



PERSONALITY ASSESSMENT INVENTORY™ - ADOLESCENT

Clinical Interpretive Report

by

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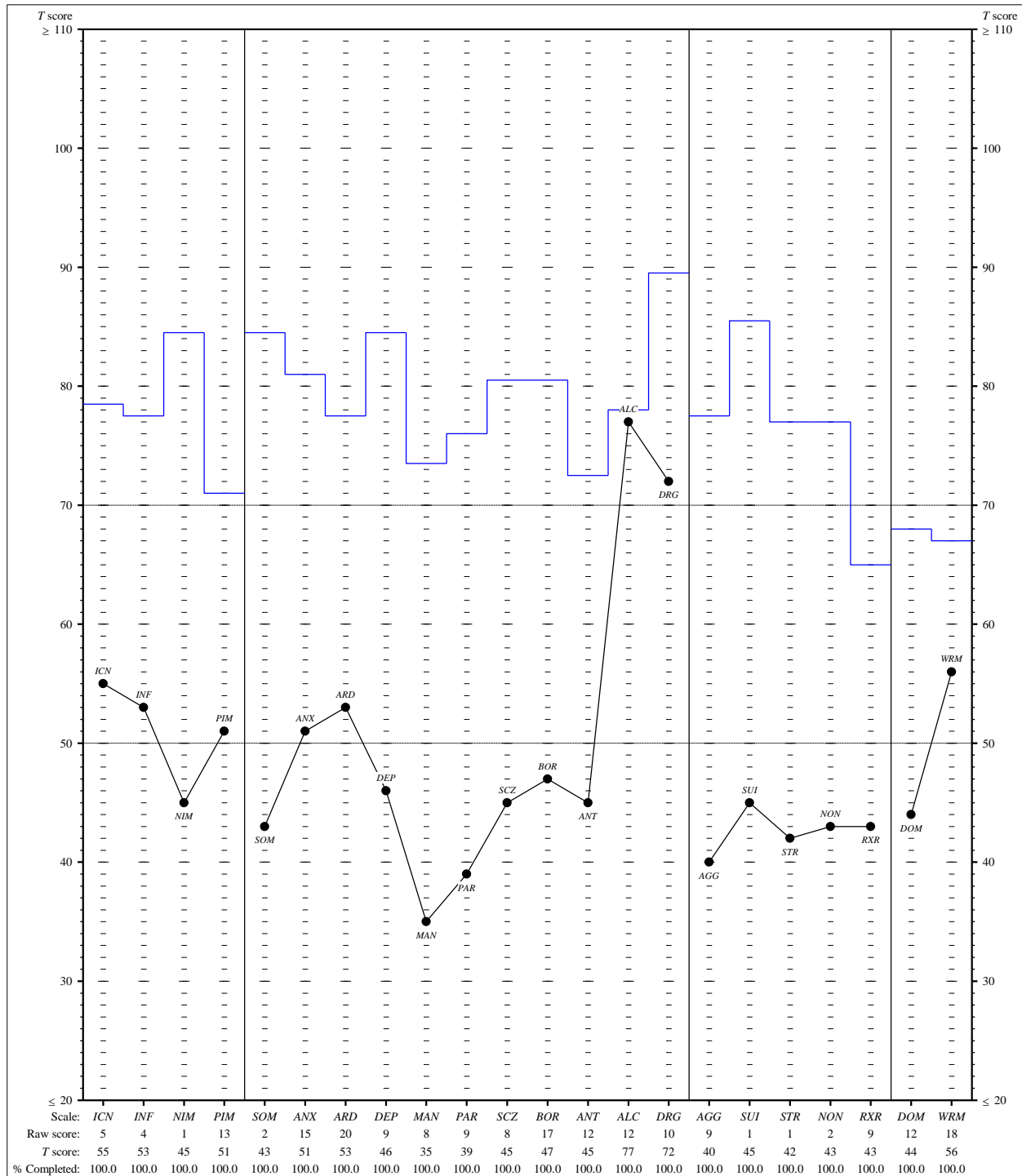
Client Information

Name: Sample Client
Client ID: SC02
Gender: Male
Age: 17
Grade: 11th
Date of Birth: 06/12/1990
Test Date: 11/08/2007
Ethnicity: Caucasian/White
Referred By: Dr Whitehall
Working Diagnosis: Polysubstance Abuse

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

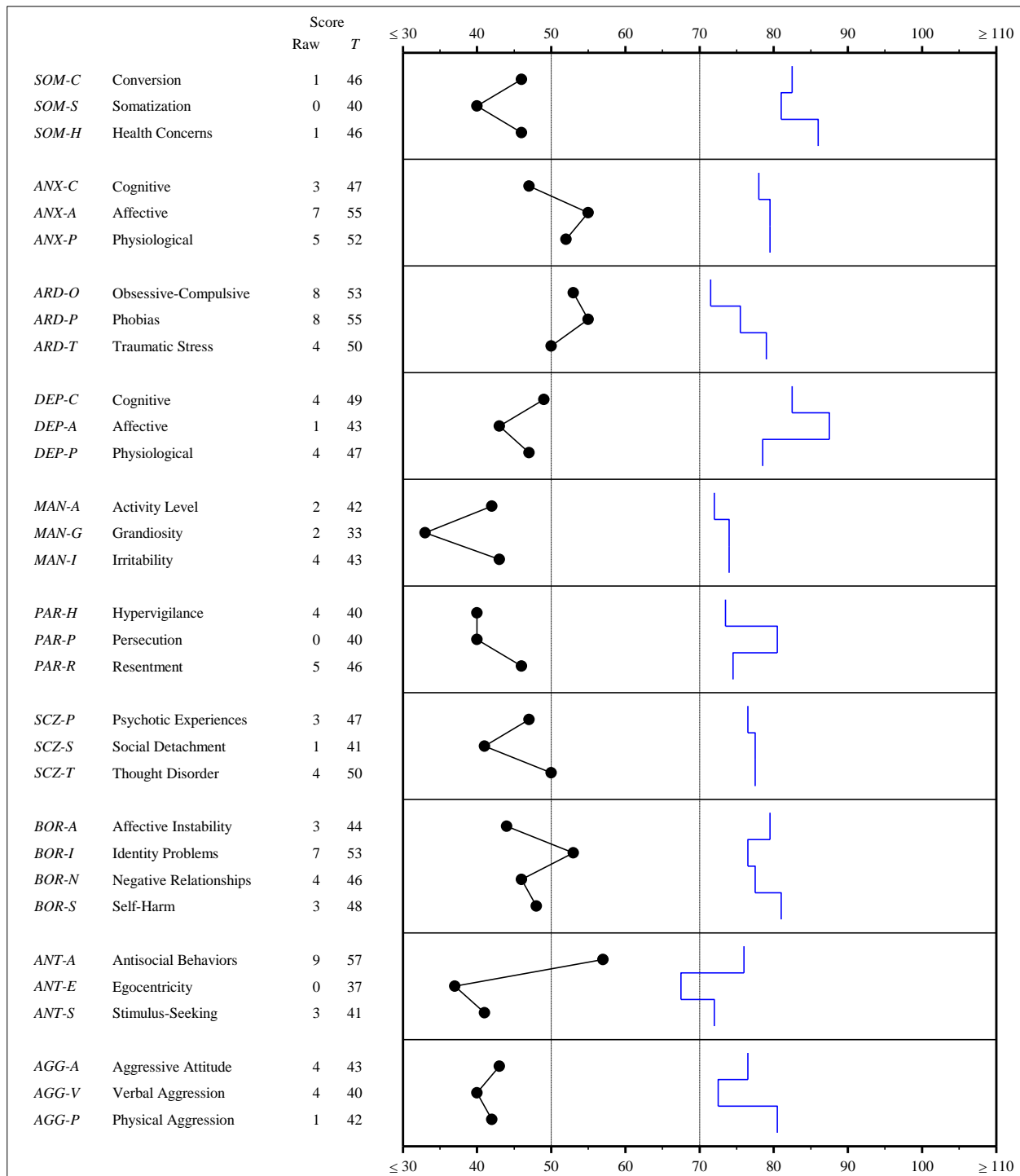


Plotted T scores are based upon a census matched standardization sample of 707 community adolescents 12 to 18 years of age.

■ 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.

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 significant elevations, indicating the presence of clinical features that are likely to be sources of difficulty for the respondent. The configuration of the clinical scales suggests a person with a pattern 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 social relationships and his school performance, with these difficulties serving as additional sources of stress and perhaps further aggravating his tendency to drink and use drugs.

The respondent reports that his use of alcohol has had a negative impact on his life. Alcohol-related problems are likely, including difficulties in interpersonal relationships, difficulties at school, and possible legal complications.

The respondent indicates that his use of drugs has been sufficient to have had negative consequences on his life. Problems associated with drug use appear to be noteworthy, including strained and family interpersonal relationships, school and/or legal problems, and possible health complications.

According to the respondent's self-report, he describes NO significant problems in the following areas: unusual thoughts or peculiar experiences, antisocial behavior, problems with empathy, undue suspiciousness or hostility, extreme moodiness and impulsivity, unhappiness and depression, unusually elevated mood or heightened activity, marked anxiety, problematic behaviors used to manage anxiety, or difficulties with health or physical functioning.

Self-Concept

The respondent appears to be reasonably comfortable with himself, although his self-esteem may be rather reactive to changes in his current circumstances. The respondent may be inwardly troubled by more self-doubt and misgivings about his adequacy than is readily

apparent to others. He may tend to play down his 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 open, genuine, and conforming. He is likely to be a somewhat unassuming individual who prefers to avoid the leadership role in social interactions and relationships. Although he is probably not shy or socially avoidant, he is likely to be most comfortable in the background of a social setting. Despite his rather unobtrusive stance in social interactions, he is probably reasonably effective in his interactions. He is likely to be seen by others as a warm, quiet individual who is fairly eager to please.

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 he reports having experienced very few stressful events in the recent past. His perceived level of social support is about average in comparison to normal adolescents. The combination of a stable and relatively stress-free environment with the availability of a 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 suicidal ideation, the respondent is not reporting distress from thoughts of self-harm.

With respect to anger management, the respondent describes his temper as within the normal range, and as fairly well-controlled without apparent difficulty.

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: 305.00 Alcohol Abuse

305.90 Other (or Unknown) Substance Abuse
Axis II: 799.9 Diagnosis or condition deferred on Axis II

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	[Item text was removed from this report for sample purposes.]
128	SCZ-P	F	[Item text was removed from this report for sample purposes.]
222	PAR-P	F	[Item text was removed from this report for sample purposes.]
Potential for Self-Harm			
79	BOR-S	F	[Item text was removed from this report for sample purposes.]
165	DEP-A	F	[Item text was removed from this report for sample purposes.]
262	SUI	F	[Item text was removed from this report for sample purposes.]
Potential for Aggression			
58	AGG-P	F	[Item text was removed from this report for sample purposes.]
138	AGG-P	F	[Item text was removed from this report for sample purposes.]
Substance Abuse			
60	DRG	ST	[Item text was removed from this report for sample purposes.]
217	ALC	ST	[Item text was removed from this report for sample purposes.]
Traumatic Stressors			
191	ARD-T	F	[Item text was removed from this report for sample purposes.]
231	ARD-T	F	[Item text was removed from this report for sample purposes.]
Potential Malingering/Negative Distortion			
13	NIM	F	[Item text was removed from this report for sample purposes.]
213	NIM	F	[Item text was removed from this report for sample purposes.]
Unreliability			
89	ANT-A	F	[Item text was removed from this report for sample purposes.]
129	ANT-A	F	[Item text was removed from this report for sample purposes.]
199	BOR-S	F	[Item text was removed from this report for sample purposes.]

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

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

End of Report