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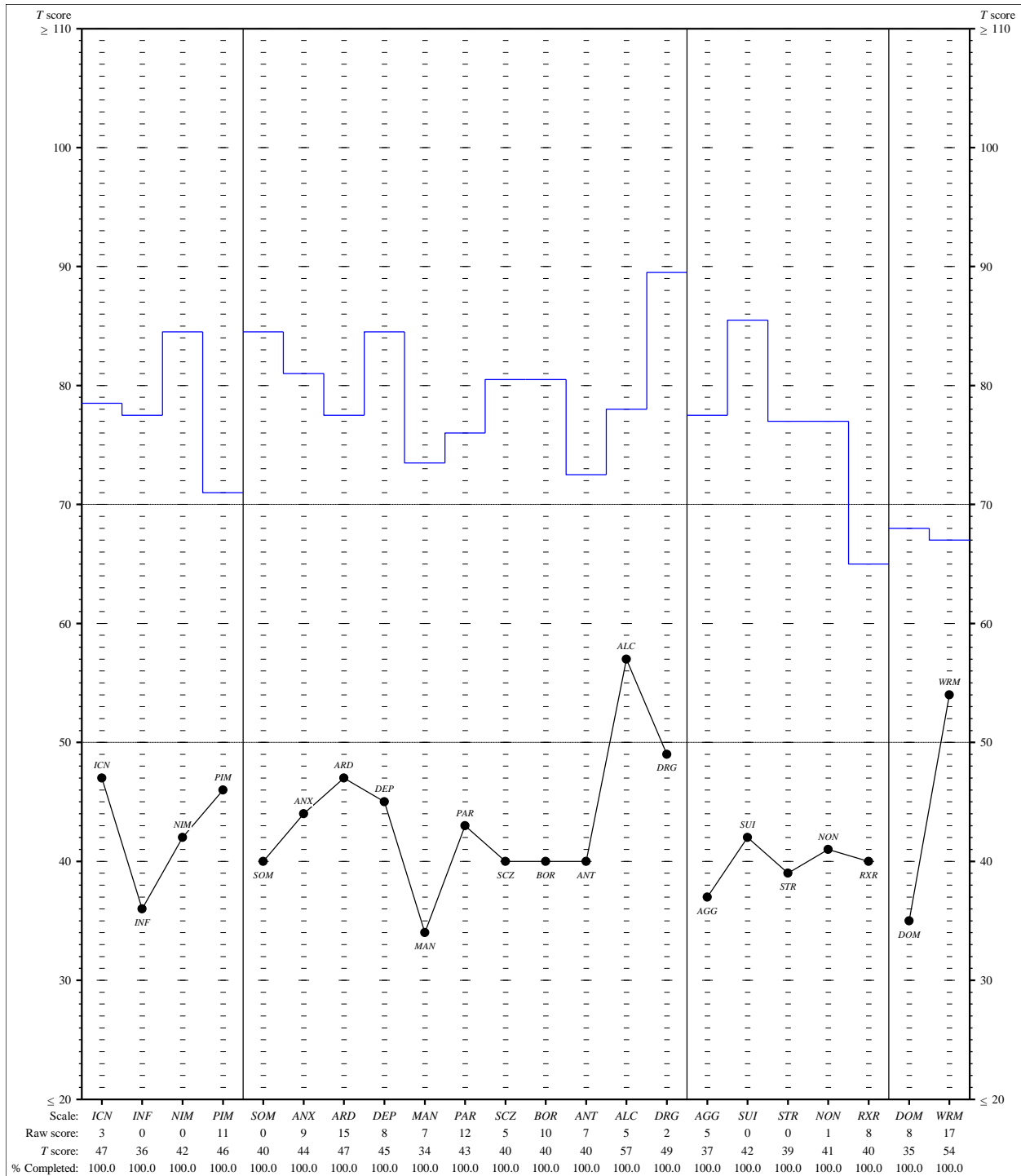
Client name : Sample Client
Client ID : 123
Gender : Female
Age : 16
Test date : 05/01/2013

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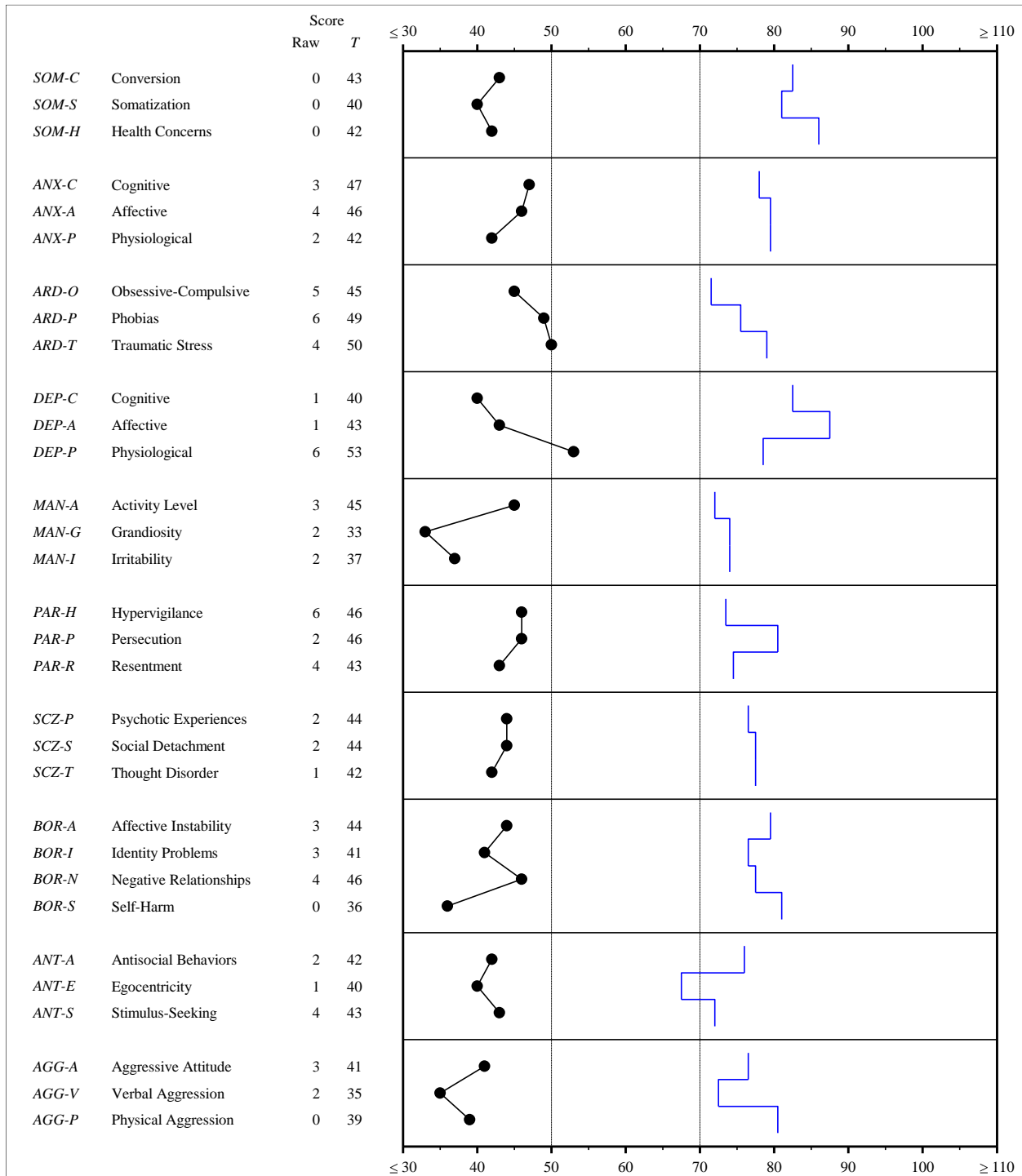
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Full Scale Profile



Plotted T scores are based upon a census matched standardization sample of 707 community adolescents 12 to 18 years of age.
 © indicates that the score is more than two standard deviations above the mean for a sample of 1,160 clinical patients.
 Ⓞ indicates that the scale has 20% or more missing items.

Subscale Profile



Plotted T scores are based upon a census matched standardization sample of 707 community adolescents 12 to 18 years of age.

⊙ indicates that the score is more than two standard deviations above the mean for a sample of 1,160 clinical patients.

⊙ indicates that the scale has 20% or more missing items.

Validity of Test Results

The PAI-A provides a number of validity indices that are designed to provide an assessment of factors that could distort the results of testing. Such factors could include failure to complete test items properly, carelessness, reading difficulties, confusion, exaggeration, malingering, or defensiveness. For this protocol, there are no uncompleted items.

Also evaluated is the extent to which the respondent attended appropriately and responded consistently to the content of test items. The respondent's scores suggest that she did attend appropriately to item content and responded in a consistent fashion to similar items.

The degree to which response styles may have affected or distorted the report of symptomatology on the inventory is also assessed. The scores for these indicators fall in the normal range, suggesting that the respondent answered in a reasonably forthright manner and that there do not appear to be factors that might distort the profile which would make it appear either more negative or more positive than the clinical picture would warrant.

Clinical Features

The PAI-A clinical profile is entirely within normal limits. There are no indications of significant psychopathology in the areas that are tapped by the individual clinical scales.

According to the respondent's self-report, she describes NO significant problems in the following areas: unusual thoughts or peculiar experiences, antisocial behavior, problems with empathy, undue suspiciousness or hostility, extreme moodiness and impulsivity, unhappiness and depression, unusually elevated mood or heightened activity, marked anxiety, problematic behaviors used to manage anxiety, or difficulties with health or physical functioning. Also, she reports NO significant problems with alcohol or drug abuse or dependence.

Self-Concept

The self-concept of the respondent appears to involve a generally stable self-evaluation and she does describe approaching life with a clear sense of purpose and distinct convictions. Although outwardly she likely appears to have reasonable self-esteem, she inwardly may be troubled by self-doubt and misgivings about her adequacy. She may have a tendency to minimize her successes as a result, tending to view such accomplishments as either good fortune or the result of the efforts of others.

Interpersonal and Social Environment

The respondent's interpersonal style seems best characterized as modest, unpretentious, and retiring. She is likely to be self-conscious in social interactions and she is probably not skilled or comfortable in asserting herself. Peers probably view her as passive, humble, and unassuming.

In considering the social environment of the respondent with respect to perceived stressors and the availability of social supports with which to deal with these stressors, her responses indicate that she reports having experienced very few stressful events in the recent past. Furthermore, she describes that she has a large number of individuals to whom she can turn for support when needed. The combination of a stable and relatively stress-free environment with the extensive social support system is a quite favorable prognostic sign for future adjustment.

Treatment Considerations

Treatment considerations involve issues that can be important elements in case management and treatment planning. Interpretation is provided for three general areas relevant to treatment: behaviors that may serve as potential treatment complications, motivation for treatment, and aspects of the respondent's clinical picture that may complicate treatment efforts.

With respect to suicidal ideation, the respondent is not reporting distress from thoughts of self-harm.

With respect to anger management, the respondent describes herself as a very meek and unassertive person who has difficulty standing up for herself, even when assertiveness is warranted. Thus, she may have some difficulty in the appropriate expression of anger.

The respondent's interest in and motivation for treatment is typical of individuals being seen in treatment settings, and she appears more motivated for treatment than adolescents who are not being seen in a therapeutic setting. Her responses suggest an acknowledgement of important problems and the perception of a need for help in dealing with these problems. She reports a positive attitude towards the possibility of personal change, the value of therapy, and the importance of personal responsibility. In addition, she reports a number of other strengths that are positive indications for a relatively smooth treatment process and a reasonably good prognosis.

***DSM-IV* Diagnostic Possibilities**

The following DSM-IV Diagnostic Possibilities are suggestions for further investigation. A diagnosis should be made only after careful examination of the specific DSM-IV diagnostic criteria and should be informed by clinical judgment.

Axis I: 799.9 Diagnosis or condition deferred on Axis I

Axis II: 799.9 Diagnosis or condition deferred on Axis II

Axis II Rule Out:

301.9 Personality Disorder NOS with dependent features

Critical Item Endorsement

A total of 17 PAI-A items reflecting serious pathology have very low endorsement rates in normal samples. These items have been termed critical items. Endorsement of these critical items is not in itself diagnostic, but review of the content of these items with the respondent may help to clarify the presenting clinical picture. Endorsed Critical Items, i.e. items with an item score of 1, 2, or 3, are indicated by a bolded Item Response in the table below.

Item	Scale	Item response	Item text
Delusions and Hallucinations			
35	SCZ-T	F	Item content removed
128	SCZ-P	F	Item content removed
222	PAR-P	F	Item content removed
Potential for Self-Harm			
79	BOR-S	F	Item content removed
165	DEP-A	F	Item content removed
262	SUI	F	Item content removed
Potential for Aggression			
58	AGG-P	F	Item content removed
138	AGG-P	F	Item content removed
Substance Abuse			
60	DRG	F	Item content removed
217	ALC	F	Item content removed
Traumatic Stressors			
191	ARD-T	ST	Item content removed
231	ARD-T	F	Item content removed
Potential Malingering/Negative Distortion			
13	NIM	F	Item content removed
213	NIM	F	Item content removed
Unreliability			
89	ANT-A	F	Item content removed
129	ANT-A	F	Item content removed
199	BOR-S	F	Item content removed

Note. VT = "Very True", MT = "Mainly True", ST = "Slightly True", F = "False, Not At All True".

PAI-A Item Responses

Item	Resp.	Item	Resp.	Item	Resp.	Item	Resp.	Item	Resp.	Item	Resp.
1.	ST	45.	F	89.	F	133.	F	177.	F	221.	VT
2.	F	46.	ST	90.	F	134.	MT	178.	F	222.	F
3.	F	47.	ST	91.	ST	135.	F	179.	F	223.	MT
4.	ST	48.	ST	92.	F	136.	MT	180.	F	224.	MT
5.	F	49.	F	93.	F	137.	F	181.	F	225.	F
6.	F	50.	F	94.	ST	138.	F	182.	F	226.	MT
7.	MT	51.	F	95.	F	139.	ST	183.	VT	227.	MT
8.	ST	52.	ST	96.	VT	140.	MT	184.	VT	228.	MT
9.	ST	53.	F	97.	F	141.	F	185.	F	229.	F
10.	F	54.	MT	98.	F	142.	F	186.	MT	230.	MT
11.	VT	55.	ST	99.	ST	143.	VT	187.	F	231.	F
12.	ST	56.	MT	100.	MT	144.	ST	188.	F	232.	MT
13.	F	57.	F	101.	F	145.	F	189.	F	233.	F
14.	ST	58.	F	102.	F	146.	F	190.	F	234.	VT
15.	F	59.	F	103.	F	147.	VT	191.	ST	235.	ST
16.	MT	60.	F	104.	MT	148.	ST	192.	ST	236.	MT
17.	F	61.	F	105.	ST	149.	F	193.	ST	237.	F
18.	MT	62.	ST	106.	MT	150.	F	194.	VT	238.	F
19.	F	63.	F	107.	F	151.	MT	195.	F	239.	F
20.	F	64.	ST	108.	ST	152.	F	196.	ST	240.	VT
21.	F	65.	F	109.	F	153.	F	197.	F	241.	F
22.	ST	66.	ST	110.	MT	154.	MT	198.	MT	242.	F
23.	ST	67.	ST	111.	F	155.	F	199.	F	243.	F
24.	ST	68.	F	112.	MT	156.	ST	200.	F	244.	F
25.	F	69.	VT	113.	F	157.	MT	201.	MT	245.	F
26.	F	70.	F	114.	ST	158.	F	202.	F	246.	F
27.	ST	71.	F	115.	F	159.	F	203.	MT	247.	MT
28.	ST	72.	F	116.	F	160.	VT	204.	F	248.	VT
29.	F	73.	F	117.	MT	161.	MT	205.	MT	249.	F
30.	F	74.	MT	118.	F	162.	F	206.	F	250.	F
31.	ST	75.	F	119.	F	163.	F	207.	MT	251.	VT
32.	F	76.	F	120.	F	164.	MT	208.	F	252.	F
33.	ST	77.	MT	121.	MT	165.	F	209.	MT	253.	F
34.	MT	78.	ST	122.	F	166.	ST	210.	F	254.	F
35.	F	79.	F	123.	MT	167.	ST	211.	MT	255.	VT
36.	ST	80.	VT	124.	ST	168.	F	212.	F	256.	ST
37.	F	81.	MT	125.	F	169.	VT	213.	F	257.	F
38.	ST	82.	F	126.	F	170.	VT	214.	VT	258.	VT
39.	F	83.	VT	127.	F	171.	VT	215.	VT	259.	F
40.	F	84.	F	128.	F	172.	ST	216.	MT	260.	F
41.	ST	85.	F	129.	F	173.	F	217.	F	261.	F
42.	F	86.	ST	130.	F	174.	F	218.	F	262.	F
43.	ST	87.	ST	131.	F	175.	VT	219.	VT	263.	MT
44.	MT	88.	F	132.	F	176.	MT	220.	F	264.	ST

Note. VT = "Very True", MT = "Mainly True", ST = "Slightly True", F = "False, Not At All True", ? = Item is missing.

***** End of Report *****