



# Personality Assessment Inventory™

Clinical Interpretive Report

Generated by **PARiConnect**

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

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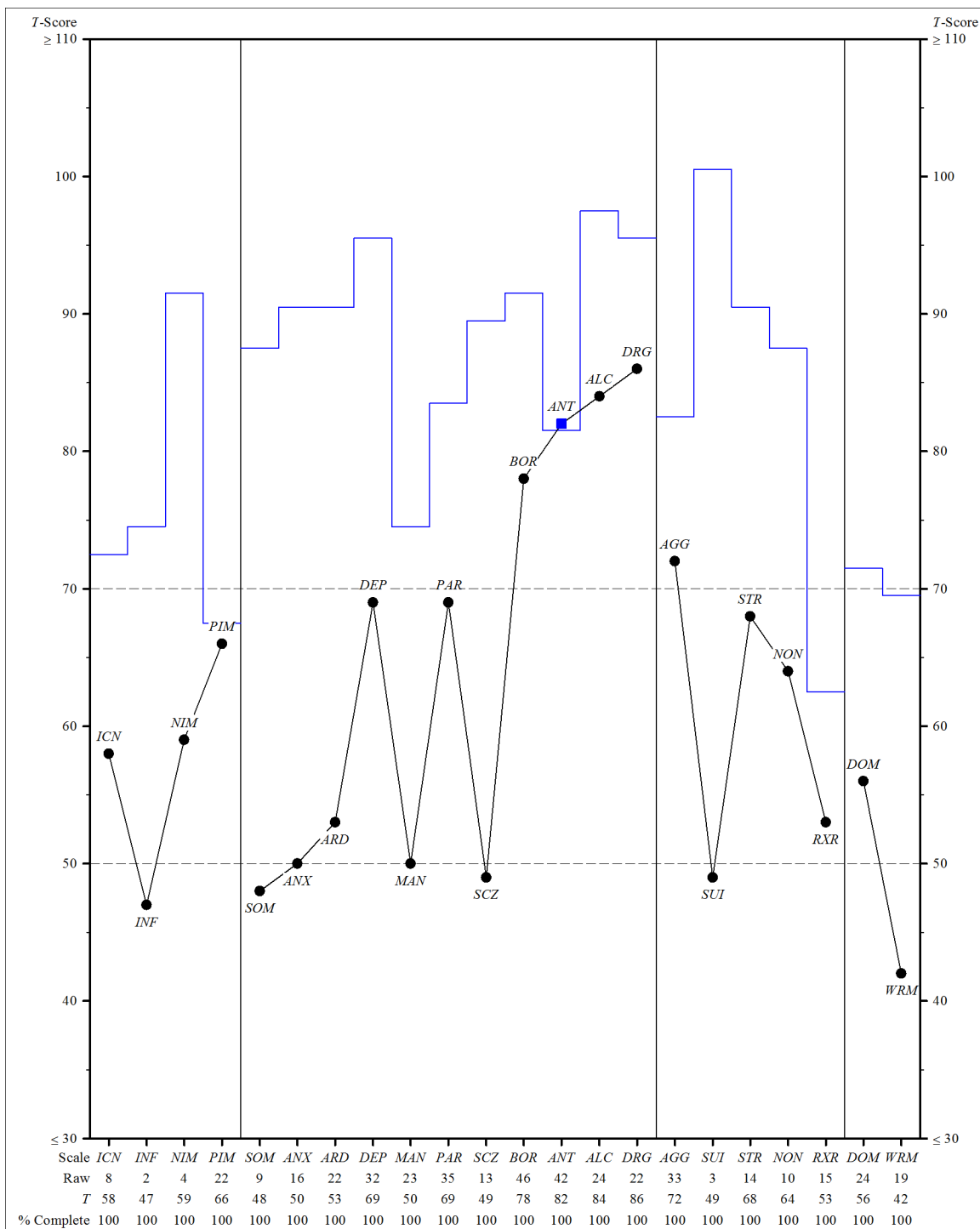
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Version: 3.30.082

# Full Scale Profile

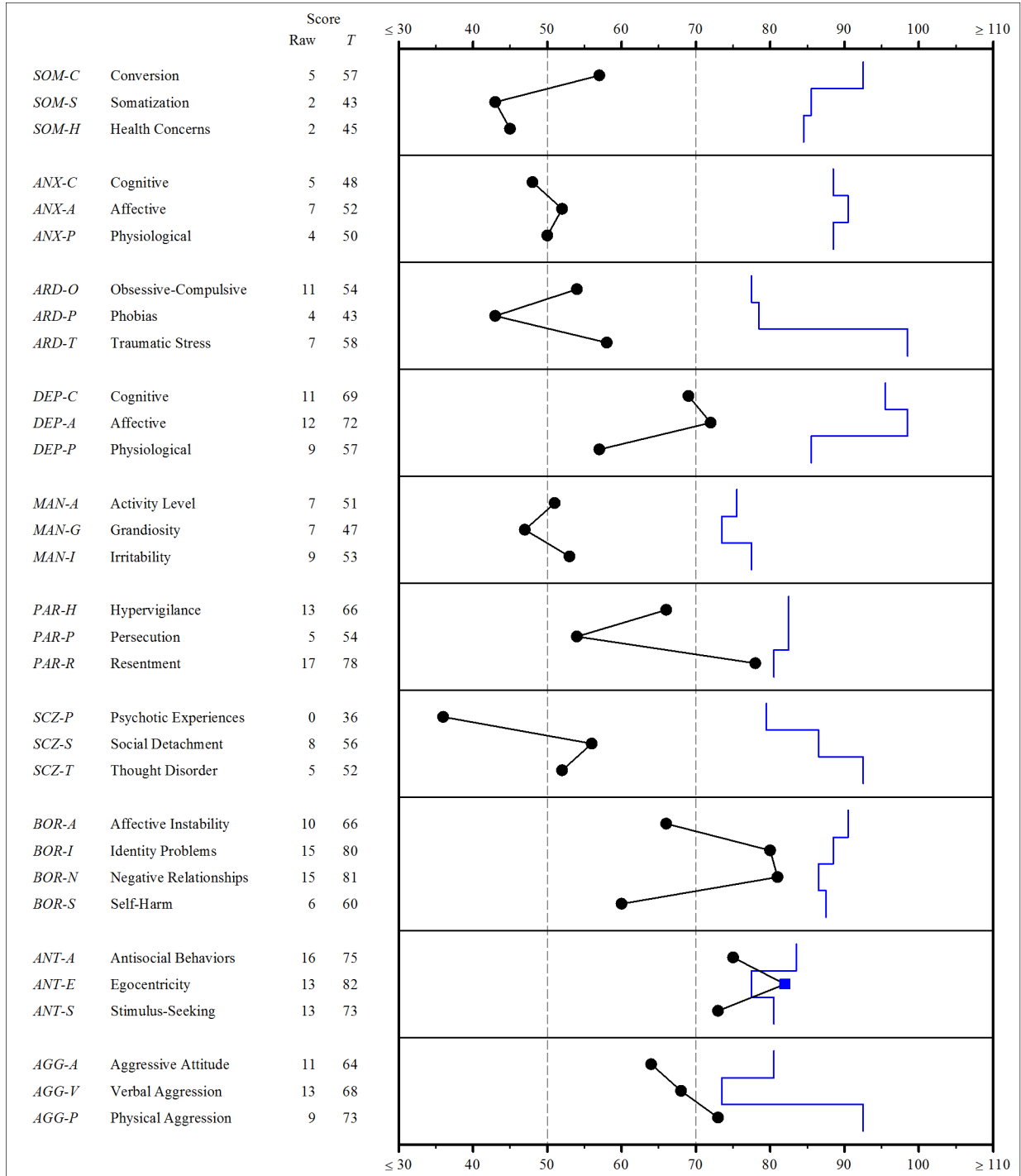


Plotted T scores are based upon a census matched standardization sample of 1,000 normal adults.

■ 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	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 (11T lower than ALC)
DRG Estimated Score	---	75 (11T 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/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 his/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, the client's pattern of responses suggests that he/she tends to portray himself/herself as being relatively free of common shortcomings to which most individuals will admit. The client 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/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 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/her social relationships and his/her work performance, with these difficulties serving as additional sources of stress and perhaps further aggravating his/her tendency to drink and use drugs.

The respondent indicates that his/her use of drugs has had many negative consequences on his/her life at a level that is above average even for individuals in specialized treatment for drug problems. Such a pattern indicates that his/her use of drugs has had numerous ill effects on his/her 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. The client reports having little ability to control the effect that drugs are having on his/her life. With this level of problems it is increasingly likely that he/she 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/her use of alcohol has had a negative impact on his/her life to an extent that is higher than average even among individuals in treatment for alcohol problems. Such a pattern indicates that his/her use of alcohol has had a number of adverse consequences on his/her life. Numerous alcohol-related problems are probable, including difficulties in interpersonal relationships, difficulties on the job, and possible health complications. The client is likely to be unable to cut down on his/her drinking despite repeated attempts at sobriety. Given this pattern, it is increasingly likely that he/she is alcohol-dependent and has suffered the consequences in terms of physiological signs of withdrawal, lost employment, strained family relationships, and financial hardship.

The client 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/she is likely to be unreliable and irresponsible and has probably sustained little success in either the social or occupational realm. The client's responses suggest that he/she has a history of antisocial behavior and may have manifested a conduct disorder during adolescence. The client may

have been involved in illegal occupations or engaged in criminal acts involving theft, destruction of property, and physical aggression toward others. The client is likely to be egocentric, with little regard for others or the opinions of the society around the client. In his/her desire to satisfy his/her own impulses, he/she may take advantage of others and have little sense of loyalty, even to those who are close to the client. Although he/she may describe feelings of guilt over past transgressions, he/she likely feels little remorse of any lasting nature. The client would be expected to place little importance on his/her social role responsibilities. The client's behavior is also likely to be reckless; he/she can be expected to entertain risks that are potentially dangerous to himself/herself and to those around the client.

The respondent describes a number of problematic personality traits. The client appears uncertain about major life issues and has little sense of direction or purpose in his/her life as it currently stands. This uncertainty likely extends to the arena of interpersonal relationships, as he/she may have a very unstable sense of what he/she desires from these interactions. As a result, it is likely that he/she 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 the client.

The respondent's self-description suggests that he/she is easily insulted or slighted and tends to respond by holding grudges towards others. The client is probably inclined to attribute his/her own misfortunes to the neglect of others and to discredit the successes of others as being the result of luck or favoritism. The client 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. The client appears to be sad, has to some extent lost interest in many activities, and derives little pleasure from things that he/she previously enjoyed.

According to the respondent's self-report, he/she 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/she may appear to have adequate self-esteem, this self-esteem is likely to be fragile and he/she may be self-critical and self-doubting. The client's 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/her close relationships.

## **Interpersonal and Social Environment**

The respondent's interpersonal style seems best characterized as pragmatic and independent. The client may tend to view relationships as a means to an end, rather than as a source of satisfaction. The client is not likely to be perceived by others as a warm and friendly person, although he/she is not necessarily lacking in social skills and he/she can be reasonably effective in social interactions. Those who know the client well are likely to see the client 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/her responses indicate that he/she 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/she experiences his/her level of social support as being somewhat lower than that of the average adult. The client 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. The client's responses suggest that he/she believes that he/she is generally in control of angry feelings and impulses and expresses an angry outburst relatively infrequently. However, when he/she loses control of his/her anger, he/she 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/she may not display his/her anger readily when it is experienced. It is likely that those around the client are intimidated by his/her temper and the potential for physical violence. It should also be noted that his/her 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/her level of treatment motivation is substantially lower than is typical of individuals being seen in treatment settings. The client's responses suggest that he/she is satisfied with himself/herself as he/she is, and that he/she sees little need for changes in his/her behavior, despite his/her recognition that several areas of his/her life are not going well at this time. The combination of problems that he/she 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:

The client may be rather defensive and reluctant to discuss personal problems, meaning that he/she may not be willing to make a commitment to therapy; engaging the client in the therapeutic endeavor is likely to represent a formidable problem.

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

The client is likely to have difficulty with the treating professional as an authority figure, and he/she 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* [Remaining item content redacted] (ST, 1)

61. *AGG-P* (ST, 1)

181. *AGG-P* (MT, 2)

### Substance Abuse, Current and Historical

23. *DRG* (ST, 1)

55. *ALC* (MT, 2)

222. *DRG* (ST, 1)

334. *ALC* (*False*) (F, 3)

### Traumatic Stressors

34. *ARD-T* (ST, 1)

114. *ARD-T* (ST, 1)

274. *ARD-T* (ST, 1)

### Unreliability

71. *ANT-E* (ST, 1)

311. *ANT-E* (ST, 1)

### True Response Set

75. *DEP-P* (*False*) (MT, 1)

142. *DRG* (*False*) (F, 3)

### Idiosyncratic Context

80. *INF* (*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 \*\*\*