

**Creation and Use of the Personality  
Assessment Screener<sup>®</sup> (PAS<sup>®</sup>)**  
**Spanish Translation**

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## Executive Summary

*It is estimated that 14% of U.S. adults speak Spanish at home (U.S. Census Bureau, 2018), and that number is growing. The development of the Personality Assessment Screener (PAS; Morey, 1997) Spanish Hand-Scorable Response Form provides practitioners with a tool to screen for psychopathology and help Spanish-speaking clients get the mental health support, monitoring, and treatment they need.*

## The Personality Assessment Screener

The Personality Assessment Screener (PAS; Morey, 1997) was created to identify individuals who may need further assessment for a wide range of clinical problems. Its framework is based on its parent instrument, the Personality Assessment Inventory (PAI; Morey, 1991). The 22-item PAS is intended to be maximally sensitive to the clinical issues measured by the 344-item PAI through 10 carefully designed item domains (see Table 1), but the PAS takes a mere 5 minutes for most individuals to complete.

Assessment with the PAS yields a *P* score, which indicates the likelihood that an individual who has completed the PAS would obtain significant profile elevations on the full PAI. Specifically, a *P* score of 50 or greater indicates that an individual is likely to be experiencing clinical difficulties in the given domain (Morey, 1997). As discussed in the PAS Professional Manual (Morey, 1997), diagnostic treatment decisions should never be based exclusively on PAS results. Follow-up assessment with the PAI should be given if PAS results are concerning.

**Table 1**  
**Personality Assessment Screener Domains**

Domain	Item focus
<i>Negative Affect (NA)</i>	Personal distress, unhappiness, and apprehension
<i>Acting Out (AO)</i>	Impulsivity, sensation-seeking, and drug use
<i>Health Problems (HP)</i>	Somatic complaints and health concerns
<i>Psychotic Features (PF)</i>	Persecutory and paranoid thinking
<i>Social Withdrawal (SW)</i>	Social detachment
<i>Hostile Control (HC)</i>	Needs for control and inflated self-image
<i>Suicidal Thinking (ST)</i>	Thoughts of death and suicide
<i>Alienation (AN)</i>	Distrust of or disinterest in supportive relationships
<i>Alcohol Problem (AP)</i>	Negative consequences related to alcohol use and abuse
<i>Anger Control (AC)</i>	Difficulties in anger management

## Spanish Translation

### Why Spanish?

Emotional and behavioral disorders do not discriminate between languages, so it is important that informative assessments break the language barrier. More than 41 million individuals in the United States primarily speak Spanish at home—and more than 16 million of them say they speak English “less than ‘very well’” at home; 79% of these Spanish-speaking individuals are 18 years or older. (U.S. Census Bureau, 2018). Additionally, according to a 2016 NCHS data brief (Lucas, et al.), Hispanic adults in the U.S., specifically those who emigrated from Mexico, Central or South America, or Cuba and those residing in Puerto Rico, were more likely to have had serious psychological distress in the past 30 days compared with non-Hispanic U.S. adults. However, when compared with non-Hispanic white

adults, Hispanics and other ethnic minorities significantly underuse mental health services. (Chang et al., 2013).

The disparity between the diagnosis and treatment of Hispanic individuals in the U.S. could be due to several issues. Only 5.5% of psychologists in the U.S. are able to provide services in Spanish (American Psychological Association, 2016), so misdiagnosis due to lack of cultural or linguistic awareness is possible. Factors such as language barriers, lack of health insurance, and low income may also contribute to this disparity (Brach & Chevarley, 2008). The PAS Spanish Hand-Scorable Response form was designed so clinicians who do not speak Spanish can easily score and interpret it. Additionally, the PAS Spanish Hand-Scorable Response form is quick and economical, and it can help practitioners identify a wide range of clinical issues in Spanish-speaking adults who may have social and economic barriers to mental health treatment.

## Translation Process

A Spanish item booklet and answer sheet for the PAI were published in 1992, just one year after the PAI was published. Carlos J. Cano, PhD, translated the PAI Reusable Item Booklet and Hand-Scorable Answer Sheet into Spanish, specifically Spanish for the U.S., with help from Pedro M. Ferreira, PhD. They carefully translated items and instructions while considering each scale's purpose and intent as described in the PAI Professional Manual (Morey, 1991). This allowed the translators to ensure that any subtle wording nuances were appropriately translated and the psychological meaning of each item was retained.

Since the PAS is a derivative of the PAI, all items for the PAS Spanish Hand-Scorable Response Form were taken from those PAI Spanish forms. Extensive reviews ensured that all items were correctly transferred and matched the order and content of the English version of the PAS, and an additional review was completed by a professional Spanish-speaking copy editor.

The PAS Spanish Hand-Scorable Response Form is printed on carbonless paper with the scoring sheet underneath. This underlying scoring sheet has not been translated into Spanish, allowing clinicians who do not speak Spanish to easily score and interpret the instrument.

## Using the PAS Spanish Hand-Scorable Response Form

To increase ecological validity, the publisher recommends using an acculturation measure prior to administration of any measure in Spanish. PAR's Language Acculturation Meter (LAM; Trujillo et al., 2020) is a free resource available in both English and Spanish. The LAM documents an individual's background information and prior educational history and includes 17 items that measure language usage and English comprehension. Use of the LAM can open a dialogue that will increase a clinician's cultural awareness of the individual being evaluated and provide valuable background information to consider when making decisions regarding further assessment.

### Administration

Administration of the PAS Spanish Hand-Scorable Response Form is identical to administration in English, as detailed in the PAS Professional Manual (Morey, 1997). The form can be completed by individuals ages 18 years and older, although caution should be exercised when examining individuals who may have physical or sensorimotor deficits (such as issues with visual acuity).

Administration takes most individuals only about 5 minutes. Since examinees should be verbally instructed to complete the form in any quiet setting that is free from distractions, administration of the PAS Spanish Hand-Scorable Response Form by a bilingual Spanish-speaking examiner is recommended. This will allow the examiner to be fully available to answer any questions that may arise. Due to the low item count on the PAS Spanish Hand-Scorable Response Form, it is imperative that the examinee answers all items and only chooses one response per

item. When the examinee has finished, the psychologist or clinician should review the form for completion.

### Scoring

The PAS Spanish Hand-Scorable Response Form is scored exactly like the English version, as detailed in the PAS Professional Manual (Morey, 1997). To hand score the completed carbonless form, tear at the perforation and peel back the front page. The underlying scoring sheet has not been translated into Spanish, allowing clinicians who do not speak Spanish to easily score and interpret this instrument.

The bottom page will reveal circled item scores (ranging from 0–3) for each of the 22 items. Transfer each item score to the white spaces provided in each row of the scoring grid, then add the scores for each domain and write the summed subtotals in the designated spaces in the Raw Scores row. To obtain the PAS Total raw score, sum all 10 domain scores. Scores can then be plotted by circling the appropriate raw score ranges in the grid. To determine *P* score values, refer to Appendix A of the PAS manual; information about interpretation of *P* scores can be found in Chapter 3. Clinicians should exercise caution and professional judgment during interpretation, as normative scores were generated using the English version of the PAS.

In addition to traditional hand scoring, PAS Spanish Hand-Scorable Response form scores can be hand-entered into [PARIConnect](#), which then generates a PAS Score or Interpretive Report. This method is reliable, easy to use, reduces scoring and report-writing time, and protects each client's identity.

**To increase ecological validity, administer our [Language Acculturation Meter](#) prior to testing.**

## Summary

More than 32 million adults in the U.S. primarily speak Spanish at home (U.S. Census Bureau, 2018), and language, social, and economic barriers can prevent these individuals from receiving the mental health support they need. The PAS Spanish Hand-Scorable Response Form was developed to provide clinicians with a valuable tool to help Spanish-speaking clients and patients who may be at risk of clinical disorders so they can get the help they need.

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A comprehensive reference list of research articles related to the PAI is available at [https://www.mendeley.com/community/personality-assessment-inventory-\(pai\)/](https://www.mendeley.com/community/personality-assessment-inventory-(pai)/). After accessing the link, you will be prompted to create an account with Mendeley, a free reference management tool, to view the PAI reference list.

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