Personality Assessment Inventory™

Clinical Interpretive Report

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Generated by

PARiConnect™

Client name :	Sample Client
Client ID :	4321
Age :	24
Gender :	Male
Education :	12
Marital status :	Single
Test date :	05/06/2013

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 intended for use by qualified professionals only and is not to be shared with the examinee or any other unqualified persons.

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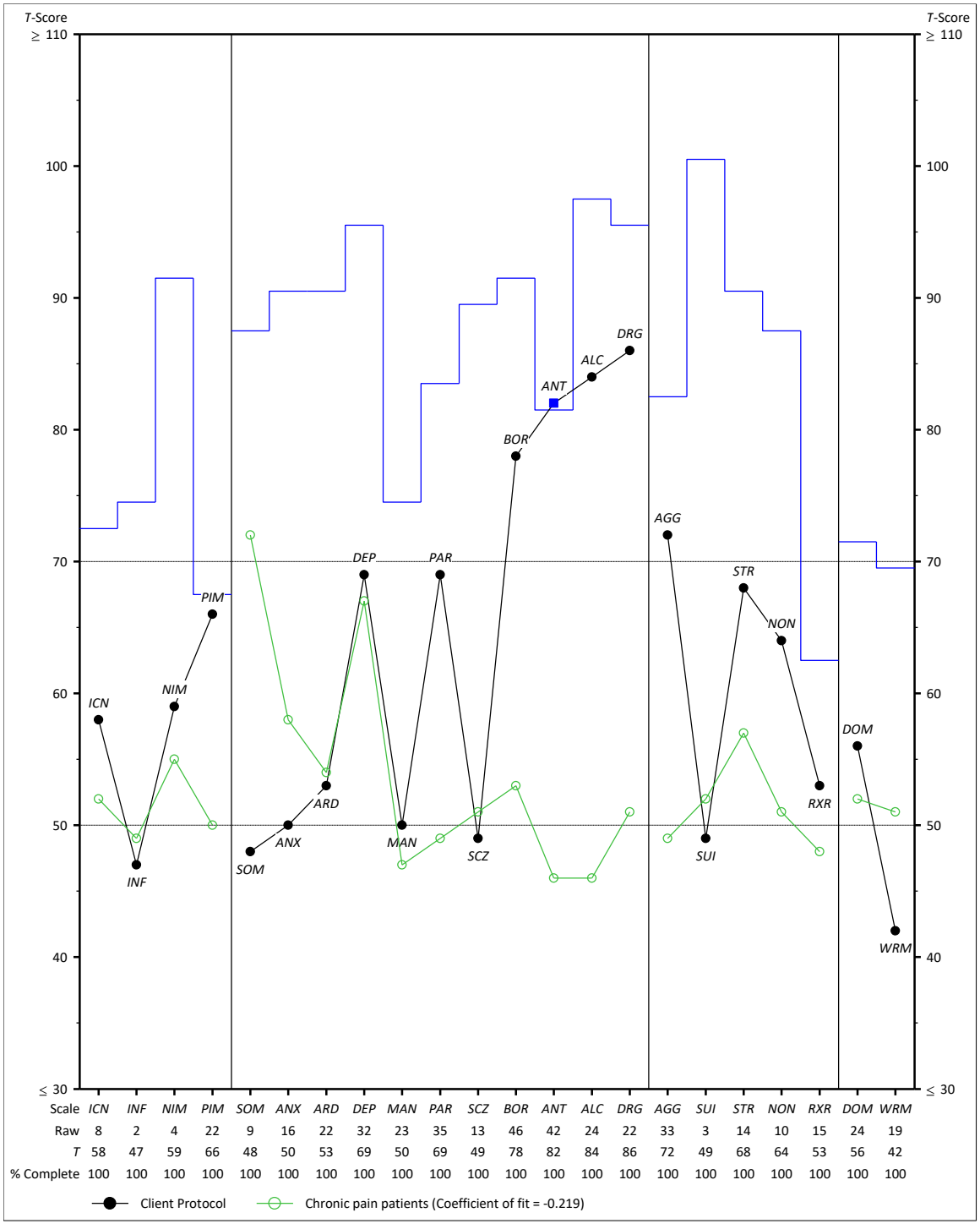
Version: 3.40.118

Full Scale Profile with Chronic Pain Patients Profile Overlay

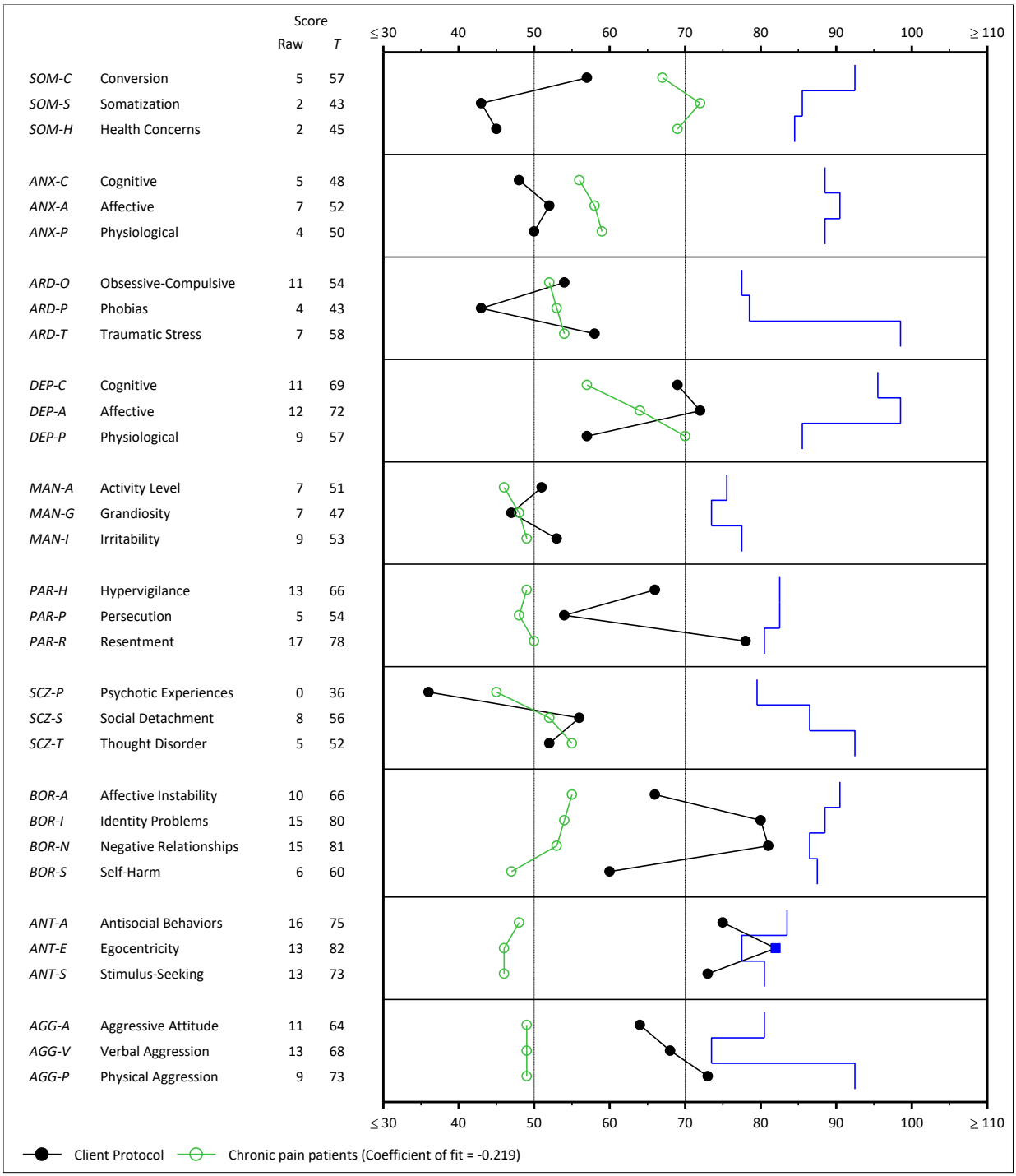


Plotted *T* scores are based upon a Census-matched standardization sample of 1,000 normal adults.

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

♦ indicates the scale has more than 20% missing items.

Subscale Profile with Chronic Pain Patients Profile Overlay



Missing Items = 0

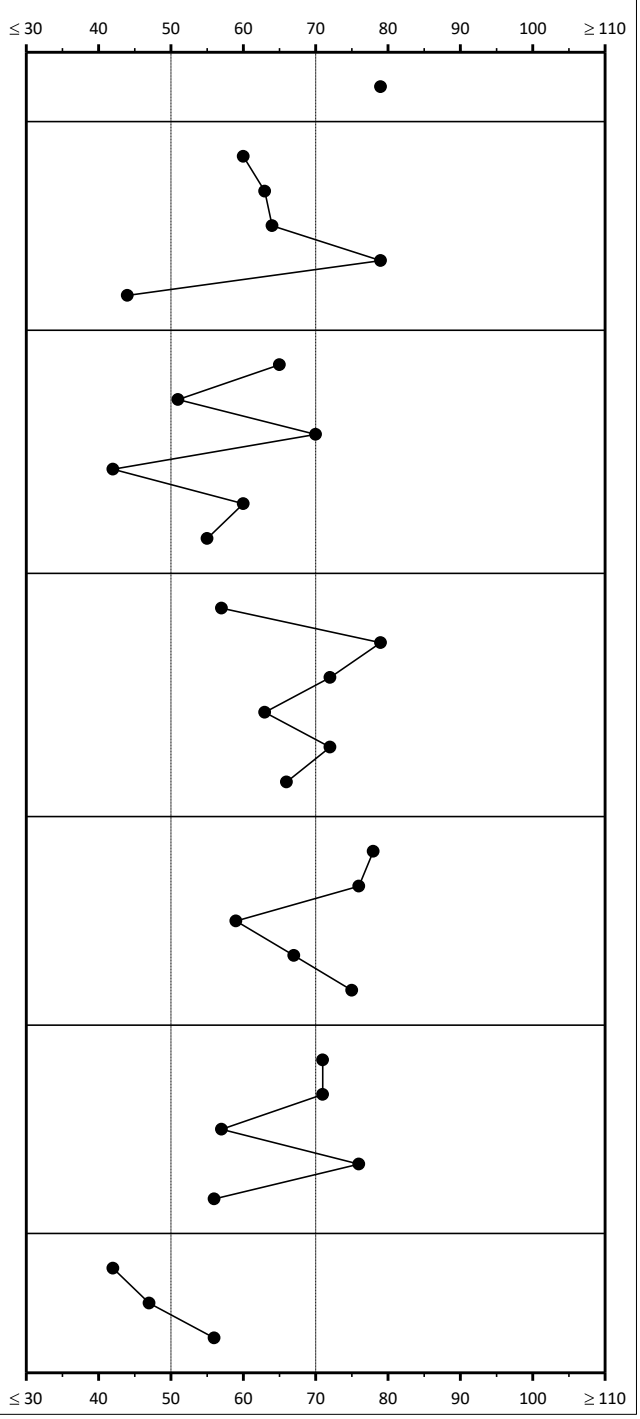
Plotted *T* scores are based upon a Census-matched standardization sample of 1,000 normal adults.

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

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

Alternative Model for Personality Disorders Profile

		Score Raw	Score *T*
LEVEL	**Level of Personality Functioning**	**175**	**79**
NEGAFF	**Negative Affectivity**	**19**	**60**
DETACH	**Detachment**	**19**	**63**
ANTAG	**Antagonism**	**17**	**64**
DISINH	**Disinhibition**	**21**	**79**
PSYCHOT	**Psychoticism**	**3**	**44**
EMOT	Emotional Lability	1.65	65
ANXI	Anxiousness	1.21	51
SEPA	Separation Insecurity	1.67	70
SUBM	Submissiveness	1.06	42
HOST	Hostility	1.42	60
PERS	Perseveration	1.09	55
WITH	Withdrawal	1.10	57
INTI	Intimacy Avoidance	1.36	79
ANHE	Anhedonia	1.82	72
DEPR	Depressivity	0.77	63
REST	Restricted Affectivity	1.62	72
SUSP	Suspiciousness	1.47	66
MANI	Manipulativeness	2.11	78
DECE	Deceitfulness	1.65	76
GRAN	Grandiosity	1.07	59
ATTE	Attention Seeking	1.72	67
CALL	Callousness	1.20	75
IRRE	Irresponsibility	1.11	71
IMPU	Impulsivity	1.59	71
DIST	Distractibility	1.25	57
RISK	Risk Taking	2.15	76
RIGI	Rigid Perfectionism	1.41	56
UNUS	Unusual Beliefs and Experiences	0.37	42
ECCE	Eccentricity	0.91	47
PERC	Cognitive and Perceptual Dysregulation	0.80	56



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

Additional Profile Information

Supplemental PAI Indices		
Negative Distortion Indicators	**Value**	***T* score**
Malingering Index	0	44
Rogers Discriminant Function	-0.13	58
*Negative Distortion Scale**	*6*	*54*
*Hong Malingering Index**	*-0.62*	*63*
*Multiscale Feigning Index**	*N/A*	*55*
*Malingered Pain-Related Disability Discriminant Function**	*3.15*	*72*
Positive Distortion Indicators	**Value**	***T* score**
Defensiveness Index	3	51
Cashel Discriminant Function	172.16	73
*Positive Distortion Scale**	*23*	*40*
*Hong Defensiveness Index**	*-2.07*	*45*
Non-systematic Distortion Indicators	**Value**	***T* score**
Back Random Responding	4	42
*Hong Randomness Index**	*1.01*	*78*
Supplemental Clinical Indicators	**Value**	***T* score**
Suicide Potential Index	10	71
Violence Potential Index	9	84
Treatment Process Index	9	91
ALC Estimated Score	N/A	73 (11*T* lower than *ALC*)
DRG Estimated Score	N/A	75 (11T lower than DRG)
Mean Clinical Elevation	N/A	65
*Inattention (INATTN) Index**	*1*	*56*
*Neuro-Item Sum**	*8*	*51*
*Violence and Aggression Risk Index**	*12*	*78*
*Reactive Aggression Scale**	*30*	*63*
*Instrumental Aggression Scale**	*29*	*67*
*Level of Care Index**	*9*	*64*
*Chronic Suicide Risk (S_Chron) Index**	*16*	*77*
*RXR Estimated Score**	*N/A*	*33 (20T lower than RXR)*

Note: Experimental indices are denoted with an asterisk (*) and italicized text. They should be interpreted with caution because of the limited cross-validation research. "---" indicates the value could not be calculated due to missing data.

Additional Profile Information (continued)

Coefficients of fit with profiles of known clinical groups	
Diagnostic Groups	**Coefficient of fit**
Substance use disorders	0.714
Antisocial personality disorder	0.701
Alcohol use disorders	0.623
Bipolar I disorder (mania)	0.310
Borderline personality disorder	0.195
Persistent depressive disorder (dysthymia)	0.130
Major depressive disorder	0.103
Adjustment disorders	0.101
Posttraumatic stress disorder	0.068
Schizoaffective disorder	0.055
Anxiety disorders	0.045
Schizophrenia	-0.003
Unspecified somatic symptom and related disorder	-0.215
PAI Cluster Profiles	**Coefficient of fit**
Cluster 9	0.763
Cluster 1	0.590
Cluster 4	0.509
Cluster 3	0.268
Cluster 6	0.244
Cluster 2	0.151
Cluster 10	0.100
Cluster 5	0.021
Cluster 7	-0.051
Cluster 8	-0.288
Symptom Behavior Groups	**Coefficient of fit**
Prisoners	0.769
Perpetrators of rape	0.648
Spouse abusers	0.615
Assault history	0.545
Current aggression	0.529
Self-mutilation	0.311
Suicide history	0.265
Persecutory (paranoid) delusions	0.217
Auditory hallucinations	0.099
Antipsychotic medications	0.072
Current suicide	0.031

Note: Coefficients above a value of .42 represent statistically significant associations between profiles.

Additional Profile Information (continued)

Coefficients of fit with profiles of known clinical groups	
Response Set Groups	**Coefficient of fit**
NIM predicted profile	0.432
All "slightly true"	0.233
All "false"	0.227
Fake bad	0.221
Random responding	0.187
All "mainly true"	0.104
All "very true"	0.017
PIM predicted profile	-0.098
Fake good	-0.299
Context-Specific Norm Groups	**Coefficient of fit**
Deployed military	0.468
College students	0.108
Motor vehicle accident claimants	-0.142
Child custody evaluations	-0.177
Police applicants	-0.181
Potential kidney donors	-0.186
Chronic pain patients	-0.219
Egg donors and gestational carriers	-0.279
Bariatric surgery candidates	-0.288

Note: Coefficients above a value of .42 represent statistically significant associations between profiles.

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-5 Diagnostic Possibilities

Listed below are DSM-5 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.

Diagnostic Considerations		
***DSM-5* Code**	**ICD-10 Code**	**Diagnosis**
303.90	F10.20	Alcohol use disorder, severe
304.90	F19.20	Other (or unknown) substance use disorder, severe
301.7	F60.2	Antisocial personality disorder
Rule Out		
***DSM-5* Code**	**ICD-10 Code**	**Diagnosis**
300.4	F34.1	Persistent depressive disorder (dysthymia)
301.83	F60.3	Borderline personality disorder
301.0	F60.0	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			
Item #	**Scale/subscale**	**Item**	**Response**
206.	*DEP-A*	*[Item content removed for sample report]*	*ST, 1*
Potential for Aggression			
Item #	**Scale/subscale**	**Item**	**Response**
21.	*AGG-P*	*[Item content removed for sample report]*	*ST, 1*
61.	*AGG-P*	*[Item content removed for sample report]*	*ST, 1*
181.	*AGG-P*	*[Item content removed for sample report]*	*MT, 2*
Substance Abuse, Current and Historical			
Item #	**Scale/subscale**	**Item**	**Response**
23.	*DRG*	*[Item content removed for sample report]*	*ST, 1*
55.	*ALC*	*[Item content removed for sample report]*	*MT, 2*
222.	*DRG*	*[Item content removed for sample report]*	*ST, 1*
334.	*ALC*	*[Item content removed for sample report]*	*F, 3*
Traumatic Stressors			
Item #	**Scale/subscale**	**Item**	**Response**
34.	*ARD-T*	*[Item content removed for sample report]*	*ST, 1*
114.	*ARD-T*	*[Item content removed for sample report]*	*ST, 1*
274.	*ARD-T*	*[Item content removed for sample report]*	*ST, 1*
Unreliability			
Item #	**Scale/subscale**	**Item**	**Response**
71.	*ANT-E*	*[Item content removed for sample report]*	*ST, 1*
311.	*ANT-E*	*[Item content removed for sample report]*	*ST, 1*
True Response Set			
Item #	**Scale/subscale**	**Item**	**Response**
75.	*DEP-P*	*[Item content removed for sample report]*	*MT, 1*
142.	*DRG*	*[Item content removed for sample report]*	*F, 3*

Idiosyncratic Context			
Item #	**Scale/subscale**	**Item**	**Response**
80.	*INF*	*[Item content removed for sample report]*	*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