Personality Assessment Inventory™

Clinical Interpretive Report

by Leslie C. Morey, PhD and PAR Staff

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PARiConnect™

Client name :	Tiffany Cha
Client ID :	npsych230511
Age :	28
Gender :	Female
Education :	17
Marital status :	-Not Specified-
Test date :	05/11/2023
Language administered :	English

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.

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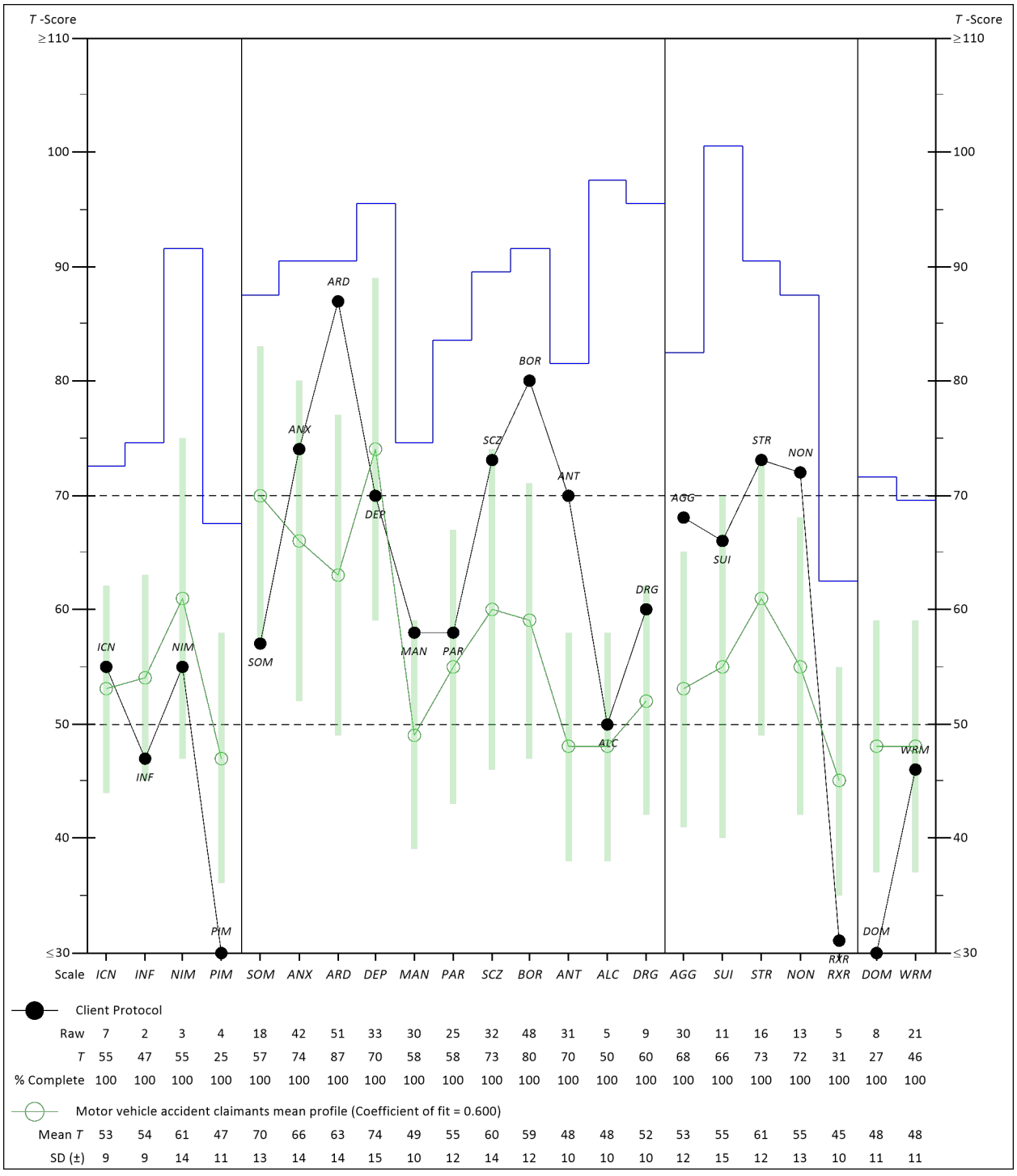
Full Scale Profile with Motor Vehicle Accident Claimants Profile Overlay

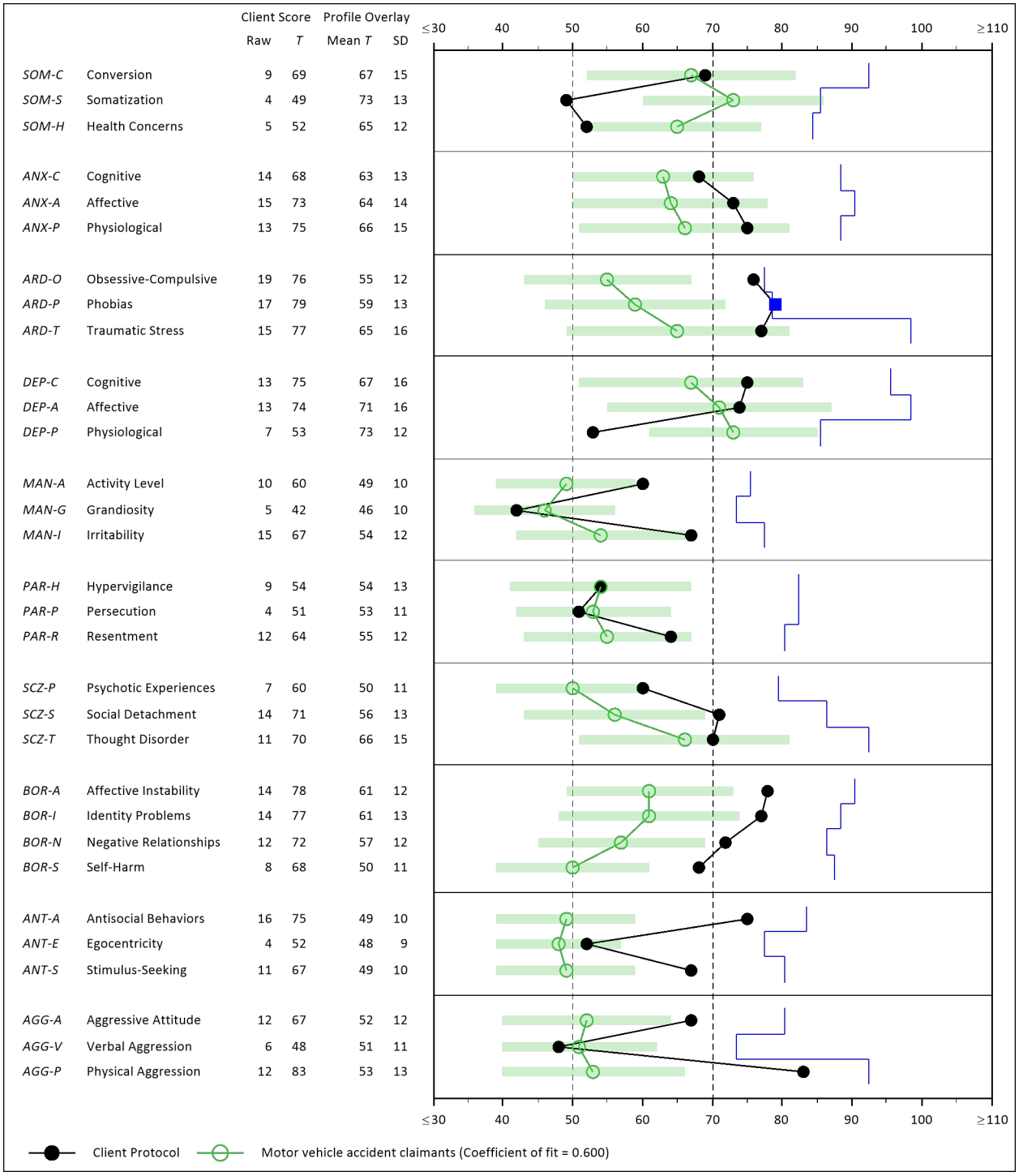


Plotted *T* scores are based upon a Census-matched standardization sample of 1,000 normal adults.

■ 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 Motor Vehicle Accident Claimants 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.
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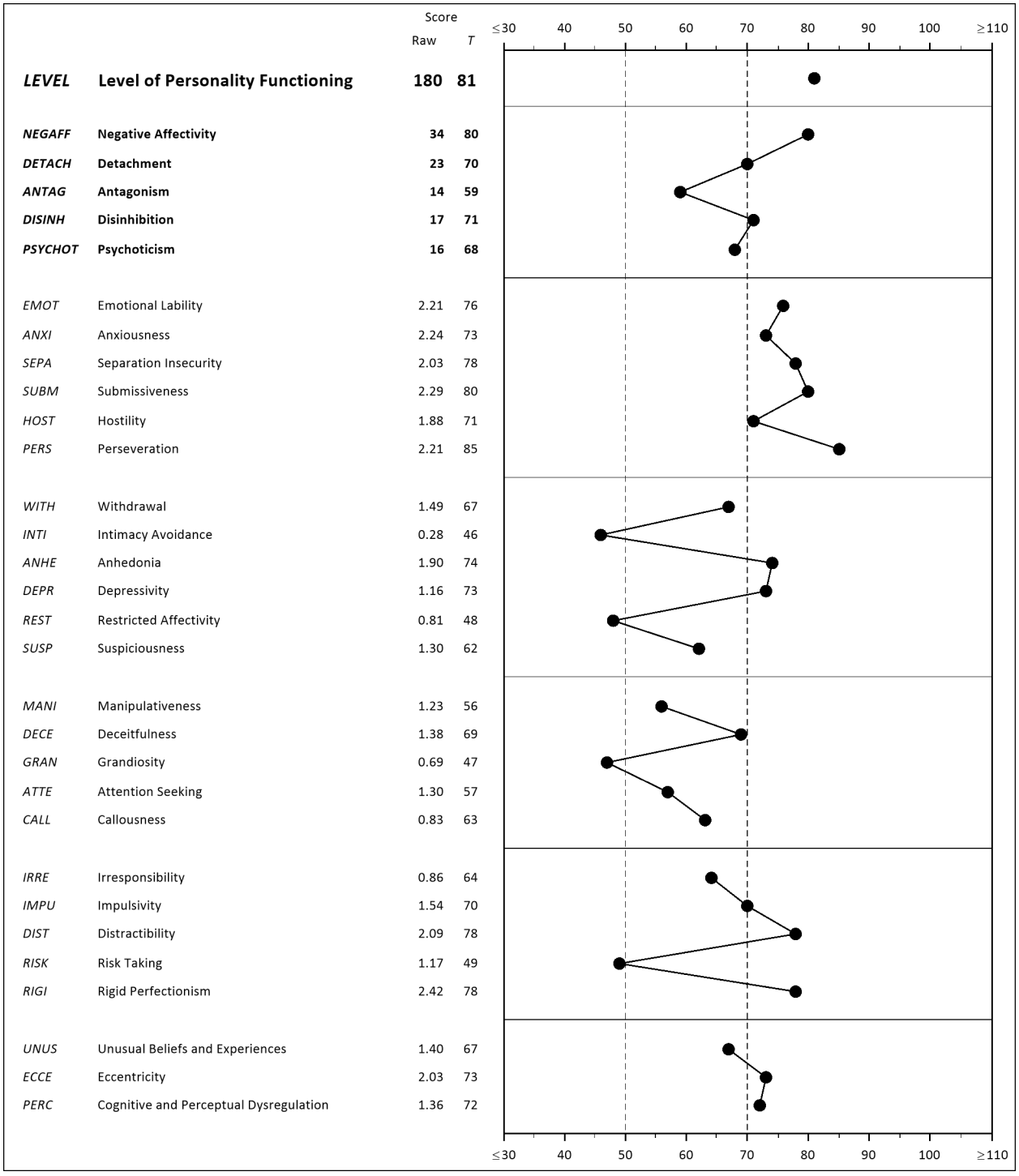
Alternative Model for Personality Disorders Profile



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

NIM/PIM-Specific Full Scale and Subscale Profiles

There are no *NIM/PIM*-Specific profiles to view. The client's scores on *NIM* and *PIM* are below the thresholds of 84 and 57 respectively.

Additional Profile Information

Supplemental PAI Indices		
Negative Distortion Indicators	Raw value	*T* score
Malingering Index	1	57
Rogers Discriminant Function	-1.48	46
*Negative Distortion Scale**	*8*	*59*
*Hong Malingering Index**	*-0.25*	*67*
*Multiscale Feigning Index**	*N/A*	*68*
*Malingered Pain-Related Disability Discriminant Function**	*0.25*	*49*
Positive Distortion Indicators	Raw value	*T* score
Defensiveness Index	0	31
Cashel Discriminant Function	142.57	53
*Positive Distortion Scale**	*15*	*29*
*Hong Defensiveness Index**	*-4.67*	*23*
Non-systematic Distortion Indicators	Raw value	*T* score
Back Random Responding	8	50
*Hong Randomness Index**	*-2.02*	*55*
Supplemental Clinical Indicators	Raw value	*T* score
Suicide Potential Index	14	84
Violence Potential Index	7	75
Treatment Process Index	7	81
ALC Estimated Score	N/A	70 (20*T* higher than *ALC*)
DRG Estimated Score	N/A	72 (12*T* higher than *DRG*)
Mean Clinical Elevation	N/A	67
*Inattention (INATTN) Index**	*4*	*88*
*Neuro-Item Sum**	*14*	*62*
*Violence and Aggression Risk Index**	*13*	*81*
*Reactive Aggression Scale**	*36*	*71*
*Instrumental Aggression Scale**	*23*	*58*
*Level of Care Index**	*10*	*67*
*Chronic Suicide Risk (S_Chron) Index**	*16*	*77*
*RXR Estimated Score**	*N/A*	*34 (3T higher 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
Borderline personality disorder	0.880
Schizoaffective disorder	0.863
Anxiety disorders	0.863
Posttraumatic stress disorder	0.850
Persistent depressive disorder (dysthymia)	0.849
Major depressive disorder	0.809
Schizophrenia	0.773
Bipolar I disorder (mania)	0.734
Adjustment disorders	0.734
Antisocial personality disorder	0.668
Unspecified somatic symptom and related disorder	0.622
Alcohol use disorders	0.567
Substance use disorders	0.564
PAI Cluster Profiles	Coefficient of fit
Cluster 6	0.847
Cluster 10	0.844
Cluster 7	0.814
Cluster 2	0.786
Cluster 5	0.773
Cluster 4	0.738
Cluster 8	0.560
Cluster 3	0.523
Cluster 9	0.187
Cluster 1	0.043
Symptom Behavior Groups	Coefficient of fit
Auditory hallucinations	0.848
Self-mutilation	0.842
Persecutory (paranoid) delusions	0.821
Antipsychotic medications	0.813
Suicide history	0.800
Assault history	0.799
Current suicide	0.773
Current aggression	0.763
Perpetrators of rape	0.694
Prisoners	0.503
Spouse abusers	0.410

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
PIM predicted profile	0.864
NIM predicted profile	0.773
Fake bad	0.626
All "very true"	0.557
All "mainly true"	0.551
Random responding	0.510
All "slightly true"	0.388
All "false"	-0.043
Fake good	-0.808
Context-Specific Norm Groups	Coefficient of fit
Motor vehicle accident claimants	0.600
Chronic pain patients	0.235
College students	0.202
Deployed military	0.170
Bariatric surgery candidates	-0.639
Child custody evaluations	-0.786
Egg donors and gestational carriers	-0.848
Law enforcement officer candidates	-0.864
Potential kidney donors	-0.875

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 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. 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 her 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,

there is no evidence to suggest that the respondent was generally motivated to portray herself as being relatively free of common shortcomings or minor faults. However, certain aspects of the profile raise the possibility of denial of problems with drinking or drug use, as individuals with similar personality characteristics typically report greater involvement with alcohol or drugs than was described by this client. Interpretive hypotheses in this report regarding the abuse of these substances should be reviewed with caution.

With respect to negative impression management, there is no evidence to suggest that the respondent was motivated to portray herself 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 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. This pattern suggests a person who is uncomfortable, impulsive, angry, and resentful. Clients with this type of profile are often presenting in a state of crisis and marked distress. Such crises are often associated with difficulties or rejection (perceived or actual) in interpersonal relationships—such individuals often feel betrayed or abandoned by those close to them. For the respondent, this may be part of a more general pattern of anxious ambivalence in close relationships, marked by bitterness and resentment on one hand and dependency and anxiety about possible rejection on the other. Various stressors (both past and present) may have contributed to and maintained this pattern of interpersonal turmoil. These disruptions in her life have apparently left her uncertain about her goals and priorities and tense and pessimistic about what the future may hold.

The respondent indicates that she is experiencing specific fears or anxiety surrounding some situations. The pattern of responses reveals that she is likely to display a variety of maladaptive behavior patterns aimed at controlling anxiety. First, phobic behaviors are likely to interfere in some significant way in her life, and it is probable that she monitors her environment in a vigilant fashion to avoid contact with the feared object or situation. She is more likely to have multiple phobias or a more distressing phobia, such as agoraphobia, than to suffer from a simple phobia.

Also, she is probably seen by others as being something of a perfectionist. She is likely to be a fairly rigid individual who follows her personal guidelines for conduct in an inflexible and unyielding manner. She ruminates about matters to the degree that she often has difficulty making decisions and perceiving the larger significance of decisions that are made. Changes in routine, unexpected events, and contradictory information are likely to generate untoward stress. She may fear her own impulses and doubt her ability to control them.

In addition, and perhaps related to the above problems, the respondent has likely experienced a disturbing traumatic event in the past-an event that continues to distress her 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 a number of problematic personality traits. She reports problems of many different types. She is likely to be quite emotionally labile, manifesting fairly rapid and extreme mood swings and in particular probably experiences episodes of poorly controlled anger. She appears uncertain about major life issues and has little sense of direction or purpose in her life as it currently stands. It is also likely that she 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 her.

The respondent indicates that she is experiencing a discomforting level of anxiety and tension. The primary manifestations of the respondent's anxiety appear to be in the affective and physiological areas. Affectively, she feels a great deal of tension, has difficulty relaxing, and likely experiences fatigue as a result of high perceived stress. Overt physical signs of tension and stress, such as sweaty palms, trembling hands, complaints of irregular heartbeats, and shortness of breath are also present. In contrast, she does not report high levels of the cognitive symptoms of anxiety, such as excessive worry, negative expectancies, concentration problems, and diminished attention span.

A number of aspects of the respondent's self-description suggest noteworthy peculiarities in thinking and experience. She is likely to be a socially isolated individual who has few interpersonal relationships that could be described as close and warm. She may have limited social skills, with particular difficulty interpreting the normal nuances of interpersonal behavior that provide the meaning to personal relationships. Her social isolation and detachment may serve to decrease a sense of discomfort that interpersonal contact fosters. Her thought processes are likely to be marked by confusion, distractibility, and difficulty concentrating, and she may experience her thoughts as being somehow blocked or disrupted. However, active psychotic symptoms such as hallucinations or delusions do not appear to be a prominent part of the clinical picture at this time.

She describes a personality style that is consistent with a number of antisocial character features. Her responses suggest that she has a history of antisocial behavior and may have manifested a conduct disorder during adolescence. She may have been involved in illegal occupations or engaged in criminal acts involving theft, destruction of property, and physical aggression toward others. Other features of the antisocial personality constellation, such as egocentricity, lack of impulse control, disregard for others, disloyalty, and recklessness, do not appear to be particularly prominent characteristics of the respondent's clinical picture by comparison.

The respondent reports a number of difficulties consistent with a significant depressive experience. She is likely to be plagued by thoughts of worthlessness, hopelessness, and personal failure. She admits openly to feelings of sadness, a loss of interest in normal activities, and a loss of sense of pleasure in things that were previously enjoyed. However, there appear to be relatively few physiological signs of depression. The symptom picture appears to be relatively free of changes in energy, appetite, weight, and sleep patterns.

The respondent reports that drug use may be the source of some problems in her life. These problems may include strained interpersonal relationships, vocational and/or legal problems, and use of drugs to manage stress.

According to the respondent's self-report, she describes NO significant problems in the following areas: problems with empathy; undue suspiciousness or hostility; unusually elevated mood or heightened activity; difficulties with health or physical functioning.

Self-Concept

The self-concept of the respondent appears to be poorly established and her attitude about herself is likely to fluctuate. Her self-perception will vary from states of harsh self-criticism and severe self-doubt to periods of relative self-confidence and intact self-esteem. Her self-perception will tend to vary as a function of the current status of close relationships; apart from a sense of identity established from such relationships, she likely feels incomplete, unfulfilled, and inadequate. As a result, her self-esteem is quite fragile and is likely to plummet in response to slights or oversights by other people. Associated with these drops in self-esteem are corresponding shifts in identity and attitudes about major life issues.

Interpersonal and Social Environment

The respondent's interpersonal style seems best characterized as self-effacing and lacking confidence in social interactions. She is likely to have difficulty in having her needs met in personal relationships and instead will subordinate her own interests to those of others in a manner that may seem self-punitive. Her failure to assert herself may result in mistreatment or exploitation by others, and it does not appear that this interpersonal strategy has been effective in maintaining her most important relationships.

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 is likely to be experiencing notable stress and turmoil in a number of major life areas. A review of her current employment situation, financial status, and family and/or close relationships will clarify the importance of these in the overall clinical picture. A primary source of stress may involve relationship issues because she believes that her social relationships offer her little support; family relationships may be somewhat distant or ridden with conflict, and friends may not be available when needed. Interventions directed at key problematic relationships (such as those involving family or marital problems) may be of some use in alleviating what may be a major 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 respondent describes herself as potentially prone to more extreme displays of anger, including damage to property and threats to assault others. These outbursts may be unexpected and take others by surprise. It is likely that those around her may be intimidated by her temper and by her potential for violence.

With respect to suicidal ideation, the respondent does report experiencing periodic and perhaps transient thoughts of self-harm. She is probably pessimistic and unhappy about her prospects for the

future. Furthermore, concerns about her potential for suicide are heightened by the presence of a number of features, such as situational stresses, poor impulse control, and a lack of social support, that have been found to be associated with suicide risk. Specific follow-up regarding the details of her suicidal thoughts and the potential for suicidal behavior is warranted.

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 adults 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. However, the nature of some of these problems suggests that treatment would be fairly challenging, with a difficult treatment process and the probability of reversals.

If treatment were to be considered for this individual, particular areas of attention or concern in the early stages of treatment could include:

Current difficulties in her social support system may give a special significance to the therapeutic relationship and any impasse may need to be handled with particular care.

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

She tends to be emotionally constricted and may initially have difficulty with the expression of emotional material.

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
312.34	F63.81	Intermittent explosive disorder
300.4	F34.1	Persistent depressive disorder (dysthymia)
Rule Out		
DSM-5 Code	ICD-10 Code	Diagnosis
301.13	F34.0	Cyclothymic disorder
309.81	F43.10	Posttraumatic stress disorder
296.20	F32.9	Major depressive disorder, single episode, unspecified
301.7	F60.2	Antisocial personality disorder
300.3	F42.2	Obsessive-compulsive disorder
301.83	F60.3	Borderline personality disorder
300.29	F40.2xx	Specific phobia, unspecified
296.89	F31.81	Bipolar II disorder

Critical Item Endorsement

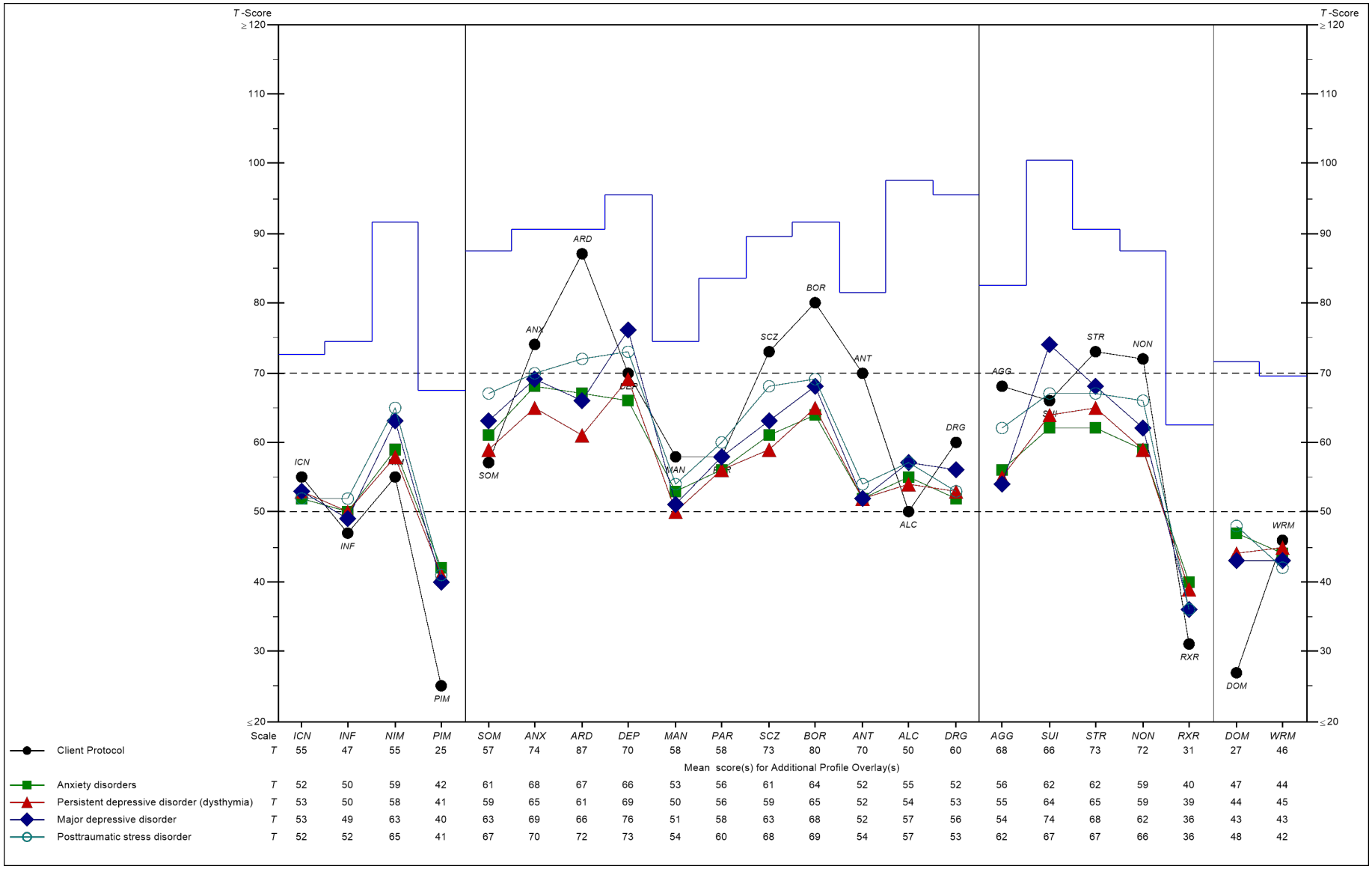
A total of 27 PAI items reflecting serious pathology have very low endorsement rates in normal samples. These items have been termed critical items. Endorsement of these critical items is not in itself diagnostic, but review of the content of these items with the respondent may help to clarify the presenting clinical picture. Significant items with item scores of 1, 2, or 3 are listed below.

Delusions and Hallucinations			
Item #	Scale/subscale	Item	Response
90.	*SCZ-P*	Sometimes it seems that my thoughts are broadcast so that others can hear them.	*ST, 1*
130.	*SCZ-P*	Others can read my thoughts.	*ST, 1*
170.	*SCZ-P*	I've heard voices that no one else could hear.	*ST, 1*
Potential for Self-Harm			
Item #	Scale/subscale	Item	Response
100.	*SUI*	I've made plans about how to kill myself.	*ST, 1*
183.	*BOR-S*	When I'm upset, I typically do something to hurt myself.	*MT, 2*
Potential for Aggression			
Item #	Scale/subscale	Item	Response
21.	*AGG-P*	People are afraid of my temper.	*MT, 2*
61.	*AGG-P*	Sometimes my temper explodes and I completely lose control.	*VT, 3*
Traumatic Stressors			
Item #	Scale/subscale	Item	Response
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.	*MT, 2*
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*
Potential Malingering			
Item #	Scale/subscale	Item	Response
129.	*NIM*	I think I have three or four completely different personalities inside of me.	*ST, 1*
True Response Set			

Item #	Scale/subscale	Item	Response
75.	*DEP-P*	I have no trouble falling asleep. *(False)*	*MT, 1*
142.	*DRG*	I never use illegal drugs. *(False)*	*F, 3*
Idiosyncratic Context			
Item #	Scale/subscale	Item	Response
280.	*INF*	Most people look forward to a trip to the dentist.	*ST, 1*

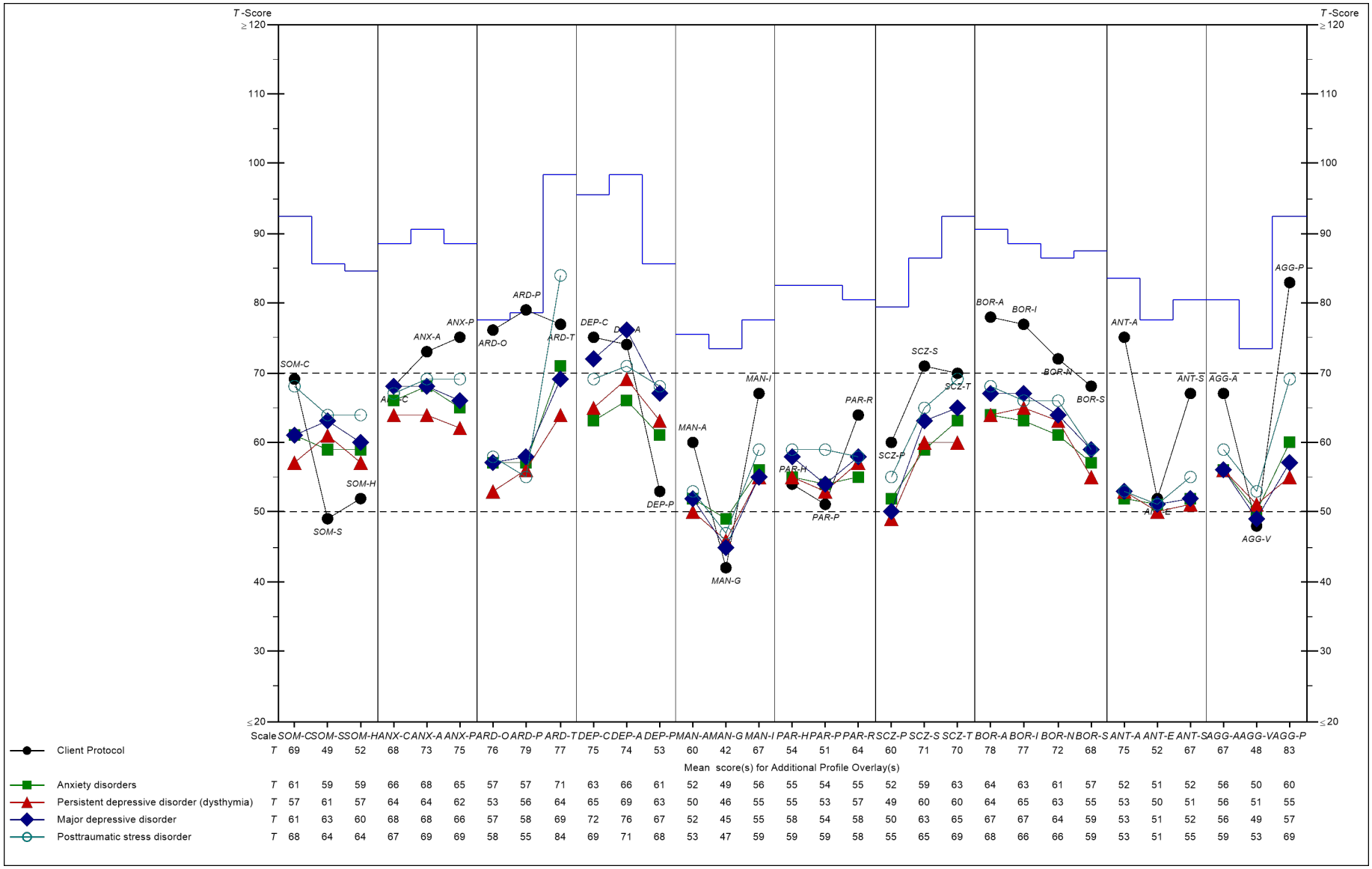
PAI Item Responses															
1.	ST	44.	ST	87.	F	130.	ST	173.	ST	216.	MT	259.	F	302.	ST
2.	MT	45.	MT	88.	ST	131.	VT	174.	ST	217.	F	260.	ST	303.	F
3.	MT	46.	ST	89.	F	132.	F	175.	MT	218.	MT	261.	F	304.	VT
4.	ST	47.	MT	90.	ST	133.	MT	176.	F	219.	ST	262.	F	305.	ST
5.	MT	48.	MT	91.	MT	134.	MT	177.	MT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

Full Scale Profile with Additional Profile Overlays



Scale		ICN	INF	NIM	PIM	SOM	ANX	ARD	DEP	MAN	PAR	SCZ	BOR	ANT	ALC	DRG	AGG	SUI	STR	NON	RXR	DOM	WRM
Client Protocol	T	55	47	55	25	57	74	87	70	58	58	73	80	70	50	60	68	66	73	72	31	27	46
Mean score(s) for Additional Profile Overlay(s)																							
Anxiety disorders	T	52	50	59	42	61	68	67	66	53	56	61	64	52	55	52	56	62	62	59	40	47	44
Persistent depressive disorder (dysthymia)	T	53	50	58	41	59	65	61	69	50	56	59	65	52	54	53	55	64	65	59	39	44	45
Major depressive disorder	T	53	49	63	40	63	69	66	76	51	58	63	68	52	57	56	54	74	68	62	36	43	43
Posttraumatic stress disorder	T	52	52	65	41	67	70	72	73	54	60	68	69	54	57	53	62	67	67	66	36	48	42

Subscale Profile with Additional Profile Overlays



Scale		SOM-C	SOM-S	SOM-H	ANX-C	ANX-A	ANX-P	ARD-O	ARD-P	ARD-T	DEP-C	DEP-A	DEP-P	MAN-A	MAN-G	MAN-I	PAR-H	PAR-P	PAR-R	SCZ-P	SCZ-S	SCZ-T	BOR-A	BOR-I	BOR-N	BOR-S	ANT-A	ANT-E	ANT-S	AGG-A	AGG-V	AGG-P
Client Protocol	T	69	49	52	68	73	75	76	79	77	75	74	53	60	42	67	54	51	64	60	71	70	78	77	72	68	75	52	67	67	48	83
Mean score(s) for Additional Profile Overlay(s)																																
Anxiety disorders	T	61	59	59	66	68	65	57	57	71	63	66	61	52	49	56	55	54	55	52	59	63	64	63	61	57	52	51	52	56	50	60
Persistent depressive disorder (dysthymia)	T	57	61	57	64	64	62	53	56	64	65	69	63	50	46	55	55	53	57	49	60	60	64	65	63	55	53	50	51	56	51	55
Major depressive disorder	T	61	63	60	68	68	66	57	58	69	72	76	67	52	45	55	58	54	58	50	63	65	67	67	64	59	53	51	52	56	49	57
Posttraumatic stress disorder	T	68	64	64	67	69	69	58	55	84	69	71	68	53	47	59	59	59	58	55	65	69	68	66	66	59	53	51	55	59	53	69

End of Report