon.com MTurk community members who have recently or are currently seeking treatment (e.g., inpatient counseling, outpatient counseling, psychotropic medication). Participants completed measures of general and maladaptive personality and interpersonal, social, and psychological impairment. Upon completion, participants were provided with personalized feedback and asked to evaluate the results of each domain-specific component of their personality profile as well as the assessment feedback overall. Additionally, relationships between general and maladaptive personality traits with important areas of impairment were examined. Results suggest that providing explicit patient feedback on the traits of the DSM-AM and the FFM was rated favorably by participants. Results also suggest that traits accurately and comprehensively explained the characteristics and problem areas described by patients. The study also provides further support that these dimensional traits relate with relevant areas of impairment (i.e., personal distress, social, occupational).

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CHAPTER I

INTRODUCTION AND REVIEW OF THE LITERATURE

One goal of the DSM-5 Personality and Personality Disorders (PD) Work Group was to revise the PD section to increase its validity and clinical utility for these disorders (American Psychiatric Association, 2012). In an attempt to accomplish this, the work group devised a hybrid categorical/dimensional model that utilizes maladaptive personality traits, which can be found in DSM-5 Section III for further research (APA, 2013). Researchers and clinicians may be particularly interested in how general personality frameworks, such as the five-factor model (FFM), may complement this DSM-5 alternative model (DSM-AM). Such interest is warranted because the FFM may be a useful asset in clinical assessment when used in conjunction with the DSM-AM. To date, no studies have examined the utility of the FFM and DSM-AM when used together for clinical personality assessment. Such an investigation is important because these two models may complement one another to provide useful clinical information to clients.

Furthermore, PDs are possibly the most stigmatized DSM disorders (Widiger & Costa, 2012). As such, clinicians should strive to provide accurate feedback in ways that are most accessible and beneficial to clients. However, researchers have not examined client preferences regarding personality assessment feedback. One question that has not been addressed is what

clients, in general, prefer to learn from clinical feedback regarding their personalities. Accordingly, it may be of interest to determine whether clients find combined DSM-AM and FFM feedback useful in their ability to describe and explain their personality traits and impairment. Such questions are significant considering researchers and clinicians should consistently strive to improve the utility of clinical interventions and future revisions of the diagnostic manual, as well as consider client preferences.

Personality Traits and Clinical Assessment

There is considerable support for the use of general personality traits in clinical assessment. Harkness and Lilienfeld (1997), for example, emphasized that personality trait assessment is necessary for treatment planning. Specifically, the authors asserted that personality traits can be utilized to aid clinicians in determining what patterns and behaviors clients are likely to change, matching clients to treatment, providing realistic expectations about treatment progress, and to provide clients with a greater sense of self. Furthermore, personality traits may be clinically useful because they have been associated with a variety of social, recreational, and occupational problems in living (Hopwood et al., 2009; Mullins-Sweatt & Widiger, 2010; Ozer & Benet-Martinez, 2006). Additionally, traits have been linked to a variety of maladaptive behaviors including nonsuicidal self-injury (NSSI; Brown, 2009; Glenn & Klonsky 2010; Mullins-Sweatt, Lengel, & Grant, 2013), alcohol abuse (Turiano, Whiteman, Hampson, Roberts, & Mroczek, 2012), and pathological gambling (Ledgerwood, Alessi, Phoenix, & Petry, 2009). Personality traits are also related to specific psychological disorders, such as mood and anxiety disorders (Clark, Watson, & Mineka, 1994) and PDs (Widiger, 2005).

With the advent of the DSM-AM, dimensional models of personality have become even more relevant to clinical practice. The current DSM categorical model has been heavily criticized, especially in regard to PDs (Clark 2007; Kupfer et al., 2002). Primary shortcomings of the DSM categorical PD classification include diagnostic co-occurrence, inadequate coverage and the overuse of PDNOS (or its current DSM-5 equivalent—Other (un)specified Personality Disorder), arbitrarily

derived diagnostic cutoffs, and the high heterogeneity among individuals who have the same PD diagnosis (Trull & Widiger, 1997).

Dimensional models can be utilized to convey important information that can aid in individualized treatment planning. For example, adaptive personality traits, such as high FFM conscientiousness can imply that an individual may be receptive to therapeutic approaches that are more rigorous or require more homework (e.g., cognitive behavioral therapy). Similarly, maladaptive traits can highlight potential problems in treatment. For example, low FFM extraversion might suggest that the client may experience inadequate social support and that there might be difficulties with building rapport. Additionally, dimensional assessment allows for better specification of problematic areas, targeted or tailored treatments, and identification of one's strengths that may impact treatment (Skodol et al., 2011).

The Five-Factor Model

The FFM is a well-known, highly validated model of general personality that consists of five general personality domains: neuroticism versus emotional stability, extraversion versus introversion, openness to experience versus closedness to experience, agreeableness versus antagonism, and conscientiousness versus disinhibition. These domains are further differentiated into six more specific facets. For example, the six facets of neuroticism include anxiousness, angry hostility, depressiveness, self-consciousness, impulsiveness, and vulnerability (Costa & McCrae, 1995). The FFM has strong convergent and discriminant validation in self-report, peer ratings, and spouse ratings, temporal stability, generalizability across age, gender, and culture, and heritability (Mullins-Sweatt & Widiger, 2006), and its lexical structure has been replicated across five major language families, and has been replicated cross-culturally using samples from more than 50 different countries (McCrae et al., 2005).

FFM and clinical practice. The FFM is clinically relevant, as it can assist in client conceptualization, diagnostic formulation, rapport building, treatment planning, predicting the course of therapy, and acquiring clinical insight (Costa & McCrae, 1992). Additionally, the FFM has also been shown to be useful in PD assessment. Research has demonstrated that PDs can be described as

combinations of maladaptive FFM traits (Widiger & Costa, 2012; Clark, 2007). There are both adaptive and maladaptive variants of each end of the FFM facets (Widiger, Trull, Clarkin, Sanderson, & Costa, 2002). The FFM of PD offers several notable advantages to traditional PD assessment. Such advantages include an improvement in construct validity, homogeneous trait constructs, expanded coverage of symptoms, the inclusion of “normal” and adaptive personality traits, and a more accurate description that is unique to the client (Widiger & Costa, 2012).

Clinical utility. Clinical utility is an important issue in the diagnosis and treatment of DSM disorders, including PDs. Clinical utility has long been a central goal of DSM, as evidenced by the DSM-IV-TR introduction: “Our highest priority has been to provide a helpful guide to clinical practice” (APA, 2000, p. xxiii), and was made a high priority for DSM-5 (APA, 2013). In regard to PDs, the clinical utility of the DSM categorical diagnostic system has been criticized (e.g., Kupfer et al., 2002; Livesley, 2001; Verheul, 2005). For example, Verheul (2005) systematically examined various aspects of clinical utility in regards to categorical and dimensional models for PD diagnosis and concluded, “Overall, the categorical system has the least evidence for clinical utility, especially with respect to coverage, reliability, subtlety, and clinical decision-making” (p. 295). Several studies have examined the clinical utility of the FFM. When direct comparisons of the FFM and categorical DSM models have been tested empirically with respect to clinical utility, results have been equivocal. However, the FFM has fared best when using comparable methods of assessment (i.e., neutral case histories and/or presentation of diagnostic information and measures equivalent in terms of length and time for completion). In those studies, the results have shown that the FFM has equivalent or better clinical utility than the DSM’s categorical model of PD diagnosis (Mullins-Sweatt & Lengel, 2012).

DSM-5 Alternative Model

As mentioned above, the DSM-5 Personality and Personality Disorders Work Group proposal of an alternative PD model represents a significant departure from previous DSM PD categorizations. The model retains six PDs from DSM-IV-TR (antisocial PD, avoidant PD, borderline PD, narcissistic PD, obsessive-compulsive PD, and schizotypal PD), and also replaces the PD not otherwise specified

(NOS) with a diagnosis of PD-trait specified. This diagnosis is for those who are believed to have significant personality pathology, but do not meet criteria for one of the six PD types (APA, 2013).

Notably, the DSM-AM includes a personality trait model to further assess and conceptualize each PD. The DSM-AM recognizes five domains of “pathological personality traits” (p. 762). These domains include Negative Affectivity (vs. Emotional Stability), Detachment (vs. Extraversion), Antagonism (vs. Agreeableness), Disinhibition (vs. Conscientiousness), and Psychoticism (vs. Lucidity). Like the FFM, the DSM-AM is hierarchical in nature, and each domain can be further broken down into a facet-level structure. In total, there are 25 facet-level traits that are divided amongst the trait domains. The DSM-5 pathological personality trait domains and facets, along with their definitions can be seen in Table 1. Each PD has its own unique cluster of maladaptive personality traits, and is to be used in conjunction with a measure of personality impairment to make diagnostic decisions (APA, 2013). For example, borderline personality disorder (BPD) requires four of seven maladaptive traits (i.e., emotional lability, anxiousness, separation insecurity, depressivity, impulsivity, risk taking, hostility), with one being impulsivity, risk taking, or hostility (APA, 2013).

Notably, the DSM-AM identifies two domains of impairment in personality functioning. The first is impairment in self, which includes identity and self-direction. The second area is interpersonal impairment, and includes disturbances in empathy and intimacy (see Table 2 for a description of each element of personality functioning). Each of the six PDs appears to have a unique combination of these impairments. For example, the DSM-AM describes the impairment in the identity domain of avoidant PD as “low self-esteem associated with self-appraisal as socially inept, personally unappealing, or inferior; excessive feelings of shame” (APA, 2013, p.765), while identity impairment in BPD is “markedly impoverished, poorly developed, or unstable self-image, often associated with excessive self-criticism; chronic feelings of emptiness, dissociate states under stress” (p. 766). Impairment in each of these areas is further assessed dimensionally using the Level of Personality Functioning Scale (APA, 2013), which classifies impairment ranging from Level 0 (“healthy, adaptive functioning”) to Level 4 (“extreme impairment”).

Comparisons to the FFM. As mentioned above, the DSM-AM utilizes a hierarchical structure similar to the FFM, and it even uses some of the same domain names. In fact, the American Psychiatric Association indicated that the DSM-AM is actually an extension of the FFM (APA, 2012). Furthermore, recent studies have compared the structure of the DSM-5 trait model with the FFM. Thomas and colleagues (2013) found high convergence between the DSM-5 trait domains and the FFM. Using an exploratory structural equation model, Gore and Widiger (2013) examined the factor structure of the domain scales for the DSM-5 PID-5 as well as three FFM measures (NEO-PI-R, IPC, and 5DPT). They predicted that DSM-5 negative affectivity, detachment, antagonism, disinhibition, and psychoticism would align with FFM neuroticism, antagonism, low conscientiousness, and openness, respectively. Their results yielded five distinct factors that demonstrate that the DSM-5 model can be understood as maladaptive variants of FFM general personality traits. De Fruyt and colleagues (2013) also examined the relationships between the DSM-5 trait model and the FFM, and found that “the NEO domains and their facets with the PID-5 traits showed that general and maladaptive traits are subsumed under an umbrella of five to six major dimensions that can be interpreted from the perspective of the five-factor model or the Personality Psychopathology Five” (p. 295). Watson, Statsik, Ro, and Clark (2013) also found moderate relationships between the FFM and PID-5 scales. Ultimately, there is strong convergence between the DSM-5 and the FFM.

Personality-Related Impairment

As demonstrated above, there is strong support that personality traits are relevant in, and capable of, describing symptoms of psychopathology; particularly PDs. However, it is also important to highlight that personality traits are associated with several clinically relevant problems in daily life. In fact, one of the primary DSM-5 general PD criteria specifies that PDs lead to personal distress or impairment in social or occupational functioning (APA, 2013). Notably, research has demonstrated that the domains and facets of the FFM are related to the personal, social, and occupational areas of impairment seen in PDs. For example, Mullins-Sweatt and Widiger (2010) found significant

relationships with neuroticism and personal distress, extraversion and agreeableness and social impairment, and conscientiousness and occupational impairment.

While this research has demonstrated relationships between the FFM and personality-related life impairment, no studies have investigated how the maladaptive traits of the DSM-AM relate to problems in living. Such an investigation is warranted because the DSM-AM, while similar to the FFM, was designed to reflect maladaptive personality functioning. Accordingly, it is intuitive to hypothesize that the DSM-AM traits would be apt for describing problems in living. As such, this investigation would further clarify the relationship between personality traits and dysfunction, and provide more insight into the clinical utility of these personality traits.

Clinical Utility from the Client's Perspective

As discussed above, much work has been done to demonstrate the clinical utility of personality traits. However, most of this research examines utility from the clinician's point of view. Therefore, exploring clinical utility from the client's perspective may be an important area of study. It is important to consider whether the incorporation of clients' preferences into assessment and treatment and the use of personalized assessment feedback are beneficial and useful. Unfortunately, research in this area is limited.

Client Preferences in Treatment

Incorporating client preferences into clinical assessment and treatment intuitively seems as though it would be a beneficial practice, but the body of literature supporting this notion is small and equivocal (Glass, Amkoff, & Shapiro, 2001). Studies have investigated various aspects of client preferences. In a recent meta-analysis of 33 studies, Swift, Callahan, Ivanovic, and Kominiak (2013) concluded that matching client preference to intervention type is associated with better treatment outcome and a reduction in premature dropout. These findings were not affected by client demographic variables (i.e., age, gender, ethnicity, education, marital status; Swift et al., 2013). More recently, a meta-analysis examining the effects of client preference on treatment satisfaction, completion, and outcome indicated that clients who were involved in clinical decision making, had a

choice in treatment condition, or received their preferred treatment demonstrated higher satisfaction, higher completion, and better clinical outcomes when compared to individuals whose treatment preferences were not met (Lindhiem, Bennett, Trentacosta, & McLear, 2014).

Further, therapeutic approaches that stress client-clinician collaboration are promising. For example, evidence-based interventions, such as cognitive-behavioral therapy and motivational interviewing, are collaborative. Cooperation between a therapist and client appears to enhance therapy, and leads to better therapeutic outcomes (Tyron & Winograd, 2011). Additionally, using a negotiation approach to therapy (i.e., exploring client's perspective, informing the client, negotiating treatment decisions with client, and allowing client to make decisions) can lead to reduced client dropout (Bleyen, Vertommen, & Van Audenhove, 1998).

However, there has not been consistent support for the utility of incorporating client preferences into treatment. Some previous research has found limited support for the effectiveness of client preferences on treatment outcomes (i.e., Goates-Jones & Hill, 2008; Renjilian, Perri, Nezu, McKelvey, Shermer, & Anton, 2001). Despite this, it is important to note that the American Psychological Association has specified that consideration of client preference is a "central component" for evidence-based practice (American Psychological Association Presidential Task Force on Evidence-Based Practice, 2006, p. 280). Therefore, more research should examine client preferences and the effects of utilizing preferences in clinical practice.

Therapeutic Assessment

One area where client preference may be important is in the assessment domain. Therapeutic Assessment, a semi-structured, collaborative assessment approach, is a potentially beneficial clinical intervention (Finn, 2007). Research regarding the effectiveness of Therapeutic Assessment in the improvement of outcomes has been promising. In a meta-analysis of 17 studies, Poston and Hanson (2010) concluded that Therapeutic Assessment leads to significant positive effects on treatment processes and outcomes. However, Lilienfeld, Garb, and Wood (2011) challenged the validity of this conclusion and argued that Poston and Hanson (2010) overestimated the effectiveness of Therapeutic

Assessment. Specifically, they suggested that the studies that were included confounded the interpretability of Therapeutic Assessment's effect (e.g., additional treatment components), that the researchers omitted non-significant results, and the authors failed to consider potential Barnum effects (Lilienfeld et al., 2011). In their response to these critiques, Hanson and Poston (2011) re-examined their data in line with Lilienfeld et al.'s (2011) suggestions, and concluded that strong positive effects on process and outcome are still robust. In a BPD sample, Morey, Lowmaster, and Hopwood (2010) found that Therapeutic Assessment was associated with clinical improvement (i.e., less BPD symptoms, less suicidal ideation), but did not improve treatment retention.

Therapeutic Assessment has been utilized to deliver personality feedback with predominantly promising results. When Therapeutic Assessment was used to deliver MMPI-2 feedback to treatment seeking college students, individuals reported increased self-esteem and decreased symptomatic distress at a 2-week follow-up (Finn & Tonsager, 1992; Newman & Greenway, 1997). Furthermore, use of Therapeutic Assessment has been associated with clinical improvement in a BPD sample (i.e., fewer BPD symptoms, less suicidal ideation; Morey, Lowmaster, & Hopwood, 2010). Using a sample of individuals with severe personality pathology, De Saeger, Kamphuis, Finn, and colleagues (2014) concluded "Therapeutic Assessment demonstrated stronger ability to prepare, motivate, and inspire the patient for the tasks of therapy, and to provide focus and goals for therapy. From a patient's perspective, and particularly in the context of patients with treatment-resistant personality pathology, such effects seem to be of major value" (p. 481).

Providing a comprehensive assessment of both adaptive and maladaptive personality traits fits within the structure of Therapeutic Assessment. This assessment provides the client with an accurate description of his or her maladaptive personality characteristics while the general personality assessment can highlight positive aspects of the client. These general personality traits, in turn, can be utilized to build rapport as well as inform treatment planning. The FFM may complement the DSM-AM in providing clients with accurate, useful feedback on the way they think, feel, and behave. In addition, clients may find this method of feedback less stigmatizing because of the FFM's inclusion

of general “normal” personality traits (Widiger & Costa, 2012). As such, the FFM may serve as a complement to DSM-5 driven feedback.

Present Study

The present study had two primary aims. The first aim of the study was to assess the clinical utility of personality trait assessment feedback from the client’s perspective by examining participant opinions regarding individualized DSM-AM and FFM personality trait feedback. The second aim was to expand on previous literature (see Mullins-Sweatt & Widiger, 2010) and further explore the utility of personality traits by investigating how strongly the FFM and DSM-AM personality domains relate to measures of problems in living (i.e., personal distress, social impairment, and occupational impairment).

Primary Hypothesis 1

As discussed above, PDs can be described in terms of the FFM general personality traits. One reason to include the FFM in a clinical personality assessment is because, “the FFM of PD provides a more complete description of each person’s self that recognizes and appreciates that the person is more than just the PD and that there are aspects to the self that can be adaptive, even commendable, despite the presence of the PD” (Widiger & Mullins-Sweatt, 2009; p. 203). While the DSM-AM uses a similar trait structure as the FFM, it is exclusively focused on maladaptive poles of personality traits. As such, it was hypothesized that assessment feedback, integrating the FFM general personality traits and DSM-AM maladaptive traits, would be rated favorably by participants in its ability to accurately and comprehensively describe their personality and personality-related impairment.

Primary Hypothesis 2

Hypothesis 2 sought to further explore the utility of personality traits by examining how they relate to life impairments. While the DSM-5 Section III PD model was created to correct the shortcomings of previous diagnostic models, important aspects of personality impairment may not be covered in this model alone. Inclusion of FFM general personality traits in clinical personality assessment may provide additional useful clinical information regarding personality impairment.

Accordingly, it was hypothesized that specific FFM and DSM-AM domains would correlate with measures of personal distress, social impairment, and occupational impairment. Specifically, it was predicted that personal distress would be positively correlated with the FFM neuroticism domain and the DSM-AM negative affectivity domain. Further, it was hypothesized that specific measures of social impairment would correlate with FFM domains of extraversion and agreeableness and with the DSM-AM domains of detachment and antagonism. It was also expected that measures of occupational impairment would correlate with the FFM domain of conscientiousness and the DSM-5 domain of disinhibition.

CHAPTER II

METHODOLOGY

Participants

Sample 1. The present study utilized two samples. Sample 1 was comprised of Oklahoma State University (OSU) undergraduate students that were at least 18-years-old and were receiving, or had received, psychological or psychiatric services (e.g., inpatient counseling, outpatient counseling, psychotropic medication) within the 12-months prior to completing the OSU Psychology Department's research participation system (SONA) pre-screener. All participants voluntarily chose to participate and received participation credit to be used toward the psychology course of their choosing. From this pool, potential participants were solicited by email to participate. In this sample, 75 individuals completed the protocol. However, two participants were omitted from analyses due to technology problems, and one participant reported that s/he misunderstood instructions and responded incorrectly for large portions of the protocol. The final sample ($N = 72$) was 73.60% female, 80.60% heterosexual, 76.40% Caucasian, 4.20% African American, 2.80% Asian, 1.40% Native American, 1.40% Hispanic, 12.50% Other/Multiracial, and 1.40% declined to respond. Participant ages ranged from 18 to 36 ($M = 20.08$; $SD = 3.08$).

Sample 2. Sample 2 was collected via Amazon.com's online Mechanical Turk (MTurk) system. As with Sample 1, all participants were at least 18-years-old and were receiving or had received psychological or psychiatric services (e.g., inpatient counseling, outpatient counseling, psychotropic medication) within the 12-months prior to participating in the study. Each participant voluntarily elected to participate and received monetary compensation for their time and effort. In total, 106 individuals completed the protocol. However, validity indicators were included in the research protocol. Three participants failed validity checks for random and dishonest responding and two participants provided an insufficient amount of data and were dropped from analyses. The final sample ($N = 101$) was 77.20% female, 78.20% heterosexual, 76.20% Caucasian, 7.90% African American, 5.00% Hispanic, 4.00% Asian, and 6.90% Other/Multiracial. Participant ages ranged from 18 to 70 ($M = 34.78$; $SD = 9.93$).

Measures

Demographics Form. Basic demographic information was collected using a self-report survey. Information collected included age, gender, ethnicity, religion, income, relationship status, academic history, religious affiliation, income level, and mental health treatment history.

Elemental Psychopathy Assessment (EPA; Lynam et al., 2011). The EPA is a self-report measure of psychopathy. The present study utilized the 8-item Infrequency scale and 8-item Virtue scale as a validity indicator for Sample 2 participants. These scales were designed to identify infrequent and dishonest responding.

The Inventory of Interpersonal Problems (IIP-64; Horowitz, Alden, Wiggins, & Pincus, 2000). The IIP-64 is a 64-item self-report inventory that is utilized to screen for interpersonal problems and the level of distress associated with them. The measure utilizes a 5-point Likert type scale, ranging from "not at all" to "extremely". Items are grouped into six subscales assessing different domains of interpersonal functioning (e.g., assertiveness). In the present study, internal consistency coefficients for the subscales ranged from 0.65 (Intrusive) to 0.88 (Nonassertive) in Sample 1 and 0.84 (Intrusive) to 0.93 (Nonassertive) in Sample 2.

International Personality Item Pool Representation of the NEO PI-R 120 –item version (IPIP NEO; Maples, Guan, Carter, & Miller, 2014). The IPIP NEO is a 120-item self-report measure that was designed to assess general personality functioning. Five domains of general personality are assessed (neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness), as well as six narrower facets within each domain (e.g., anxiety, hostility, depression, self-consciousness, impulsiveness, and vulnerability to stress are facets of neuroticism). Internal consistency coefficients were found to be strong in the present study, ranging from 0.84 (Openness to Experience) to 0.91 (Extraversion) in Sample 1 and from 0.84 (Openness to Experience) to 0.93 (Conscientiousness) in Sample 2.

Outcome Questionnaire-45.2 (OQ-45.2; Lambert et al., 1996). The OQ-45.2 is a 45-item self-report assessment of psychological distress. It utilizes a 5-point Likert type scale ranging from “never” to “almost always” to assess symptomatic functioning, interpersonal problems, and social role adjustment. Higher scores are indicative of poorer functioning. Within Sample 1, internal consistencies for the three domains ranged from 0.72 (Social Role) to 0.95 (Symptom Distress). Within Sample 2, internal consistencies for the three domains ranged from 0.78 (Social Role) to 0.95 (Symptom Distress).

The Personality Inventory for DSM-5 (PID-5; Krueger, Derringer, Markon, Watson, & Skodol, 2012). The PID-5 is a 220-item self-report measure of the 25-trait DSM-AM. Items are rated on a 4-point Likert type scale ranging from 0 (very false or often false) to 3 (very true or often true). In the present study, internal consistencies for the domains ranged from 0.92 (Disinhibition) to 0.93 (Psychoticism) in Sample 1 and from 0.93 (Negative Affectivity) to 0.97 (Psychoticism) in Sample 2.

Satisfaction With Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985). The SWLS is a brief 5-item self-report measure that assesses one’s satisfaction with his or her current life situation. Higher scores indicate higher life satisfaction. In the present study, internal consistency coefficients for the total score were 0.91 for Sample 1 and 0.93 for Sample 2.

Schwartz Outcome Scale (SOS; Blais, Lenderking, deLorell, Peets, Leahy, & Burns, 1999). The SOS is a brief 10-item self-report measure of psychological well-being and quality of life. Higher scores indicate better functioning. The measure has demonstrated strong internal consistency for both Sample 1 ($\alpha = 0.94$) and Sample 2 ($\alpha = 0.96$).

Severity Indices of Personality Problems (SIPP-118; Verheul, Andrea, Berghout, et al., 2008). The SIPP-118 is a 118-item, self-report measure of personality functioning. The SIPP-118 assesses personality functioning across 16-facets (e.g., emotion regulation, intimacy, cooperation). The measure utilizes a 4-point scale ranging from “fully disagree” to “fully agree”. In the present study, internal consistency ranged from 0.59 (Respect) to 0.89 (Aggression Regulation) in Sample 1 and from 0.77 (Respect) to 0.90 (Enjoyment) in Sample 2.

Social Functioning Questionnaire (SFQ; Tyrer, Nur, Crawford, et al., 2005). The SFQ is a brief, 8-item, self-report measure of an individual’s self-perceived social functioning. Higher scores are indicative of poorer social functioning. The SFQ demonstrated modest internal consistency ($\alpha = 0.74$ in Sample 1; $\alpha = 0.74$ in Sample 2).

World Health Organization Disability Assessment Schedule 2.0 (WHODAS; WHO, 2010). The WHODAS is a brief, 36-item, self-report assessment of health and impairment across a six domains (e.g., self-care, participation in society, getting along with others). Higher scores are indicative of more disability. Internal consistency coefficients for the six domains ranged from 0.54 (Self-Care) to 0.94 (Household) in Sample 1 and from 0.82 (Self Care) to 0.96 (School/Work) in Sample 2.

Participant Evaluation Form. The Participant Evaluation Form is a brief, self-report measure designed for the present study to assess participants’ evaluations towards the DSM-AM and FFM combined feedback. Participants rated the personalized assessment feedback on each domain of the FFM and DSM-AM, as well as the feedback overall. Specifically, participants received four items following the feedback for each module, and then rated eleven items

regarding the overall project. Furthermore, participants were also administered nine items that asked them to provide qualitative information on the overall personality assessment feedback.

Procedure

Prior to data collection, all study procedures were approved by the OSU Institutional Review Board. Participants were recruited using the OSU Psychology Department undergraduate subject pool as well as Amazon.com's MTurk system.

Undergraduate sample recruitment. The university sample participants completed a pre-screening measure via SONA, and potential participants were selected via their responses to an item inquiring about treatment history on the SONA pre-screener. A research assistant contacted all eligible participants who met the selection criteria via email. The students then voluntarily signed up for an individual laboratory session. Prior to any data collection, participants provided their informed consent to participate.

MTurk sample recruitment. Sample 2 was obtained from Amazon's MTurk system. To help ensure the validity of the collected data, MTurk members had to have met specific requirements prior to participation. Specifically, the MTurk members had to have been over the age of 18 and living in the United States at the time of participation. Further, they had to have previously completed at least 100 Human Intelligence Tasks (HITs; i.e., research surveys) with a HIT approval rate of at least 80%¹. Participants who met these requirements were able to locate an advertisement to participate in the study by browsing the available MTurk HITs, or by searching for keywords: personality, traits, feedback, personality assessment, and mental health. Potential participants then read a brief description of the study and were pre-screened for mental health history, and individuals currently in treatment, or who were in treatment within the past 12 months were allowed to proceed with their participation. Individuals who met these criteria and

¹ Upon completion of a HIT, researchers designate whether or not the MTurk participant completed the study in a valid manner. Validly completed protocols are "approved" by the researcher, while invalidly completed protocols are "rejected." Participants in the present study must have had at least 80% of their previous HITs approved in order to be eligible for participation.

gave their informed consent were allowed to participate. Notably, MTurk participants watched a brief video clip of a research assistant introducing and explaining the purpose of the study. This was done in effort to better replicate the experience of those in the undergraduate sample.

Data collection. After obtaining the participant's informed consent, she or he completed all self-report measures, except the Participant Evaluation Form, on a computer within the laboratory (Sample 1) or online using a personal computer (Sample 2). Qualtrics was utilized as the platform for the self-report measure administration. The order of instruments was randomized to control for order effects. Upon completion, all of the measures were scored via Qualtrics, and the participant was provided with immediate individualized personality trait feedback based on his or her responses.

An example of the individualized feedback can be found in Appendix B. Feedback was provided for each of the five FFM/DSM-AM domains. This feedback consisted of a graphical depiction of the participant's trait scores, as well as descriptive feedback highlighting features associated with these traits derived from FFM and DSM-AM literature. Participants read this feedback, and then completed the Participant Evaluation Form.

Debriefing and compensation. Following data collection, each participant was fully debriefed. Participants in Sample 1 were compensated with research credit that was assigned immediately upon completion of the study. Sample 2 participants were paid \$2.00 for their participation within five business days of completion. This amount of compensation is within range of other MTurk studies of this length (Horton & Chilton, 2010).

CHAPTER III

FINDINGS

Analytic Strategy

Prior to analyses, data were screened for missing data and outliers. Missing responses were imputed using SPSS multiple imputation for all variables subject to correlation analyses with less than 5% missing (Tebachnick & Fidell, 2007). To ensure that extreme values did not influence the analyses, each variable was screened for univariate outliers. Outliers (i.e., values of $z \geq 3.29$ above or below the group mean) were replaced with the $z = \pm 3.29$ value (Tabachnick & Fidell, 2007). In Sample 1, one participant was characterized as an outlier on the IIP (Domineering) scale, two participants were outliers on the WHODAS (Life Activities-Household) scale, and one participant was an outlier on the WHODAS (Getting Along) scale. In Sample 2, two participants were characterized as outliers on the IIP (Intrusiveness) scale. Examination of histograms and skewness values indicated that a negative skew was present in the distributions of several Participant Evaluation Form variables.

Hypothesis 1 examined whether assessment feedback, provided in terms of both the FFM general personality traits and DSM-AM maladaptive traits, would be rated favorably in its ability to accurately and comprehensively describe the way participants usually think, feel, and behave. Mean scores on the Participant Evaluation Form were analyzed to determine participant attitudes towards the DSM-AM/FFM feedback. Participant Evaluation Form means of 4.00 (i.e., “agree a

little”) and above were chosen to indicate participant agreement with the particular Participant Evaluation Form item. Confidence intervals around these means were calculated to further aid in the interpretability of the results. Additionally, response frequencies were examined to determine what percentage of those who completed all questions of the Participant Evaluation Form responded “agree a little” or “agree strongly” to items.

Hypothesis 2 predicted that the FFM and DSM-AM measures would correlate strongly with each other as well as measures of impairment. To assess this, a series of bivariate Pearson correlations were conducted between the IPIP NEO, PID-5, and the measures of interpersonal impairment, occupational impairment, and distress. Specifically, it was predicted that the IPIP NEO Neuroticism and Openness scales would positively correlate with the PID-5 Negative Affectivity and Psychoticism scales, respectively. Also, it was predicted that the IPIP NEO Extraversion, Agreeableness, and Conscientiousness scales would negatively correlate with the PID-5 Detachment, Antagonism, and Disinhibition scales, respectively.

Furthermore, it was predicted that IPIP NEO Neuroticism and PID-5 Negative Affectivity were expected to correlate with measures of psychological distress: OQ-45.2 (Symptom Distress), SOS (total score), and SWLS (total score). IPIP NEO Extraversion and PID-5 Detachment were predicted to significantly correlate with specific measures of interpersonal impairment: IIP-64 (Socially Avoidant, Domineering, Intrusive, Overly Nurturant, Nonassertive, Exploitable), OQ-45.2 (Interpersonal Relationships), SFQ (total score), SIPP (Relational Capacities, Social Concordance), and WHODAS (Getting Along, Participation). Similarly, IPIP NEO Agreeableness and PID-5 Antagonism were also expected to significantly correlate with specific measures of interpersonal impairment: IIP-64 (Vindictive, Overly Nurturant), OQ-45.2 (Interpersonal Relationships), SFQ (total score) and SIPP (Relational Capacities, Social Concordance). Finally, IPIP NEO Conscientiousness, as well as PID-5 Disinhibition, were predicted to significantly correlate with measures of occupational impairment: OQ-45.2 (Social Role), SIPP (Self-Control, Responsibility), and WHODAS (Household, School/Work). It is noted

that due to the high number of correlational analyses ran within each sample, the alpha level was adjusted to $\alpha = .001$ in effort to reduce the probability of experimenter-wise error. Cohen's conventions were utilized for correlation analyses (0.10 = small, 0.30 = medium, 0.50 = large; Cohen, 1988).

Undergraduate Sample (Sample 1)

Participant personality trait feedback (Hypothesis 1). It was hypothesized that assessment feedback, provided in terms of both the FFM general personality traits and DSM-AM maladaptive traits, would be rated favorably by participants in its ability to accurately and comprehensively describe the way they usually think, feel, and behave. To test this hypothesis, mean scores of the Participant Evaluation Form for each item were calculated and examined. Means of 4.00 (i.e., "agree a little") and above were chosen to indicate participant agreement for each statement.

The means and standard deviations for all Sample 1 Participant Evaluation Form domain-specific variables can be found in Table 3. Specifically, results indicate that participants agreed that the information provided was accurate for all five domains, with means ranging from $M = 4.17$, $SD = 1.11$, 95% CI [3.91 – 4.43] (Conscientiousness/Disinhibition) to $M = 4.39$, $SD = 0.83$, 95% CI [4.19 – 4.58] (Openness/Psychoticism). Participants also agreed that the Extraversion/Detachment ($M = 4.00$, $SD = 0.87$, 95% CI [3.80 – 4.20]), Openness/Psychoticism ($M = 4.13$, $SD = 0.87$, 95% CI [3.92 – 4.33]), Agreeableness/Antagonism ($M = 4.15$, $SD = 0.98$, 95% CI [3.92 – 4.39]) and Conscientiousness/Disinhibition ($M = 4.11$, $SD = 0.93$, 95% CI [3.89 – 4.33]) domains were helpful.

Further, results also demonstrated participant agreement that the feedback from the Openness/Psychoticism ($M = 4.08$, $SD = 0.80$, 95% CI [3.90 – 4.27]) and Agreeableness/Antagonism ($M = 4.07$, $SD = 0.90$, 95% CI [3.86 – 4.28]) domains was helpful in improving self-understanding. Finally, results indicate participants agreed that the

Agreeableness/Antagonism domain feedback was helpful in addressing life problems more effectively ($M = 4.00$, $SD = 0.92$, 95% CI [3.78 – 4.22]).

Additionally, Sample 1 participants reported generally favorable ratings for the feedback, overall, on the Participant Evaluation Form. Means and standard deviations for the overall feedback ratings can be found in Table 4. In particular, participants reported that, collectively, the feedback was accurate ($M = 4.29$, $SD = 0.74$, 95% CI [4.12 – 4.47]), helpful overall ($M = 4.13$, $SD = 0.84$, 95% CI [3.93 – 4.32]), and helpful in addressing life problems ($M = 4.03$, $SD = 0.90$, 95% CI [3.82 – 4.24]). Further, participants reported that they were satisfied with the feedback ($M = 4.17$, $SD = 0.87$, 95% CI [3.96 – 4.37]) and could utilize the feedback to help with future life problems ($M = 4.10$, $SD = 0.87$, 95% CI [3.89 – 4.31]). Finally, participants reported that participating in the assessment was worthwhile to them ($M = 4.26$, $SD = 0.86$, 95% CI [4.06 – 4.46]) and that they would refer a friend to participate in the project ($M = 4.17$, $SD = 0.93$, 95% CI [3.95 - 4.39]).

Examination of the response frequencies provides further clarification to the participants' opinions regarding the personalized feedback. It is noted that these frequencies were examined only for individuals who completed all questions of the Participant Evaluation Form ($N = 65$). These data can be seen in Table 5. Notably, the modal response for all items was either 4 (i.e., “agree a little”) or 5 (i.e., “agree strongly”). In regard to the accuracy of the feedback, the frequency of individuals who responded 4 (i.e., “agree strongly”) or above ranged from 51 (78.46%; Conscientiousness/Disinhibition) to 61 (93.84%; Openness/Psychoticism). The majority of the participants also responded “agree a little” or “agree strongly” that the feedback was helpful, with frequencies ranging from 48 (75.38%; Neuroticism/Negative Affectivity) to 55 (84.61%; Extraversion/Detachment, Openness/Psychoticism). The frequencies of ratings of 4 or 5 for the “This information helped me to better understand myself” item ranged from 46 (70.77%, Neuroticism/Negative Affectivity) to 52 (80.00%, Openness/Psychoticism). Finally, the number of participants that responded “agree a little” or “agree strongly” on the item addressing whether

or not the feedback could help address problems in living ranged from 41 (63.07%; Neuroticism/Negative Affectivity) to 49 (75.38%; Agreeableness/Antagonism).

The frequencies of participants' responses to the overall feedback were also examined (see Table 6). The frequencies of "agree a little" or "agree strongly" ranged from 49 (75.38%; "Taken together, I believe that this information can help me to address problems in my life more effectively.") to 62 (95.39%; "As a whole, the information provided above was accurate."). Collectively, the results of the frequency analyses indicate that the participants positively received the personalized feedback.

Subjective participant feedback. Furthermore, participants were given the opportunity to freely respond and provide their opinions regarding the personality trait assessment. This feedback was examined in effort to obtain more insight on the participant experience. Several participants highlighted that they believed the feedback was accurate and that the study itself was interesting and helpful. For example, participant #52 stated, "Overall I really enjoyed this study and thought that it was very adequate and accurate in determining my personality," participant #37 said, "I am often stressed and experience anxiety and <this> was confirmed by this test," and participant #74 stated, "The feedback was very helpful in pointing both my strengths and weaknesses." Participants also expressed that the feedback could be applied to life problems. For example, Participant #73 stated, "I found the statements that I was competing with others to be not only surprising but very helpful. It could explain much of the irritation of aggression that I feel towards others at times."

However, some participants reported that the feedback did not provide a great deal of incremental knowledge to their understanding of their own personality functioning. For example, participant #65 stated, "I agreed with my results but I already knew those things about me." Some participants also expressed that they felt like the protocol was too long. Interestingly, more than one participant expressed that they would prefer feedback to be delivered by another person rather than the computer. For example, when asked how the assessment procedure could be

improved, participant #58 reported, “Possibly having a researcher or group of researchers give personal “human” feedback as well” and participant #60 wrote, “Have someone talking through your results with you or talking about your traits instead of on the computer.”

Relationship with dysfunction (Hypothesis 2). Correlations between the IPIP-NEO and the PID-5 were examined first (see Table 7). Except for Openness, IPIP NEO domains correlated in the expected direction with its respective PID-5 domain at the $\alpha = 0.001$ level. These correlations were large, ranging in magnitude from $r_{(70)} = -0.68, p < 0.001$ (IPIP NEO Agreeableness and PID-5 Antagonism) to $r_{(70)} = 0.83, p < 0.001$ (IPIP NEO Neuroticism and PID-5 Negative Affectivity). Interestingly, IPIP NEO Neuroticism was also positively correlated with PID-5 Detachment ($r_{(70)} = 0.53, p < 0.001$), Psychoticism ($r_{(70)} = 0.45$), and Disinhibition ($r_{(70)} = 0.46, p < 0.001$). Further, IPIP NEO Conscientiousness was negatively correlated with PID-5 Detachment ($r_{(70)} = -0.44, p < 0.001$), Psychoticism ($r_{(70)} = -0.44, p < 0.001$), and Disinhibition ($r_{(70)} = -0.83, p < 0.001$).

Table 8 displays the correlations between the IPIP NEO Neuroticism, PID-5 Negative Affectivity, and measures of personal distress (e.g., OQ-45.2 symptom distress, SOS total score, and SWLS total score). As expected, relationships between the personality and dysfunction measures typically were strong in the expected directions. Specifically, correlations between IPIP NEO Neuroticism and distress measures were large, ranging in magnitude from $r_{(70)} = -0.53, p < 0.001$ (SWLS total score) to $r_{(70)} = 0.78, p < 0.001$ (OQ-45.2 Symptom Distress). Similarly, medium to large correlations were also found between the PID-5 and the three distress measures, ranging from $r_{(70)} = -0.44, p < 0.001$ (SWLS total score) to $r_{(70)} = 0.74, p < 0.001$ (OQ-45.2 Symptom Distress). Collectively, these results indicate that high neuroticism/negative affectivity is associated with higher levels of personal distress.

Table 9 displays the correlations between the IPIP NEO Extraversion, PID-5 Detachment, and relevant measures of interpersonal impairment. The IPIP NEO Extraversion scale was significantly correlated in expected directions at the $\alpha = 0.001$ level with five of the 12

interpersonal impairment scales, ranging in magnitude from $r_{(70)} = -0.43, p < 0.001$ (WHODAS Getting Along) to $r_{(70)} = -0.67, p < 0.001$ (IIP Socially Avoidant). Similar results were obtained between PID-5 Detachment and the interpersonal impairment measures. Specifically, PID-5 Detachment was correlated with six of the 12 interpersonal impairment scales in expected directions, with medium to large effects. These correlations ranged in magnitude from $r_{(70)} = 0.44, p < 0.001$ (IIP Nonassertive) to $r_{(70)} = -0.75, p < 0.001$ (SIPP Relational Capacities). Collectively, these findings indicate that high detachment (i.e., low extraversion) is significantly related to impairment in interpersonal functioning.

In addition to the expectation that low Extraversion and high Detachment would relate to measures of interpersonal impairment, low Agreeableness and high Antagonism were also predicted to be related to social dysfunction. Table 10 displays the correlations between the IPIP NEO Agreeableness scale, PID-5 Antagonism scale, and relevant measures of interpersonal impairment. At the $\alpha = 0.001$ level, the IPIP NEO Agreeableness scale was significantly correlated with two of the six interpersonal impairment scales in expected directions. Specifically, IPIP NEO Agreeableness was positively correlated with SIPP Social Concordance ($r_{(70)} = 0.57, p < 0.001$) and negatively correlated with IIP Vindictive ($r_{(70)} = -0.52, p < 0.001$). PID-5 Antagonism was negatively correlated with SIPP Social Concordance ($r_{(70)} = -0.50, p < 0.001$). Similar to the Extraversion and Detachment domains, these results indicate that low Agreeableness/high Antagonism is modestly associated with poorer social functioning, particularly in terms of social concordance (i.e., valuing others, ability to work with others, withholding aggression towards others) and tendency to be vindictive and hostile towards others.

Table 11 displays the correlations between the IPIP NEO Conscientiousness scale, PID-5 Disinhibition scale, and measures of occupational impairment. The IPIP Conscientiousness scale was significantly correlated with all five measures of occupational impairment in expected directions, and with large effects. These correlations ranged in magnitude from $r_{(70)} = -0.54, p < 0.001$ (OQ Social Role) to $r_{(70)} = 0.78, p < 0.01$ (SIPP Responsibility). Similarly, PID-5

Disinhibition was significantly correlated with all five occupational impairment measures. These correlations ranged in magnitude from $r_{(70)} = 0.52, p < 0.001$ (WHODAS Life Activities-Household) to $r_{(70)} = -0.78, p < 0.001$ (SIPP Responsibility). Collectively, the results indicate that low conscientiousness/high disinhibition is strongly associated with poorer occupational and life activity (e.g., completing tasks at school and work, taking care of the household) functioning.

MTurk Sample (Sample 2)

Participant personality trait feedback (Hypothesis 1). Hypothesis 1 was also examined using a sample of individuals who completed the study protocol online using Amazon.com's MTurk system. The means and standard deviations for all MTurk Participant Evaluation Form variables can be found in Table 12. Results indicate that participants agreed that the information provided was accurate for all five domains, with means ranging from Extraversion/Detachment ($M = 4.21, SD = 1.08, 95\% CI [4.00 - 4.43]$) to Openness/Psychoticism ($M = 4.53, SD = 0.78, 95\% CI [4.37 - 4.69]$). Participants also agreed that the Openness/Psychoticism ($M = 4.08, SD = 0.99, 95\% CI [3.88 - 4.27]$), Agreeableness/Antagonism ($M = 4.03, SD = 1.03, 95\% CI [3.83 - 4.23]$) and Conscientiousness/Disinhibition ($M = 4.08, SD = 0.97, 95\% CI [3.89 - 4.27]$) domain feedback was helpful.

Participants rated the Conscientiousness/Disinhibition domain as helpful in improving one's self-understanding ($M = 4.03, SD = 0.97, 95\% CI [3.84 - 4.22]$). No domains had a mean agreement rating greater than 4.00 for the item "I believe that this information can help me to address problems in my life more effectively."

It is noted that Sample 2 participants also reported generally favorable ratings for the overall feedback on the Participant Evaluation Form. Means and standard deviations for the overall feedback ratings can be found in Table 13. In particular, participants agreed that the feedback was accurate ($M = 4.47, SD = 0.73, 95\% CI [4.32 - 4.62]$), helpful overall ($M = 4.14, SD = 1.01, 95\% CI [3.89 - 4.28]$), and helpful in better understanding oneself ($M = 4.09, SD = 0.99, 95\% CI [3.82 - 4.26]$). Further, participants agreed that the feedback comprehensively

described their important personality-related problems ($M = 4.04$, $SD = 1.10$, 95% CI [3.82 – 4.26]), and that they were satisfied with the overall feedback ($M = 4.28$, $SD = 0.94$, 95% CI [4.10 – 4.47]). Participants also agreed that they can utilize the assessment information to help with problems in the future ($M = 4.00$, $SD = 1.15$, 95% CI [3.77-4.23]). Finally, participants agreed that participating in the assessment was worthwhile to them ($M = 4.21$, $SD = 1.03$, 95% CI [4.01 – 4.44]) and that they would refer a friend to participate in the project ($M = 4.25$, $SD = 1.11$, 95% CI [4.03 – 4.47]).

Subjective participant feedback. As with Sample 1, participants in Sample 2 were given the opportunity to freely respond and provide their opinions regarding the personality trait assessment. Mirroring Sample 1, several participants highlighted that they believed that the feedback was accurate, helpful, and that the study itself was interesting and enjoyable. For example, participant #102 expressed, “For the most part, the feedback was accurate, especially the parts about me being ‘a worrier’,” participant #87 stated, “The survey was fun (albeit a little on the long side), and the feedback was informative,” and participant #92 commented, “Interesting opportunity for self-reflection.” Interestingly, some participants, like #66, expressed more intervention-focused feedback: “It would be good to have suggestions for change.” Also of note, one participant (#74) noted that the maladaptive feedback was most helpful and noted how the feedback could be used to address problems in living, “There are a few unsavory characteristics (self-centered, manipulative) that I found most helpful. I am aware that I possess these characteristics but tend to gloss over them. This helped me realize that they are a bigger part of me that I should recognize and perhaps seek to improve.”

Like Sample 1, some participants indicated that the feedback did not provide incremental knowledge in understanding their own personality. For example, participant #77 stated, “agreed with basically all of it, but none of it was really new information” Similar to Sample 1, some participants also expressed that they felt like the protocol was too long. For example, participant #79 reported, “It was pretty lengthy, maybe break the survey down into multiple sessions?” and

participant #83 stated, “This survey is very, very long and exhausting. If I hadn't taken a break towards the middle of it, I would have given much less sincere answers towards the end.” Many participants expressed that compensation should have been higher. Unlike Sample 1, no participants expressed that they would prefer feedback to be delivered by another person rather than the computer.

Participant Evaluation Form response frequencies also were examined to provide further clarification to the participants’ opinions regarding the personalized feedback. As with Sample 1, these frequencies were examined only for individuals who completed all questions of the Participant Evaluation Form (N = 83). These data can be seen in Table 5. Also similar to Sample 1, the modal response for all items was either 4 (i.e., “agree a little”) or 5 (i.e., “agree strongly”). In regard to the accuracy of the feedback, the frequency of individuals who responded 4 (i.e., “agree strongly”) or above ranged from 70 (84.34%; Extraversion/Detachment, Conscientiousness/Disinhibition) to 76 (91.57%; Openness/Psychoticism). The majority of the participants also responded “agree a little” or “agree strongly” that the feedback was helpful, with frequencies ranging from 57 (68.67%; Extraversion/Detachment) to 66 (79.51%; Openness/Psychoticism, Agreeableness/Antagonism). The frequencies of ratings of 4 or 5 for the “This information helped me to better understand myself” item ranged from 52 (62.65%, Extraversion/Detachment) to 63 (75.90%, Openness/Psychoticism, Agreeableness/Antagonism). Finally, the number of participants that responded “agree a little” or “agree strongly” on the item addressing whether or not the feedback could help address problems in living ranged from 50 (60.24%; Extraversion/Detachment) to 56 (67.46%; Agreeableness/Antagonism).

The frequencies of participants’ responses to the overall feedback were also examined (see Table 6). The frequencies of “agree a little” or “agree strongly” ranged from 57 (68.68%; “Taken together, I believe that this information can help me to address problems in my life more effectively.”) to 77 (92.77%; “As a whole, the information provided above was accurate.”). As

with Sample 1, the collective results of the frequency analyses indicate that the participants positively received the personalized feedback.

Relationship with dysfunction (Hypothesis 2). Correlations between the IPIP-NEO and the PID-5 were first examined (see Table 7). Except for Openness, IPIP NEO domain correlated with its respective PID-5 domain in the expected direction. These correlations ranged from $r_{(99)} = -0.68, p < 0.001$ (IPIP NEO Extraversion and PID-5 Detachment) to $r_{(99)} = -0.83, p < 0.001$ (IPIP NEO Conscientiousness and PID-5 Disinhibition). Interestingly, large, positive correlations were found between IPIP NEO Neuroticism and PID-5 Detachment ($r_{(99)} = 0.67, p < 0.001$), Psychoticism ($r_{(99)} = 0.51, p < 0.001$) and Disinhibition ($r_{(99)} = 0.62, p < 0.001$). Further, IPIP NEO Extraversion negatively correlated with PID-5 Negative Affectivity ($r_{(99)} = -0.47, p < 0.001$), IPIP NEO Agreeableness negatively correlated with PID-5 Detachment ($r_{(99)} = -0.41, p < 0.001$), Psychoticism ($r_{(99)} = -0.41, p < 0.001$), and Disinhibition ($r_{(99)} = -0.57, p < 0.001$). Finally, IPIP NEO Conscientiousness was negatively correlated with all five PID-5 domains, ranging from $r_{(99)} = -0.41, p < 0.001$ (Antagonism) to $r_{(99)} = -0.51, p < 0.001$ (Detachment).

Table 8 displays the correlations between the IPIP NEO Neuroticism, PID-5 Negative Affectivity, and measures of personal distress (e.g., OQ-45.2 symptom distress, SWLS total score, and SOS total). As expected, relationships between the personality and dysfunction measures typically were strong in the expected directions. Specifically, large correlations were found between IPIP NEO Neuroticism and distress measures ranging from $r_{(99)} = -0.54, p < 0.001$ (SWLS total score) to $r_{(99)} = 0.77, p < 0.001$ (OQ-45.2 Symptom Distress). A similar pattern was found for the PID-5 Negative Affectivity Scale. Specifically, medium to large correlations were found in the relationship between PID-5 Negative Affectivity and all measures of distress, ranging from $r_{(99)} = -0.40, p < 0.001$ (SWLS total score) to $r_{(99)} = 0.71, p < 0.001$ (OQ-45.2 Symptom Distress). Collectively, these results indicate that high neuroticism/negative affectivity is associated with higher levels of personal distress.

Table 9 displays the correlations between the IPIP NEO Extraversion, PID-5 Detachment, and relevant measures of interpersonal impairment. At the $\alpha = 0.001$ level, the IPIP NEO Extraversion scale was significantly correlated in expected directions with nine of the 12 interpersonal impairment scales, with medium to large effects. These correlations ranged in magnitude from $r_{(99)} = 0.32, p < 0.001$ (SIPP Social Concordance) to $r_{(99)} = -0.75, p < 0.001$ (IIP Socially Avoidant). Notably, PID-5 Detachment was correlated with all 12 interpersonal impairment scales in expected directions, ranging in magnitude from $r_{(99)} = 0.34, p < 0.001$ (IIP Intrusive) to $r_{(99)} = -0.84, p < 0.001$ (SIPP Relational Capacities). Collectively, these findings indicate that high detachment (i.e., low extraversion) is significantly related to impairment in interpersonal functioning.

Table 10 displays the correlations between the IPIP NEO Agreeableness scale, PID-5 Antagonism scale, and relevant measures of interpersonal impairment. At the $\alpha = 0.001$ level, medium to large correlations were found between the IPIP NEO Agreeableness scale and all relevant interpersonal impairment scales in expected directions, with the exception of the IIP Overly Nurturant scale. These correlations ranged from $r_{(99)} = -0.34, p < 0.001$ (SFQ total score) to $r_{(99)} = 0.75, p < 0.001$ (SIPP Social Concordance). A similar pattern of results was found when examining the PID-5 Antagonism scale's relationships with relevant interpersonal impairment scales. Specifically, PID-5 Antagonism was significantly correlated with all relevant interpersonal impairment scales except for the SFQ total score and the IIP Overly Nurturant scale. Medium to large correlations ranged from $r_{(99)} = 0.37, p < 0.001$ (OQ-45.2 Interpersonal Relationships) to $r_{(99)} = 0.57, p < 0.001$ (IIP Vindictive). Collectively, these results provide further evidence that low agreeableness/high antagonism is associated with poorer social functioning.

Table 11 displays the correlations between the IPIP NEO Conscientiousness scale, PID-5 Disinhibition scale, and measures of occupational impairment. The IPIP Conscientiousness scale was largely correlated with all five measures of occupational impairment in expected directions, ranging in magnitude from $r_{(99)} = -0.49, p < 0.001$ (WHODAS Life Activities - School/Work) to

$r_{(99)} = 0.85, p < 0.001$ (SIPP Responsibility). Similarly, large correlations were also found between PID-5 Disinhibition and all five occupational impairment measures. These correlations ranged in magnitude from $r_{(99)} = 0.50, p < 0.001$ (WHODAS Life Activities - School/Work) to $r_{(99)} = -0.88, p < 0.001$ (SIPP Responsibility). As with Sample 1, these results further indicate that low conscientiousness/high disinhibition is strongly associated with poorer occupational and life activity.

CHAPTER IV

CONCLUSION

Discussion of Findings

Personality traits are clinically relevant as they can aid in treatment planning and are associated with psychopathology and problems in living. While there is evidence to support the clinical utility of personality traits, much of this research has been conducted from clinicians' perspectives. The present study had two aims. First, it sought to expand the literature by examining the utility of personality assessment from the unique perspective of the client. This is important because clinicians should strive to provide feedback in ways that are most receptive and beneficial to clients. It was expected that personality feedback provided in terms of the general FFM traits and the maladaptive DSM-AM traits would be perceived favorably by participants. Additionally, the present study sought to expand previous literature (e.g., Mullins-Sweatt & Widiger, 2010) by examining how both general FFM and maladaptive DSM-AM traits relate to problems in living. Notably, the present study utilized two treatment-seeking samples (university and community) and methods (in-lab administration and online administration) to accomplish these aims. This was done to increase the generalizability and interpretability of the results. Similarly, the samples were comprised of individuals with a diverse array of clinical problems and histories, in effort to further increase generalizability.

Personality trait feedback. The results of the current study largely supported the hypotheses and have several theoretical and clinical implications. First, results demonstrated that the general and maladaptive personality trait feedback was favorably perceived by participants. In particular, participant ratings indicated agreement that the positive and negative trait descriptions were accurate and modestly helpful at addressing their problems in living. Participant ratings also indicated agreement that the feedback, as a whole, was “worthwhile” and helpful, and participants expressed agreement that they would recommend such an assessment to others. These findings are promising and imply that treatment-seeking individuals perceive combined adaptive and maladaptive personality trait feedback as acceptable and helpful.

It is also interesting to examine the participant feedback of the assessment by exploring specific personality domains. For instance, the agreeableness/antagonism, openness/psychoticism, and conscientiousness/disinhibition domains were rated as being the most helpful. One hypothesized explanation of this finding is that these domains were more relevant to their lives and areas of impairment. Further, the participants’ clinical presentation was not limited to a specific disorder or presentation. Results may differ depending on the particular clinical population utilized. For example, personality trait feedback might be seen as more relevant and helpful to individuals with more maladaptive personality traits, such as those diagnosed with a personality disorder. Future studies should attempt to replicate the present study using specific populations. Such research would help clarify which populations for whom personality trait feedback is most beneficial.

Importantly, participant ratings indicated that the participants were generally satisfied with the feedback overall, believed that they could use the information provided to help address problems in living, that participating in the project was worthwhile to them, and that they would refer a friend to participate in the assessment. While certain personality domains were described as more helpful than others, the collective feedback from both samples was largely positive. This may imply that, comprehensive feedback, as opposed to domain-specific feedback, is preferable.

Another possible interpretation of this finding is that the domain-specific feedback was more individualized in its utility, while the feedback as a whole was more general. For example, someone with more interpersonal problems in living might find extraversion/detachment feedback most relevant, while someone with high personal distress might rate neuroticism/negative affectivity feedback as most relevant.

Further, it is important to note that the results of the Participant Evaluation Form means analyses should be interpreted as exploratory. First, the Participant Evaluation Form was created for the present study, and has not been validated. Second, one should consider the 95% confidence intervals around the means cores of the Participant Evaluation Form items. For example, several of the Participant Evaluation Form item means were rated at 4.00 (i.e., “agree a little”) and above. However, 95% confident intervals indicated that the lower-range fell below 4.00 on several items. Items with a lower bound confidence interval greater than 4.00 may be more confidently interpreted as demonstrating participant agreement.

The examination of participant response frequencies allows for further interpretation of the results. Unlike means, the response frequencies are not an aggregate statistic that can be distorted by extreme scores. Such distortions can misrepresent the actual distribution of scores. For example, a few extreme low scores of 1 could pull the mean down below 4 (“agree a little”), despite the majority of participants reporting scores of 4 (“agree a little”) and 5 (“agree strongly”). Accordingly, the examination of the frequencies demonstrated that the majority of participants reported that they “agree a little” or “strongly agree” for all Participant Evaluation Form items, across all domains and for the feedback overall. Thus, the results strongly support Hypothesis 1.

Examination of the participants’ subjective, free-response, feedback provided further interpretability of the results. Participants expressed that the feedback was accurate and helpful, and that participation in the assessment was enjoyable and interesting. However, some expressed that it did not provide enough incremental information. It may be the case that the participants

had good insight to their personality and life problems. This information may also imply that this type of assessment may be more beneficial to individuals who have lower insight and/or sense of self-identity (e.g., individuals with borderline personality disorder). Participants also expressed that the research protocol was too long. This is notable as clinicians should strive to provide comprehensive assessments in the most efficient way possible. Reduction of the protocol length would save time, money, and limit participant fatigue, which may potentially improve the validity of the results. Future studies should attempt to replicate the present study using a shorter, more concise protocol. For example, rather than using the IPIP NEO, one could use a short-form FFM measure such as the Five Factor Model Rating Form (FFMRF; Mullins-Sweatt, Jamerson, Samuel, Olson, & Widiger, 2006).

Collectively, these data support utilizing combined general and maladaptive personality assessment feedback in clinical settings. Both clinicians and clients may find benefit from this form of assessment. Specifically, clients may obtain better understanding of themselves and problems in living. Receiving personality feedback could be validating and may help the client address his or her personality-related life problems. Meanwhile, clinicians may also benefit by obtaining a better understanding of the client and his or her problems. The clinician can then utilize that information to develop treatment goals and build rapport with the client.

Relationships between personality and problems in living. Furthermore, the DSM-AM is said to be an extension of the FFM (APA, 2012). Accordingly, it was expected that respective domains of the FFM and DSM-AM would be related. Results of the present study indicated that four of the five respective domains of the FFM and DSM-AM are strongly related with one another. One exception to this was the relationship between FFM Openness to Experience and DSM-AM Psychoticism. However, previous research has also found modest relationships between these two domains (e.g., Watson et al., 2013). Ultimately, these results are in line with prior research and provide further support of the FFM's relationship to the DSM-AM.

Additionally, the current study found that general and maladaptive personality traits are strongly related with important problems in living (i.e., personal distress, interpersonal impairment, occupational impairment). These findings provide incremental evidence regarding the clinical relevance of personality traits. Specifically, the present study builds upon previous research (e.g., Mullins-Sweatt & Widiger, 2010) that examined relationships between general FFM personality traits and problems in living. Similar to the results of Mullins-Sweatt and Widiger (2010), significant relationships were found between expected personality traits and areas of dysfunction. The results of the present study expand on previous studies by including the maladaptive DSM-AM traits.

In particular, both the FFM and DSM-AM traits were most strongly related to personal distress and occupational dysfunction. The correlations of FFM extraversion and agreeableness and DSM-AM detachment and antagonism with measures of interpersonal impairment were not as consistent or strong. Notably, the Sample 2 PID-5 Detachment scores were significantly correlated with each measure of interpersonal impairment. These results are discrepant from Sample 1. One possible explanation for this result is that individuals in Sample 2 scored significantly higher on the PID-5 Detachment domain ($T = 2.82, p = .005$).

Collectively, these findings further support that these dimensional traits significantly relate to relevant areas of life impairment. Notably, the FFM and the DSM-AM appear to align with the categorical DSM-5 personality disorder criterion, which specifies that personality pathology leads to “clinically significant distress or impairment in social, occupational, or other important areas of functioning” (p. 646). Accordingly, these results can help inform the development of future revisions of the diagnostic manual. Clinicians may utilize this information to help guide treatment planning and development. In particular, specific personality traits may be indicative of specific areas of life dysfunction. For example, an individual that scores high on measures of negative affectivity or neuroticism is likely to experience significant personal distress. Clinicians may then choose an intervention that provides the client with skills in

regulating negative affect. Similarly, if an individual is low in extraversion or high in detachment may be more prone to experiencing social dysfunction. Accordingly, the clinician may then choose to provide the client with interpersonal effectiveness skills and assist in building the client's social support system.

Limitations

It is important to note limitations of the present study. First, while the study utilized two samples to increase the generalizability of the findings, specific aspects of these samples must be considered when generalizing to the general population. Both samples were majority Caucasian, female, and heterosexual. Further, the university sample was obtained from a Midwestern research university, which may not generalize to the general population. Similarly, certain characteristics of the MTurk sample may reduce its generalizability. For example, individuals in the MTurk sample must have previously completed 100 previous MTurk surveys with an 80% approval rating. Accordingly, these exclusion criteria may have led to sample bias.

The potential for Barnum effects is an additional limitation of the present study. A Barnum effect refers to a phenomenon where an individual believes that a statement that could apply to anyone, applies specifically to him or her. While the feedback provided to each participant was based off of their individual responses, their high level of agreement with the feedback accuracy could have been influenced in part by such Barnum effects. Importantly, however, the present study provided both adaptive and maladaptive feedback. The inclusion of maladaptive feedback may have reduced the chance of Barnum effects. Regardless, future studies should be conducted that control for Barnum effects. For example, one could provide participants with artificial feedback and compare the level of agreement with that of genuine feedback.

The use of computerized feedback could have also limited the acceptance of the personalized feedback. In Therapeutic Assessment, the therapist provides assessment feedback in person. This allows the therapist to answer client questions and provide additional explanation

when needed. This type of dialogue was not possible using the present study's computerized feedback. Further, in-person feedback may be perceived as more personal than computerized feedback. Interestingly, computer-based personalized feedback interventions have been shown to be an effective alternative to in-person alcohol abuse interventions (e.g., Schwartz et al., 2014). However, there is evidence that in-person personalized feedback interventions may be more effective than computerized interventions. For example, a meta-analysis of studies conducted between 1998 to 2010 by Carey, Schott-Sheldon, Elliott, Garey, and Carey (2012) found that in-person feedback interventions produced more effective and enduring effects than computerized feedback in an alcohol intervention. Accordingly, clinical utility might be improved with the use of therapist to client feedback. Future studies should investigate this topic.

Conclusions

In summary, the present study has important theoretical and clinical implications. First, the results demonstrated that combined general and maladaptive personality trait feedback was received positively in general. These traits were seen as helpful in explaining the characteristics and problem areas described by the participants. Participants reported that they were satisfied with the information provided and that receiving the feedback was worthwhile to them. Theoretically, this provides evidence that combined adaptive and maladaptive personality trait feedback is both comprehensive and useful. Further, clinicians can use such an assessment to help clients better understand themselves and their problems in living.

Further, the present study provides incremental support that dimensional personality traits relate with relevant areas of life impairment (i.e., personal distress, social dysfunction, occupational dysfunction). The present study expands on previous studies (e.g., Mullins-Sweatt & Widiger, 2010) by utilizing both FFM and DSM-AM traits. In addition to theoretical contributions, these data have important clinical implications. For example, these data further elucidate how specific personality traits are relevant in the important areas of DSM personality disorder impairment. Such findings will help inform future revisions of the diagnostic manual,

and further the case for a move to a dimensional system. Furthermore, clinicians can utilize this information to help determine which problems in living their clients are likely to experience and tailor their interventions accordingly. For example, someone high in negative affectivity may be more likely to experience personal distress. Therefore, emotion regulation and distress tolerance interventions might be useful for these individuals. Ultimately, clinicians and researchers should continue to explore additional ways to incorporate personality into clinical practice.

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APPENDIX A:
TABLES

Table 1

Definitions of DSM-5 Personality Disorder Trait Domains and Facets

<i>Negative Affectivity (vs. Emotional Stability)</i>	Frequent and intense experiences of high levels of a wide range of negative emotions (e.g., anxiety, depression, guilt/shame, worry, anger) and their behavioral (e.g., self-harm) and interpersonal (e.g., dependency) manifestations)
Emotional lability	Instability of emotional experiences and mood; emotions that are easily aroused, intense, and/or out of proportion to events and circumstances
Anxiousness	Feelings of nervousness, tenseness, or panic in reaction to diverse situations; frequent worry about the negative effects of past unpleasant experiences and future negative possibilities; feeling fearful and apprehensive about uncertainty; expecting the worst to happen.
Separation insecurity	Fears of being alone due to rejection by- and/or separation from-significant others, based in a lack of confidence in one's ability to care for oneself, both physically and emotionally.
Submissiveness	Adaptation of one's behavior to the actual or perceived interests and desires of others even when doing so is antithetical to one's own interests, needs, or desires
Hostility	Persistent or frequent angry feelings; anger or irritability in response to minor slights and insults; mean, nasty, or vengeful behavior. (See also Antagonism)
Perseveration	Persistence at tasks or in a particular way of doing things long after the behavior has ceased to be functional or effective; continuance of the same behavior despite repeated failures or clear reasons for stopping.
Depressivity	(See detachment)
Suspiciousness	(See detachment)
Restricted affectivity (lack of)	The <i>lack</i> of this facet characterizes <i>low levels</i> of Negative Affectivity. (See Detachment for definition of this facet).

Continued next page

Table 1

Definitions of DSM-5 Personality Disorder Trait Domains and Facets (continued)

<i>Detachment</i> (vs. <i>Extraversion</i>)	Avoidance of socioemotional experience, including both withdrawal from interpersonal interactions (ranging from casual, daily interactions to friendships to intimate relationships) and restricted affective experience and expression, particularly limited hedonic capacity.
Withdrawal	Preference for being alone to being with others; reticence in social situations; avoidance of social contacts and activity; lack of initiation of social contact.
Intimacy avoidance	Avoidance of close or romantic relationships, interpersonal attachments, and intimate sexual relationships.
Anhedonia	Lack of enjoyment from, engagement in, or energy for life's experiences; deficits in the capacity to feel pleasure and take interest in things.
Depressivity	Feelings of being down, miserable, and/or hopeless; difficulty recovering from such moods; pessimism about the future; pervasive shame and/or guilt; feelings of inferior self-worth; thoughts of suicide and suicidal behavior.
Restricted affectivity	Little reaction to emotionally arousing situations; constricted emotional experience and expression; indifference and aloofness in normatively engaging situations.
Suspiciousness	Expectations of—and sensitivity to—signs of interpersonal ill- intent or harm; doubts about loyalty and fidelity of others; feelings of being mistreated, used, and/or persecuted by others.

Continued next page

Table 1

Definitions of DSM-5 Personality Disorder Trait Domains and Facets (continued)

<i>Antagonism (vs. Agreeableness)</i>	Behaviors that put the individual at odds with other people, including an exaggerated sense of self-importance and a concomitant expectation of special treatment, as well as a callous antipathy toward others, encompassing both an unawareness of others' needs and feelings and a readiness to use others in the service of self-enhancement.
Manipulativeness	Use of subterfuge to influence or control others; use of seduction, charm, glibness, or ingratiation to achieve one's ends.
Deceitfulness	Dishonesty and fraudulence; misrepresentation of self; embellishment or fabrication when relating events.
Grandiosity	Believing that one is superior to others and deserves special treatment; self-centeredness; feelings of entitlement; condescension toward others.
Attention seeking	Engaging in behavior designed to attract notice and to make oneself the focus of others' attention and admiration.
Callousness	Lack of concern for the feelings or problems of others; lack of guilt or remorse about the negative or harmful effects of one's actions on others.
Hostility	<i>See Negative Affectivity.</i>

Continued next page

Table 1

Definitions of DSM-5 Personality Disorder Trait Domains and Facets (continued)

<i>Disinhibition</i> (vs. <i>Conscientiousness</i>)	Orientation toward immediate gratification, leading to impulsive behavior driven by current thoughts, feelings, and external stimuli, without regard for past learning or consideration of future consequences.
Irresponsibility	Disregard for—and failure to honor—financial and other obligations or commitments; lack of respect for—and lack of follow-through on—agreements and promises; carelessness with others' property.
Impulsivity	Acting on the spur of the moment in response to immediate stimuli; acting on a momentary basis without a plan or consideration of outcomes; difficulty establishing and following plans; a sense of urgency and self-harming behavior under emotional distress.
Distractability	Difficulty concentrating and focusing on tasks; attention is easily diverted by extraneous stimuli; difficulty maintaining goal-focused behavior, including both planning and completing tasks.
Risk taking	Engagement in dangerous, risky, and potentially self-damaging activities, unnecessarily and without regard to consequences; lack of concern for one's limitations and denial of the reality of personal danger; reckless pursuit of goals regardless of the level of risk involved.
Rigid perfectionism	Rigid insistence on everything being flawless, perfect, and without errors or faults, including one's own and others' performance; sacrificing of timeliness to ensure correctness in every detail; believing that there is only one right way to do things; difficulty changing ideas and/or viewpoint; preoccupation with details, organization, and order. The <i>lack of</i> this facet characterizes <i>low levels</i> of Disinhibition.

Continued next page

Table 1

Definitions of DSM-5 Personality Disorder Trait Domains and Facets (continued)

<i>Psychoticism</i> (vs. <i>Lucidity</i>)	Exhibiting a wide range of culturally incongruent odd, eccentric, or unusual behaviors and cognitions, including both process (e.g., perception, dissociation) and content (e.g., beliefs).
Unusual Beliefs and experiences	Belief that one has unusual abilities, such as mind reading, telekinesis, thought-action fusion, unusual experiences of reality, including hallucination-like experiences.
Eccentricity	Odd, unusual, or bizarre behavior, appearance, and/or speech; having strange and unpredictable thoughts; saying unusual or inappropriate things.
Cognitive and Perceptual dysregulation	Odd or unusual thought processes and experiences, including depersonalization, derealization, and dissociative experiences; mixed sleep-wake state experiences; thought-control experiences.

Source: DSM-5 Section III (APA, 2013, pp. 779 – 871)

Table 2

DSM-5 Elements of Personality Functioning

Self:

1. *Identity:*

Experience of oneself as unique, with clear boundaries between self and others; stability of self-esteem and accuracy of self-appraisal; capacity for, and ability to regulate, a range of emotional experience.

2. *Self-direction:*

Pursuit of coherent and meaningful short-term and life goals; utilization of constructive and prosocial internal standards of behavior; ability to self-reflect productively.

Interpersonal:

1. *Empathy*

Comprehension and appreciation of others' experiences and motivations; tolerance of differing perspectives; understanding the effects of one's own behavior on others.

2. *Intimacy:*

Depth and duration of connection with others; desire and capacity for closeness; mutuality of regard reflected in interpersonal behavior.

Source: DSM-5 Section III (APA, 2013, p. 762)

Table 3

University Sample Participant Evaluation Form Means by Domain

	Neuroticism/ Neg. Affectivity		Extraversion/ Detachment		Openness/ Psychoticism		Agreeableness/ Antagonism		Conscientiousness/ Disinhibition	
	<i>M(SD)</i>	95% CI	<i>M(SD)</i>	95% CI	<i>M(SD)</i>	95% CI	<i>M(SD)</i>	95% CI	<i>M(SD)</i>	95% CI
The information provided above was accurate.	4.23 (1.00)	3.99-4.46	4.24 (0.99)	4.00-4.47	4.39 (0.83)	4.19-4.58	4.27 (1.03)	4.02-4.51	4.17 (1.11)	3.91-4.43
I found this information to be helpful.	3.87 (1.01)	3.63-4.11	4.00 (0.87)	3.80 - 4.20	4.13 (0.87)	3.92-4.33	4.15 (0.98)	3.92-4.39	4.11 (0.93)	3.89-4.33
This information helped me to better understand myself.	3.69 (1.04)	3.44-3.94	3.83 (0.95)	3.60-4.05	4.08 (0.80)	3.90-4.27	4.07 (0.90)	3.86-4.28	3.99 (0.91)	3.77-4.20
I believe that this information can help me to address problems in my life more effectively.	3.64 (1.12)	3.38-3.90	3.74 (0.96)	3.51-3.96	3.89 (0.96)	3.66-4.11	4.00 (0.93)	3.78-4.22	3.96 (0.94)	3.74-4.18

Note: Standard deviations are presented in parentheses; N ranged from 70-72

Table 4
University Sample Participant Evaluation Form Means Overall

	Mean	95% CI
As a whole, the information provided above was accurate.	4.29 (0.74)	4.12-4.47
I found this information to be helpful overall.	4.13 (0.84)	3.93-4.32
Together, this information helped me better understand myself.	3.99 (0.81)	3.79-4.18
Taken together, I believe that this information can help me to address problems in my life more effectively.	4.03 (0.90)	3.82 - 4.24
The information comprehensively described all of the important personality problems I have.	3.90 (0.95)	3.68-4.13
I am satisfied with the information I was provided.	4.17 (0.87)	3.96-4.37
I can utilize this information to help me with problems in the future.	4.10 (0.87)	3.89-4.31
Participating in this project was worthwhile for me.	4.26 (0.86)	4.06-4.46
<u>I would recommend this project to a friend.</u>	<u>4.17 (0.93)</u>	<u>3.95-4.39</u>

Note: Standard deviations are presented in parentheses;
 N ranged from 70-72

Table 5
Participant Evaluation Form Frequencies and Percentages – By Domain

PEF item	Domain	Freq.	In Lab					MTurk				
			Disagree strongly	Disagree a little	Neither agree nor disagree	Agree a little	Agree strongly	Disagree strongly	Disagree a little	Neither agree nor disagree	Agree a little	Agree strongly
“The information provided above was accurate”	N/NA	2 3.08	4 6.15	2 3.08	26 40.00	31 47.69	1 1.20	3 3.61	6 7.23	29 34.94	44 53.01	
	E/D	1 1.54	4 6.15	3 4.62	23 35.38	34 52.31	5 6.02	5 6.02	3 3.61	29 34.94	41 49.40	
	O/P	1 1.54	2 3.08	1 1.54	25 38.46	36 55.38	1 1.20	2 2.41	4 4.82	18 21.69	58 69.88	
	A/A	2 3.08	4 6.15	3 4.62	21 32.31	35 53.85	1 1.20	3 3.61	6 7.23	29 34.94	44 53.01	
	C/D	2 3.08	6 9.23	6 9.23	17 26.15	34 52.31	0 0.00	8 9.64	5 6.02	26 31.33	44 53.01	
“I found this information to be helpful”	N/NA	3 4.62	3 4.62	10 15.38	31 49.23	17 26.15	4 4.82	6 7.23	14 16.87	30 36.14	29 34.94	
	E/D	2 3.08	1 1.54	7 10.77	37 56.92	18 27.69	5 6.02	8 9.64	13 15.66	30 36.14	27 32.53	
	O/P	1 1.54	2 3.08	7 10.77	31 47.69	24 36.92	3 3.61	3 3.61	11 13.25	36 43.37	30 36.14	
	A/A	2 3.08	2 3.08	7 10.77	25 38.46	29 44.62	3 3.61	5 6.02	9 10.84	37 44.58	29 34.94	
	C/D	1 1.54	3 4.62	8 12.31	27 41.54	26 40.00	1 1.20	6 7.23	14 16.87	28 33.73	34 40.96	

Continued next page

Table 5
Participant Evaluation Form Frequencies and Percentages – By Domain (continued)

<u>PEF item</u>	<u>Domain</u>		<u>In Lab</u>					<u>MTurk</u>				
			<u>Disagree strongly</u>	<u>Disagree a little</u>	<u>Neither agree nor disagree</u>	<u>Agree a little</u>	<u>Agree strongly</u>	<u>Disagree strongly</u>	<u>Disagree a little</u>	<u>Neither agree nor disagree</u>	<u>Agree a little</u>	<u>Agree strongly</u>
	N/NA	Freq.	3	7	9	33	13	4	6	19	30	24
		%	4.62	10.77	13.85	50.77	20.00	4.82	7.23	22.89	36.14	28.92
“This information helped me to better understand myself”	E/D	Freq.	2	3	12	32	16	6	10	15	28	24
		%	3.08	4.62	18.46	49.23	24.62	7.23	12.05	18.07	33.73	28.92
	O/P	Freq.	0	1	12	29	23	3	4	13	34	29
		%	0.00	1.54	18.46	44.62	35.38	3.61	4.82	15.66	40.96	34.94
	A/A	Freq.	1	1	12	26	25	3	5	12	36	27
		%	1.54	1.54	18.46	40.00	38.46	3.61	6.02	14.46	43.37	32.53
	C/D	Freq.	1	3	10	30	21	2	4	17	30	30
		%	1.54	4.62	15.38	46.15	32.31	2.41	4.82	20.48	36.14	36.14

Continued next page

Table 5
Participant Evaluation Form Frequencies and Percentages – By Domain (continued)

<u>PEF item</u>	<u>Domain</u>		<u>In Lab</u>					<u>MTurk</u>				
			<u>Disagree strongly</u>	<u>Disagree a little</u>	<u>Neither agree nor disagree</u>	<u>Agree a little</u>	<u>Agree strongly</u>	<u>Disagree strongly</u>	<u>Disagree a little</u>	<u>Neither agree nor disagree</u>	<u>Agree a little</u>	<u>Agree strongly</u>
	N/NA	Freq.	3	9	12	24	17	6	10	13	30	24
		%	4.62	13.85	18.46	36.92	26.15	7.23	12.05	15.66	36.14	28.92
“I believe that this information can help me to address problems in my life more effectively.”	E/D	Freq.	2	3	17	27	16	7	10	16	27	23
		%	3.08	4.62	26.15	41.54	24.62	8.43	12.05	19.28	32.53	27.71
	O/P	Freq.	1	3	16	24	21	4	6	19	26	28
		%	1.54	4.62	24.62	36.92	32.31	4.82	7.23	22.89	31.33	33.73
	A/A	Freq.	1	2	13	25	24	4	5	18	28	28
		%	1.54	3.08	20.00	38.46	36.92	4.82	6.02	21.69	33.73	33.73
	C/D	Freq.	1	3	12	26	22	3	11	15	29	25
		%	1.54	4.62	18.46	40.00	33.85	3.61	13.25	18.07	34.94	30.12

Note: Only participants who completed all Participant Evaluation Form (PEF) items were included in this table (In Lab sample $N = 65$; MTurk sample $N = 83$). N/NA = Neuroticism/Negative Affectivity, E/D = Extraversion/Detachment, O/P = Openness/Psychoticism, A/A = Agreeableness/Antagonism, C/D = Conscientiousness/Disinhibition

Table 6
Participant Evaluation Form Frequencies and Percentages – Overall

		Disagree strongly	Disagree a little	Neither agree nor disagree	Agree a little	Agree strongly
The information provided above was accurate.	In Lab	0 (0.00%)	0 (0.00%)	3 (4.62%)	35 (53.85%)	27 (41.54%)
	MTurk	0 (0.00%)	4 (4.82%)	2 (2.41%)	29 (34.94%)	48 (57.83%)
I found this information to be helpful overall.	In Lab	1 (1.54%)	1 (1.54%)	8 (12.31%)	31 (47.69%)	24 (36.92%)
	MTurk	2 (2.41%)	6 (7.23%)	8 (9.64%)	31 (37.35%)	36 (43.47%)
This information helped me better understand myself.	In Lab	1 (1.54%)	2 (3.08%)	8 (12.31%)	37 (56.92%)	17 (26.15%)
	MTurk	3 (3.61%)	3 (3.61%)	13 (15.66%)	29 (34.94%)	35 (42.17%)
I believe that this information can help me to address problems in my life more effectively.	In Lab	1 (1.54%)	2 (3.08%)	13 (20.00%)	25 (38.46%)	24 (36.92%)
	MTurk	3 (3.61%)	8 (9.64%)	15 (18.07%)	26 (31.33%)	31 (37.35%)
The information comprehensively described all of the important personality problems I have.	In Lab	2 (3.08%)	4 (6.15%)	8 (12.31%)	33(50.77%)	18 (27.69%)
	MTurk	2 (2.41%)	9 (10.84%)	7 (8.43%)	32 (38.55%)	33 (39.76%)
I am satisfied with the information I was provided.	In Lab	1 (1.54%)	2 (3.08%)	9 (13.85%)	24 (36.92%)	29 (44.62%)
	MTurk	1 (1.20%)	6 (7.23%)	4 (4.82%)	29 (34.94%)	43 (51.81%)
I can utilize this information to help me with problems in the future.	In Lab	0 (0.00%)	4 (6.15%)	9 (13.85%)	26 (40.00%)	26 (40.00%)
	MTurk	4 (4.82%)	9 (10.84%)	7 (8.43%)	29 (34.94%)	34 (40.96%)
Participant in this project was worthwhile for me.	In Lab	0 (0.00%)	3 (4.62%)	6 (9.23%)	21 (32.31%)	35 (53.85%)
	MTurk	2 (2.41%)	5 (6.02%)	8 (9.64%)	26 (31.33%)	42 (50.60%)
I would recommend this project to a friend.	In Lab	1 (1.54%)	2 (3.08%)	11 (16.92%)	18 (27.69%)	33 (50.77%)
	MTurk	4 (4.82%)	2 (2.41%)	8 (9.64%)	21 (25.30%)	48 (57.83%)

Note: Only participants who completed all Participant Evaluation Form items were included in this table (In Lab sample $N = 65$; MTurk sample $N = 83$).

Table 7

Correlations between IPIP NEO and PID-5

	<u>PID-5 Negative Affectivity</u>		<u>PID-5 Detachment</u>		<u>PID-5 Psychoticism</u>		<u>PID-5 Antagonism</u>		<u>PID-5 Disinhibition</u>	
	Sample 1	Sample 2	Sample 1	Sample 2	Sample 1	Sample 2	Sample 1	Sample 2	Sample 1	Sample 2
IPIP NEO Neuroticism	0.83*	0.76*	0.53*	0.67*	0.45*	0.51*	0.09	0.16	0.46*	0.62*
IPIP NEO Extraversion	-0.28	-0.47*	-0.73*	-0.68*	-0.18	-0.24	0.22	0.22	-0.17	0.27
IPIP NEO Openness	0.33	-0.10	0.05	-0.28	0.32	-0.07	0.16	-0.14	0.19	-0.09
IPIP NEO Agreeableness	-0.06	-0.22	0.04	-0.41*	-0.31	-0.41*	-0.68*	-0.72*	-0.23	-0.57*
IPIP NEO Conscientiousness	-0.38	-0.44*	-0.44*	-0.51*	-0.44*	-0.46*	-0.29	-0.41*	-0.83*	-0.83*

Note: * correlation is significant at the .001 level; Sample 1 *df* = 70; Sample 2 *df* = 99 .

Table 8
Neuroticism/Negative Affectivity Correlations with Personal Distress

	Undergraduate Sample		MTurk Sample	
	IPIP Neuroticism	PID Neg. Affectivity	IPIP Neuroticism	PID Neg. Affectivity
OQ Symptom Distress	.78*	.74*	.77*	.71*
SWLS Total	-.53*	-.44*	-.54*	-.40*
SOS Total	-.66*	-.58*	-.70*	-.51*

Note: * correlation is significant at the .001 level; Sample 1 *df* = 70; Sample 2 *df* = 99 .

Table 9
Extraversion/Detachment Correlations with Interpersonal Impairment

	Undergraduate Sample		MTurk Sample	
	IPIP Extraversion	PID Detachment	IPIP Extraversion	PID Detachment
IIP Socially Avoidant	-.67*	.67*	-.75*	.76*
IIP Domineering	-.01	.17	-.07	.50*
IIP Intrusive	.20	-.01	-.08	.34*
IIP Overly Nurturant	-.27	.31	-.24	.35*
IIP Nonassertive	-.52*	.44*	-.60*	.55*
IIP Exploitable	-.33	.31	-.41*	.44*
OQ Interpersonal Relationships	-.23	.45*	-.45*	.74*
SFQ Total	-.44*	.60*	-.59*	.77*
SIPP Relational Capacities	.51*	-.75*	.59*	-.84*
SIPP Social Concordance	.18	-.32	.32*	-.63*
WHODAS Getting Along	-.43*	.50*	-.58*	.74*
WHODAS Participation	-.19	.38	-.40*	.52*

Note: *correlation is significant at the .001 level;
Sample 1 *df* = 70; Sample 2 *df* = 99 .

Table 10
Agreeableness/Antagonism Correlations with Interpersonal Impairment

	Undergraduate Sample		MTurk Sample	
	IPIP Agreeableness	PID Antagonism	IPIP Agreeableness	PID Antagonism
IIP Vindictive	-.52*	.32	-.74*	.57*
IIP Overly Nurturant	.23	.05	-.03	.09
OQ Interpersonal Relationships	-.25	.20	-.47*	.37*
SFQ Total	-.21	.19	-.34*	.26
SIPP Relational Capacities	.33	-.30	.49*	-.40*
SIPP Social Concordance	.57*	-.50*	.75*	-.57*

Note: * correlation is significant at the .001 level;
 Sample 1 *df* = 70; Sample 2 *df* = 99 .

Table 11
Conscientiousness/Disinhibition Correlations with Occupational Impairment

	Undergraduate Sample		MTurk Sample	
	IPIP Conscientiousness	PID Disinhibition	IPIP Conscientiousness	PID Disinhibition
OQ Social Role	-.54*	.61*	-.60*	.69*
SIPP Self-Control	.58*	-.60*	.66*	-.73*
SIPP Responsibility	.78*	-.78*	.85*	-.88*
WHODAS Life Activities - Household	-.55*	.52*	-.53*	.54*
WHODAS Life Activities - School/Work	-.59*	.56*	-.49*	.50*

Note: *correlation is significant at the .001 level;
Sample 1 *df* = 70; Sample 2 *df* = 99 .

Table 12

MTurk Sample Participant Evaluation Form Means by Domain

	Neuroticism/ Neg. Affectivity		Extraversion/ Detachment		Openness/ Psychoticism		Agreeableness/ Antagonism		Conscientiousness/ Disinhibition	
	<i>M(SD)</i>	95% CI	<i>M(SD)</i>	95% CI	<i>M(SD)</i>	95% CI	<i>M(SD)</i>	95% CI	<i>M(SD)</i>	95% CI
The information provided above was accurate.	4.40 (0.85)	4.23-4.56	4.21 (1.08)	4.00-4.43	4.53 (0.78)	4.37-4.69	4.25 (0.97)	4.06-4.44	4.28 (0.95)	4.09-4.47
I found this information to be helpful.	3.99 (1.07)	3.78-4.20	3.87 (1.12)	3.65-4.09	4.08 (0.99)	3.88-4.27	4.03 (1.03)	3.83-4.23	4.08 (0.97)	3.89-4.27
This information helped me to better understand myself.	3.80 (1.08)	3.59-4.01	3.72 (1.73)	3.49-3.95	3.95 (1.03)	3.75-4.15	3.96 (1.04)	3.75-4.17	4.03 (0.97)	3.84-4.22
I believe that this information can help me to address problems in my life more effectively.	3.78 (1.19)	3.55-4.02	3.68 (1.21)	3.44-3.92	3.84 (1.12)	3.62-4.06	3.90 (1.10)	3.68-4.12	3.79 (1.11)	3.57-4.01

Note: Standard deviations are presented in parentheses. N ranged from 99-101

Table 13
MTurk Sample Participant Evaluation Form Means Overall

	Mean	95% CI
As a whole, the information provided above was accurate.	4.47 (0.73)	4.32-4.62
I found this information to be helpful overall.	4.14 (1.01)	3.93-4.34
Together, this information helped me better understand myself.	4.09 (0.99)	3.89-4.28
Taken together, I believe that this information can help me to address problems in my life more effectively.	3.93 (1.13)	3.71-4.15
The information comprehensively described all of the important personality problems I have.	4.04 (1.10)	3.82-4.26
I am satisfied with the information I was provided.	4.28 (0.94)	4.10-4.47
I can utilize this information to help me with problems in the future.	4.00 (1.15)	3.77-4.23
Participating in this project was worthwhile for me.	4.21 (1.03)	4.01-4.44
I would recommend this project to a friend.	4.25 (1.11)	4.03-4.47

Note: Standard deviations are presented in parentheses;
 N ranged from 96 -100

APPENDIX B
MEASURES AND EXAMPLE FEEDBACK

In Lab Demographics Form

To protect your identity, we will create a personalized ID and use this number, instead of your name, this ID code is the same as what you entered in the SONA prescreener. To create this ID code, we need you to provide the following information:

- **Your initials (the FIRST letter of your first and last name)**
- **Your birthday date (Month, Day, Year)**
- **For example, if your name is Pistol Pete and if your birthday was Jan 12, 1980 you would put PP01121980.**
- _____

Please answer the following questions. All responses will be kept confidential.

1. **Your gender (check one):** ___ Male ___ Female ___ Transgender
2. **Your age:** _____
3. **Your sexual orientation:**
___ Heterosexual ___ Homosexual ___ Bisexual
___ Pansexual ___ Asexual ___ Other
4. **Marital Status:**
___ Never Married ___ Married ___ Cohabiting
___ Divorced ___ Widowed
5. **Are you currently involved in an exclusive romantic/dating relationship or marriage?**
___ Yes ___ No
6. **If yes, how long have you been in this relationship?** _____
7. **Your ethnicity (check all that apply):**
___ Caucasian ___ American Indian
___ African-American/Black ___ Hispanic/Latino
___ Asian/Asian-American
___ Other _____ (Please describe)
8. **Your current grade level (select one):**
___ Freshman ___ Sophomore ___ Junior ___ Senior
___ Other ___ Graduate student

9. Please estimate your parent's income:

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$10,000 | <input type="checkbox"/> \$10,000 - \$20,000 | <input type="checkbox"/> \$20,000 - \$30,000 |
| <input type="checkbox"/> \$30,000 - \$40,000 | <input type="checkbox"/> \$40,000 - \$50,000 | <input type="checkbox"/> \$50,000 - \$60,000 |
| <input type="checkbox"/> \$60,000 - \$70,000 | <input type="checkbox"/> \$70,000 - \$80,000 | <input type="checkbox"/> \$80,000 - \$90,000 |
| <input type="checkbox"/> \$90,000 - \$100,000 | <input type="checkbox"/> \$100,000-\$110,000 | <input type="checkbox"/> Over \$110,000 |

10. What is the highest level of education that your father completed:

- | | | |
|--|--|---|
| <input type="checkbox"/> Some Grade School | <input type="checkbox"/> Grade School | <input type="checkbox"/> Some Junior High School |
| <input type="checkbox"/> Junior High School | <input type="checkbox"/> Some High School | <input type="checkbox"/> High School |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Graduated College | <input type="checkbox"/> Some Professional School |
| <input type="checkbox"/> Professional School | | |

11. What is the highest level of education that your mother completed:

- | | | |
|--|--|---|
| <input type="checkbox"/> Some Grade School | <input type="checkbox"/> Grade School | <input type="checkbox"/> Some Junior High School |
| <input type="checkbox"/> Junior High School | <input type="checkbox"/> Some High School | <input type="checkbox"/> High School |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Graduated College | <input type="checkbox"/> Some Professional School |
| <input type="checkbox"/> Professional School | | |

12. History of Psychological Services

- If known, psychiatric diagnosis/diagnoses:

- Please describe the types of problems you were experiencing that caused you to receive psychological/psychiatric services

- Please describe previous and current mental health treatment that you have received (e.g., counseling, medication, hospitalization):

- Current Psychotropic Medications (e.g., antidepressants, antianxiety)

- Past Psychotropic Medications (e.g., antidepressants, antianxiety)

MTurk Demographics Form

To protect your identity, we will create a personalized ID and use this number, instead of your name. To create this ID code, we need you to provide the following information:

- **Your initials (the FIRST letter of your first and last name)**
- **Your birthday date (Month, Day, Year)**
- **For example, if your name is Pistol Pete and if your birthday was Jan 12, 1980 you would put PP01121980.**
- _____

Please answer the following questions. All responses will be kept confidential.

1. **Your gender (check one):** ___ Male ___ Female ___ Transgender
2. **Your age:** _____
3. **Your sexual orientation:**
___ Heterosexual ___ Homosexual ___ Bisexual
___ Pansexual ___ Asexual ___ Other
4. **Marital Status:**
___ Never Married ___ Married ___ Cohabiting
___ Divorced ___ Widowed
5. **Are you currently involved in an exclusive romantic/dating relationship or marriage?**
___ Yes ___ No
6. **If yes, how long have you been in this relationship?** _____
7. **Your ethnicity (check all that apply):**
___ Caucasian ___ American Indian
___ African-American/Black ___ Hispanic/Latino
___ Asian/Asian-American
___ Other _____ (Please describe)

10. Your current grade level (select one):

- ___ Freshman ___ Sophomore ___ Junior ___ Senior
___ Other ___ Graduate student

11. Please estimate your income:

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$10,000 | <input type="checkbox"/> \$10,000 - \$20,000 | <input type="checkbox"/> \$20,000 - \$30,000 |
| <input type="checkbox"/> \$30,000 - \$40,000 | <input type="checkbox"/> \$40,000 - \$50,000 | <input type="checkbox"/> \$50,000 - \$60,000 |
| <input type="checkbox"/> \$60,000 - \$70,000 | <input type="checkbox"/> \$70,000 - \$80,000 | <input type="checkbox"/> \$80,000 - \$90,000 |
| <input type="checkbox"/> \$90,000 - \$100,000 | <input type="checkbox"/> \$100,000-\$110,000 | <input type="checkbox"/> Over \$110,000 |

10. What is the highest level of education that your father completed:

- | | | |
|--|--|---|
| <input type="checkbox"/> Some Grade School | <input type="checkbox"/> Grade School | <input type="checkbox"/> Some Junior High School |
| <input type="checkbox"/> Junior High School | <input type="checkbox"/> Some High School | <input type="checkbox"/> High School |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Graduated College | <input type="checkbox"/> Some Professional School |
| <input type="checkbox"/> Professional School | | |

11. What is the highest level of education that your mother completed:

- | | | |
|--|--|---|
| <input type="checkbox"/> Some Grade School | <input type="checkbox"/> Grade School | <input type="checkbox"/> Some Junior High School |
| <input type="checkbox"/> Junior High School | <input type="checkbox"/> Some High School | <input type="checkbox"/> High School |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Graduated College | <input type="checkbox"/> Some Professional School |
| <input type="checkbox"/> Professional School | | |

12. History of Psychological Services

- If known, psychiatric diagnosis/diagnoses:

- Please describe the types of problems you were experiencing that caused you to receive psychological/psychiatric services

- Please describe previous and current mental health treatment that you have received (e.g., counseling, medication, hospitalization):

- Current Psychotropic Medications (e.g., antidepressants, antianxiety)

- Past Psychotropic Medications (e.g., antidepressants, antianxiety)

IIP-64

Listed below are a variety of common problems that people report in relating to other people. Please read each one and consider whether that problem has been a problem for you with respect to *any* significant person in your life. Then select the response that describes how distressing that problem has been.

Part I. The following are things you find hard to do with other people.

A	B	C	D	E
Not at all	A little bit	Moderately	Quite a bit	Extremely

It's hard for me to...

1. trust other people.
2. say "no" to other people.
3. join in on groups.
4. keep things private from other people.
5. let other people know what I want.
6. tell a person to stop bothering me.
7. introduce myself to new people.
8. confront people with problems that come up.
9. be assertive with another person.
10. let other people know when I'm angry.
11. make a long-term commitment to another person.
12. be another person's boss
13. be aggressive toward someone when the situation calls for it.

14. socialize with other people.
15. show affection to people.
16. get along with people.
17. understand another person's point of view.
18. express my feelings to other people directly.
19. be firm when I need to be.
20. experience a feeling of love for another person.
21. set limits on other people.
22. be supportive of another person's goals in life.
23. feel close to other people.
24. really care about other people's problems.
25. argue with another person.
26. spend time alone.
27. give a gift to another person.
28. let myself feel angry at somebody I like.
29. put somebody else's needs before my own.
30. stay out of other people's business.
31. take instructions from people who have authority over me.
32. feel good about another person's happiness.
33. ask other people to get together socially with me.
34. feel angry at other people.

- 35. open up and tell my feelings to another person.
- 36. forgive another person after I've been angry.
- 37. attend to my own welfare when somebody else is needy.
- 38. be assertive without worrying about hurting other's feelings.
- 39. be self-confident when I am with other people.

Part II. The following are things that you do too much.

A	B	C	D	E
Not at all	A little bit	Moderately	Quite a bit	Extremely

- 40. I fight with other people too much.
- 41. I feel too responsible for solving other people's problems.
- 42. I am too easily persuaded by other people.
- 43. I open up to people too much.
- 44. I am too independent.
- 45. I am too aggressive toward other people.
- 46. I try to please other people too much.
- 47. I clown around too much.
- 48. I want to be noticed too much.
- 49. I trust other people too much.
- 50. I try to control other people too much.

51. I put other people's needs before my own too much
52. I try to change other people too much.
53. I am too gullible.
54. I am overly generous to other people.
55. I am too afraid of other people.
56. I am too suspicious of other people.
57. I manipulate other people too much to get what I want.
58. I tell personal things to other people too much.
59. I argue with other people too much.
60. I keep other people at a distance too much.
61. I let other people take advantage of me too much.
62. I feel embarrassed in front of other people too much.
63. I am affected by another person's misery too much.
64. I want to get revenge against people too much.

IPIP-NEO-120

The following pages contain phrases describing people's behaviors. Please use the rating scale next to each phrase to describe how accurately each statement describes you. Describe yourself as you generally are now, not as you wish to be in the future. Describe yourself as you honestly see yourself, in relation to other people you know of the same sex as you are, and roughly your same age. So that you can describe yourself in an honest manner, your responses will be kept in absolute confidence. Please read each statement carefully, and then click the select that corresponds to the accuracy of the statement.

Please read each item carefully and select the one answer that best corresponds to your agreement or disagreement. If you the statement is very inaccurate select 1, if it is moderately inaccurate select 2, if it is neither accurate nor inaccurate select 3, if it is moderately accurate select 4, and if it is very accurate select 5.

Disagree Strongly 1	Disagree a little 2	Neither agree nor disagree 3	Agree a little 4	Strongly agree 5
---------------------------	---------------------------	------------------------------------	------------------------	------------------------

1. Worry about things.
2. Make friends easily.
3. Have a vivid imagination.
4. Trust others.
5. Complete tasks successfully
6. Get angry easily
7. Love large parties.
8. See beauty in things that others might not notice
9. Use flattery to get ahead.
10. Like order.
11. Often feel blue.
12. Take charge.
13. Experience my emotions intensely.
14. Make people feel welcome.
15. Keep my promises.
16. Find it difficult to approach others.
17. Am always busy.
18. Prefer to stick with things that I know.
19. Love a good fight.
20. Work hard.
21. Often eat too much.
22. Love excitement.
23. Am not interested in abstract ideas.
24. Believe that I am better than others.

25. Start tasks right away.
26. Feel that I'm unable to deal with things.
27. Radiate joy.
28. Tend to vote for liberal political candidates.
29. Sympathize with the homeless.
30. Jump into things without thinking.
31. Fear for the worst.
32. Warm up quickly to others.
33. Enjoy wild flights of fantasy.
34. Believe that others have good intentions.
35. Excel in what I do.
36. Get irritated easily.
37. Talk to a lot of different people at parties.
38. Do not like art.
39. Know how to get around the rules.
40. Like to tidy up.
41. Dislike myself.
42. Try to lead others.
43. Seldom get emotional.
44. Love to help others.
45. Tell the truth.
46. Am easily intimidated.
47. Am always on the go.
48. Dislike changes.
49. Yell at people.
50. Do more than what's expected of me.
51. Go on binges.
52. Seek adventure.
53. Avoid philosophical discussions.
54. Think highly of myself.
55. Find it difficult to get down to work.
56. Remain calm under pressure.
57. Have a lot of fun.
58. Believe in one true religion.
59. Feel sympathy for those who are worse off than myself.
60. Make rash decisions.
61. Am afraid of many things.
62. Feel comfortable around people.
63. Love to daydream.
64. Trust what people say.
65. Handle tasks smoothly.
66. Lose my temper.

67. Don't like crowded events.
68. Do not like poetry.
69. Cheat to get ahead.
70. Leave a mess in my room.
71. Am often down in the dumps.
72. Take control of things.
73. Am not easily affected by my emotions.
74. Am concerned about others.
75. Break my promises.
76. Am not embarrassed easily.
77. Do a lot in my spare time.
78. Don't like the idea of change.
79. Insult people.
80. Set high standards for myself and others.
81. Rarely overindulge.
82. Love action.
83. Have difficulty understanding abstract ideas.
84. Have a high opinion of myself.
85. Need a push to get started.
86. Know how to cope.
87. Love life.
88. Tend to vote for conservative political candidates.
89. Suffer from others' sorrows.
90. Rush into things.
91. Get stressed out easily.
92. Act comfortably with others.
93. Like to get lost in thought.
94. Distrust people.
95. Know how to get things done.
96. Rarely get irritated.
97. Avoid crowds.
98. Do not enjoy going to art museums.
99. Take advantage of others.
100. Leave my belongings around.
101. Have a low opinion of myself.
102. Wait for others to lead the way.
103. Experience very few emotional highs and lows.
104. Turn my back on others.
105. Get others to do my duties.
106. Am able to stand up for myself.
107. Can manage many things at the same time.
108. Am attached to conventional ways.

- 109. Get back at others.
- 110. Am not highly motivated to succeed.
- 111. Am able to control my cravings.
- 112. Enjoy being reckless.
- 113. Am not interested in theoretical discussions.
- 114. Make myself the center of attention.
- 115. Have difficulty starting tasks.
- 116. Am calm even in tense situations.
- 117. Laugh aloud.
- 118. Like to stand during the national anthem.
- 119. Am not interested in other people's problems.
- 120. Act without thinking.

OQ-45.2

Instructions: Looking back over the last week, including today, help us understand how you have been feeling. Read each item carefully and mark the box under the category which best describes your current situation. For this questionnaire, work is defined as employment, school, housework, volunteer work, and so forth.

Never Rarely Sometimes Frequently Almost Always

1. I get along well with others
2. I tire quickly
3. I feel no interest in things
4. I feel stressed at work/school
5. I blame myself for things
6. I feel irritated
7. I feel unhappy in my marriage/significant relationship
8. I have thoughts of ending my life
9. I feel weak
10. I feel fearful
11. After heavy drinking, I need a drink the next morning to get going (If you do not drink, mark "never")
12. I find my work/school satisfying
13. I am a happy person
14. I work/study too much
15. I feel worthless
16. I am concerned about family troubles
17. I have an unfulfilling sex life
18. I feel lonely
19. I have frequent arguments
20. I feel loved and wanted
21. I enjoy my spare time
22. I have difficulty concentrating
23. I feel hopeless about the future
24. I like myself
25. Disturbing thoughts come into my mind that I cannot get rid of
26. I feel annoyed by people who criticize my drinking (or drug use) (If not applicable, mark "never")
27. I have an upset stomach
28. I am not working/studying as well as I used to
29. My heart pounds too much
30. I have trouble getting along with friends and close acquaintances

31. I am satisfied with my life

32. I have trouble at work/school because of drinking or drug use (If not applicable, mark "never")
33. I feel that something bad is going to happen
34. I have sore muscles
35. I feel afraid of open spaces, of driving, or being on buses, subways, and so forth.
36. I feel nervous
37. I feel my love relationships are full and complete
38. I feel that I am not doing well at work/school
39. I have too many disagreements at work/school
40. I feel something is wrong with my mind
41. I have trouble falling asleep or staying asleep
42. I feel blue
43. I am satisfied with my relationships with others
44. I feel angry enough at work/school to do something I might regret
45. I have headaches

PID-5

This is a list of things different people might say about themselves. We are interested in how you would describe yourself. There are no right or wrong answers. So you can describe yourself as honestly as possible, we will keep your responses confidential. We'd like you to take your time and read each statement carefully, selecting the response that best describes you.

0	1	2	3
Very False or Often False	Sometimes or Somewhat False	Sometimes or Somewhat True	Very True or Often True

- 1 I don't get as much pleasure out of things as others seem to.
- 2 Plenty of people are out to get me.
- 3 People would describe me as reckless.
- 4 I feel like I act totally on impulse.
- 5 I often have ideas that are too unusual to explain to anyone.
- 6 I lose track of conversations because other things catch my attention.
- 7 I avoid risky situations.
- 8 When it comes to my emotions, people tell me I'm a "cold fish".
- 9 I change what I do depending on what others want.
- 10 I prefer not to get too close to people.
- 11 I often get into physical fights.
- 12 I dread being without someone to love me.

- 13 Being rude and unfriendly is just a part of who I am.
- 14 I do things to make sure people notice me.
- 15 I usually do what others think I should do.
- 16 I usually do things on impulse without thinking about what might happen as a result.
- 17 Even though I know better, I can't stop making rash decisions.
- 18 My emotions sometimes change for no good reason.
- 19 I really don't care if I make other people suffer.
- 20 I keep to myself.
- 21 I often say things that others find odd or strange.
- 22 I always do things on the spur of the moment.
- 23 Nothing seems to interest me very much.
- 24 Other people seem to think my behavior is weird.
- 25 People have told me that I think about things in a really strange way.
- 26 I almost never enjoy life.
- 27 I often feel like nothing I do really matters.
- 28 I snap at people when they do little things that irritate me.
- 29 I can't concentrate on anything.
- 30 I'm an energetic person.

- 31 Others see me as irresponsible.
- 32 I can be mean when I need to be.
- 33 My thoughts often go off in odd or unusual directions.
- 34 I've been told that I spend too much time making sure things are exactly in place.
- 35 I avoid risky sports and activities.
- 36 I can have trouble telling the difference between dreams and waking life.
- 37 Sometimes I get this weird feeling that parts of my body feel like they're dead or not really me.
- 38 I am easily angered.
- 39 I have no limits when it comes to doing dangerous things.
- 40 To be honest, I'm just more important than other people.
- 41 I make up stories about things that happened that are totally untrue.
- 42 People often talk about me doing things I don't remember at all.
- 43 I do things so that people just have to admire me.
- 44 It's weird, but sometimes ordinary objects seem to be a different shape than usual.
- 45 I don't have very long-lasting emotional reactions to things.
- 46 It is hard for me to stop an activity, even when it's time to do so.
- 47 I'm not good at planning ahead.
- 48 I do a lot of things that others consider risky.

- 49 People tell me that I focus too much on minor details.
- 50 I worry a lot about being alone.
- 51 I've missed out on things because I was busy trying to get something I was doing exactly right.
- 52 My thoughts often don't make sense to others.
- 53 I often make up things about myself to help me get what I want.
- 54 It doesn't really bother me to see other people get hurt.
- 55 People often look at me as if I'd said something really weird.
- 56 People don't realize that I'm flattering them to get something.
- 57 I'd rather be in a bad relationship than be alone.
- 58 I usually think before I act.
- 59 I often see vivid dream-like images when I'm falling asleep or waking up.
- 60 I keep approaching things the same way, even when it isn't working.
- 61 I'm very dissatisfied with myself.
- 62 I have much stronger emotional reactions than almost everyone else.
- 63 I do what other people tell me to do.
- 64 I can't stand being left alone, even for a few hours.
- 65 I have outstanding qualities that few others possess.
- 66 The future looks really hopeless to me.

- 67 I like to take risks.
- 68 I can't achieve goals because other things capture my attention.
- 69 When I want to do something, I don't let the possibility that it might be risky stop me.
- 70 Others seem to think I'm quite odd or unusual.
- 71 My thoughts are strange and unpredictable.
- 72 I don't care about other people's feelings.
- 73 You need to step on some toes to get what you want in life.
- 74 I love getting the attention of other people.
- 75 I go out of my way to avoid any kind of group activity.
- 76 I can be sneaky if it means getting what I want.
- 77 Sometimes when I look at a familiar object, it's somehow like I'm seeing it for the first time.
- 78 It is hard for me to shift from one activity to another.
- 79 I worry a lot about terrible things that might happen.
- 80 I have trouble changing how I'm doing something even if what I'm doing isn't going well.
- 81 The world would be better off if I were dead.
- 82 I keep my distance from people.
- 83 I often can't control what I think about.
- 84 I don't get emotional.

- 85 I resent being told what to do, even by people in charge.
- 86 I'm so ashamed by how I've let people down in lots of little ways.
- 87 I avoid anything that might be even a little bit dangerous.
- 88 I have trouble pursuing specific goals even for short periods of time.
- 89 I prefer to keep romance out of my life.
- 90 I would never harm another person.
- 91 I don't show emotions strongly.
- 92 I have a very short temper.
- 93 I often worry that something bad will happen due to mistakes I made in the past.
- 94 I have some unusual abilities, like sometimes knowing exactly what someone is thinking.
- 95 I get very nervous when I think about the future.
- 96 I rarely worry about things.
- 97 I enjoy being in love.
- 98 I prefer to play it safe rather than take unnecessary chances.
- 99 I sometimes have heard things that others couldn't hear.
- 100 I get fixated on certain things and can't stop.
- 101 People tell me it's difficult to know what I'm feeling.
- 102 I am a highly emotional person.

- 103 Others would take advantage of me if they could.
- 104 I often feel like a failure.
- 105 If something I do isn't absolutely perfect, it's simply not acceptable.
- 106 I often have unusual experiences, such as sensing the presence of someone who isn't actually there.
- 107 I'm good at making people do what I want them to do.
- 108 I break off relationships if they start to get close.
- 109 I'm always worrying about something.
- 110 I worry about almost everything.
- 111 I like standing out in a crowd.
- 112 I don't mind a little risk now and then.
- 113 My behavior is often bold and grabs peoples' attention.
- 114 I'm better than almost everyone else.
- 115 People complain about my need to have everything all arranged.
- 116 I always make sure I get back at people who wrong me.
- 117 I'm always on my guard for someone trying to trick or harm me.
- 118 I have trouble keeping my mind focused on what needs to be done.
- 119 I talk about suicide a lot.
- 120 I'm just not very interested in having sexual relationships.

- 121 I get stuck on things a lot.
- 122 I get emotional easily, often for very little reason.
- 123 Even though it drives other people crazy, I insist on absolute perfection in everything I do.
- 124 I almost never feel happy about my day-to-day activities.
- 125 Sweet-talking others helps me get what I want.
- 126 Sometimes you need to exaggerate to get ahead.
- 127 I fear being alone in life more than anything else.
- 128 I get stuck on one way of doing things, even when it's clear it won't work.
- 129 I'm often pretty careless with my own and others' things.
- 130 I am a very anxious person.
- 131 People are basically trustworthy.
- 132 I am easily distracted.
- 133 It seems like I'm always getting a "raw deal" from others.
- 134 I don't hesitate to cheat if it gets me ahead.
- 135 I check things several times to make sure they are perfect.
- 136 I don't like spending time with others.
- 137 I feel compelled to go on with things even when it makes little sense to do so.
- 138 I never know where my emotions will go from moment to moment.

- 139 I have seen things that weren't really there.
- 140 It is important to me that things are done in a certain way.
- 141 I always expect the worst to happen.
- 142 I try to tell the truth even when it's hard.
- 143 I believe that some people can move things with their minds.
- 144 I can't focus on things for very long.
- 145 I steer clear of romantic relationships.
- 146 I'm not interested in making friends.
- 147 I say as little as possible when dealing with people.
- 148 I'm useless as a person.
- 149 I'll do just about anything to keep someone from abandoning me.
- 150 Sometimes I can influence other people just by sending my thoughts to them.
- 151 Life looks pretty bleak to me.
- 152 I think about things in odd ways that don't make sense to most people.
- 153 I don't care if my actions hurt others.
- 154 Sometimes I feel "controlled" by thoughts that belong to someone else.
- 155 I really live life to the fullest.
- 156 I make promises that I don't really intend to keep.

- 157 Nothing seems to make me feel good.
- 158 I get irritated easily by all sorts of things.
- 159 I do what I want regardless of how unsafe it might be.
- 160 I often forget to pay my bills.
- 161 I don't like to get too close to people.
- 162 I'm good at conning people.
- 163 Everything seems pointless to me.
- 164 I never take risks.
- 165 I get emotional over every little thing.
- 166 It's no big deal if I hurt other peoples' feelings.
- 167 I never show emotions to others.
- 168 I often feel just miserable.
- 169 I have no worth as a person.
- 170 I am usually pretty hostile.
- 171 I've skipped town to avoid responsibilities.
- 172 I've been told more than once that I have a number of odd quirks or habits.
- 173 I like being a person who gets noticed.
- 174 I'm always fearful or on edge about bad things that might happen.

- 175 I never want to be alone.
- 176 I keep trying to make things perfect, even when I've gotten them as good as they're likely to get.
- 177 I rarely feel that people I know are trying to take advantage of me.
- 178 I know I'll commit suicide sooner or later.
- 179 I've achieved far more than almost anyone I know.
- 180 I can certainly turn on the charm if I need to get my way.
- 181 My emotions are unpredictable.
- 182 I don't deal with people unless I have to.
- 183 I don't care about other peoples' problems.
- 184 I don't react much to things that seem to make others emotional.
- 185 I have several habits that others find eccentric or strange.
- 186 I avoid social events.
- 187 I deserve special treatment.
- 188 It makes me really angry when people insult me in even a minor way.
- 189 I rarely get enthusiastic about anything.
- 190 I suspect that even my so-called "friends" betray me a lot.
- 191 I crave attention.
- 192 Sometimes I think someone else is removing thoughts from my head.

- 193 I have periods in which I feel disconnected from the world or from myself.
- 194 I often see unusual connections between things that most people miss.
- 195 I don't think about getting hurt when I'm doing things that might be dangerous.
- 196 I simply won't put up with things being out of their proper places.
- 197 I often have to deal with people who are less important than me.
- 198 I sometimes hit people to remind them who's in charge
- 199 I get pulled off-task by even minor distractions.
- 200 I enjoy making people in control look stupid.
- 201 I just skip appointments or meetings if I'm not in the mood.
- 202 I try to do what others want me to do.
- 203 I prefer being alone to having a close romantic partner.
- 204 I am very impulsive.
- 205 I often have thoughts that make sense to me but that other people say are strange.
- 206 I use people to get what I want.
- 207 I don't see the point in feeling guilty about things I've done that have hurt other people.
- 208 Most of the time I don't see the point in being friendly.
- 209 I've had some really weird experiences that are very difficult to explain.
- 210 I follow through on commitments.

- 211 I like to draw attention to myself.
- 212 I feel guilty much of the time.
- 213 I often "zone out" and then suddenly come to and realize that a lot of time has passed.
- 214 Lying comes easily to me.
- 215 I hate to take chances.
- 216 I'm nasty and short to anybody who deserves it.
- 217 Things around me often feel unreal, or more real than usual.
- 218 I'll stretch the truth if it's to my advantage.
- 219 It is easy for me to take advantage of others.
- 220 I have a strict way of doing things.

SWLS

Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor disagree
- 3 - Slightly disagree
- 2 - Disagree
- 1 - Strongly disagree

____ In most ways my life is close to my ideal.

____ The conditions of my life are excellent.

____ I am satisfied with my life.

____ So far I have gotten the important things I want in life.

____ If I could live my life over, I would change almost nothing.

SOS

Instructions: Please respond to each statement by circling the number that best fits how you have generally felt over the last 7 days. There are no right or wrong responses. Often the first answer that comes to mind is best.

0	1	2	3	4	5	6
Never						All or nearly all of the time

1. Given my current physical condition, I am satisfied with what I can do.
2. I have confidence in my ability to sustain important relationships.
3. I feel hopeful about my future.
4. I am often interested and excited about things in my life
5. I am able to have fun.
6. I am generally satisfied with my psychological health.
7. I am able to forgive myself for my failures.
8. My life is progressing according to my expectations.
9. I am able to handle conflicts with others.
10. I have peace of mind.

SIPP-118

This questionnaire consists of a series of statements about you. These statements refer to the last 3 months. By reporting to what extent you agree or disagree with each statement, you are describing how you have been over the last 3 months. You can do this by selecting the response which best describes how you have been.

To what extent do you agree with the following statements, judging from the last 3 months?

Fully disagree	Partly disagree	Partly agree	Fully agree
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1. I can cope very well with disappointments
2. Sometimes I get so overwhelmed that I can't control my reactions
3. When upset by someone I often feel like hurting him or her
4. I know exactly who I am and what I am worth
5. Whenever I feel something, I can almost always name that feeling
6. It is hard for me to believe in myself as a worthy person
7. I constantly feel misunderstood by other people
8. I can easily accept people the way they are, even when they are different
9. I strongly believe that
10. Overall I feel that my activities are enjoyable to me
11. I can work with people on a joint project in spite of personal differences
12. I rarely meet someone with whom I dare to share my thoughts and feelings
13. I have people in my life to whom I feel particularly close
14. I do things even when I know that they may be considered irresponsible by others
15. If I have agreed on a course of action with others, I tend to keep to my agreement
16. I get irritated whenever things are not going my way
17. I usually have adequate control over my feelings
18. Sometimes I get so angry, that I feel like hitting or kicking people around me
19. Most of the time, I understand why I do the things I do
20. Sometimes I feel like hurting or punishing myself on purpose
21. I am convinced that other people cannot learn to know me as I really am
22. It is hard for me to respect people who have ideas that are different from mine
23. I often see no reason to continue living
24. I spend a lot of time doing things that have to be done but don't give me any pleasure
25. I prefer to work alone so I don't have to adjust to other people
26. It is hard for me to show affection to other people
27. It is hard for me to get attached to someone else
28. I am someone who does not always keep to the rules, especially when it is easy to ignore them
29. I truly believe that there is always a way out when things go wrong
30. I can find ways to express my feelings appropriately even if they are strong

31. I seldomly get so excited that I lose control over myself
32. Others seem to experience my behavior sometimes as aggressive
33. I strongly believe that I am just as worthy as other people
34. My colleagues or friends do not appear to be interested in me as a person
35. Most of the time I am capable of filling my days meaningfully
36. I enjoy intimate contacts with other people
37. I tend to think of myself as a loner
38. I often fail to get a job done because I didn't try hard enough
39. Sometimes I am not as reliable as I perhaps should be
40. I tend to be very frustrated about set backs
41. I frequently say things I regret later
42. I lose control sometimes to the extent that people are frightened of me
43. I often find myself behaving in ways that are out of character
44. From conversations I have learned that other people can understand my problems quite well
45. I often comment adversely on others' beliefs or actions
46. I try to live by the day, because most long-term objectives are pointless
47. It is hard for me to really enjoy doing things
48. It is hard for me to cooperate unless others submit to my way of doing things
49. Even among good friends, I do not show much of myself
50. I have a tendency to start things and then give up on them
51. I give up too easily if tasks are frustrating
52. I have such strong feelings that I easily lose control of them
53. I often act before I think
54. Sometimes I get so angry, that I damage other people's properties
55. I often find myself wondering what sort of person I am
56. I am often not fully aware of my inner feelings
57. Criticisms of others can make me feeling very uncertain about myself
58. I feel constantly underestimated
59. It is often hard for me to go along with people with different values
60. I often feel that my life is meaningless
61. One of my problems is that I cannot easily let myself have a good time
62. At work I get easily irritated about other people's ways of doing things
63. It makes me feel better to share my problems with friends
64. I seem to lack the sense of responsibility necessary to meet my obligations
65. I often fail to do things that I am supposed to do
66. I tend to hit or kick things when thwarted in my goal
67. Others have told me that I should try harder to avoid losing control over my feelings
68. I often can't withstand my cravings and urges
69. Other people have commented that sometimes I behave out of character
70. I often feel that I am not as worthy as other people
71. I believe that most people do not like to go along with me
72. My interests are changing all the time

73. Sometimes it seems that everything in me somehow blocks the capacity to have fun
74. I avoid to work with others as much as I can
75. It is hard for me to feel loved by people I have become close to
76. Most of the time I try to perform tasks that are assigned to me conscientiously
77. Often I do not succeed to pay my debts promptly
78. When things go wrong, I often get discouraged and feel like giving up
79. I often cannot help expressing my moods inappropriately
80. I seem to do things that I regret more often than other people do
81. It is hard for me to control my aggression towards others
82. Others find me inconsistent
83. I am often confused about the way I act, even when I try hard to understand
84. I feel proud of some things I have accomplished in my life
85. I strongly believe that everybody is entitled of his own opinion
86. I strongly believe that life is too serious to be enjoyable
87. I can demonstrate my affection for others without too much discomfort
88. It is hard for me to enjoy lasting relationships
89. I like to create something together with other people
90. Some people have criticized me because of insufficient sense of responsibility
91. When I have promised to do something, I will always try to keep that promise
92. I often overreact to minor problems
93. Sometimes it is hard for me not to become aggressive towards others
94. The way I feel or behave is often very unpredictable
95. I am often resistant toward reflecting on my inner motives
96. I often think that I deserve to be treated badly
97. Only very special people can understand me
98. I think that most other people have ideas that are not as good as mine
99. It is hard for me to express affection to others
100. I have no leisure activities that I can really enjoy
101. Other people do not seem to like to work with me
102. One of my problems is that I find it hard to really believe that others love me
103. Unfortunately, I am not as hard-working as I would like to be
104. Other people have complained about me being not fully reliable
105. Minor annoyances can be very frustrating to me
106. One of my problems is that I can't handle strong feelings
107. I often act impulsively even though I know I will regret it later on
108. Some people think of me as a rude person
109. I am often confused about what kind of person I really am
110. When I try to understand myself, I often get more confused than I was before
111. I usually have a low opinion of myself
112. My friends are really interested in my well-being
113. I regularly get into disputes with others at work or home
114. One of my problems is that I lack clear goals in my life
115. I have rarely cooperated with other people

- 116. I have been able to form lasting friendships
- 117. Although I regret it, I have to admit that I am not as sincere as I should be
- 118. One of my problems is that I lack a proper insight in the meaning of some experiences I had as a child

SFQ

Please look at the statements below and tick the reply that comes closest to how you have been recently (or in the past two weeks for studies involving repeated measurement)

1. I complete my tasks at work and home satisfactorily.

Most of the time - Quite often - Sometimes - Not at all

2. I find my tasks at work and at home very stressful.

Most of the time - Quite often - Sometimes - Not at all

3. I have no money problems.

No problems at all - Slight worries only - Definite problems - Very severe problems

4. I have difficulties in getting and keeping close relationships.

Severe difficulties - Some problems - Occasional problems - No problems at all

5. I have problems in my sex life.

Severe problems - Moderate problems - Occasional problems - No problems at all

6. I get on well with my family and other relatives.

Yes, definitely - Yes, usually - No, some problems - No, severe problems

7. I feel lonely and isolated from other people.

Almost all the time - Much of the time - Not usually - Not at all

8. I enjoy my spare time

Very much - Sometimes - Not often - Not at all

WHODAS

This questionnaire asks about difficulties due to health/mental health conditions. Health conditions include **diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs**. Think back over the **past 30 days** and answer these questions thinking about how much difficulty you had doing the following activities. For each question, please select only **one** response.

None - Mild - Moderate - Severe - Extreme or cannot do

In the last 30 days, how much difficulty did you have in:

Understanding and communicating

1. Concentrating on doing something for ten minutes?
2. Remembering to do important things?
3. Analyzing and finding solutions to problems in day-to-day life?
4. Learning a new task, for example, learning how to get to a new place?
5. Generally understanding what people say?
6. Starting and maintaining a conversation?

Getting around

7. Standing for long periods, such as 30 minutes?
8. Standing up from sitting down?
9. Moving around inside your home?
10. Getting out of your home?
11. Walking a long distance, such as a kilometer (or equivalent)?

Self-care

12. Washing your whole body?
13. Getting dressed?
14. Eating?
15. Staying by yourself for a few days?

Getting along with people

16. Dealing with people you do not know?
17. Maintaining a friendship?
18. Getting along with people who are close to you?
19. Making new friends?
20. Sexual activities?

Life Activities – Household

21. Taking care of your household responsibilities?
22. Doing most important household tasks well?
23. Getting all of the household work done that you needed to do?
24. Getting your household work done as quickly as needed?

Life Activities - School/Work

25. Your day-to-day work/school?
26. Doing your most important work/school tasks well?
27. Getting all of the work done that you need to do?
28. Getting your work done as quickly as needed?

Participation in society

29. How much of a problem did you have in joining in community activities (for example, festivities, religious, or other activities) in the same way as anyone else can?
30. How much of a problem did you have because of barriers or hindrances around you?
31. How much of a problem did you have living with dignity because of the attitudes and actions of others?
32. How much time did you spend on your health condition or its consequences?
33. How much have have been emotionally affected by your health condition?
34. How much has your health been a drain on the financial resources of you and your family?
35. How much of a problem did your family have because of your health problems?
36. How much of a problem did you have in doing things by yourself for relaxation or pleasure?

Participant Evaluation Form

Please evaluate the feedback that you were provided above using the scale below. We are interested in your honest opinions, whether they are positive or negative. We also welcome your comments and suggestions. Thank you very much. We really appreciate your help.

1	2	3	4	5
Disagree strongly	Disagree a little	Neither agree nor disagree	Agree a little	Agree strongly

Participant Evaluation Form for Neuroticism/Negative Affectivity

1. The information provided above was accurate.
2. I found this information to be helpful.
3. This information helped me to better understand myself.
4. I believe that this information can help me to address problems in my life more effectively.

Participant Evaluation Form for Extraversion/Detachment

1. The information provided above was accurate.
2. I found this information to be helpful.
3. This information helped me to better understand myself.
4. I believe that this information can help me to address problems in my life more effectively.

Participant Evaluation Form for Openness/Psychoticism

1. The information provided above was accurate.
2. I found this information to be helpful.
3. This information helped me to better understand myself.
4. I believe that this information can help me to address problems in my life more effectively.

Participant Evaluation Form for Agreeableness/Antagonism

1. The information provided above was accurate.
2. I found this information to be helpful.
3. This information helped me to better understand myself.
4. I believe that this information can help me to address problems in my life more effectively.

Participant Evaluation Form for Conscientiousness/Disinhibition

1. The information provided above was accurate.
2. I found this information to be helpful.
3. This information helped me to better understand myself.
4. I believe that this information can help me to address problems in my life more effectively.

Participant Evaluation Form for Overall Feedback

Please evaluate the feedback that you were provided as a whole above using the scale below. We are interested in your honest opinions, whether they are positive or negative. We also welcome your comments and suggestions. Thank you very much. We really appreciate your help.

1	2	3	4	5
Disagree strongly	Disagree a little	Neither agree nor disagree	Agree a little	Agree strongly

1. As a whole, the information provided above was accurate.
2. I found this information to be helpful overall.
3. Together, this information helped me to better understand myself.
4. Taken together, I believe that this information can help me to address problems in my life more effectively.
5. The information comprehensively described all of the important personality problems I have.
6. The information was useful at describing my global personality.
7. This information would accurately describe my personality to other people.
8. I am satisfied with the information I was provided.
9. I can utilize this information to help me with problems in the future.
10. Participating in this project was worthwhile for me.
11. I would recommend this project to a friend.

Briefly answer the following questions regarding the measures you completed and feedback you received. Again, we are interested in your honest opinions, whether they are positive or negative.

1. What did you hope to get from the feedback? Were your expectations met?
2. In thinking about the feedback you received, please describe what you agreed with the most and/or found most helpful or enjoyable.
3. Please describe what you agreed with the least and/or found least helpful or enjoyable.
4. What did you find most challenging about your assessment and feedback?
5. If applicable, please explain what you found surprising about the feedback you received.
6. What traits do you find were most relevant to you?
7. What traits do you remember?
8. What suggestions do you have for improving our overall procedure?
9. Other comments?

Feedback Example:

Neuroticism/Negative Affectivity

Please select File and Print to print this page.

Your Results:

Trait	Score	
Anxiety	17	*****
Anger	12	*****
Depression	15	*****
Self-Consciousness	10	*****
Immoderation	16	*****
Vulnerability	12	*****

Trait	Score	
Anxiousness	20	*****
Hostility	16	*****
Depressivity	25	*****
Submissiveness	3	***
Preservation	10	*****
Emotional Lability	8	*****

Individuals with similar responses to you have the tendency to experience anger and related states such as frustration and bitterness.

You are likely prone to feelings of guilt, sadness, hopelessness, and loneliness and tend to be easily discouraged and often dejected.

Embarrassment or shyness when dealing with people, especially strangers, is only occasionally a problem for you.

VITA

Gregory Jon Lengel

Candidate for the Degree of

Doctor of Philosophy

Thesis: PERSONALITY ASSESSMENT FEEDBACK USING DSM AND FFM
PERSONALITY TRAITS: CLINICAL UTILITY FROM THE CLIENT'S
PERSPECTIVE

Major Field: Clinical Psychology

Biographical:

Education:

Completed the requirements for the Master of Science in Psychology at Oklahoma State University, Stillwater, Oklahoma in 2013.

Completed the requirements for the Bachelor of Science in Psychology at Olivet Nazarene University, Bourbonnais, Illinois in 2010.

Experience:

Assisted with research as an undergraduate research assistant with Dr. Lisa Gassin and Dr. Kristian Veit at Olivet Nazarene University

Assisted with research as a graduate research assistant in the Personality and Psychopathology Laboratory at Oklahoma State University.

Professional Memberships:

American Psychological Association, Student Affiliate
Association for Behavioral and Cognitive Therapies, Student Member
Society for Personality Assessment
Psi Chi, The International Honor Society in Psychology

Awards:

Graduate Research Excellence Award - Oklahoma State University
Niblack Research Scholar Graduate Mentor Award –Oklahoma State University
Remember the Ten Scholarship - Oklahoma State University
Unrestricted Travel Grant – Psi Chi