PERSONALITY ASSESSMENT INVENTORY™

Clinical Interpretive Report

by

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and PAR Staff

Client Information

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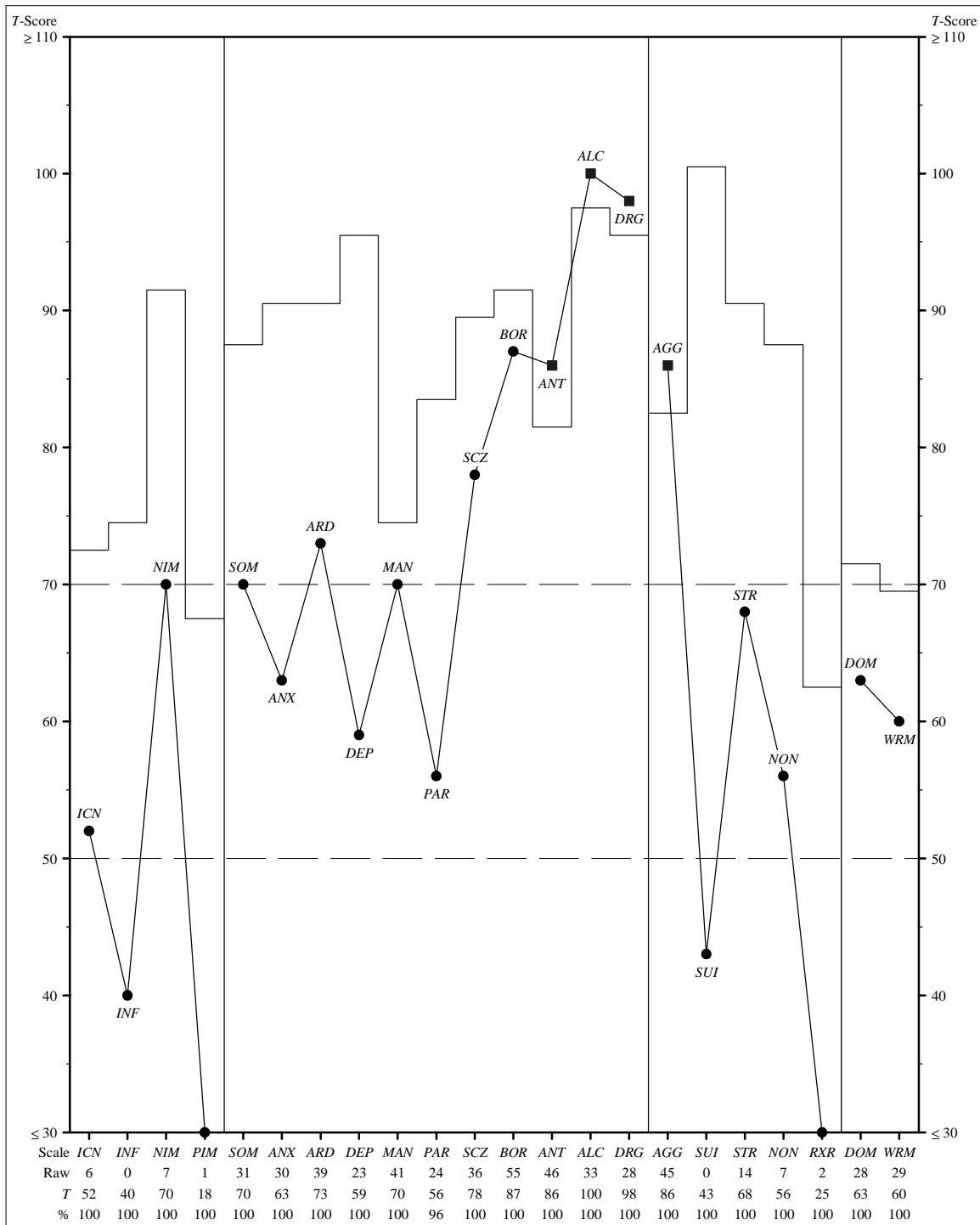|		
Client Name	:	Sample A. Client
Client ID	:	12-3456789
Age	:	28
Gender	:	Male
Education	:	12
Marital Status	:	Single
Test Date	:	07/12/2000
Prepared For	:	-Not Specified-

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The interpretive information contained in this report should be viewed as only one source of hypotheses about the individual being evaluated. No decisions should be based solely on the information contained in this report. This material should be integrated with all other sources of information in reaching professional decisions about this individual.

This report is confidential and intended for use by qualified professionals only. It should not be released to the individual being evaluated.

Full Scale Profile

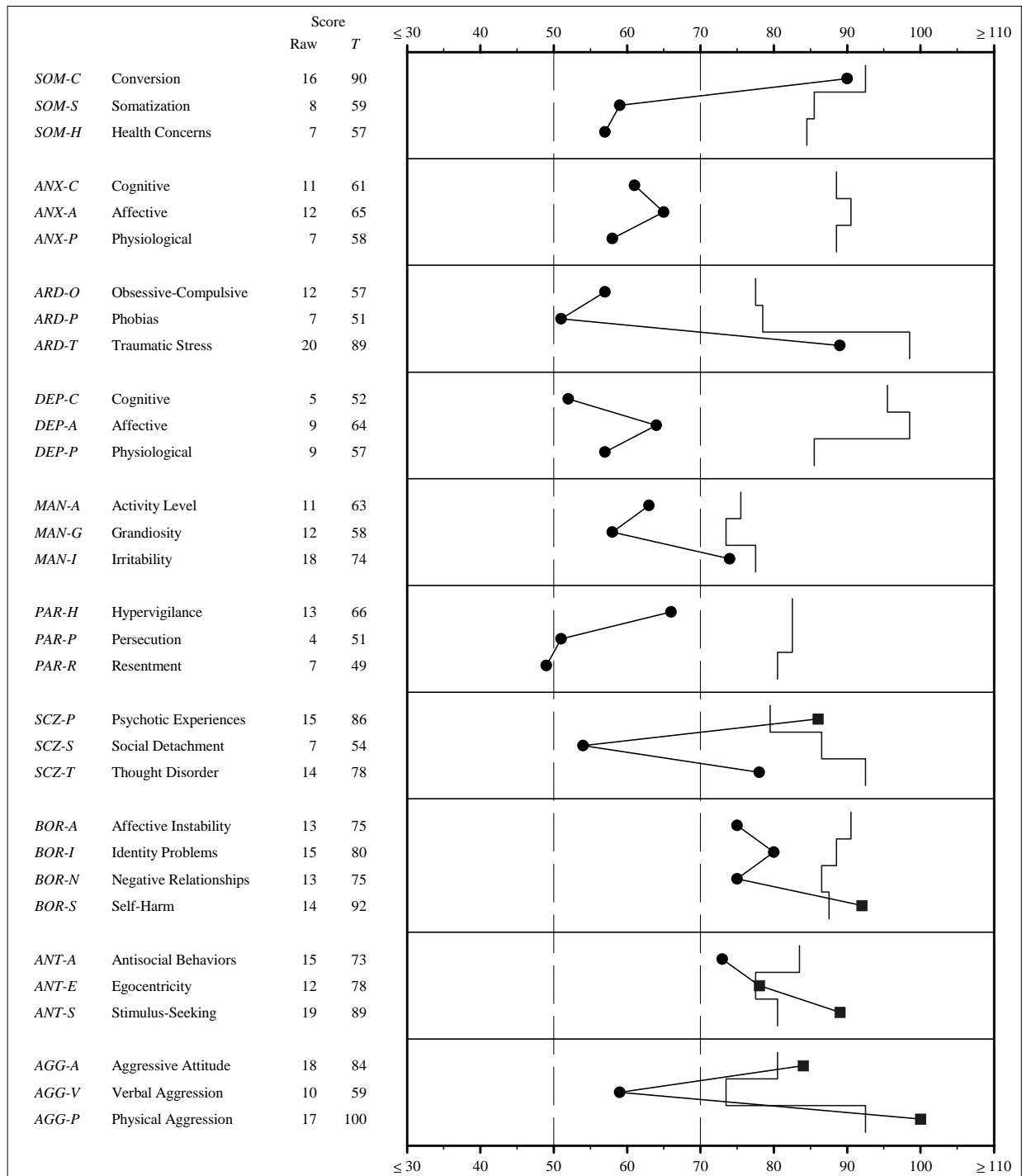| Scale	ICN	INF	NIM	PIM	SOM	ANX	ARD	DEP	MAN	PAR	SCZ	BOR	ANT	ALC	DRG	AGG	SUI	STR	NON	RXR	DOM	WRM
Raw	6	0	7	1	31	30	39	23	41	24	36	55	46	33	28	45	0	14	7	2	28	29
T	52	40	70	18	70	63	73	59	70	56	78	87	86	100	98	86	43	68	56	25	63	60
%	100	100	100	100	100	100	100	100	100	96	100	100	100	100	100	100	100	100	100	100	100	100

Plotted *T* scores are based upon a census matched standardization sample of 1,000 normal adults.

■ indicates that the score is more than two standard deviations above the mean for a sample of 1,246 clinical patients.

◆ indicates that the scale has more than 20% missing items.

Subscale Profile

		Raw	T
SOM-C	Conversion	16	90
SOM-S	Somatization	8	59
SOM-H	Health Concerns	7	57
ANX-C	Cognitive	11	61
ANX-A	Affective	12	65
ANX-P	Physiological	7	58
ARD-O	Obsessive-Compulsive	12	57
ARD-P	Phobias	7	51
ARD-T	Traumatic Stress	20	89
DEP-C	Cognitive	5	52
DEP-A	Affective	9	64
DEP-P	Physiological	9	57
MAN-A	Activity Level	11	63
MAN-G	Grandiosity	12	58
MAN-I	Irritability	18	74
PAR-H	Hypervigilance	13	66
PAR-P	Persecution	4	51
PAR-R	Resentment	7	49
SCZ-P	Psychotic Experiences	15	86
SCZ-S	Social Detachment	7	54
SCZ-T	Thought Disorder	14	78
BOR-A	Affective Instability	13	75
BOR-I	Identity Problems	15	80
BOR-N	Negative Relationships	13	75
BOR-S	Self-Harm	14	92
ANT-A	Antisocial Behaviors	15	73
ANT-E	Egocentricity	12	78
ANT-S	Stimulus-Seeking	19	89
AGG-A	Aggressive Attitude	18	84
AGG-V	Verbal Aggression	10	59
AGG-P	Physical Aggression	17	100

Missing Items = 1

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◆ indicates that the scale has more than 20% missing items.

Additional Profile Information

Supplemental PAI Indexes

Index	Value	*T* Score	
Defensiveness Index	1	38	
Cashel Discriminant Function	129.91	44	
Malingering Index	2	71	
Rogers Discriminant Function	-4.09	21	
Suicide Potential Index	13	81	
Violence Potential Index	13	102	
Treatment Process Index	9	91	
ALC Estimated Score	---	84	(16*T* lower than *ALC*)
DRG Estimated Score	---	89	(9*T* lower than *DRG*)
Mean Clinical Elevation	---	76	

Coefficients of Fit with Profiles of Known Clinical Groups

Database Profile	Coefficient of Fit
Drug abuse	0.806
Mania	0.796
Alcoholic	0.781
Antisocial Personality Disorder	0.776
Rapists	0.773
Current aggression	0.772
Prisoners	0.751
Assault history	0.742
Spouse abusers	0.694
Cluster 4	0.677
PIM Predicted	0.673
Cluster 9	0.661
NIM Predicted	0.626
All "Very True"	0.545
Self-Mutilation	0.506
All "Mainly True"	0.491

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Database Profile	Coefficient of Fit
Cluster 6	0.485
Posttraumatic Stress Disorder	0.447
Cluster 3	0.442
Schizoaffective Disorder	0.433
Auditory hallucinations	0.419
Borderline Personality Disorder	0.419
Fake Bad	0.412
Anxiety Disorder	0.412
Suicide history	0.399
Paranoid delusions	0.393
Random responding	0.382
Dysthymic Disorder	0.379
Cluster 5	0.375
Cluster 1	0.371
Major Depressive Disorder	0.347
Antipsychotic medications	0.339
Cluster 2	0.315
Adjustment reaction	0.306
Schizophrenia	0.294
Current suicide	0.242
Cluster 7	0.218
All "Slightly True"	0.191
Cluster 8	0.157
Somatoform Disorder	0.155
Cluster 10	0.053
All "False"	-0.315
Fake Good	-0.480

Validity of Test Results

The PAI 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, the number of uncompleted items is within acceptable limits.

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 he 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 did not attempt to present an unrealistic or inaccurate impression that was either more negative or more positive than the clinical picture would warrant.

Clinical Features

The PAI clinical profile is marked by significant elevations across several scales, indicating a broad range of clinical features and increasing the possibility of multiple diagnoses. Profile patterns of this type are usually associated with marked distress and severe impairment in functioning. The configuration of the clinical scales suggests a person with a history of polysubstance abuse, including alcohol as well as other drugs. When disinhibited by the substance use, other acting-out behaviors may become apparent as well. The substance abuse is probably causing severe disruptions in his social relationships and his work performance, with these difficulties serving as additional sources of stress and perhaps further aggravating his tendency to drink and use drugs.

The respondent reports that his use of alcohol has had a negative impact on his life to an extent that is higher than average even among individuals in treatment for alcohol problems. Such a pattern indicates that his use of alcohol has had a number of adverse consequences on his life. Numerous alcohol-related problems are probable, including difficulties in interpersonal relationships, difficulties on the job, and possible health complications. He is likely to be unable to cut down on his drinking despite repeated attempts at sobriety. Given this pattern, it is increasingly likely that he is alcohol-dependent and has suffered the consequences in terms of physiological signs of withdrawal, lost employment, strained family relationships, and financial hardship.

The respondent indicates that his use of drugs has had many negative consequences on his life at a level that is above average even for individuals in specialized treatment for drug problems. Such a pattern indicates that his use of drugs has had numerous ill effects on his functioning. Problems associated with drug abuse are probably found across several life areas, including strained interpersonal relationships, legal difficulties, vocational failures, financial hardship, and/or possible medical complications resulting from prolonged drug use. He reports having little ability to control the effect that drugs are having on his life. With

this level of problems it is increasingly likely that he is drug-dependent and withdrawal symptoms may be a part of the present clinical picture. The withdrawal syndrome will vary according to the substance of choice, but such syndromes can include many psychopathological phenomena such as concentration problems, anxiety, and depression.

The respondent describes a number of problematic personality traits. He reports problems of many different types. He is likely to be quite emotionally labile, manifesting fairly rapid and extreme mood swings and, in particular, probably experiences episodes of poorly controlled anger. He appears uncertain about major life issues and has little sense of direction or purpose in his life as it currently stands. It is likely that he has a history of involvement in intense and volatile relationships and tends to be preoccupied with consistent fears of being abandoned or rejected by those around him. He is also quite impulsive and prone to behaviors likely to be self-harmful or self-destructive, such as those involving spending, sex, and/or substance abuse; he may also be at increased risk for self-mutilation or suicidal behavior. This pattern of behaviors is consistent with a diagnosis of Borderline Personality Disorder.

He describes a personality style with numerous antisocial character features to a degree that is unusual even in clinical samples. Such a pattern is typically associated with prominent features of Antisocial Personality Disorder; he is likely to be unreliable and irresponsible and has probably sustained little success in either the social or occupational realm. His responses suggest that he has a history of antisocial behavior and may have manifested a conduct disorder during adolescence. He may have been involved in illegal occupations or engaged in criminal acts involving theft, destruction of property, and physical aggression toward others. He is likely to be egocentric, with little regard for others or the opinions of the society around him. In his desire to satisfy his own impulses, he may take advantage of others and have little sense of loyalty, even to those who are close to him. Although he may describe feelings of guilt over past transgressions, he likely feels little remorse of any lasting nature. He would be expected to place little importance on his social role responsibilities. His behavior is also likely to be reckless; he can be expected to entertain risks that are potentially dangerous to himself and to those around him.

A number of aspects of the respondent's self-description suggest noteworthy peculiarities in thinking and experience. It is likely that he experiences unusual perceptual or sensory events (perhaps including full-blown hallucinations) as well as unusual ideas that may include magical thinking or delusional beliefs. His thought processes are likely to be marked by confusion, distractibility, and difficulty concentrating, and he may experience his thoughts as blocked, withdrawn, or somehow influenced by others. He may have some difficulty establishing close interpersonal relationships.

The respondent indicates that he is experiencing specific fears or anxiety surrounding some situations. The pattern of responses reveals that he is likely to display significant symptoms related to traumatic stress. He has likely experienced a disturbing traumatic event in the past- an event that continues to distress him and produce recurrent episodes of anxiety. Whereas the item content of the PAI does not address specific causes of traumatic stress, possible traumatic events involve victimization (e.g., rape, abuse), combat experiences, life-threatening accidents, and natural disasters.

The respondent describes significant problems frequently associated with aspects of a manic episode. It appears that his clinical picture is primarily characterized by irritability. Others are likely to view him as impatient and hostile. As a result, his relationships with others are probably under stress due to his frustration with the inability or unwillingness of those around him to keep up with his plans and possibly unrealistic demands. At its extreme, this irritability may result in accusations that significant others are attempting to thwart his plans for success and achievement. Grandiosity and abnormal levels of activity do not appear to be prominent features of the clinical picture at this time.

The respondent demonstrates an unusual degree of concern about physical functioning and health matters and probable impairment arising from somatic symptoms. He is likely to report that his daily functioning has been compromised by one or more physical problems. While he may feel that his health is good in general, he is likely to report that the health problems that he does have are complex and difficult to treat successfully. Physical complaints are likely to focus on symptoms of distress in neurological and musculoskeletal systems, such as unusual sensory or motor dysfunction. In psychiatric populations, such symptoms are often associated with conversion disorders, although they may be a result of numerous neurological conditions as well.

The respondent mentions that he is experiencing some degree of anxiety and stress; this degree of worry and sensitivity is still within what would be considered the normal range.

According to the respondent's self-report, he describes NO significant problems in the following areas: undue suspiciousness or hostility; unhappiness and depression.

Self-Concept

The self-concept of the respondent appears to be imperfectly established, with considerable uncertainty about major life issues and goals. Although outwardly he may appear to have adequate self-esteem, this self-esteem is likely to be fragile and he may be self-critical and self-doubting. His self-esteem may be particularly vulnerable to slights or oversights by other people, arising from a self-image that depends unduly upon the current status of his close relationships.

Interpersonal and Social Environment

The respondent's interpersonal style seems best characterized as friendly and extraverted. He will usually present a cheerful and positive picture in the presence of others. He is able to communicate his interest in others in an open and straightforward manner. He usually prefers activities that bring him into contact with others, rather than solitary pursuits, and he is probably quick to offer help to those in need of it. He sees himself as a person with many friends and as one who is comfortable in most social situations.

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, his responses indicate that he is likely to be experiencing a mild degree of stress as a result of difficulties in some major life area. He reports that he has a number of supportive relationships that may serve as some buffer against the effects of this stress. The respondent's current level of

distress appears to be related to these situational stressors, and the relatively intact social support system is a 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 anger management, the pattern of responses suggests considerable problems with temper and aggressive behavior. Such behaviors are likely play a prominent role in the clinical picture; these behaviors represent a potential treatment complication that should receive careful attention in treatment planning. His responses suggest that he is an individual who is easily angered, has difficulty controlling the expression of his anger, and is perceived by others as having a hostile, angry temperament. When he loses control of his anger, he is likely to respond with more extreme displays of anger, including damage to property and threats to assault others. However, some of these displays may be sudden and unexpected, as he may not display his anger readily when it is experienced. It is likely that those around him are intimidated by his potentially explosive temper and the potential for physical violence. It should also be noted that his risk for aggressive behavior is further exacerbated by the presence of a number of features, such as psychotic symptoms, agitation, and a limited capacity for empathy, that have been found to be associated with increased potential for violence.

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

The respondent appears to have substantial interest in making changes in his life and he appears motivated for treatment. His responses indicate an acknowledgement of important problems, a perception of a need for help in dealing with these problems, and a positive attitude towards his responsibility in pursuing treatment. Despite this favorable sign, the combination of problems that he is reporting suggests that treatment is likely to be quite challenging and that the treatment process is likely to be arduous, with many reversals.

If treatment were to be considered for this individual, particular areas of attention or concern in the early stages of treatment could include:
- He may be somewhat defensive and reluctant to discuss personal problems, and as such he may be at-risk for early termination.
- He may have initial difficulty in placing trust in a treating professional as part of his more general problems in close relationships.
- He may currently be too disorganized or feel too overwhelmed to be able to participate meaningfully in some forms of treatment.
- He is likely to have difficulty with the treating professional as an authority figure, and he may react to the therapist in a hostile or derogatory manner.

DSM-IV Diagnostic Possibilities

Listed below are *DSM-IV* diagnostic possibilities suggested by the configuration of PAI scale scores. The following are advanced as hypotheses; all available sources of information should be considered prior to establishing final diagnoses.

Axis I Diagnostic Considerations:

> 303.90   Alcohol Dependence
> 304.90   Other (or Unknown) Substance Dependence (Psychoactive substance dependence)
> 309.81   Posttraumatic Stress Disorder
> 300.11   Conversion Disorder

Axis I Rule Out:

> 296.40   Bipolar I Disorder, Most Recent Episode Manic, Unspecified
> 312.34   Intermittent Explosive Disorder
> 294.9   Cognitive Disorder NOS
> 295.90   Schizophrenia, Undifferentiated Type

Axis II Diagnostic Considerations:

> 301.83   Borderline Personality Disorder
> 301.7   Antisocial Personality Disorder

Critical Item Endorsement

A total of 27 PAI 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. Significant items with item scores of 1, 2, or 3 are listed below.

Delusions and Hallucinations

> 90.   [Item text was removed from this report for sample purposes.] (VT, 3)
> 130.   (VT, 3)

Potential for Aggression

> 21.   [Item text was removed from this report for sample purposes.](MT, 2)
> 61.   (VT, 3)
> 101.   (VT, 3)
> 181.   (VT, 3)

Substance Abuse

55.   [Item text was removed from this report for sample purposes.](VT, 3)
222.   (VT, 3)

Potential Malingering

129.   [Item text was removed from this report for sample purposes.](ST, 1)
249.   (VT, 3)

Unreliability / Resistance

31.   [Item text was removed from this report for sample purposes.](VT, 3)
71.   (ST, 1)

Traumatic Stressors

34.   [Item text was removed from this report for sample purposes.](VT, 3)
114.   (VT, 3)
194.   (VT, 3)
274.   (VT, 3)

PAI Item Responses

1. MT	44. ST	87. VT	130. VT	173. MT	216. ST	259. F	302. F
2. VT	45. VT	88. VT	131. F	174. VT	217. F	260. F	303. VT
3. VT	46. F	89. ST	132. VT	175. VT	218. VT	261. F	304. VT
4. MT	47. ST	90. VT	133. VT	176. ST	219. VT	262. MT	305. F
5. MT	48. VT	91. VT	134. VT	177. VT	220. F	263. VT	306. VT
6. ST	49. F	92. MT	135. VT	178. VT	221. F	264. VT	307. VT
7. ST	50. VT	93. VT	136. ST	179. VT	222. VT	265. VT	308. F
8. ST	51. VT	94. MT	137. ST	180. F	223. VT	266. F	309. F
9. F	52. F	95. VT	138. VT	181. VT	224. VT	267. VT	310. VT
10. F	53. VT	96. VT	139. F	182. MT	225. MT	268. F	311. F
11. VT	54. VT	97. MT	140. F	183. F	226. VT	269. ?	312. F
12. F	55. VT	98. MT	141. VT	184. MT	227. MT	270. ST	313. MT
13. VT	56. MT	99. ST	142. F	185. MT	228. F	271. F	314. VT
14. VT	57. VT	100. F	143. VT	186. VT	229. MT	272. F	315. F
15. VT	58. VT	101. VT	144. VT	187. ST	230. VT	273. F	316. ST
16. VT	59. VT	102. VT	145. MT	188. ST	231. ST	274. VT	317. VT
17. VT	60. F	103. F	146. VT	189. ST	232. F	275. VT	318. VT
18. ST	61. VT	104. VT	147. F	190. VT	233. F	276. VT	319. F
19. VT	62. VT	105. ST	148. VT	191. MT	234. ST	277. MT	320. VT
20. F	63. F	106. VT	149. F	192. VT	235. VT	278. VT	321. ST
21. MT	64. VT	107. F	150. ST	193. MT	236. VT	279. VT	322. VT
22. VT	65. VT	108. F	151. MT	194. VT	237. MT	280. F	323. VT
23. F	66. VT	109. MT	152. MT	195. VT	238. F	281. MT	324. ST
24. VT	67. VT	110. MT	153. VT	196. ST	239. VT	282. F	325. VT
25. F	68. VT	111. VT	154. VT	197. VT	240. VT	283. F	326. VT
26. ST	69. ST	112. MT	155. VT	198. VT	241. VT	284. F	327. VT
27. F	70. ST	113. ST	156. MT	199. F	242. VT	285. ST	328. F
28. MT	71. ST	114. VT	157. MT	200. F	243. VT	286. F	329. F
29. F	72. VT	115. VT	158. ST	201. VT	244. F	287. VT	330. VT
30. ST	73. F	116. MT	159. ST	202. MT	245. MT	288. VT	331. VT
31. VT	74. ST	117. MT	160. VT	203. ST	246. MT	289. F	332. VT
32. F	75. VT	118. ST	161. VT	204. F	247. ST	290. F	333. VT
33. ST	76. VT	119. VT	162. VT	205. F	248. VT	291. F	334. F
34. VT	77. MT	120. F	163. VT	206. F	249. VT	292. ST	335. VT
35. F	78. VT	121. ST	164. F	207. ST	250. VT	293. VT	336. F
36. VT	79. VT	122. VT	165. ST	208. ST	251. F	294. F	337. VT
37. VT	80. VT	123. VT	166. VT	209. F	252. VT	295. F	338. VT
38. VT	81. VT	124. VT	167. ST	210. F	253. VT	296. MT	339. VT
39. VT	82. VT	125. VT	168. ST	211. VT	254. F	297. VT	340. F
40. F	83. VT	126. F	169. MT	212. F	255. VT	298. F	341. VT
41. VT	84. VT	127. VT	170. F	213. MT	256. VT	299. F	342. F
42. VT	85. VT	128. VT	171. VT	214. VT	257. MT	300. F	343. ST
43. F	86. ST	129. ST	172. MT	215. VT	258. VT	301. VT	344. F

Missing Items

The following items were not answered by the respondent:

Item   **Text**
269.   [Item text was removed from this report for sample purposes.]

*** End of Report ***