**PERSONALITY ASSESSMENT INVENTORY™**

**Clinical Interpretive Report**

by

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and PAR Staff

**Client Information**

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Client Name : -Not Specified-  
 Client ID : TBI\_999  
 Age : -Not Specified-  
 Gender : Female  
 Education : 14  
 Marital Status : -Not Specified-  
 Test Date : -Not Specified-  
 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**



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 1 38  
Cashel Discriminant Function 148.63 57  
Malingering Index 0 44  
Rogers Discriminant Function -1.04 50  
Suicide Potential Index 4 53  
Violence Potential Index 3 57  
Treatment Process Index 0 44  
ALC Estimated Score --- 54 (9*T* higher than *ALC*)  
DRG Estimated Score --- 52 (10*T* higher than *DRG*)  
Mean Clinical Elevation --- 54

**Coefficients of Fit with Profiles of Known Clinical Groups**

**Database Profile Coefficient of Fit**  
Adjustment reaction 0.640  
Dysthymic Disorder 0.557  
Cluster 7 0.520  
Posttraumatic Stress Disorder 0.516  
Anxiety Disorder 0.514  
Cluster 2 0.484  
Schizophrenia 0.477  
Major Depressive Disorder 0.477  
Somatoform Disorder 0.474  
Schizoaffective Disorder 0.466  
Antipsychotic medications 0.461  
Cluster 5 0.461  
Paranoid delusions 0.460  
Cluster 10 0.460  
Auditory hallucinations 0.446  
NIM Predicted 0.441

**Database Profile Coefficient of Fit**  
PIM Predicted 0.435  
Borderline Personality Disorder 0.418  
Cluster 8 0.394  
Current suicide 0.391  
Cluster 6 0.376  
Suicide history 0.361  
Self-Mutilation 0.336  
Current aggression 0.321  
Assault history 0.302  
Cluster 4 0.271  
Cluster 3 0.256  
Rapists 0.235  
Mania 0.224  
Antisocial Personality Disorder 0.198  
Alcoholic 0.155  
Spouse abusers 0.138  
Fake Bad 0.091  
Drug abuse 0.064  
Prisoners 0.060  
All "Mainly True" 0.001  
All "Very True" -0.011  
All "Slightly True" -0.047  
Random responding -0.075  
Cluster 9 -0.117  
Cluster 1 -0.141  
All "False" -0.153  
Fake Good -0.449

**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 reveals no marked elevations that should be considered to indicate the presence of clinical psychopathology. Scores on one or more scales do, however, show moderate elevations that may reflect sources of difficulty for the person. These problem areas may be related to current stressors or complicated life circumstances. These potential problem areas are described below.

It appears that the respondent has a history of involvement in intense and volatile relationships. In these relationships, she tends to be preoccupied with fears of being abandoned or rejected by those people important to her.

The respondent reports some difficulties consistent with relatively mild or transient depressive symptomatology.

Certain elements of the respondent's self-description suggests that others are likely to see her as being withdrawn, aloof, and somewhat unconventional.

The respondent describes herself as being more wary and sensitive in interpersonal relationships than the average adult. Others are likely to see her as tough-minded, skeptical, and somewhat hostile.

According to the respondent’s self-report, she describes NO significant problems in the following areas: antisocial behavior; problems with empathy; unusually elevated mood or heightened activity; marked anxiety; problematic behaviors used to manage anxiety; difficulties with health or physical functioning. Also, she reports NO significant problems with alcohol or drug abuse or dependence. However, attention should be paid to the possibility of denial of problems with drinking or drug use, as the respondent described certain personality characteristics that are often associated with involvement with alcohol or drugs.

**Self-Concept**

The self-concept of the respondent appears to involve a rather negative self-evaluation. She is likely to be self-critical, not handling setbacks very well and blaming herself for past failures and lost opportunities. She may inwardly be more troubled by self-doubt and misgivings about her adequacy than is apparent on the surface. She may tend to play down her successes as a result and probably sees such accomplishments as heavily depending on the efforts or good will of others.

**Interpersonal and Social Environment**

The respondent’s interpersonal style seems best characterized as warm, friendly, and sympathetic. She particularly values harmonious relationships and derives much of her satisfaction from these relationships. Because of the premium placed upon harmony, she is likely to be uncomfortable with interpersonal confrontation or conflict, and she will tend to shun controversy. She is probably quick to forgive others and will readily give others a second chance.

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 a mild degree of stress as a result of difficulties in some major life area. She reports that she 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 respondent describes her temper as within the normal range, and as fairly well-controlled without apparent difficulty.

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 adults who are not being seen in a therapeutic setting. However, her level of treatment motivation is somewhat lower than is typical of individuals being seen in treatment settings. Her responses suggest that she is satisfied with herself as she is, that she is not experiencing marked distress, and that, as a result, she sees little need for changes in her behavior. However, the respondent does report a number of strengths that are positive indications for a relatively smooth treatment process, if she were willing to make a commitment to treatment.

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

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

***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:

300.4 Dysthymic Disorder

Axis I Rule Out:

296.20 Major Depressive Disorder, Single Episode, Unspecified

Axis II: 799.9 Diagnosis Deferred on Axis II

Axis II Rule Out:

301.9 Personality Disorder NOS (Mixed Personality Disorder With Borderline, and Paranoid Features)

**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**

130. *SCZ-P* Others can read my thoughts. (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)

**Traumatic Stressors**

34. *ARD-T* I keep reliving something horrible that happened to me. (MT, 2)

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)

**True Response Set**

75. *DEP-P* I have no trouble falling asleep. ***(False)*** (F, 3)

**Idiosyncratic Context**

280. *INF* Most people look forward to a trip to the dentist. (ST, 1)

**PAI Item Responses**

1. VT 44. ST 87. F 130. ST 173. F 216. F 259. ST 302. F

2. VT 45. F 88. MT 131. ST 174. ST 217. F 260. F 303. F

3. F 46. ST 89. F 132. F 175. F 218. ST 261. F 304. VT

4. ST 47. F 90. F 133. MT 176. F 219. ST 262. F 305. F

5. MT 48. F 91. F 134. ST 177. MT 220. F 263. MT 306. VT

6. MT 49. F 92. F 135. F 178. ST 221. VT 264. F 307. ST

7. ST 50. F 93. MT 136. VT 179. MT 222. F 265. F 308. VT

8. VT 51. F 94. ST 137. ST 180. F 223. F 266. F 309. F

9. F 52. F 95. F 138. ST 181. F 224. ST 267. VT 310. VT

10. ST 53. MT 96. ST 139. F 182. F 225. ST 268. ST 311. F

11. VT 54. ST 97. ST 140. F 183. F 226. VT 269. F 312. F

12. F 55. F 98. F 141. F 184. ST 227. VT 270. MT 313. ST

13. MT 56. F 99. VT 142. VT 185. ST 228. F 271. F 314. VT

14. MT 57. ST 100. F 143. F 186. VT 229. ST 272. F 315. ST

15. F 58. F 101. F 144. ST 187. ST 230. MT 273. F 316. F

16. MT 59. MT 102. F 145. ST 188. F 231. F 274. ST 317. MT

17. MT 60. F 103. VT 146. ST 189. VT 232. F 275. ST 318. ST

18. F 61. ST 104. ST 147. MT 190. ST 233. F 276. ST 319. MT

19. MT 62. F 105. ST 148. F 191. MT 234. F 277. MT 320. VT

20. F 63. VT 106. ST 149. F 192. F 235. ST 278. F 321. ST

21. ST 64. MT 107. ST 150. MT 193. ST 236. ST 279. F 322. ST

22. F 65. ST 108. F 151. F 194. MT 237. VT 280. ST 323. MT

23. F 66. F 109. ST 152. F 195. ST 238. ST 281. F 324. VT

24. MT 67. F 110. ST 153. ST 196. F 239. ST 282. ST 325. F

25. ST 68. F 111. MT 154. MT 197. ST 240. VT 283. F 326. F

26. ST 69. F 112. MT 155. ST 198. ST 241. F 284. ST 327. MT

27. MT 70. MT 113. F 156. F 199. F 242. ST 285. F 328. F

28. MT 71. F 114. ST 157. MT 200. F 243. F 286. ST 329. F

29. F 72. ST 115. ST 158. F 201. MT 244. ST 287. ST 330. VT

30. F 73. F 116. F 159. F 202. ST 245. ST 288. VT 331. VT

31. F 74. ST 117. MT 160. MT 203. F 246. ST 289. F 332. F

32. ST 75. F 118. ST 161. VT 204. F 247. F 290. F 333. ST

33. ST 76. MT 119. F 162. ST 205. F 248. MT 291. F 334. VT

34. MT 77. ST 120. F 163. F 206. F 249. F 292. ST 335. F

35. ST 78. ST 121. ST 164. ST 207. F 250. F 293. VT 336. ST

36. ST 79. ST 122. F 165. MT 208. F 251. VT 294. VT 337. VT

37. VT 80. VT 123. F 166. ST 209. F 252. MT 295. ST 338. ST

38. MT 81. ST 124. ST 167. F 210. F 253. MT 296. MT 339. F

39. F 82. MT 125. F 168. ST 211. VT 254. F 297. VT 340. F

40. F 83. ST 126. ST 169. ST 212. F 255. F 298. ST 341. VT

41. MT 84. ST 127. ST 170. F 213. ST 256. ST 299. ST 342. VT

42. MT 85. MT 128. F 171. F 214. ST 257. F 300. F 343. ST

43. F 86. F 129. F 172. F 215. F 258. F 301. VT 344. ST

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