by Leslie C. Morey, PhD and PAR Staff

Client name :	Sample Client
Client ID :	4321
Age :	24
Gender :	Male
Education :	12
Marital status :	Single
Test date :	05/06/2013
Prepared for :	-Not Specified-

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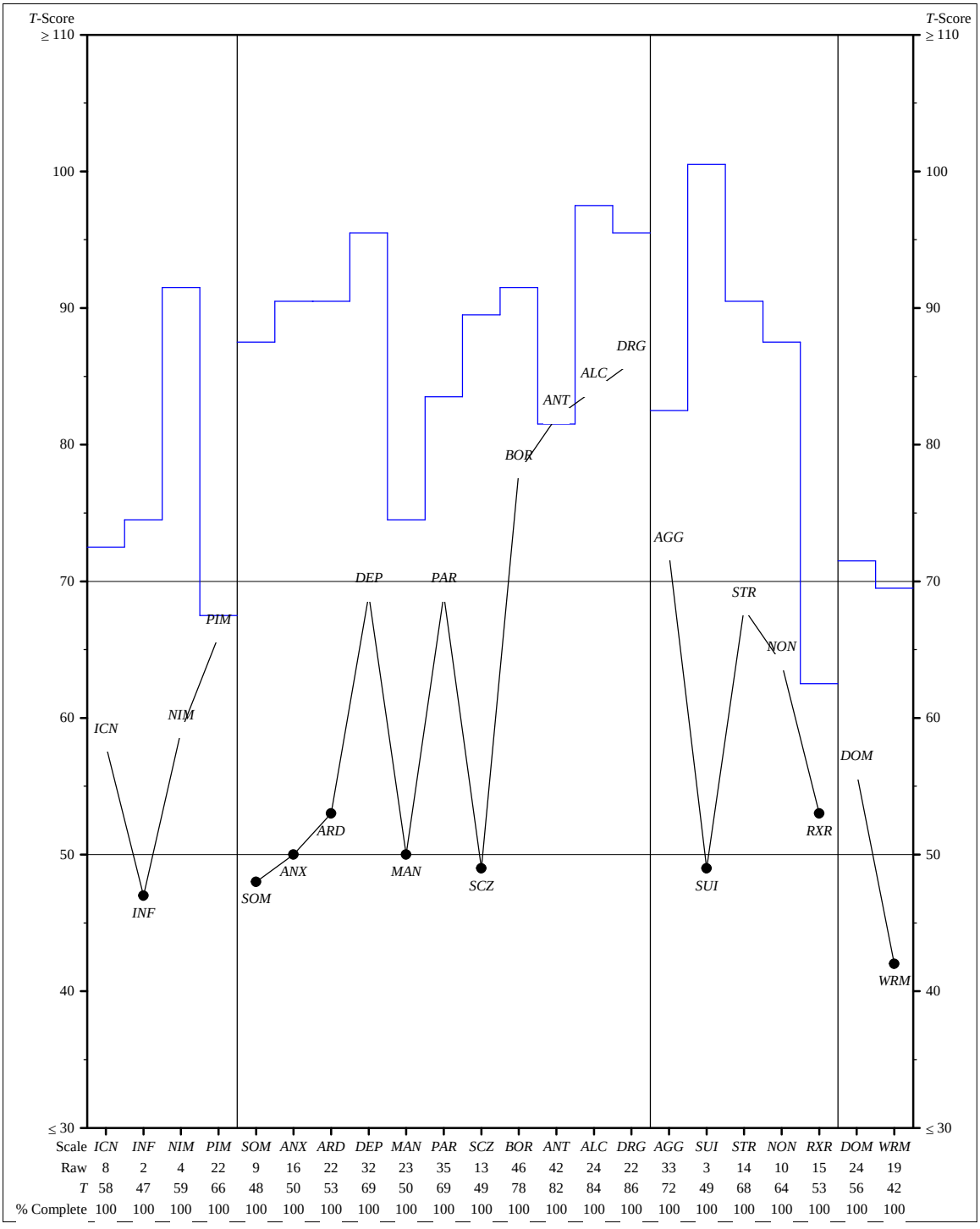
Version: 3.20.074

Full Scale Profile



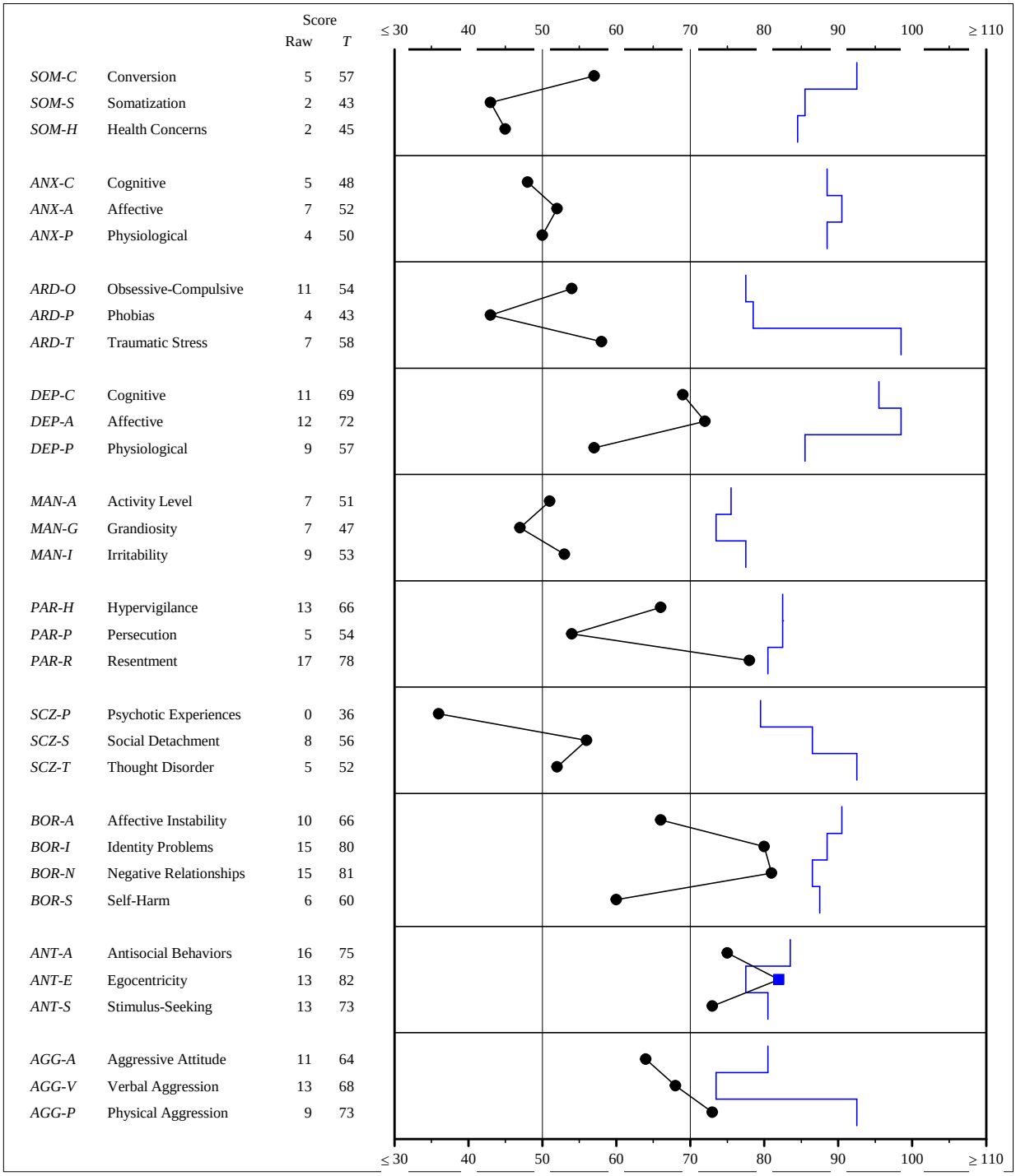
Scale	ICN	INF	NIM	PIM	SOM	ANX	ARD	DEP	MAN	PAR	SCZ	BOR	ANT	ALC	DRG	AGG	SUI	STR	NON	RXR	DOM	WRM
Raw	8	2	4	22	9	16	22	32	23	35	13	46	42	24	22	33	3	14	10	15	24	19
T	58	47	59	66	48	50	53	69	50	69	49	78	82	84	86	72	49	68	64	53	56	42
% Complete	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	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



Missing Items = 0

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

Additional Profile Information

Supplemental PAI Indexes

Index	Value	*T* Score
Defensiveness Index	3	51
Cashel Discriminant Function	172.16	73
Malingering Index	0	44
Rogers Discriminant Function	-0.13	58
Suicide Potential Index	10	71
Violence Potential Index	9	84
Treatment Process Index	9	91
ALC Estimated Score	---	73
	(11*T* lower than *ALC*)	
DRG Estimated Score	---	75
	(11*T* lower than *DRG*)	
Mean Clinical Elevation	---	65

Coefficients of Fit with Profiles of Known Clinical Groups

Database Profile	Coefficient of Fit
Prisoners	0.769
Cluster 9	0.763
Drug abuse	0.714
Antisocial Personality Disorder	0.701
Rapists	0.648
Alcoholic	0.623
Spouse abusers	0.615
Cluster 1	0.590
Assault history	0.545
Current aggression	0.529
Cluster 4	0.509
NIM Predicted	0.432
Self-Mutilation	0.311
Mania	0.310
Cluster 3	0.268
Suicide history	0.265

Database Profile	Coefficient of Fit
Cluster 6	0.244
All "Slightly True"	0.233
All "False"	0.227
Fake Bad	0.221
Paranoid delusions	0.217

Borderline Personality Disorder	0.195
Random responding	0.187
Cluster 2	0.151
Dysthymic Disorder	0.130
All "Mainly True"	0.104
Major Depressive Disorder	0.103
Adjustment reaction	0.101
Cluster 10	0.100
Auditory hallucinations	0.099
Antipsychotic medications	0.072
Posttraumatic Stress Disorder	0.068
Schizoaffective Disorder	0.055
Anxiety Disorder	0.045
Current suicide	0.031
Cluster 5	0.021
All "Very True"	0.017
Schizophrenia	-0.003
Cluster 7	-0.051
PIM Predicted	-0.098
Somatoform Disorder	-0.215
Cluster 8	-0.288
Fake Good	-0.299

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. Certain of these indicators fall outside of the normal range, suggesting that the respondent may not have answered in a completely forthright manner; the nature of his responses might lead the evaluator to form a somewhat inaccurate impression of the client based upon the style of responding described below. With respect to positive impression management, the client's pattern of responses suggests that he tends to portray himself as being relatively free of common shortcomings to which most individuals will admit. He appears motivated to make a positive impression during the evaluation and

is reluctant to admit to minor faults. Given this apparent defensive tendency, the interpretive hypotheses in this report should be reviewed with caution. The clinical profile may underrepresent the extent and degree of any significant findings in certain areas due to the client's efforts to minimize negative information.

Despite the level of defensiveness noted above, there are some areas where the client described problems of greater intensity than is typical of defensive respondents. These areas could indicate problems that merit further inquiry. These areas include: poor sense of identity; alcohol abuse or dependence; drug abuse or dependence; impaired empathy; poor control over anger; unhappiness; failures in close relationships; sensation-seeking behavior; history of antisocial behavior; moodiness; stress in the environment; hostility and bitterness; feelings of helplessness; distrust; impact of traumatic events; unsupportive family or friends; impulsivity; physical signs of depression; and unusual sensory-motor problems.

With respect to negative impression management, there is no evidence to suggest that the respondent was motivated to portray himself in a more negative or pathological light than the clinical picture would warrant.

Clinical Features

The PAI clinical profile is marked by significant elevations across a number of different scales, indicating a broad range of clinical features and increasing the possibility of multiple diagnoses. 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 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 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.

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.

The respondent describes a number of problematic personality traits. He appears uncertain about major life issues and has little sense of direction or purpose in his life as it currently stands. This uncertainty likely extends to the arena of interpersonal relationships, as he may have a very unstable sense of what he desires from these interactions. As a result, it is likely that he has a history of involvement in intense and short-lived relationships and tends to be preoccupied with consistent fears of being abandoned or rejected by those around him.

The respondent's self-description suggests that he is easily insulted or slighted and tends to respond by holding grudges towards others. He is probably inclined to attribute his own misfortunes to the neglect of others and to discredit the successes of others as being the result of luck or favoritism. He is likely to be envious of others and disinclined to assist others in achieving their goals and successes.

The respondent reports some difficulties consistent with relatively mild or transient depressive symptomatology. He appears to be sad, has to some extent lost interest in many activities, and derives little pleasure from things that he previously enjoyed.

According to the respondent's self-report, he describes NO significant problems in the following areas: unusual thoughts or peculiar experiences; unusually elevated mood or heightened activity; marked anxiety; problematic behaviors used to manage anxiety; difficulties with health or physical functioning.

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 pragmatic and independent. He may tend to view relationships as a means to an end, rather than as a source of satisfaction. He is not likely to be perceived by others as a warm and friendly person, although he is not necessarily lacking in social skills and he can be reasonably effective in social interactions. Those who know him well are likely to see him as being shrewd, competitive, and self-confident.

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. Some of these stressors may involve relationship issues because he experiences his level of social support as being somewhat lower than that of the average adult. He may have relatively few close relationships or may be dissatisfied with the quality of these relationships. Interventions directed at any problematic relationships (such as those involving family or marital problems) may be of some use in alleviating one potential source of dissatisfaction.

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 that aggressive behaviors play a prominent role in the clinical picture and that such behaviors may represent a potential treatment complication. His responses suggest that he believes that he is generally in control of angry feelings and impulses and expresses an angry outburst relatively infrequently. However, 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. 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 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 a limited capacity for empathy, troubled close relationships, and alcohol abuse, 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's interest in and motivation for treatment is somewhat below average in comparison to adults who are not being seen in a therapeutic setting. Furthermore, his level of treatment motivation is substantially lower than is typical of individuals being seen in treatment settings. His responses suggest that he is satisfied with himself as he is, and that he sees little need for changes in his behavior, despite his recognition that several areas of his life are not going well at this time. The combination of problems that he is reporting suggests that treatment would 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 rather defensive and reluctant to discuss personal problems, meaning that he may not be willing to make a commitment to therapy; engaging him in the therapeutic endeavor is likely to represent a formidable problem.

He may have initial difficulty in placing trust in a treating professional as part of his more general problems in close relationships.

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)

Axis I Rule Out:

300.4 Dysthymic Disorder

Axis II Diagnostic Considerations:

301.7 Antisocial Personality Disorder

Axis II Rule Out:

301.83 Borderline Personality Disorder

301.0 Paranoid 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.

Potential for Self-Harm

206. *DEP-A* I have no interest in life. (ST, 1)

Potential for Aggression

21. *AGG-P* People are afraid of my temper. (ST, 1)
61. *AGG-P* Sometimes my temper explodes and I completely lose control. (ST, 1)
181. *AGG-P* I've threatened to hurt people. (MT, 2)

Substance Abuse, Current and Historical

23. *DRG* I've tried just about every type of drug. (ST, 1)
55. *ALC* I have trouble controlling my use of alcohol. (MT, 2)
222. *DRG* My drug use is out of control. (ST, 1)
334. *ALC* My drinking has never gotten me into trouble. *(False)* (F, 3)

Traumatic Stressors

34. *ARD-T* I keep reliving something horrible that happened to me. (ST, 1)
114. *ARD-T* I've been troubled by memories of a bad experience for a long time. (ST, 1)
274. *ARD-T* Since I had a very bad experience, I am no longer interested in some things that I used to enjoy. (ST, 1)

Unreliability

71. *ANT-E* I'll take advantage of others if they leave themselves open to it. (ST, 1)
311. *ANT-E* When I make a promise, I really don't need to keep it. (ST, 1)

True Response Set

75. *DEP-P* I have no trouble falling asleep. *(False)* (MT, 1)
142. *DRG* I never use illegal drugs. *(False)* (F, 3)

Idiosyncratic Context

80. *INF* Sometimes I get ads in the mail that I don't really want. *(False)* (MT, 1)

PAI Item Responses

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

*** End of Report ***