



Personality Assessment Inventory™ – Adolescent

Clinical Interpretive Report

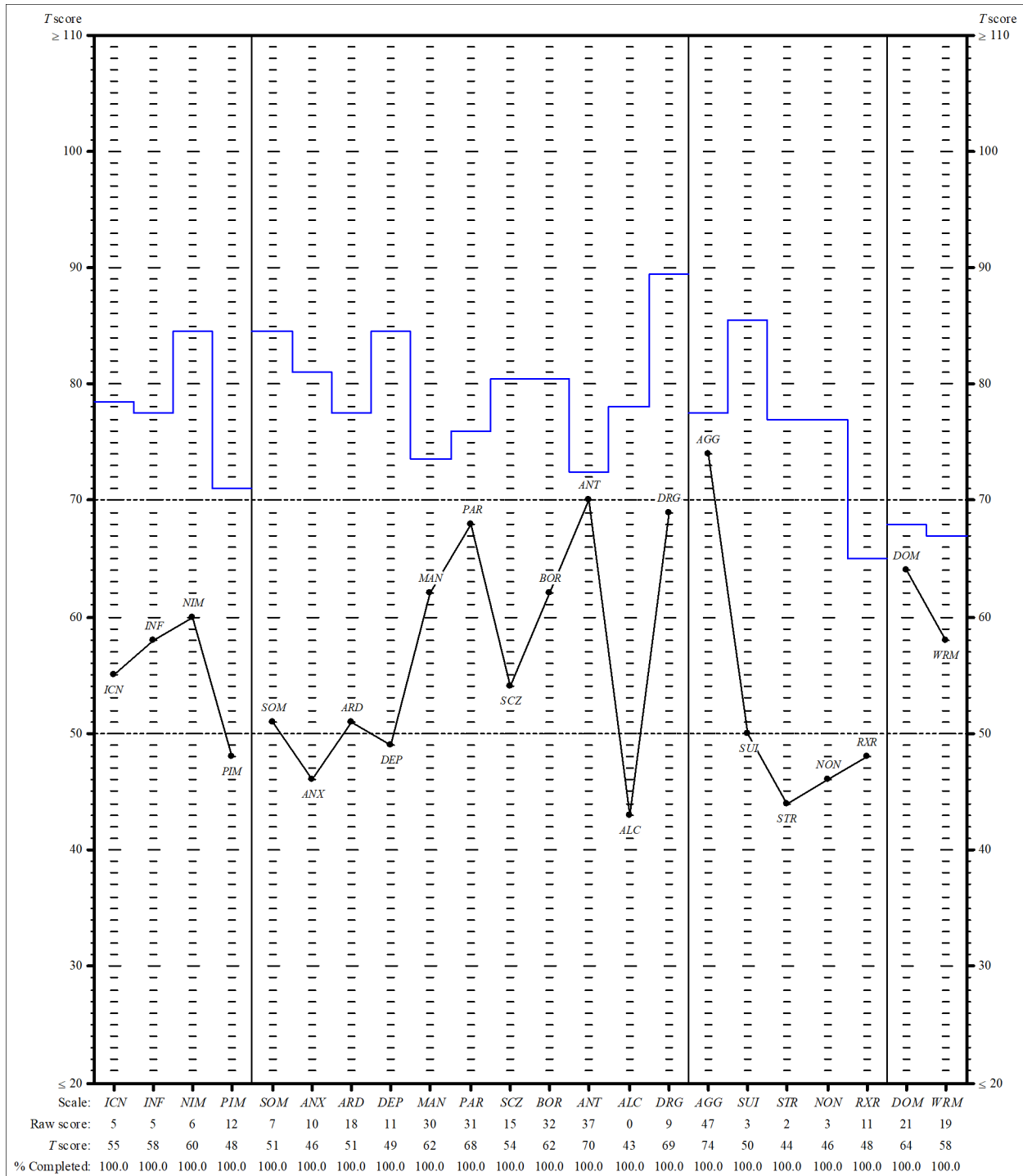
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by Leslie C. Morey, PhD and PAR Staff

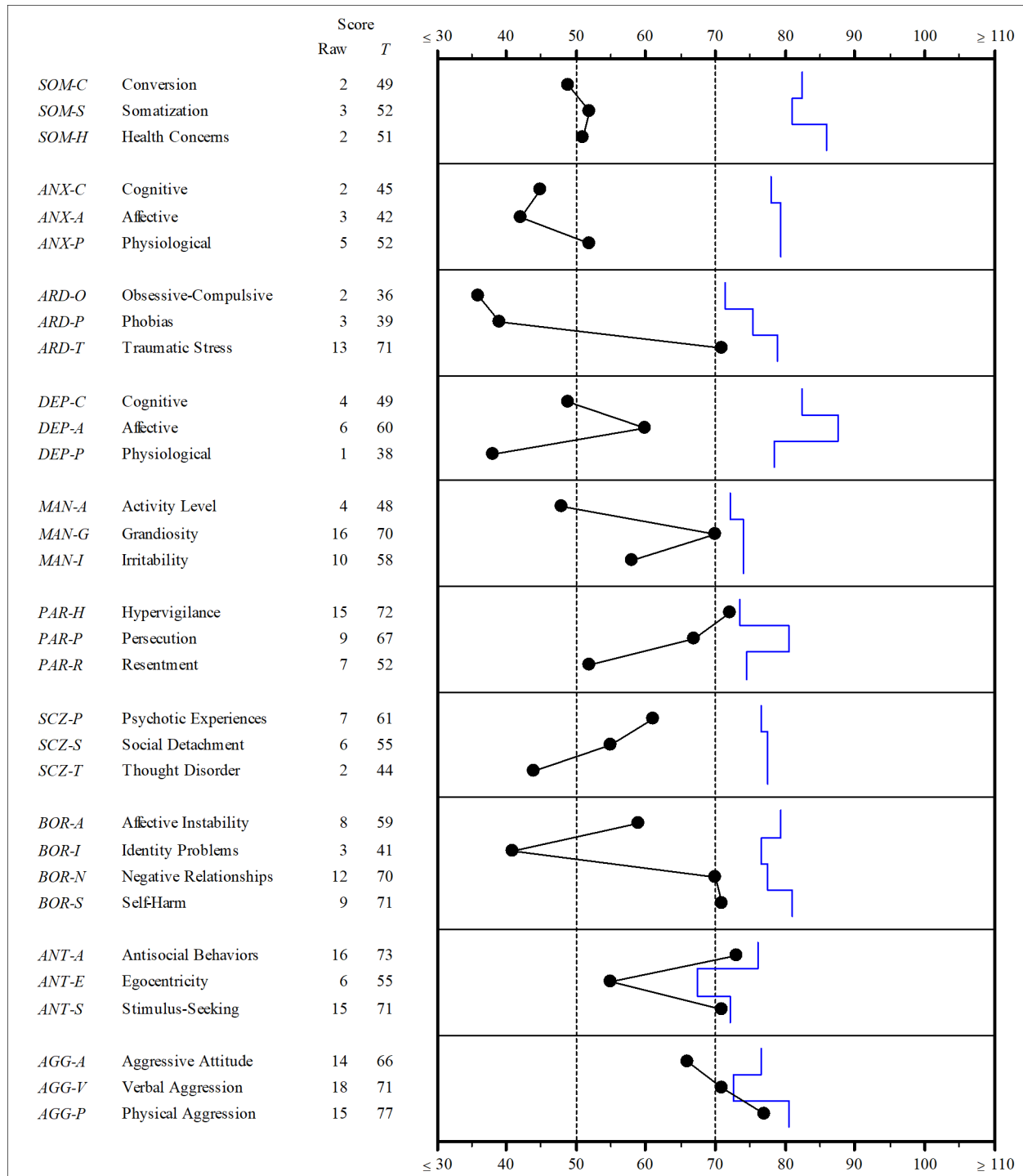
Client name : Eli Lewis
Client ID : EL25
Gender : Male
Age : 16
Grade : 10th
Date of birth : 08/31/2008
Test date : 03/09/2025
Ethnicity : African American, Caucasian/White,
and Other

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

Full Scale Profile



Subscale Profile



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

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

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

Validity of Test Results

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

Also evaluated is the extent to which the respondent attended appropriately and responded consistently to the content of test items. The respondent's scores suggest that 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 that there do not appear to be factors that might distort the profile which would make it appear either more negative or more positive than the clinical picture would warrant.

Clinical Features

The PAI-A clinical profile is marked by a significant elevation on the ANT scale, indicating that the content tapped by this scale may reflect a particular area of difficulty for the respondent.

He describes a personality style that is consistent with a number of antisocial character features. His responses suggest that he has a history of antisocial behavior and may be manifesting behaviors consistent with a conduct disorder. He may have been involved in criminal acts involving theft, destruction of property, and physical aggression toward others. His behavior is also likely to be reckless and impulsive; he can be expected to entertain risks that are potentially dangerous to himself and to those around him.

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

The respondent describes himself as tending to closely monitor his environment for evidence that others are trying to harm or discredit him in some way. He likely questions and mistrusts the motives of those around him, despite the nature or history of his relationships with them.

The respondent describes certain problems potentially associated with elevated and variable mood. He is likely to have elements of inflated self-esteem, expansiveness, or grandiosity. These elements may range from beliefs of having exceptionally high levels of common skills to beliefs that border on delusional in terms of having special and unique talents that will lead to fame and fortune.

It appears that the respondent is quite impulsive and prone to behaviors likely to be self-harmful or self-destructive (such as those involving spending, sex, and/or substance abuse) with little forethought as to the potential consequences of these behaviors.

According to the respondent's self-report, he describes NO significant problems in the following areas: unusual thoughts or peculiar experiences, problems with empathy, unhappiness and depression, marked anxiety, problematic behaviors used to manage anxiety, or difficulties with health or physical functioning.

Self-Concept

The self-concept of the respondent appears to involve a generally positive, and, at times, perhaps uncritical self-evaluation. He does describe approaching life with a clear sense of purpose and distinct convictions. Given his reasonably stable sense of

self-worth, responsibility for any setbacks is more likely to be attributed externally than to personal failings.

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 both his recent level of stress and his perceived level of social support are about average in comparison to normal adolescents. The reasonably low stress environment and the availability of a social support system are both favorable prognostic signs 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 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. Nevertheless, his behavior suggests that his control over his temper is not as complete as he might believe. He is not intimidated by confrontation and he will tend to display his anger readily when it is experienced; he may be verbally aggressive at relatively low levels of provocation. More extreme displays of anger, including damage to property and threats to assault others, would not be unexpected. It is likely that those around him are intimidated by his temper and the potential for verbal abuse or displays of physical 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 comparable to that of adolescents who are not being seen in a therapeutic setting. However, his level of treatment motivation is somewhat lower than is typical of individuals being seen in treatment settings. His responses suggest that he is satisfied with himself as he is, that he is not experiencing marked distress, and that, as a result, he sees little need for changes in his behavior. However, the respondent does report a number of strengths that are positive indications for a relatively smooth treatment process, if he were willing to make a commitment to treatment.

DSM-IV Diagnostic Possibilities

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

Axis I: 799.9 Diagnosis or condition deferred on Axis I

Axis I Rule Out:

312.89 Conduct Disorder, Unspecified Onset

305.90 Other (or Unknown) Substance Abuse

296.40 Bipolar I Disorder, Most Recent Episode Manic, Unspecified

Axis II: 799.9 Diagnosis or condition deferred on Axis II

Axis II Rule Out:

301.81 Narcissistic Personality Disorder

Critical Item Endorsement

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

Item	Scale	Item response	Item text
Delusions and Hallucinations			
35	SCZ-T	F	My thinking has become confused.
128	SCZ-P	ST	I've heard voices that no one else could hear.
222	PAR-P	F	I'm the target of a conspiracy.
Potential for Self-Harm			
79	BOR-S	F	When I'm upset, I typically do something to hurt myself.
165	DEP-A	F	I have no interest in life.
262	SUI	F	I've made plans about how to kill myself.
Potential for Aggression			
58	AGG-P	VT	People are afraid of my temper.
138	AGG-P	VT	Sometimes I'm very violent.
Substance Abuse			
60	DRG	F	People have told me that I have a drug problem.
217	ALC	F	My drinking alcohol has caused me problems at home.
Traumatic Stressors			
191	ARD-T	ST	I keep having nightmares about my past.
231	ARD-T	MT	Since I had a very bad experience, I am no longer interested in some things that I used to enjoy.
Potential Malingering/Negative Distortion			
13	NIM	F	Since the day I was born, I was destined to be unhappy.
213	NIM	F	Sometimes my vision is only in black and white.
Unreliability			
89	ANT-A	VT	I used to lie a lot to get out of tight situations.
129	ANT-A	MT	I like to see how much I can get away with.
199	BOR-S	VT	I'm a reckless person.

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

PAI-A Item Responses

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

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

*** End of Report ***