

Continue

	Disagree	Neutral	Agree
Success is based on survival of the fittest; I am not concerned about the losers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find myself in the same kinds of trouble, time after time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For me, what's right is whatever I can get away with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am often bored.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In today's world, I feel justified in doing anything I can get away with to succeed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find that I am able to pursue one goal for a long time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My main purpose in life is getting as many goodies as I can.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't plan anything very far in advance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making a lot of money is my most important goal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I quickly lose interest in tasks I start.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I let others worry about higher values; my main concern is with the bottom line.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most of my problems are due to the fact that other people just don't understand me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who are stupid enough to get ripped off usually deserve it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before I do anything, I carefully consider the possible consequences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Looking out for myself is my top priority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been in a lot of shouting matches with other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tell other people what they want to hear so that they will do what I want them to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get frustrated, I often "let off steam" by blowing my top.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be upset if my success came at someone else's expense.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Love is overrated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often admire a really clever scam.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I make a point of trying not to hurt others in pursuit of my goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy manipulating other people's feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel bad if my words or actions cause someone else to feel emotional pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even if I were trying very hard to sell something, I wouldn't lie about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your score from primary psychopathy has been calculated as 4.9. Primary psychopathy is the affective aspects of psychopathy; a lack of empathy for other people and tolerance for antisocial orientations.

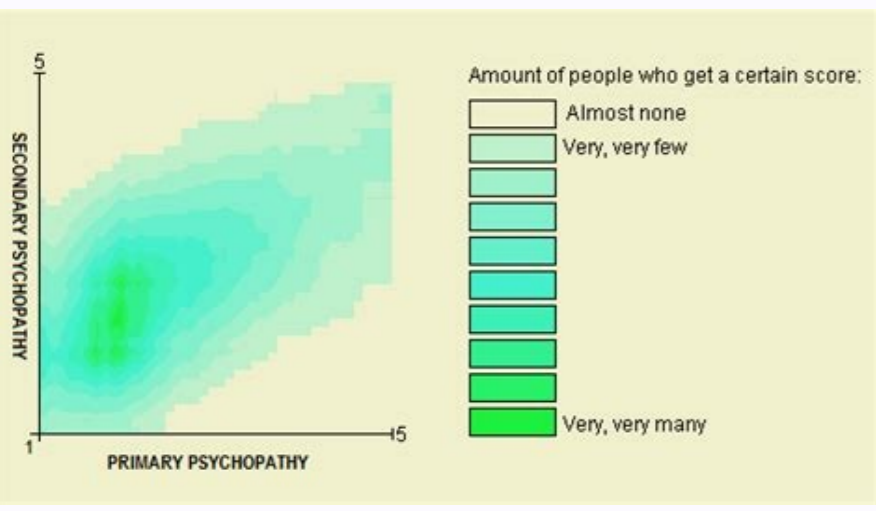
Your score from secondary psychopathy has been calculated as 2.4. Secondary psychopathy is the antisocial aspects of psychopathy; rule breaking and a lack of effort towards socially rewarded behavior.

With two scores, results of the LSRP are very suitable for being plotted. Below is the distribution of how other people who have taken this test have scored.



Your score for primary psychopathy was higher than 97.54% of people who have taken this test.

Your score for secondary psychopathy was higher than 83.97% of people who have taken this test.



Your score for primary psychopathy was higher than 93.27% of people who have taken this test.

Your score for secondary psychopathy was higher than 83.97% of people who have taken this test.

Navigation

Psychometric Properties of the Original and Shortened Version of the Youth Psychopathic Traits Inventory among Chinese Adolescents

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Abstract The present study aimed to examine the psychometric properties of the Youth Psychopathic Traits Inventory (YPI) and its short version (YPI-S) in a sample of 2081 Chinese 11- to 19-year-old school-attending youth ($M_{age} = 14.27$, $SD = 1.62$). Confirmatory factor analysis showed that a bifactor model best fit the data at the subscale level for the YPI and at the item level for the YPI-S. The internal consistency of the YPI and YPI-S scores ranged from marginal to good. Measurement invariance testing revealed that the bifactor model of the YPI-S was equivalent across gender, while the bifactor model of the YPI showed moderate differences between boys and girls. Both the YPI and YPI-S total and factor scores were positively related to Antisocial Process Screening Device scores and Rule-Breaking and Aggressive behavior, though these relations were most often stronger for the YPI scores. In conclusion, the Chinese language versions of the YPI and YPI-S hold promise as assessment tools to measure psychopathic traits in Chinese adolescents but are not without limitations. Whereas the YPI-S is more time-efficient and yields scores that are more internally consistent than the YPI, the YPI scores outperform the YPI-S in terms of convergent and criterion validity.

Keywords Psychopathy · Youth psychopathic traits inventory · Measurement invariance · Chinese adolescents

Introduction

Psychopathy is a multifaceted construct that comprises interpersonal, affective, behavioral/lifestyle, and possibly antisocial trait dimensions (Crick and Meeus 2001; Hare 2003). This construct has been researched extensively in adulthood (e.g., Patrick 2009), in adolescence (e.g., Firth and Burke 1998), in 6- to 12-year-old children (e.g., Frick and Hare 2001), and most recently, in 3- to 5-year-old boys and girls (e.g., Colins et al. 2016).

Several instruments are available to assess psychopathic traits in children and adolescents that rely on different formats (i.e., expert ratings, and parents, teachers, or self-ratings). Self-report instruments are relatively new and thus less studied. Self-report of psychopathic traits is a useful source of information because it enables the study of psychopathy in settings and circumstances where parents, teachers, or other informants are not available or unwilling to cooperate (e.g., Colins et al. 2008). In addition, self-report instruments have the advantage that they can capture opinions (e.g., crying in a sign of weakness), hesitation for actions (e.g., using chems to con others), and the presence or absence of some features (e.g., remorse or guilt that are not known to the individual and may be observed to other people (Colins et al. 2016); Raine et al. 2006). Self-report questionnaires are also easy to complete for the participants and require minimal training on the part of the test administrator (Lilienfeld and Fowler 2006). This economical advantage makes self-report questionnaires

Levenson self report psychopathy. Levenson self-report psychopathy scale. Levenson self-report psychopathy test. Levenson self-report psychopathy scale pdf. Levenson self-report psychopathy scale online.

Levenson, M. R., Kiehl, K. A., Fitzpatrick, C. M. Assessing psychopathic attributes in a noninstitutionalized population // Journal of Personality and Social Psychology, 1995. 68 Miller, J. D., Gaughan, E. T., Pryor, L. R. The Levenson Self-Report Psychopathy Scale. An Examination of the Personality Traits and Disorders Associated With the LSRP Factors // Assessment, 2008. 15 Brinkley, Chad A.; Schmitt, William A.; Smith, Steven S.; Newman, Joseph P. Construct validation of a self-report psychopathy scale: does Levenson's psychopathy scale measure the same constructs as Hare's psychopathy checklist-revised? // Personality and Individual Differences, 2000. 31(7) This test is also available in the following languages: Based on the work of associate professor Michael R. Levenson, the Psychopath Test is a scientifically-validated instrument for measuring a person's degree of psychopathy. It is widely used to assess psychopathic traits in non-institutionalized people. Do you have psychopathic tendencies? For each of the following items, indicate how well it applies to you below. The IDR-PST® is the property of IDR Labs International. The original research was provided by associate professor of psychology Michael R. Levenson. The IDR-PCT utilizes Levenson's research, but is not associated with Levenson, and is not the equivalent of the Levenson Self-Report Psychopathy Scale. The present test is in no way endorsed by, nor affiliated with, Levenson, Hare, their associates, or similar entities. No infringement is intended by the present test. The Psychopathy Spectrum test is a widely-used index and instrument for measuring psychopathic tendencies, traits, and behaviors. The Psychopathy Spectrum test does not address all possible psychopathic orientations and does not purport to accommodate respondents who seek to trick the measure or who fall outside the normal spectrum of psychopathy. Contrary to popular belief, the Psychopathy Spectrum is not the only way of measuring psychopathy. Indeed, the output of the Psychopathy Spectrum overlaps considerably with the narcissistic, borderline, and anti-social personality styles, as found in the alternative theoretical frame utilized in psychiatric manuals, such as the DSM. To test for these styles in the DSM framework, please consult our Personality Style Test. Although all are designed to measure psychopathic tendencies and behavior, the IDR-PST® should not be confused with other "Psychopathy Checklist Tests" as authored by alternative research organizations. However, all are professionally-designed personality tests (or inventories) meant for measuring psychopathic tendencies and behavior in relation to psychiatric dispositions in the Western world. The IDR-PST® is the property of IDR Labs International. The original research was provided by associate professor of psychology Michael R. Levenson. The authors of this online personality test are certified in the use of numerous personality tests and have worked professionally with psychometrics and personality testing. The results of our online Psychopathy Spectrum personality test are presented for educational purposes only, are provided "as-is", and should not be construed as providing professional or certified advice of any kind. For more on our online personality test, please consult our Terms of Service. Something went wrong. Wait a moment and try again. Levenson, M.R., Kiehl, K.A., Fitzpatrick, C.M. (1995). Assessing psychopathic attributes in a noninstitutionalized population. Journal of Personality and Social Psychology, 68, 151-158. Miller, J.D., Gaughan, E.T., and Pryor, L.R. (2008). The Levenson Self-Report Psychopathy Scale. An Examination of the Personality Traits and Disorders Associated With the LSRP Factors. Assessment, 15, 450-463. Sellbom, M. (2011). Elaborating on the construct validity of the Levenson self-report psychopathy scale in incarcerated and non-incarcerated samples. Law and Human Behavior, 35, 440-451. Nikolova, N.L. (2009). The Psychopathic Personality Inventory-Revised: Evaluation of Its Psychometric Properties, Incremental Validity, and Moderating Effects of Gender in a Correctional Sample. Dissertation retrieved from this link. Psychopathy is considered an extreme variant of antisocial personality disorder (ASPD), consisting of a constellation of affective (e.g., shallow affect, callousness, lack of empathy, lack of remorse), interpersonal (e.g., manipulativeness, egocentricity), and behavioral (e.g., impulsivity, irresponsibility) characteristics (Hare and Neumann, 2008). Given its close relationship to criminal behavior, psychopathy has been usually studied among criminal offenders and has proven to be among the most valid predictors of recidivism (Salekin et al., 1996; Porter et al., 2001), violence (Hare, 1999; Walsh and Walsh, 2006; Thomson et al., 2008; Miller et al., 2008; Sellbom, 2011; Somma et al., 2013). Recent machine-learning studies have identified psychopathy as the highest and only common predictor of dependence on different classes of drugs (heroin, amphetamine, cannabis, nicotine, and alcohol), suggesting that psychopathy may be a key diagnostic marker for SUDs, regardless of drug class (Ahn and Vassileva, 2016; Vassileva et al., 2019). However, the role of psychopathy in SUDs is still not well understood and has been particularly understudied among community samples and in individuals dependent on different classes of drugs. Although the relationship between psychopathy and SUDs has received some attention in the literature (Smith and Newman, 1990; Vassileva et al., 2007, 2011; Walsh et al., 2007; Pzederska et al., 2017, 2018), studies on the applicability and validity of different measures of psychopathy in samples of substance-dependent individuals (SDIs) are scarce. Given the significant predictive utility of psychopathy for SUDs (Ahn and Vassileva, 2016; Vassileva et al., 2019), accurate assessment of psychopathy among SDIs is critical, as it could have significant clinical implications for relapse prevention and interventions aimed to decrease criminal behaviors among SDIs. The "gold standard" for assessing psychopathy in institutionalized populations is the Psychopathy Checklist-Revised (PCL-R; Hare, 1991, 2003), which uses a semi-structured interview format. In addition to the standard PCL-R, two other PCL versions have been developed: the Psychopathy Checklist-Youth Version (PCL:YV; Forth et al., 2003), which assesses psychopathy among adolescents, and the Psychopathy Checklist: Screening Version (PCL:SV; Hart et al., 1995), designed to assess psychopathy in the general population outside of the prison system. The PCL:SV has been successfully validated in a Bulgarian community sample of SDIs, suggesting that it is an adequate tool for assessing psychopathy among substance dependent individuals in the community (Wilson et al., 2014). Although the PCL-R and its versions are excellent and widely used assessment tools, they have some notable limitations. Their administration is time-consuming (requiring ~1.5 h) and relies on availability of collateral information and on extensive training of research staff in their administration and scoring, which limits their utility in large-scale therapeutic outcome (Rice et al., 1992). Nevertheless, psychopathy is an extreme variation of normal personality dimensions (Psychress and Skeem, 2006) and is distributed continuously in community samples (Lilienfeld et al., 2014; Colins et al., 2016). Therefore, some researchers have argued that the primary focus on incarcerated samples limits the scope of research on psychopathy and restricts it to a highly specific group of criminal psychopaths (Brinkley et al., 2001). Lately, the assessment of psychopathy in community samples is attracting increasing research attention as it enables the investigation of the generalizability of the construct of psychopathy and allows comparisons between different populations (e.g., institutionalized and community samples) that may inform targeted intervention strategies. Psychopathy and substance use disorders (SUDs) are highly comorbid (Smith and Newman, 1990; Derefinko and Lynam, 2007). Rates of SUDs are consistently higher among psychopathic than among non-psychopathic criminal offenders (Smith and Newman, 1990; Blackburn and Coid, 1998; Rasmussen et al., 1999). Similarly, psychopathy is more prevalent among substance-dependent individuals (SDIs) than among the general population (Rutherford et al., 2000). The comorbidity between psychopathy and SUDs has significant implications for the course and treatment outcome of SUDs. Research shows that problem drug use is much more difficult to treat and is associated with higher attrition and relapse rates, increased lifetime sexual HIV risk behaviors, and elevated risk for violent offending in SDIs with high levels of psychopathy (Smith and Newman, 1990; Alterman et al., 1998; O'Neill et al., 2003; Richards et al., 2003; Wilson and Vassileva, 2016), particularly those with high affective psychopathic traits (Durbjee et al., 2014; Swogger et al., 2016). In addition, psychopathy has been associated with more deficient decision-making in SDIs (Vassileva et al., 2007, 2011), which has been related to post-treatment relapse and failure to maintain abstinence (Wooden-Jones et al., 2005; Fassetti et al., 2008; De Wilde et al., 2013). Recent machine-learning studies have identified psychopathy as the highest and only common predictor of dependence on different classes of drugs (heroin, amphetamine, cannabis, nicotine, and alcohol), suggesting that psychopathy may be a key diagnostic marker for SUDs, regardless of drug class (Ahn and Vassileva, 2016; Vassileva et al., 2019). With regards to its factor structure, investigations have found support for different factor solutions of the LSRP across samples. Lynam et al. (1999) used confirmatory factor analysis and replicated the original dual-factor model of the LSRP. More recently, Brinkley et al. (2008) extracted a different factor structure through an exploratory factor analysis, which identified three factors – egocentric, callous, and antisocial. The 3-factor structure of the LSRP is the most widely accepted in the literature and has been successfully replicated by Salekin et al. (2014) in the United States; by Sellbom (2011) in England; by Somma et al. (2014) in Italy; by Garofalo et al. (2018) in the Netherlands; and by Shou et al. (2017) and Wang et al. (2018) in China. Our research team has evaluated the psychometric properties of the LSRP in a Bulgarian sample, including a subset of participants in the current study (Popov et al., 2015), which, to our knowledge, is the only study with the LSRP in SDIs. We identified a four-factor structure of the LSRP (deceitful/manipulative, superficial/selfish, callous, and antisocial), which closely resembled the four-factor structure of the PCL-R, extracted by Hare (2003). Our previous findings suggest that the LSRP is a valid measure of psychopathy in SDIs that can be used as a screening tool prior to conducting the more time- and resource-consuming PCL

Objectives of the Study Our study had four main goals. First, we build upon our previous study of the LSRP in Bulgaria (Popov et al., 2015), and expand our knowledge of the applicability of the LSRP to different subtypes of substance-dependent populations. A second goal is to establish the reliability of the LSRP in Bulgaria. To this end, in addition to the original 2-factor and the alternative 3-factor models of the LSRP, we also test the previously identified 4-factor solution (Popov et al., 2015), referred to as the “experimental” model. We also conduct measurement invariance analyses on the best-fitting factor solution to verify that the LSRP can be used with the same measurement properties in substance-dependent populations as in the general population. Third, we assess the LSRP’s construct validity and examine if it measures the same construct as the more time- and labor-intensive PCL:SV. Finally, we examine potential gender differences and group differences in psychopathy in individuals dependent on different classes of drugs (heroin-dependent individuals (HDIs), amphetamine-dependent individuals (ADIs), and polysubstance-dependent individuals (PDIs)), and the patterns of associations between psychopathy and theoretically related external variables. Based on the majority of studies of the psychometric characteristics of the LSRP (Brinkley et al., 2008; Sellbom, 2011; Salekin et al., 2014; Somma et al., 2014; Shou et al., 2017; Garofalo et al., 2018; Wang et al., 2018), we expect to find three factors in our Bulgarian sample, which will be correlated with theoretically related variables and will distinguish between substance-dependent and non-dependent groups. We also hypothesize that HDIs, ADIs, and PDIs will score significantly higher on the LSRP than non-substance-dependent participants. Materials and Methods Participants Participants were recruited from a larger ongoing study on impulsivity among substance-dependent individuals in Bulgaria via flyers placed at substance abuse clinics and therapeutic communities, as well as through the study’s web page and Facebook page. Participants were initially screened via telephone on their medical and substance use histories. All participants had to meet the following inclusion criteria: (1) age between 18 and 50 years, (2) Raven’s Progressive Matrices (Raven, 2000) estimated IQ higher than 75, (3) minimum of 8th grade education, (4) being able to read and write in Bulgarian, (5) HIV-seronegative status, and (6) negative breathalyzer test for alcohol and negative urine toxicology screen for amphetamines, methamphetamines, cocaine, opiates, methadone, cannablis, benzodiazepines, barbiturates, and MDMA. Exclusion criteria included history of neurological illness, head injury with loss of consciousness of more than 30 min, and history of psychotic disorders and/or use of antipsychotic medication. Participants included 615 individuals (402 males and 213 females), with a mean age of 28.2 years (SD = 6.9). From those, 106 participants had a history of heroin dependence (79 males, 27 females), 91 had a history of amphetamine dependence (57 males, 34 females), and 123 had a history of polysubstance dependence (101 males, 22 females). The control group (N = 295; 165 males, 130 females) included 203 participants (125 males, 78 females) with no past or current history of abuse or dependence on any substance, 54 non-substance-dependent siblings of heroin users (24 males, 30 females), and 38 non-substance-dependent siblings of amphetamine users (16 males, 22 females). The majority of participants with a history of substance dependence were in protracted abstinence at the time of testing (i.e., full sustained remission for more than 1 year by DSM-IV criteria) (American Psychiatric Association, 2000) - on average 6.74 (SD = 5.79) years for the heroin group, 3.28 (SD = 2.97) years for the amphetamine group, and 2.96 (SD = 3.71) years for the polysubstance group. Please see Table 1 for participants’ characteristics. Table 1. Descriptive statistics and group differences in demographic variables and measures of psychopathy. Procedures The study was approved by the Institutional Review Boards of Virginia Commonwealth University and the Medical University in Sofia on behalf of the Bulgarian Addictions Institute. Subjects who met inclusion criteria were contacted via telephone and invited to participate in the study. All participants gave written informed consent. Abstinence from alcohol and drug use at the time of testing was verified by Breathalyzer test (Alcoscan AL7000) and urine toxicology screen for amphetamines, barbiturates, benzodiazepines, cannablis, cocaine, MDMA, methadone, methamphetamines, and opiates. All participants were HIV-seronegative, determined by rapid HIV testing. Testing was conducted by an experienced team of trained psychologists at the Bulgarian Addictions Institute, Sofia, Bulgaria. Data were collected in two sessions of approximately 4 h each, conducted on two separate days. The assessment battery included a combination of clinical interviews, self-report questionnaires, and computer-based neurobehavioral tests. The first session included assessment of SUDs, externalizing psychopathology (e.g., psychopathy, ASPD), and intelligence. The second session included completion of neurocognitive tasks and self-report measures of externalizing and internalizing personality traits and disorders (e.g., depression, alexithymia). Participants were paid a total of 80 Bulgarian leva (approximately 50 USD) for participation in the study. Measures Some of the self-report measures (i.e., Levenson Self-Report Psychopathy Scale, Psychopathy Checklist: Screening Version, Wender Utah Rating Scale, Toronto Alexithymia Scale-20, Aggression Questionnaire) were translated and validated in Bulgarian by our research team. Other measures (i.e., Beck Depression Inventory-II, State Trait Anxiety Inventory, Sensation Seeking Scale) were unpublished Bulgarian translations of the original instruments that were provided to us by colleagues in Bulgaria and were included in some of our previous publications (Vassileva et al., 2007, 2011, 2019; Ahn et al., 2014; Wilson et al., 2014; Ahn and Vassileva, 2016; Long et al., 2018; Long et al., 2020). The rest of the instruments (Structured Clinical Interview for DSM-IV, Anxiety Sensitivity Scale, Barratt Impulsiveness Scale-11, UPPS Impulsive Behavior Scale) were translated into Bulgarian by the senior author (JV), a clinical neuropsychologist and a native Bulgarian speaker, and then back-translated into English by Bulgarian psychiatrists and psychologists, including co-authors GV and KB. Assessment of Substance Use Disorders Substance dependence was assessed with the Structured Clinical Interview for DSM-IV – Substance Abuse Module (SCID-SAM; First et al., 1996). Participants who met lifetime criteria for amphetamine dependence and had no history of dependence on any other substances were assigned to the “amphetamine” group. Individuals who met criteria for heroin dependence with no history of dependence on other drugs were assigned to the “heroin” group. The “polysubstance” group included participants with a history of dependence on more than one substance. The control group consisted of individuals who had no history of abuse or dependence on any substance. The Levenson Self-Report Psychopathy Scale The Levenson Self-Report Psychopathy Scale (LSRP; Levenson et al., 1995) was developed to assess psychopathic traits and behaviors in the general population. The scale includes 26 items graded on a four-point Likert scale (Strongly Disagree to Strongly Agree). It was developed to reflect the dual-factor model of psychopathy (Hare et al., 1990), with the first 16 items assessing primary psychopathy characterized by emotional deficits and manipulative and selfish behavior, and the remaining 10 items measuring secondary psychopathy, reflecting impulsivity, and antisocial behavior. Measures of Criterion Variables To establish the construct validity of the LSRP, we used another reliable measure of psychopathy – the Psychopathy Checklist: Screening Version (PCL:SV; Hart et al., 1995). The PCL:SV consists of a semi-structured interview, which involves the assessment of 12 characteristics of primary and secondary psychopathy on a rating scale of 0 (absent), 1 (somewhat present), and 2 (definitely present). The semi-structured interview for the PCL:SV was conducted by researchers who were initially trained by the senior author, who is the author of the Bulgarian version of the PCL-R with its publisher Multi Health Systems. Additional training and supervision were provided by two of the co-authors, who took part in formal training workshops led by Robert Hare, the author of the PCL instruments. In line with our earlier findings (Wilson et al., 2014), the PCL:SV exhibited good internal consistency for its total score (α = 0.9) and its two factor scores (α = 0.77 and α = 0.86) in the current sample. The ASPD module from the Structured Clinical Interview for DSM-IV Axis II Disorders (SCID-II; First et al., 1997) was used to assess Conduct Disorder (CD) and ASPD. The symptoms related to these disorders were scored on a scale of 1 (absent), 2 (subthreshold), and 3 (present), based on behavioral examples given by the participant throughout the interview. The dependent variable in the current study was the number of symptoms scored with a “3.” The Wender Utah Rating Scale (WURS; Ward et al., 1993) is a 25-item self-report scale for retrospective assessment of childhood symptoms of attention deficit hyperactivity disorder (ADHD) in adults. Items are rated on a five-point Likert scale (from Not at all or slightly to Very much). The scale displayed excellent internal consistency in the current sample (α = 0.92), in line with the earlier evaluation of the psychometric properties of the Bulgarian version of the WURS (Nedelchev et al., 2016). The Aggression Questionnaire (AQ; Buss and Warren, 2000) is a revision of the Buss-Durkee Hostility Inventory (Buss and Durkee, 1957). The questionnaire consists of 34 items, rated on a five-point Likert scale. We used the recently validated Bulgarian version of the AQ (Popov et al., 2016a), which has a four-factor structure: physical aggression, verbal aggression, hostility, and anger. The entire scale exhibited excellent internal consistency in the current sample (α = 0.91). The State-Trait Anxiety Inventory (STAI; Spielberger et al., 1983) is a self-report instrument with two sections, each comprised of 20 items. The first section measures situational “state” anxiety, whereas the second one measures anxiety as a relatively stable personality trait (Spielberger, 2010). Answers are scored on a four-point Likert scale. In the present study, we used the existing Bulgarian adaptation of the scale (Shtetinski and Paspalanov, 2007). Both the state and the trait subscales of the STAI showed excellent internal consistency in this sample (α = 0.89 and α = 0.90, respectively). The Anxiety Sensitivity Index (ASI; Reiss et al., 1986) measures sensitivity toward the symptoms of anxiety, a.k.a. “fear of fear,” demonstrated to be an independent construct implicated in susceptibility to addiction (Stewart and Kushner, 2001; Castellanos-Ryan and Conrod, 2012). It consists of 16 items, rated on a five-point scale (from Strongly disagree to Strongly agree). The scale exhibited good internal consistency in the current sample (α = 0.85). The Beck Depression Inventory-II (BDI-II; Beck et al., 1996) is a 21-item self-report questionnaire, assessing current symptoms of depression. Participants rate the degree to which they have experienced specific symptoms of depression during the past 2 weeks. The BDI-II is scored on a four-point Likert scale. We used the existing (unpublished) Bulgarian translation of the scale, which had good internal consistency in the current sample (α = 0.86). The Toronto Alexithymia Scale-20 (TAS-20; Bagby et al., 1994a, b) is a self-report measure of alexithymia, associated with difficulties in identifying, describing, and interpreting emotions (Sifneos, 1973). The scale includes 20 items rated on a five-point Likert scale. We used the recently validated Bulgarian version of the TAS-20 (Popov et al., 2016b), which had good internal consistency in the present sample (α = 0.82). The Barratt Impulsiveness Scale – 11th Edition (BIS-11; Patton et al., 1995) is a 30-item self-report questionnaire consisting of three subscales measuring different dimensions of trait impulsivity: attentional, motor, and non-planning impulsivity. Items are rated on a four-point Likert scale. In the current sample, the total scale exhibited good internal consistency (α = 0.84). The UPPS-P Impulsive Behavior Scale (UPPS; Lynam et al., 2006) is a 59-item self-report scale assessing five distinct trait impulsivity dimensions: (lack of) premeditation (lack of), perseverance, sensation seeking, negative urgency, and positive urgency (Cyders and Smith, 2007). Items are rated on a four-point scale. In the present sample, the full scale had excellent internal consistency (α = 0.94). The Sensation Seeking Scale-V (SSS-V; Zuckerman, 1994) is a 40-dichotomous-item scale measuring individual differences in predisposition to seek new experiences. High scores on this scale reflect a higher propensity toward sensation seeking. The SSS-V has 4 subscales – Disinhibition, Thrill and Adventure Seeking, Experience Seeking, and Boredom Susceptibility. The scale exhibited good internal consistency in the present sample (α = 0.84). Data Analyses Our main goal was to establish the reliability and validity of the Bulgarian version of the LSRP. First, we present descriptive statistics and internal consistency of the LSRP. We then examine the factor structure of the LSRP using confirmatory factor analysis, testing the original Levenson’s 2-factor structure (Levenson et al., 1995), Brinkley’s 3-factor structure (Brinkley et al., 2008), and the 4-factor structure from our previous study (Popov et al., 2015). Third, we conduct measurement invariance analyses on the best-fitting factor structure, which test how well the hypothesized latent structure fit SDIs and controls. Fourth, we assess gender differences and group differences in psychopathy between heroin, amphetamine, polysubstance users, and controls. Finally, we assess LSRP’s construct, convergent, and discriminant validity by zero-order and partial correlations between LSRP scores and instruments measuring externalizing and internalizing traits and behaviors, and point-biserial correlations with gender. Results Descriptive Statistics Table 2 provides descriptive statistics for the full LSRP scale, Brinkley’s 3 factors, and Brinkley’s total score across the different groups. Table 2. Descriptive statistics for LSRP across models and samples. Internal Consistency Table 3 displays the internal consistency (Cronbach’s alpha, mean item-total correlations (ITCs) and mean inter-item correlations) of the full scale, Brinkley’s model, and Levenson’s original model, included for reference. Levenson’s two subscales had Cronbach’s alphas of 0.79 and 0.63 across controls, 0.81 and 0.59 across SDIs, and 0.81 and 0.64 across the total sample. Brinkley’s model exhibited similar alpha coefficients to Levenson’s original model. The egocentric subscale (F1) had Cronbach’s alphas of 0.78 across controls and 0.80 across SDIs and the total sample. The internal consistencies of the callous (F3) and antisocial (F2) subscales were lower, ranging from poor to acceptable across groups (α = 0.52–0.69). Brinkley’s model had consistently higher mean item total correlations (r = 0.31–0.47) and mean inter-item correlations (r = 0.20–0.36) compared to Levenson’s model (r = 0.27–0.41 and r = 0.13–0.21, respectively). Table 3. Internal consistency of LSRP across models and samples. Factor Structure We established LSRP’s factor structure with confirmatory factor analyses (CFA) instead of exploratory factor analyses (EFA) because of the substantial empirical and theoretical research (cf. Salekin et al., 2014) pointing to the replicability of Levenson’s two-factor and Brinkley’s three-factor factor solutions. Thus, we used CFA as a hypothesis-driven method (Brown, 2015), expecting to replicate a two- and a three-factor structure for LSRP. All LSRP items were measured at the interval level, and we checked if they had multivariate normal distribution. As per Finney and DiStefano’s (2013) guidelines, we explored univariate skewness and kurtosis and found that only six items had an absolute skew above 2 and no items had an absolute kurtosis above 7. Given the undesirable nature of the items (i.e., assessing psychopathic tendencies), the skew of these six items is understandable. As a result, for our CFA analyses, we chose the maximum likelihood estimator over the generalized least squares estimator. First, we fitted Levenson’s original factor solution to the total sample, as well as separately to the two subsamples – SDIs and controls. Table 4 presents the fit statistics of the original and the other models to the three samples. We included several absolute and comparative fit indices, which Hu and Bentler (1999) and Brown (2015) recommended as robust for structural equation modeling – the root mean square error of approximation (RMSEA), its confidence intervals, the standardized root mean square residual (SRMR), the Tucker-Lewis index (TLI), and the comparative fit index (CFI). The RMSEA, RMSEA’s confidence intervals, and the SRMR measure absolute fit and lower values are recommended – less than 0.05 for RMSEA and 0.08 for SRMR (Brown, 2015). Kline (2011) recommended that RMSEA’s upper confidence interval should also be

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