

Running head: PSYCHOPATHY AND MEDIATORS OF PARTNER TRAUMA

Exploring the Impact of Psychopathy on Romantic Partners' Psychosocial Functioning

Chelsea L. Brieman

Rosalind Franklin University of Medicine and Science

Dissertation

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**ROSALIND FRANKLIN UNIVERSITY**  
**OF MEDICINE AND SCIENCE**  
*College of Health Professions*

**REPORT OF FINAL EXAMINATION FOR THE  
DEGREE OF DOCTOR OF PHILOSOPHY IN CLINICAL  
PSYCHOLOGY**

*The Chair of the Examining Committee is asked to report the result to the Office of the Dean without delay*

**Candidate:** Chelsea Brieman

**Department:** Psychology

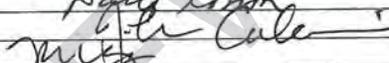
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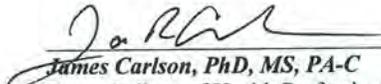
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**Dean's Certificate:**  
  
Chelsea Brieman has been admitted to the degree of Doctor of Philosophy in Clinical Psychology.

  
James Carlson, PhD, MS, PA-C  
Dean, College of Health Professions

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## Abstract

The negative effects of psychopathy have been widely studied with regards to recidivism and other detrimental effects to society, but very few studies have directly examined the impact on romantic partners. To the extent that psychopathic individuals are psychologically and physically abusive within their interpersonal relationships, those involved with psychopathic individuals may experience a wide range of psychosocial and psychological consequences, including Posttraumatic Stress Disorder (PTSD), complex PTSD symptoms, psychological impairment, and poor relationship satisfaction. The current study was designed to examine the association between women's psychological and psychosocial functioning and their male partners' psychopathic traits. This study was the first to examine this link utilizing an expert-rater measure of psychopathy and the first to use an incarcerated sample of male offenders and their current female partners. In addition, this study examined the roles of women's childhood maltreatment and social support in the development of trauma symptoms. The final goal of the current study was to examine the degree to which psychopathy is uniquely associated with poor outcomes for their current romantic partners above and beyond the effects of intimate partner violence (IPV). Supplementary and exploratory aims examined the roles of self-reported personality traits and relationship satisfaction. Findings were consistent with some predictions such that male partners' psychopathic traits and rates of IPV within the relationship were associated with psychosocial and psychological impairment for the female participants. In addition, there was evidence that social support had an indirect effect on the relationship between male partners' psychopathic traits and women's trauma symptoms. As part of two supplementary aims, women accurately rated their male partners on psychopathic traits on an adapted self-report measure of psychopathic traits in comparison with the PCL-R). In addition, women's self-

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reported psychopathic traits were moderately associated with male partners' PCL-R scores, suggesting that women in relationships with psychopathic individuals had higher levels of psychopathic traits themselves. Overall, there was some evidence for the detrimental effects of psychopathy on romantic partners, although IPV was also associated with impairments in functioning. The implications and limitations of these findings were discussed.

PREVIEW

## 04 Exploring the Impact of Psychopathy on Romantic Partners' Psychosocial Functioning

The negative effects of psychopathy have been widely studied with regards to recidivism and other detrimental effects to society, but very few studies have directly examined the impact on the psychopathic individual's parents, siblings, children, or romantic partners. A few exploratory studies have suggested psychopathy has a devastating impact on the victims. To the extent that psychopathic individuals are psychologically and physically abusive within their interpersonal relationships, those involved with psychopathic individuals may experience a wide range of psychological and psychosocial consequences such as depression, substance use, social withdrawal, sleep difficulties, and anxiety disorders such as Posttraumatic Stress Disorder (PTSD).

Violence against women is a serious public health issue with one in four women reporting victimization by an intimate partner during their lifetime (Tjaden & Thoennes, 2000). There is a substantial body of literature examining the effects of intimate partner violence on victims, but the literature on psychopathy and victims is very limited. Most research on psychopathy and violence has significance for the perpetrators, and not enough of this research has implications for the victims of such maltreatment. The current study was designed to examine the association between women's psychological and psychosocial functioning and psychopathic traits in their current male partners. This study was the first to examine this link utilizing an expert-rater measure of psychopathy and the first to use an incarcerated sample of male offenders. In addition, this study was designed to examine potential mediators of these relationships. Women's level of social support was examined as a mediator of the relationship between male partners' psychopathic traits and women's trauma symptoms. In addition, male partners' psychopathic traits were examined as a potential mediator of the relationship between

women's childhood maltreatment histories and their current trauma symptoms. Evidence that poor social support explains the relationship between women's trauma symptoms and their male partners' psychopathic traits would have implications for the prevention or amelioration of such symptoms during or after an abusive relationship. If psychopathic traits were found to partially explain the relationship between women's childhood maltreatment experiences and current trauma symptoms, this would provide evidence that psychopathic individuals have a detrimental impact on partners' psychological functioning, above and beyond the effects of early traumatic experiences.

The final goal of the current study was to examine the relationship between psychopathy and intimate partner violence (IPV). There is ample research suggesting a relationship between IPV and negative outcomes for victims of domestic abuse (Gelles & Harrop, 1989; Jones, Hughes & Unterstaller, 2001; Marshall, 1996). Research suggests some degree of overlap between psychopathic individuals and perpetrators of IPV, but there is no research examining the degree to which psychopathy is uniquely associated with poor outcomes for their current romantic partners above and beyond the effects of IPV. To the extent that psychopathic individuals perpetrate psychological and physical abuse within relationships, it is important to examine whether IPV explains the link between women's psychosocial impairment and their partners' psychopathic traits. Although there is evidence that some women perpetrate violence against their male partners, the majority of domestic violence research has focused on male perpetrators and female victims. Current estimates suggest that 85 to 95% of intimate partner violence victims are women (Bureau of Justice Statistics Crime Data Brief, 2003). In addition, because this current sample included incarcerated male offenders and their female significant others, this paper will generally refer to the females as victims and the male partners as the

perpetrators.

### **Negative Impact of Psychopathy Within Interpersonal Relationships**

Research has demonstrated the negative consequences of psychopathy within the context of various interpersonal relationships. By definition, psychopathic individuals are narcissistic, callous, and manipulative, and they often engage in irresponsible, impulsive, and violent behaviors. Psychopathic individuals are often parasitic and take advantage of others' vulnerabilities to acquire things they desire. Research suggests these traits and behaviors negatively impact the children and romantic partners of individuals with psychopathic traits in various capacities (Uzieblo, Boelaert & Bijttebier, 2011; Uzieblo, Soetens, & Bijttebier, 2011). Not only is the harm sometimes physical, it is also psychological, emotional, social, and financial (Brown & Leedom, 2008; Kirkman, 2005). There have been a few studies that have examined the relationship between psychopathy and negative outcomes for significant others. However, these studies have substantial limitations, which will be discussed in reference to each specific study below.

An exploratory study by Kirkman (2005) examined the unique experiences of women who reported being in romantic relationships with men with psychopathic traits. Women rated their partner's psychopathic traits using the Hare P-SCAN, a screening device designed for use with community samples to indicate the presence of interpersonal, affective, and lifestyle facet traits of psychopathy, and only those reporting psychopathic traits in their partners were interviewed about their experiences. Seventy-five percent of the women involved with psychopathic individuals reported their partners used their homes and money in a parasitic manner, some even draining their bank accounts. All of the women reported experiencing emotional and psychological abuse by their partners, including some of the following behaviors:

public humiliation, sexual harassment, threatening to physically assault her or her child, threatening to leave her, convincing her she was crazy, and controlling her eating or sleeping habits. These women reported their psychopathic partners often cheated on them, were physically and sexually assaultive, and often emotionally abused their children. In addition, 75 percent of the women reported they were isolated from others because their partners damaged their relationships with family and friends, prevented communication with others, or forced the two of them to move somewhere remote and unfamiliar. These firsthand accounts by psychopathic individuals' romantic partners provide evidence for all of the ways they can be negatively impacted. However, this study appears to have several limitations. The women generated ratings of the male partners' psychopathic traits using an adapted version of a self-report measure. In addition, the women gave in-depth narratives of their experiences, which were coded for themes. No validated measures of psychological or psychosocial functioning were used.

05 A study by  Leblo, Soetens, and Bijttebier (2011) also assessed different areas of functioning among women involved with men with psychopathic traits. More specifically, the researchers examined the link between the women's psychosocial functioning and psychopathic traits in their male partners using a sample of heterosexual couples in the community.

Psychopathic traits were assessed using the Self-Report Psychopathy Scale (SRP-III; Paulhus, Neumann & Hare, 2011). Not only did the male partners complete the self-report version of the SRP-III, but their female partners also rated their partners' psychopathic traits using an adaptation of the same measure. The researchers found that the male and female SRP-III ratings were correlated ( $r = .48$ ), suggesting the female partners may have had some insight into their partners' psychopathic features. In addition, they reported that the female partners of individuals

with psychopathic traits exhibited more psychosocial problems than those who were in relationships with nonpsychopathic individuals. These problems included higher rates of depressive symptoms, paranoid thoughts, somatic complaints, and hostility. In addition, Uzieblo and colleagues (2011) reported that the female partners also reported lower levels of relational satisfaction (e.g., less independence and a weakened self-identity). However, this study's limitation was its utilization of a measure adapted from a self-report measure of psychopathy, which could be subject to substantial bias. In addition, the study provided no information on whether the women's SRP ratings of their partners correlated with other criteria previously associated with psychopathy. In other words, the authors did not report information on the validity of the women's SRP ratings of their partners beyond the correlation with the males' self-report SRP ratings. Although the male and female SRP-III ratings were associated, no third-party measure of psychopathy was used to confirm the validity of these ratings.

 Brown and Leedom (2008) surveyed approximately 75 women who reported having prior relationships with psychopathic individuals. The women completed the P-SCAN in reference to their former partners, indicating that their former partners exhibited traits consistent with a psychopathic personality (e.g., grandiosity and superficial charm, conning and manipulation, pathological lying, and an irresponsible and impulsive lifestyle). Brown and Leedom (2008) reported that these women experienced many negative consequences as a result of their romantic relationships with these individuals. Similar to the study by Kirkman (2005), the impact on these women was reportedly physical, psychological, emotional, financial, and social. However, it is important to note that women rated their former partners' psychopathic traits, and these ratings could have been inflated because the women were no longer in relationships with those men. In addition, it appears that no validated measures of psychological or social functioning were

utilized.

### **Relationship Between Psychopathy and Intimate Partner Violence**

As reported in the studies above, women who indicated they were in relationships with psychopathic individuals have reported experiencing various forms of psychological and physical abuse (Brown & Leedom, 2008; Kirkman, 2005; Uzieblo et al., 2011). These forms of abuse are also prevalent in relationships characterized by IPV. Fowler and Westen (2011) have identified a psychopathic subtype of IPV perpetrators who are characterized as being more manipulative and instrumentally violent than other subtypes. Compared with non-psychopathic subtypes of IPV perpetrators, the psychopathic subtype was characterized as being more impulsive, lacking remorse, having higher rates of substance abuse, and having little investment in moral values. In addition, these psychopathic perpetrators were the most violent and controlling, and tended to use violence instrumentally, possibly in an attempt to control their partners. They also had the poorest level of global functioning and worst employment record, likely adding further strain to their relationships. This subtype had similar features as those labeled in prior studies as the generally violent group (Saunders, 1992), the instrumental group (Hamberger et al., 1996), the antisocial group (Dutton, 1998), and the generally violent/antisocial group (Holtzworth-Munroe & Stuart, 1994). Other studies have examined the prevalence of psychopathy in samples of males who have perpetrated intimate partner violence. One study examining IPV subtypes indicated that 14% of a sample of incarcerated domestic batterers met the criteria for psychopathy using the PCL-R assessment (Fernandez-Montalvo & Echeburua, 2008). Another study reported psychopathy (based on self-report ratings) was associated with high rates of IPV within a community sample of eighty-eight married couples (Marshall & Holtzworth-Munroe, 2010).

Several researchers have reported psychopathic individuals commit a disproportionate amount of violence against partners, and that their violent recidivism towards partners tends to be frequent and severe (Boyle, O’Leary, Rosenbaum & Hassett-Walker, 2008; Hilton, Harris & Rice, 2001; Spidel et al., 2007; Swogger, Walsh & Kosson, 2007). Harris, Hilton and Rice (2011) reported that, among a large sample of men with a record of domestic violence charges, PCL-R scores uniquely predicted the number of recorded incidents of violence against a female intimate partner, even after controlling for other risk factors (e.g., relationship characteristics, attitude towards violence, neighborhood education, and unemployment rates). They also found that PCL-R scores were uniquely predictive of IPV incidents after controlling for DSM-IV ASPD scores (Harris et al., 2011).

Camilleri and Quinsey (2009) examined characteristics of males who were sexually coercive toward their partners. They reported psychopathy was a significant predictor of self-reported propensity for the use of sexual coercion in a community sample and that one-third of a sample of men convicted for partner rapes were psychopathic. Kosson, Kelly, and White (1997) also found that psychopathy scores were positively associated with self-reported acts of sexual aggression in a large sample of undergraduate males. Other researchers have reported similar associations between psychopathy and sexual violence, and some have reported psychopathic sexual offenders are also more sadistic in their aggression (Harris et al., 2003; Porter et al., 2000; Quinsey, Rice & Harris, 1995). These studies provide evidence for psychopathic individuals’ proclivity to perpetrate violence against their partners and that the violence they commit tends to be of heightened frequency and severity. Ultimately, it is clear that psychopathic individuals’ attitudes and behaviors within relationships can be detrimental in a number of ways.

## **Psychopathy, Intimate Partner Violence, and Poor Outcomes**

There is ample evidence suggesting IPV is associated with high rates of psychosocial problems and poor psychological functioning for the survivor. Both physical violence and psychological abuse have been linked to a wide range of negative consequences for the victim. Physical violence has been associated with anxiety, social withdrawal, and suicide attempts (Gelles & Harrop, 1989; Russell, Lipov, Philips & White, 1989; Star, Clark, Goetz & O'Malia, 1979). Psychological abuse has been linked to problem drinking and chronic illness (Arias, Street & Brody, 1996; Marshall, 1996). In addition, both physical and psychological abuse have been consistently linked with depression and PTSD symptomology (Arias & Pape, 1999; Campbell, 1989; Jones, Hughes & Unterstaller, 2001).

As reviewed above, women reportedly involved with psychopathic individuals reported experiencing these various forms of abuse. To the degree that a relationship involving a psychopathic individual is characterized as having high levels of psychological, emotional, and physical abuse, it is likely that the partners of these individuals experience outcomes similar to those reported in victims of IPV. As discussed in earlier sections, there is limited research examining the direct effects of psychopathy within the context of a relationship. However, there have been many studies examining the impact of different forms of abuse within the relationship context. These forms of abuse are perpetrated by psychopathic offenders in many cases and likely contribute to poor outcomes for the victims, including depression, anxiety disorders and psychosocial problems.

## **Examining Complex Posttraumatic Stress Disorder in the Context of Traumatic Relationships**

Traumas caused by humans, especially those perpetrated by significant others, appear to

have the longest lasting psychological effects for the survivors due to the complexity and chronic nature of the tumultuous relationship (Allen, 2001; Hermann, 1997; van der Kolk et al., 2005).

Posttraumatic Stress Disorder is a widely studied disorder with several well-known vulnerability factors as well as an additional constellation of symptoms arguably resulting from complex

interpersonal traumas, or traumatic relationships.  Definition of 'traumatic relationships' has been adopted from Orzeck, Rokach, and Chin (2010) to describe any adult intimate relationship

 in which there is any form of abuse including physical, sexual, emotional, psychological, financial, or spiritual abuse.  Chronically abusive intimate relationships, such as romantic

involvement with psychopathic individuals, could be categorized as a type of traumatic relationship for this reason.

Posttraumatic Stress Disorder is an anxiety disorder found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 2000) that can result from experiencing a traumatic event in which the individual's life or physical safety was harmed or threatened, or in which another person's life or physical integrity was harmed or threatened. Posttraumatic Stress Disorder can develop in response to a wide range of traumatic events, including contexts such as violent assault, combat, terrorist attack, torture, or natural disasters. To meet criteria for PTSD, the individual's reaction to the event must first be that of intense fear, helplessness, or horror. Additional symptoms include reexperiencing the trauma (e.g., flashbacks or nightmares), persistent avoidance of reminders of the event (e.g., people or places that are associated with the event), and persistent symptoms of increased arousal (e.g., sleep difficulties, concentration problems, and heightened startle responses).

There is a common misconception that only those who meet the DSM-IV criteria for PTSD have been truly traumatized compared to those who do not actually experience threats to

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their physical integrity (Weathers & Keane, 2007). However, several researchers have reported that psychological abuse is a stronger predictor of trauma symptoms than physical abuse (Arias & Pape, 1999; Elliston, 2002). Therefore, those who experience non-physical forms of abuse may not actually meet the current diagnostic criteria for PTSD, yet they still experience symptoms of trauma. The relationship between both physical and psychological victimization and PTSD has received a great deal of research attention because of the devastating effects that different types of trauma can have for the survivors.

Whereas the DSM-IV diagnosis of PTSD sufficiently describes symptoms for individuals who have experienced a single traumatic event, some researchers and clinicians argue it does not seem to sufficiently capture the symptomatology resulting from complex interpersonal traumas and extending above and beyond the DSM-IV PTSD criteria (Hermann, 1992; Luxenberg, Spinazzola & van der Kolk, 2001). There is evidence that traumatic relationships can lead to a more complex constellation of symptoms, typically labeled as either Complex PTSD (CPTSD) or as a Disorder of Extreme Stress Not Otherwise Specified (DESNOS). During the process of revising the DSM-III, a PTSD taskforce was initiated to delineate important symptoms to differentiate PTSD from DESNOS. They highlighted six areas of impaired functioning for victims of complex interpersonal traumas versus single traumas. The six areas of additional impairment include: affect and impulse regulation (e.g., difficulty controlling anger, self-destructive behaviors, suicidal preoccupation, and excessive risk-taking), attention or consciousness (e.g., amnesia and dissociation), self-perception (e.g., guilt, shame, and feeling of ineffectiveness), relations with others (e.g., inability to trust and susceptibility to revictimization), somatization (e.g., digestive problems, chronic pain, and sexual symptoms), and belief systems (e.g., despair and hopelessness) (Luxenberg, Spinazzola & van der Kolk, 2001).

Hermann (1992) suggests prolonged interpersonal victimization can actually lead to characterological personality changes in survivors, which can lead to susceptibility to further harm by themselves or others.

Although neither CPTSD or DESNOS is included as a distinct disorder in the DSM-IV, the symptoms that characterize these complex and extreme stress disorders are included under the “associated features” section as commonly exhibited by survivors of complex interpersonal trauma (e.g., IPV, childhood sexual or physical abuse), with an exacerbated risk for traumas occurring during early childhood. There was a debate as to whether CPTSD belonged as a distinct diagnosis in the DSM-V, or whether the complex symptoms associated with interpersonal traumas should remain as part of the “associated features” of PTSD (Blaz-Kapusta, 2008).

In the context of traumatic relationships, it then seems important to examine these other types of impairments (e.g., affect regulation, dissociation, and self-perception) in addition to the standard DSM-IV PTSD symptoms. There is a large body of research suggesting that individuals who meet the criteria for DESNOS or CPTSD have a history of interpersonal trauma and have experienced multiple victimizations or traumatic events of an extended duration (Courtois, 2004; Hermann, 1992). Moreover, these experiences appear to be commonly reported among women in stressful interpersonal relationships, such as relationships with psychopathic partners. Some clinicians and researchers have begun to assess for these additional areas of impairment associated with DESNOS rather than assessing symptoms resulting from one single traumatic event in order to gain a more comprehensive understanding of victims’ current functioning. This is especially important for clinicians because these additional DESNOS symptoms can sometimes mimic other psychological disorders. Luxenberg and colleagues (2001) have argued

that if clinicians do not recognize that the presenting symptoms are connected with CPTSD, their treatment approach may target the wrong symptoms and could potentially be detrimental (Hermann, 1992).

### **Vulnerability Factors in the Development of Complex Posttraumatic Stress Disorder**

As mentioned in the previous sections, psychopathy has been linked to poor outcomes, including somatic complaints, hostility, depression, and anxiety. Although PTSD symptoms have not been directly assessed among victims of psychopathic individuals, it is likely psychopathy is associated with heightened rates of PTSD symptoms as well. Current or former partners of psychopathic individuals may be at risk for developing PTSD symptoms in response to potentially traumatic events, such as incidents of physical abuse, or due to the traumatic nature of the relationship itself. There are a few possible explanations for the existence of a relationship between women's PTSD symptoms and their partners' psychopathic traits. First, there is some evidence suggesting that abuse that occurs within the context of traumatic relationships can directly cause PTSD. Women in abusive relationships may experience these traumatic events on a frequent basis, which puts them at a heightened risk for eventually developing PTSD.

Alternatively, a second explanation for this relationship is that PTSD symptoms may have been present before becoming involved in a traumatic relationship. One possibility is that women involved with psychopathic individuals were exposed to prior trauma before experiencing any abuse in their current relationships. They may appear to have PTSD symptoms as a result of the traumatic relationships, they may have had preexisting symptoms of PTSD from a previous trauma that have gone untreated. Women involved with psychopathic individuals may have had a greater likelihood of having been victimized during childhood, which in turn may be associated with a greater number of PTSD symptoms. This possibility is often difficult to discern

as well, given that many studies fail to assess for both previous and current traumas and tend to ignore other possible vulnerability factors.

A third possibility is that preexisting vulnerability factors may cause some women to be more susceptible to developing PTSD in response to an abusive relationship. Trauma theories of psychopathology suggest that psychological trauma, particularly interpersonal trauma in early childhood, is a major factor in the development of later psychiatric disorders, including PTSD (Briere, 1987; Finkelhor, 1985; Herman, 1992; Roth et al., 1997). A meta-analysis of risk factors for adult PTSD revealed that a reported history of childhood abuse or other prior traumas was significantly associated with later PTSD symptoms and diagnoses (Brewin, Andrews & Valentine, 2000).

Not only can early trauma directly lead to later PTSD development, but it could also cause individuals to become more susceptible to experiencing additional traumas during adulthood. A life-course approach suggests that both childhood and adulthood victimization may play a role in the development of later problems (Banyard, Williams & Siegel, 2001). For example, Russell (1986) reported survivors of childhood sexual abuse are at almost twice the risk of experiencing sexual harassment, rape, or IPV during adulthood. In addition, women who witnessed domestic violence or were sexually victimized during childhood appear to be at an increased risk for a subsequent marriage to an abusive partner (Goodwin, McMarty & DiVasto, 1982; Hotaling & Sugarman, 1986). Becker, Stuewig, and McCloskey (2010) found that, not only did both IPV and a history of child abuse independently predict PTSD symptoms, but also that IPV mediated the relationship between childhood physical abuse and adult PTSD. Other studies have reported similar findings in that women who experienced childhood abuse were up to ten times more likely to experience adult IPV in comparison to women who were not abused

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