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# PSYCHCLINICAL REPORT

**SAMPLE REPORT**

# PsychClinical Report™

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## DIAGNOSTIC EVALUATION

|                            |                       |
|----------------------------|-----------------------|
| Name: Test 36              | Birthdate: 01/01/1989 |
| Date of Report: 10/02/2026 | Age: 37               |
| Date(s) of Evaluation:     |                       |

### Reason for Referral

Test, a 22-year-old male art student, was referred for psychological evaluation by his marital therapist after presenting to couples therapy with his wife. At the time of referral, Test and his wife had been married for two months and had a 6-month-old child together. Their stated treatment goals in couples therapy were to develop more respectful and effective communication. During therapy, Test also expressed a desire for himself and his mother to become less involved in each other's lives.

Relevant background documented at referral included that Test's mother has a diagnosis of Bipolar I Disorder and has taken psychiatric medication intermittently for most of Test's life. It was also noted that Test has never met his father and that his mother has a persistent history of involvement in abusive relationships. By the third couples therapy session, the therapist observed a marked increase in Test's anxiety, with disorganized and frantic speech. In response to this presentation, the therapist administered the Personality Assessment Inventory to further characterize Test's psychological functioning and to inform ongoing treatment planning. Shortly after completing the assessment, Test discontinued couples therapy, reporting that although he and his wife had benefited from the sessions, the scheduling was interfering with their lives.

### Background Information

Test is a 22-year-old Caucasian male who is currently working as an art student. At the time of this evaluation, Test had been married for two months. He and his 17-year-old wife have a 6-month-old child, and Test is managing the demands of early marriage and new parenthood.

Test described a complicated family background that is closely tied to his current psychosocial functioning. He has never met his father. Test reported that his mother has Bipolar I Disorder and has taken psychiatric medication intermittently throughout his life. He also reported that his mother has had a persistent pattern of involvement in abusive relationships. In describing his relationship with her, Test stated that it has historically been enmeshed, and he expressed a desire for greater separation from her.

Substance-related concerns were documented during adolescence. At age 15, Test was hospitalized for substance abuse involving marijuana and alcohol and entered a rehabilitation program. During that admission, Test disclosed to health care professionals that his mother frequently did not wear clothes in the house, and staff assisted him in confronting her about this. Test reported that his mother removed him from the rehabilitation program against medical advice after nine months.

Test also reported a distressing memory from age 17. He recalled waking with the sensation that his genitals were being fondled and seeing his mother getting up from his bed as he awoke. Test stated that he and his mother have never discussed this incident. He further reported that he continues to re-experience this memory and that it remains a source of ongoing distress.

## Evaluation Methods

### Record Review

- Psychiatric Records
- Prior Treatment Records

### Observations

- Clinical Observations
- Testing Behavior

### Standardized Tests and Performance-Based Assessments

- Personality Assessment Inventory (PAI)

## Previous Evaluations

Available psychiatric records indicated that Test had only one documented prior treatment episode: a psychiatric hospitalization and substance abuse rehabilitation admission at age 15. According to those records, Test then remained in treatment for approximately nine months, after which his mother removed him against medical advice. The records did not include a formal psychological testing report or a written evaluation from that admission, so no prior standardized findings, diagnostic formulations, or evaluator observations from that period were available for review.

Beyond that adolescent rehabilitation episode, the psychiatric records stated that there was no documented history of a comprehensive psychological or psychiatric evaluation for Test. The records further noted that the current Personality Assessment Inventory administration, completed in the context of couples therapy, was Test's first documented standardized psychological assessment in adulthood.

Across the available file, the consistent pattern was limited prior documentation rather than multiple prior evaluations. In practical terms, the historical record for Test reflected a significant adolescent treatment episode, followed by an absence of accessible formal evaluation records and no documented comprehensive adult psychological or psychiatric assessment before the current testing. The records also indicated that documentation from the age-15 admission was not available, leaving the available file without details regarding Test's substance use history or any diagnostic impressions that may have been made at that time.

## Clinical Observations

Test was observed across several couples therapy sessions with his wife. In those sessions, Test was described as engaging in the therapeutic process with her, and he reported that the couple had derived benefit from the work. By the third session, the marital therapist documented a marked increase in Test's anxiety. This change in presentation was observed behaviorally through disorganized and frantic speech. The therapist described this shift as sufficiently notable to prompt administration of the Personality Assessment Inventory (PAI) in order to further characterize Test's psychological presentation and guide ongoing treatment planning.

The available records indicate that Test completed the PAI but discontinued treatment shortly thereafter, before the results were scored or reviewed with him. The stated reason for ending treatment was scheduling conflicts. The records further note that this early termination occurred during the same period in which Test was presenting with heightened anxiety and disorganized speech, and the timing of his discontinuation was documented as a clinically relevant behavioral observation. No scored PAI results were available in the records provided.

### Testing Behavior

During completion of the PAI, Test completed the protocol with no missing responses. Test's response pattern indicated appropriate attention to item content and consistent responding across similarly worded items, which supports interpretability of the protocol from a consistency standpoint.

At the same time, several validity indicators were reported to fall outside the normal range. As documented, this pattern suggests that Test's responses may not fully reflect a forthright, undistorted self-report. The examiner noted that Test's pattern was more consistent with a negative response set than with a random or careless approach, indicating that Test tended to present himself in a consistently negative or distressed light. There was no indication that Test attempted to minimize difficulties or present himself in an overly favorable manner. The documented validity pattern also raised the possibility that some symptoms may have been overrepresented in degree, while also noting that this same pattern can occur in the context of genuine and significant distress.

The available records did not include a feedback session or follow-up interview regarding Test's testing experience, as Test discontinued treatment shortly after completing the protocol and before it was scored. As a result, no additional behavioral observations or clarifying examiner comments about Test's testing experience were documented beyond the response-style findings described above.

### Personality Test Results

## Personality Assessment Inventory (Pai)

The Personality Assessment Inventory (PAI) is a 344-item self-report measure of adult personality and psychopathology. This in-depth measure of personality covers the constructs most critical for a comprehensive assessment of mental disorders.

On the Personality Assessment Inventory, Test endorsed multiple critical items involving psychotic experiences, self-harm, aggression, substance use, and trauma-related distress.

Delusions and hallucinations - Test endorsed believing that other people could hear his thoughts. - Test endorsed believing that other people could read his thoughts. - Test endorsed hearing voices that others could not hear. - Test endorsed believing that he was the target of a conspiracy.

Potential for self-harm - Test endorsed having made plans to end his life. - Test endorsed hurting himself when upset. - Test endorsed markedly diminished interest in life. - Test endorsed thinking about suicide.

Potential for aggression - Test endorsed that other people are afraid of his temper. - Test endorsed episodes in which his temper explodes and he loses control. - Test endorsed threatening to hurt other people.

Substance abuse, current and historical - Test endorsed having used many different kinds of drugs. - Test endorsed difficulty controlling alcohol use. - Test endorsed that his drug use is out of control. - Test indicated that drinking has caused him problems.

Traumatic stressors - Test endorsed repeatedly reliving a horrific past experience. - Test endorsed long-standing distressing memories of a bad experience. - Test endorsed reduced interest in previously enjoyed activities following a bad experience.

The report further notes recurrent suicidal thoughts in Test, with added concern related to poor impulse control, limited social support, and overuse of alcohol. It also describes Test as potentially prone to unexpected extreme anger, including property damage and threats toward others, with psychotic symptoms, agitation, and affective lability identified as factors that may further increase this potential. These critical item endorsements are not, by themselves, diagnostic and warrant direct follow-up with Test.

### **Response style and validity**

For Test, the number of uncompleted items was within acceptable limits. The validity narrative indicates that Test generally attended to item content and responded consistently to similar items, although there was some inconsistency between responses given earlier and later in the test, raising the possibility that his approach changed over time, perhaps with reduced attention toward the end. The report also states that Test may not have answered in a completely forthright manner, with some atypical indications raising the possibility of defensiveness or of exaggerating some shortcomings while minimizing others. At the same time, the negative response-style findings suggest a consistently negative or pathological self-presentation, including bizarre and extreme symptoms without the degree of anxiety and environmental wariness that would ordinarily be expected; the protocol was not described as invalid, but the clinical findings may overrepresent the extent and degree of psychopathology.

### **Externalizing functioning**

The clinical profile for Test reflects prominent findings across several areas, increasing the possibility of multiple diagnoses. The report cautions that, because of the response tendencies noted above, the clinical picture may overrepresent the actual degree of psychopathology; even so, profiles of this type are usually associated with marked distress and, unless distortion is extensive, severe impairment in functioning. Within this broader picture, the configuration suggests a history of polysubstance abuse involving both alcohol and other drugs. The report further indicates that when Test is disinhibited by substance use, other acting-out behaviors may become more apparent, and that this pattern is probably disrupting work performance and social relationships while creating additional stress that may further aggravate alcohol and drug use.

The narrative describes Test's alcohol use as having had numerous adverse consequences, likely including interpersonal problems, occupational difficulties, possible health complications, repeated

unsuccessful efforts to cut down, and consequences consistent with dependence. His drug use is described in similarly broad and impairing terms, with likely effects across relationships, legal status, vocational functioning, finances, and medical well-being, along with limited control over its impact and possible withdrawal-related concentration problems, anxiety, and depression. In addition, Test is described as showing significant features associated with mania: he is likely to be unusually energetic, impulsive, overcommitted, and disorganized, with accelerated thinking and inflated self-regard that may at times become unrealistic or grandiose. The report also suggests a history of antisocial behavior, possible conduct-disordered behavior during adolescence, reckless risk taking, and possible involvement in illegal or aggressive acts. At the same time, Test described no significant problems with empathy.

### Internalizing functioning

In the internalizing domain, Test is described as experiencing a discomforting level of anxiety and tension, with worry significant enough to interfere with concentration and attention. The report indicates severe, situation-linked anxiety, a life that may be substantially constricted by psychological turmoil, and repeated efforts to control anxiety that appear to have limited effect. Test is also described as likely to rely on maladaptive efforts to manage anxiety, to appear perfectionistic and rigid to others, to ruminate to the point of indecision, and to become especially stressed by unexpected changes, contradictory information, or concern about his own impulses. At the same time, the report states that Test does not appear to be suffering from significant phobias. It also suggests that he has likely experienced a disturbing traumatic event that continues to produce recurrent anxiety and distress.

The narrative further describes Test as emotionally labile, with rapid mood shifts, episodes of poorly controlled anger, uncertainty about major life issues, and a limited sense of direction or purpose. He is portrayed as impulsive and prone to self-damaging behaviors, including behaviors involving spending, sex, and substance use, and the report notes a possible increase in risk for self-mutilation or suicidal behavior. Test also reports unusual concern about physical functioning and health matters, with likely daily impairment from physical problems that he may experience as complex and difficult to treat; these complaints are described as especially focused on neurological and musculoskeletal symptoms, including unusual sensory or motor dysfunction. In addition, the report indicates some difficulties consistent with relatively mild or transient depressive symptoms, while noting that the physical signs of tension are not a major part of the picture compared with the cognitive and affective aspects of anxiety.

### Reality testing and thought functioning

For reality testing and thought functioning, Test's self-description suggests marked peculiarities in thinking and experience. The report states that this pattern is often associated with an active psychotic episode and with poor judgment and impaired reality testing, and it suggests that Test may experience unusual perceptions or hallucination-like events as well as unusual ideas, including magical or delusional beliefs. His thought processes are described as potentially confused, distractible, and difficult to organize, with concentration problems and possible experiences of thoughts as blocked, withdrawn, or influenced by others.

The same narrative indicates that Test is likely to be socially isolated, to have few close or warm relationships, and to have difficulty interpreting the interpersonal cues that give relationships meaning. This detachment may reduce the discomfort that interpersonal contact creates for him. Test is also described as highly suspicious and resentful in his relationships, quick to perceive slights or unfair treatment, prone to holding grudges, and likely to be viewed by others as hostile, leaving work relationships particularly strained even when support is offered.

### Self-Concept, Interpersonal and Social Environment, and Treatment Considerations

Test's self-concept is described as generally positive but fluctuating. The report suggests that his positive self-regard may partly defend against uncertainty and self-doubt, making it vulnerable to criticism or scrutiny; when setbacks occur, Test may preserve self-esteem by attributing responsibility to external causes. Interpersonally, Test is described as modest and unpretentious, but also self-conscious,

uncomfortable with assertion, and sensitive to others' evaluations. Others may see him as passive and unassuming, and prior attempts at being assertive may have led to conflicts he prefers to avoid.

In the social environment, Test is described as experiencing a mild degree of stress in a major life area, with at least some of that stress likely related to relationships and to a perceived level of social support that is somewhat lower than that of the average adult. He may have relatively few close relationships or dissatisfaction with their quality. With respect to treatment engagement, Test's interest in treatment is described as similar to adults who are not in treatment and lower than is typical in treatment settings, suggesting that early engagement may be affected by reluctance to discuss personal problems and ambivalence about the need for change. The report further indicates that limited support may intensify the significance of the therapeutic relationship, that trust may take time to establish, and that disorganization, feeling overwhelmed, emotional constriction, and difficulty with authority may complicate sustained participation and require careful handling of alliance strain.

### DSM-5 diagnostic possibilities

These are hypotheses suggested by the configuration of PAI scale scores; they are not diagnoses, and all available sources of information should be considered before any diagnosis is established.

#### Diagnostic considerations

| DSM-5 code | ICD-10 code | Diagnosis                                                             |
|------------|-------------|-----------------------------------------------------------------------|
| 303.90     | F10.20      | Alcohol use disorder, severe                                          |
| 304.90     | F19.20      | Other (or unknown) substance use disorder, severe                     |
| 295.90     | F20.9       | Schizophrenia                                                         |
| 309.81     | F43.10      | Posttraumatic stress disorder                                         |
| 296.40     | F31.9       | Bipolar I disorder, current or most recent episode manic, unspecified |
| 295.70     | F25.0       | Schizoaffective disorder, bipolar type                                |
| 301.7      | F60.2       | Antisocial personality disorder                                       |
| 300.3      | F42.2       | Obsessive-compulsive disorder                                         |
| 312.34     | F63.81      | Intermittent explosive disorder                                       |
| 300.11     | F44.x       | Conversion disorder (functional neurological symptom disorder)        |

#### Rule-outs

| DSM-5 code | ICD-10 code | Diagnosis                           |
|------------|-------------|-------------------------------------|
| 301.83     | F60.3       | Borderline personality disorder     |
| 294.9      | R41.9       | Unspecified neurocognitive disorder |

## Score tables

### Validity Scales

| Scale | T score |
|-------|---------|
| ICN   | 52      |
| INF   | 59      |
| NIM   | 81      |
| PIM   | 48      |

### Clinical Scales

| Scale | T score |
|-------|---------|
| SOM   | 73      |
| ANX   | 79      |
| ARD   | 93      |
| DEP   | 61      |
| MAN   | 87      |
| PAR   | 83      |
| SCZ   | 90      |
| BOR   | 79      |
| ANT   | 75      |
| ALC   | 98      |
| DRG   | 96      |
| AGG   | 67      |

### Treatment Consideration Scales

| Scale | T score |
|-------|---------|
| SUI   | 74      |
| STR   | 62      |
| NON   | 67      |
| RXR   | 44      |

### Interpersonal Scales

| Scale | T score |
|-------|---------|
| DOM   | 38      |
| WRM   | 46      |

### Subscales

| Scale | T score |
|-------|---------|
| SOM-C | 84      |
| SOM-S | 67      |
| SOM-H | 62      |
| ANX-C | 82      |
| ANX-A | 75      |
| ANX-P | 69      |
| ARD-O | 81      |
| ARD-P | 65      |
| ARD-T | 96      |
| DEP-C | 61      |
| DEP-A | 64      |
| DEP-P | 55      |
| MAN-A | 76      |
| MAN-G | 79      |
| MAN-I | 81      |
| PAR-H | 63      |
| PAR-P | 98      |
| PAR-R | 72      |
| SCZ-P | 76      |
| SCZ-S | 87      |
| SCZ-T | 75      |

| Scale | T score |
|-------|---------|
| BOR-A | 75      |
| BOR-I | 74      |
| BOR-N | 68      |
| BOR-S | 76      |
| ANT-A | 86      |
| ANT-E | 45      |
| ANT-S | 73      |
| AGG-A | 67      |
| AGG-V | 31      |
| AGG-P | 100     |

### Comprehensive Summary

Strengths: Test presents with several meaningful assets despite substantial distress. In the available records, Test showed the capacity to engage in treatment alongside his wife, and he reported that the work had been beneficial, suggesting at least some openness to reflection and interpersonal learning. Test also articulated clear relational goals, including more respectful communication and greater separation from an enmeshed relationship with his mother, which may reflect emerging insight into patterns that affect him. On testing, Test completed the protocol without missing responses and showed generally consistent attention to item content, so the overall profile appears interpretable even though response-style concerns require caution. Interpersonally, Test is described as modest and unpretentious rather than domineering, and the report does not suggest major deficits in empathy. His self-concept appears to retain some positive elements, although it fluctuates under stress. Taken together, these findings suggest that Test has some preserved reflective capacity, the ability to identify relationship concerns, and at least intermittent willingness to participate in help-seeking when circumstances allow.

Areas of Needed Support: The most prominent concerns for Test involve severe emotional dysregulation, trauma-related distress, disturbed thought processes, substance-related problems, and safety-related risk indicators. Across interview material, prior records, therapist observations, and the Personality Assessment Inventory, Test appears to experience marked anxiety, rapid mood shifts, suspiciousness, disorganization, and significant difficulty managing impulses. The testing narrative suggests that Test may be presenting himself in an unusually negative or pathological light, so the degree of pathology may be overstated; however, this pattern is also noted to occur in individuals with genuine, high levels of distress. That discrepancy is clinically important: for Test, the validity findings limit confidence in the exact intensity of symptoms, but they do not diminish concern about the breadth of difficulties reported. Additional support is also indicated by Test's history of adolescent substance treatment, recurrent distress linked to a traumatic memory, limited social support, low trust, and reduced interest in sustained treatment.

engagement. His abrupt discontinuation shortly after testing, during a period of heightened anxiety and frantic, disorganized speech, further suggests vulnerability when emotional demands increase.

**Impact on Daily Functioning:** In daily life, the overall pattern suggests that Test may have difficulty maintaining stable functioning across relationships, parenting demands, work or academic responsibilities, and self-regulation. His anxiety, rumination, and possible concentration problems are likely influencing organization, decision-making, and tolerance for change. At the same time, Test's impulsivity, anger dyscontrol, and substance-related difficulties may contribute to abrupt reactions, strained communication, and reduced reliability under stress. The records indicate that Test is managing early marriage, new parenthood, and limited support while also carrying unresolved family trauma and longstanding boundary problems with his mother; this combination may amplify emotional overload and make ordinary stressors feel harder to contain. Interpersonally, Test appears to want closeness yet may also become suspicious, self-conscious, or resentful, which is likely affecting trust and consistency in relationships. His positive but unstable self-regard may help him function at times, but it may also become more fragile when he feels criticized or overwhelmed. Overall, Test's profile suggests a person with real strengths who is nevertheless contending with a dense cluster of emotional, behavioral, and relational difficulties that may be interfering with day-to-day stability.

#### Diagnostic Considerations (Beta)

## DSM Questions Raised

The Diagnostic Considerations section supports clinical reasoning by identifying diagnostic questions raised by the evaluation data, summarizing supporting and conflicting evidence, and noting missing or unclear information relevant to DSM-5-TR decision making. - Alcohol use disorder - Other (or unknown) substance use disorder - Posttraumatic stress disorder - Schizophrenia spectrum or other psychotic disorder - Bipolar and related disorder - Intermittent explosive disorder - Antisocial personality disorder - Borderline personality disorder

## Evidence

The evidence presented below organizes information from the evaluation record in a structured way to help the practitioner clarify what evidence exists-and what does not-for each diagnostic question under consideration. Rather than drawing conclusions, this section helps the practitioner systematically examine whether key diagnostic elements are supported by the available data, how strong that support is, and where meaningful gaps may remain.

### Alcohol use disorder

**Supporting Evidence** - At age 15, Test was hospitalized for substance abuse involving marijuana and alcohol and entered rehabilitation (Psychoeducational Assessment, Background Information). - This assessment showed ALC = 98, and the narrative described alcohol use with numerous adverse consequences and limited control (Psychoeducational Assessment, Personality Test Results). - The record described alcohol overuse as a factor increasing concern about suicidal risk in Test (Psychoeducational Assessment, Personality Test Results).

**Contradictory Evidence** - NIM = 81, and the report stated that the clinical findings may overrepresent the extent and degree of psychopathology (Psychoeducational Assessment, Validity Scales; Personality Test Results). - No independent collateral described Test's current alcohol pattern (record-wide).

Unknown / missing Evidence - Current quantity/frequency, recent use, tolerance, withdrawal, remission periods, and whether current impairment is attributable specifically to alcohol rather than broader polysubstance use or mood/psychotic symptoms.

| Key Requirement Domain                            | Support status | Evidence strength | Evidence                                                                                                                                                                                                                                          |
|---------------------------------------------------|----------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Core feature evidence (objective where available) | Explicit       | Strong            | Age-15 hospitalization for alcohol-related substance treatment; ALC = 98; narrative described adverse consequences and impaired control (Background Information; Personality Test Results).                                                       |
| Time course / duration                            | Explicit       | Moderate          | Earliest mention: age 15 hospitalization. Latest mention: current adult PAI narrative. Minimum supported duration: approximately 9 months during adolescent rehabilitation, plus separate current adult indicators without documented continuity. |
| Distress / functional impairment                  | Explicit       | Moderate          | Narrative described likely interpersonal and occupational disruption related to substance use in Test (Personality Test Results).                                                                                                                 |
| Cross-setting / multi-informant consistency       | Explicit       | Limited           | Support comes from historical treatment record plus current self-report test narrative; no recent collateral or medical corroboration.                                                                                                            |
| Onset / developmental trajectory                  | Explicit       | Moderate          | Early onset is supported by treatment at age 15; adult findings suggest recurrence/persistence, but uninterrupted course to the present is not documented.                                                                                        |

## Other (or unknown) substance use disorder

Supporting Evidence - Test had adolescent hospitalization and rehabilitation for marijuana and alcohol use (Psychoeducational Assessment, Background Information). - This assessment showed DRG = 96, and the narrative described a history of polysubstance abuse involving alcohol and other drugs (Psychoeducational Assessment, Personality Test Results). - The narrative described likely effects across relationships, legal status, vocational functioning, finances, and medical well-being for Test (Psychoeducational Assessment, Personality Test Results).

Contradictory Evidence - Validity findings raised possible symptom overrepresentation (Psychoeducational Assessment, Validity Scales; Personality Test Results). - Specific substances, recency, and course were not well differentiated for Test (record-wide).

Unknown / missing Evidence - Substance-specific timeline, current substances used, physiological features, sustained abstinence periods, and whether cognitive/psychiatric features occur only during intoxication or withdrawal.

| Key Requirement Domain                            | Support status | Evidence strength | Evidence                                                                                                                                                               |
|---------------------------------------------------|----------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Core feature evidence (objective where available) | Explicit       | Strong            | Adolescent treatment for marijuana/alcohol; DRG = 96; narrative described polysubstance abuse with limited control (Background Information; Personality Test Results). |

| Key Requirement Domain                      | Support status | Evidence strength | Evidence                                                                                                                                                                                                                    |
|---------------------------------------------|----------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Time course / duration                      | Explicit       | Moderate          | Earliest mention: age 15. Latest mention: current adult PAI narrative. Minimum supported duration: approximately 9 months during adolescent rehabilitation, with separate current adult indicators not linked continuously. |
| Distress / functional impairment            | Explicit       | Moderate          | Narrative described likely effects on relationships, legal status, finances, work, and health for Test (Personality Test Results).                                                                                          |
| Cross-setting / multi-informant consistency | Explicit       | Limited           | Historical treatment record and current self-report align broadly; no recent collateral, toxicology, or treatment records.                                                                                                  |
| Onset / developmental trajectory            | Explicit       | Moderate          | Substance-related problems were documented in adolescence; adult elevations suggest the question remains active.                                                                                                            |

## Posttraumatic stress disorder

Supporting Evidence - Test reported a distressing incident at age 17 involving his mother and stated that he continues to re-experience the memory and remains distressed by it (Psychoeducational Assessment, Background Information). - This assessment showed ARD = 93 and ARD-T = 96; trauma-related elevation was notably higher than ARD-P = 65, indicating that trauma-linked distress was more prominent than panic features within this scale set (Psychoeducational Assessment, Subscales). - The narrative stated that Test likely experienced a disturbing traumatic event that continues to produce recurrent anxiety and distress (Psychoeducational Assessment, Personality Test Results).

Contradictory Evidence - The record did not clearly document avoidance symptoms, full negative-cognition/mood features, or hyperarousal features apart from broad anxiety and distress. - Validity findings raise possible overstatement of symptom severity (Psychoeducational Assessment, Personality Test Results).

Unknown / missing Evidence - Full trauma criterion mapping, whether the reported event meets DSM trauma exposure requirements as documented, extent of avoidance, hyperarousal, dissociation, and current functional impairment attributable specifically to trauma symptoms.

| Key Requirement Domain                            | Support status | Evidence strength | Evidence                                                                                                                                                                                      |
|---------------------------------------------------|----------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Core feature evidence (objective where available) | Explicit       | Moderate          | Test reported persistent re-experiencing and ongoing distress tied to the age-17 incident; ARD = 93 and ARD-T = 96 (Background Information; Subscales).                                       |
| Time course / duration                            | Explicit       | Strong            | Earliest mention: age 17 incident. Latest mention: current adult report that he "continues to re-experience this memory" (Background Information). Minimum supported duration: about 5 years. |

| Key Requirement Domain                      | Support status | Evidence strength | Evidence                                                                                                                        |
|---------------------------------------------|----------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Distress / functional impairment            | Explicit       | Limited           | Ongoing distress is explicit; specific functional impairment directly attributable to trauma symptoms is less fully documented. |
| Cross-setting / multi-informant consistency | Explicit       | Limited           | Trauma-related evidence comes from Test's history plus PAI narrative; no collateral confirmation or trauma interview findings.  |
| Onset / developmental trajectory            | Explicit       | Moderate          | Symptoms were linked to a specific adolescent event and described as persisting into adulthood.                                 |

## Schizophrenia spectrum or other psychotic disorder

Supporting Evidence - The marital therapist observed a marked increase in anxiety with disorganized and frantic speech in Test by the third couples session (Psychoeducational Assessment, Clinical Observations). - This assessment showed SCZ = 90 and PAR = 83; the narrative described marked peculiarities in thinking and experience, impaired reality testing, suspiciousness, and possible hallucination-like experiences (Psychoeducational Assessment, Clinical Scales; Personality Test Results). - Test also had SCZ-S = 87, with subscale elevations suggesting social detachment and disturbed thought-related features (Psychoeducational Assessment, Subscales).

Contradictory Evidence - NIM = 81, and the report specifically cautioned that bizarre and extreme symptoms may be overrepresented (Psychoeducational Assessment, Validity Scales; Personality Test Results). - Substance use and manic features were also strongly elevated, leaving alternative explanations unresolved (ALC = 98, DRG = 96, MAN = 87).

Unknown / missing Evidence - Duration of psychotic symptoms, onset, whether symptoms persist outside substance effects or mood episodes, formal thought disorder findings beyond one therapy description, negative symptoms, and medical/neurological rule-outs.

| Key Requirement Domain                            | Support status | Evidence strength | Evidence                                                                                                                                                                                                  |
|---------------------------------------------------|----------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Core feature evidence (objective where available) | Explicit       | Moderate          | Disorganized/frantic speech was observed clinically; SCZ = 90 and PAR = 83; narrative described impaired reality testing and unusual perceptions/ideas (Clinical Observations; Personality Test Results). |
| Time course / duration                            | Unknown        | Unknown           | Earliest mention: third couples therapy session/current adult testing. Latest mention: same evaluation period. Minimum supported duration: Unknown.                                                       |
| Distress / functional impairment                  | Explicit       | Limited           | Narrative linked this profile in Test to likely severe impairment unless distortion is extensive, but disorder-specific impairment was not independently documented.                                      |

| Key Requirement Domain                      | Support status | Evidence strength | Evidence                                                                                                                |
|---------------------------------------------|----------------|-------------------|-------------------------------------------------------------------------------------------------------------------------|
| Cross-setting / multi-informant consistency | Explicit       | Limited           | One therapist observation plus self-report test narrative; no family, medical, or longitudinal psychosis documentation. |
| Onset / developmental trajectory            | Unknown        | Unknown           | Developmental onset and longitudinal psychotic course were not documented.                                              |

## Bipolar and related disorder

Supporting Evidence - Test reported that his mother has Bipolar I Disorder (Psychoeducational Assessment, Background Information). - This assessment showed MAN = 87, with MAN-A = 76, MAN-G = 79, and MAN-I = 81 (Psychoeducational Assessment, Clinical Scales; Subscales). - The narrative described Test as likely unusually energetic, impulsive, overcommitted, disorganized, with accelerated thinking and inflated self-regard that may become unrealistic or grandiose (Psychoeducational Assessment, Personality Test Results).

Contradictory Evidence - The record did not document a distinct manic episode chronology, decreased need for sleep, or a clear episodic course. - Substance effects and psychotic-process explanations remain unresolved, and validity concerns apply (Psychoeducational Assessment, Personality Test Results).

Unknown / missing Evidence - Episode duration, whether symptoms represent a discrete mood episode, hospitalization history for mania, impairment attributable to mood symptoms specifically, and whether psychotic symptoms occur only during mood disturbance or independently.

| Key Requirement Domain                            | Support status | Evidence strength | Evidence                                                                                                                                                                  |
|---------------------------------------------------|----------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Core feature evidence (objective where available) | Explicit       | Moderate          | MAN = 87 with elevated activity, grandiosity, and irritability subscales; narrative described expansive/impulsive features in Test (Subscales; Personality Test Results). |
| Time course / duration                            | Unknown        | Unknown           | Earliest mention: current adult testing. Latest mention: same evaluation period. Minimum supported duration: Unknown.                                                     |
| Distress / functional impairment                  | Explicit       | Limited           | Narrative suggested likely occupational/social disruption, but impairment specifically attributable to mood episodes was not isolated.                                    |
| Cross-setting / multi-informant consistency       | Explicit       | Limited           | Support comes from self-report testing and one therapist observation of disorganization/anxiety; no collateral episode history.                                           |
| Onset / developmental trajectory                  | Explicit       | Limited           | Family history is documented; Test's own onset/episode pattern is not.                                                                                                    |

## Intermittent explosive disorder

**Supporting Evidence** - The narrative described Test as prone to unexpected extreme anger, threats toward others, and possible property damage (Psychoeducational Assessment, Personality Test Results). - This assessment showed AGG = 67, with AGG-P = 100 and AGG-A = 67; AGG-P was notably much higher than AGG-V = 31, suggesting that the aggression signal in this profile is weighted toward physical/behavioral acting-out rather than verbal aggression (Psychoeducational Assessment, Subscales). - The narrative also described emotional lability and poorly controlled anger in Test (Psychoeducational Assessment, Personality Test Results).

**Contradictory Evidence** - The record also described substance use, manic features, psychotic symptoms, and borderline traits, each of which could account for anger dyscontrol. - Frequency, proportionality, and temporal pattern of outbursts were not documented.

**Unknown / missing Evidence** - Recurrent pattern details, developmental onset, whether episodes are impulsive rather than instrumental, severity/frequency thresholds, and whether aggression occurs outside substance intoxication, mood episodes, or psychotic states.

| Key Requirement Domain                            | Support status | Evidence strength | Evidence                                                                                                                                   |
|---------------------------------------------------|----------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Core feature evidence (objective where available) | Explicit       | Moderate          | Narrative described explosive anger/threats; AGG = 67 and AGG-P = 100 in Test (Personality Test Results; Subscales).                       |
| Time course / duration                            | Unknown        | Unknown           | Earliest mention: current adult testing. Latest mention: same evaluation period. Minimum supported duration: Unknown.                      |
| Distress / functional impairment                  | Explicit       | Limited           | Threats, property-damage potential, and strained relationships imply impairment, but event count and consequences were not fully detailed. |
| Cross-setting / multi-informant consistency       | Explicit       | Limited           | Evidence is self-report narrative; no collateral record of specific outbursts.                                                             |
| Onset / developmental trajectory                  | Unknown        | Unknown           | No onset age or developmental course for anger outbursts was documented.                                                                   |

## Antisocial personality disorder

**Supporting Evidence** - This assessment showed ANT = 75, ANT-A = 86, and ANT-S = 73 (Psychoeducational Assessment, Clinical Scales; Subscales). - The narrative described Test as having a history of antisocial behavior, possible conduct-disordered behavior during adolescence, reckless risk taking, and possible illegal or aggressive acts (Psychoeducational Assessment, Personality Test Results). - The pattern shows a notable discrepancy: ANT-A and ANT-S were elevated, while ANT-E = 45, suggesting stronger support for acting-out/self-centered features than for low empathy/callousness in Test's self-report profile (Psychoeducational Assessment, Subscales).

**Contradictory Evidence** - The same narrative stated that Test described no significant problems with empathy (Psychoeducational Assessment, Personality Test Results). - Childhood conduct-pattern details were not independently documented, and validity concerns remain relevant.

Unknown / missing Evidence - Verified conduct symptoms before age 15, pervasive adult pattern across settings, legal history, deceitfulness, irresponsibility, and rule-outs involving substance use, trauma, or mood dysregulation.

| Key Requirement Domain                            | Support status | Evidence strength | Evidence                                                                                                                                                                                                                 |
|---------------------------------------------------|----------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Core feature evidence (objective where available) | Explicit       | Moderate          | ANT = 75 with elevated ANT-A and ANT-S; narrative referenced antisocial/reckless behavior in Test (Subscales; Personality Test Results).                                                                                 |
| Time course / duration                            | Explicit       | Limited           | Earliest mention: "possible conduct-disordered behavior during adolescence." Latest mention: current adult testing. Minimum supported duration: Unknown because adolescent conduct pattern was not concretely described. |
| Distress / functional impairment                  | Explicit       | Limited           | Narrative suggested disruption in work and relationships, but impairment attributable specifically to antisocial traits was not separated from substance and mood/psychotic factors.                                     |
| Cross-setting / multi-informant consistency       | Explicit       | Limited           | Evidence is primarily self-report test narrative; no juvenile, school, legal, or family corroboration.                                                                                                                   |
| Onset / developmental trajectory                  | Explicit       | Limited           | Possible adolescent conduct trajectory was mentioned, but details needed for DSM developmental requirements were absent.                                                                                                 |

## Borderline personality disorder

Supporting Evidence - This assessment showed BOR = 79, with BOR-A = 75, BOR-I = 74, BOR-N = 68, and BOR-S = 76 (Psychoeducational Assessment, Clinical Scales; Subscales). - The narrative described Test as emotionally labile, impulsive, prone to self-damaging behaviors, uncertain about major life issues, and at possible increased risk for self-mutilation or suicidal behavior (Psychoeducational Assessment, Personality Test Results). - SUI = 74 adds risk-related context, though it is not specific to personality structure (Psychoeducational Assessment, Treatment Consideration Scales).

Contradictory Evidence - The record did not establish a pervasive, longstanding interpersonal pattern across contexts. - Trauma-related distress, substance use, bipolar-spectrum features, and psychotic symptoms provide alternative explanations for affective instability and impulsivity.

Unknown / missing Evidence - Chronicity from adolescence/early adulthood, abandonment sensitivity, recurrent relational instability across multiple settings, identity disturbance trajectory, and whether symptoms persist outside acute stress or substance-related periods.

| Key Requirement Domain                            | Support status | Evidence strength | Evidence                                                                                                                                          |
|---------------------------------------------------|----------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Core feature evidence (objective where available) | Explicit       | Moderate          | BOR = 79 with elevations in affective instability, identity problems, negative relationships, and self-harm-related features in Test (Subscales). |

| Key Requirement Domain                      | Support status | Evidence strength | Evidence                                                                                                                                                    |
|---------------------------------------------|----------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Time course / duration                      | Unknown        | Unknown           | Earliest mention: current adult testing/couples therapy period. Latest mention: same evaluation period. Minimum supported duration: Unknown.                |
| Distress / functional impairment            | Explicit       | Moderate          | Couples therapy for communication difficulties, suicidal/self-damaging risk narrative, and interpersonal strain support clinically significant disturbance. |
| Cross-setting / multi-informant consistency | Explicit       | Limited           | Current spouse-related treatment context and self-report test data are available; broader relational history is sparse.                                     |
| Onset / developmental trajectory            | Unknown        | Unknown           | No clear longstanding developmental trajectory for personality-pattern features was documented.                                                             |

## Gaps and Overreach Risk

Overreach risk reflects the extent to which a diagnostic conclusion may exceed what the available evidence can confidently support. Ratings of Low, Moderate, or High overreach risk are based on the completeness and consistency of documented diagnostic criteria, not solely on the presence of symptoms. Low overreach risk indicates that most criteria are well documented, with only minor gaps that do not meaningfully affect interpretation. High overreach risk indicates that core criteria are absent, contradictory, or better explained by alternative factors, such that assigning a diagnosis would likely exceed the available evidence.

Alcohol use disorder — Moderate overreach risk. For Test, prior treatment history and very high alcohol-scale elevation provide substantial support, but current time course, present impairment attribution, and recent cross-setting evidence are limited. Rule-outs involving other drugs, mood disturbance, and psychotic symptoms remain incompletely addressed.

Other (or unknown) substance use disorder — Moderate overreach risk. The question is strongly raised by Test's adolescent rehabilitation history and DRG = 96, but substance-specific chronology, current substances, and symptom attribution versus intoxication/withdrawal or other psychiatric processes are unclear. Cross-setting corroboration and onset-to-present continuity are limited.

Posttraumatic stress disorder — Moderate overreach risk. Test has explicit evidence of a distressing event memory with re-experiencing and long duration, and ARD-T is markedly elevated, but several DSM requirement areas remain undocumented, including full symptom-cluster coverage, impairment attribution, and alternative explanations such as broader anxiety or personality-related dysregulation. Cross-setting support is limited to history and self-report.

Schizophrenia spectrum or other psychotic disorder — High overreach risk. Although Test showed strong psychosis/paranoia elevations and one therapist noted disorganized speech, duration, developmental course, and independent corroboration are missing. Overgeneralization risk is high because substance effects, manic symptoms, and negative response style were not ruled out as explanations for the psychotic-like presentation.

Bipolar and related disorder — High overreach risk. Test has elevated manic features and family history, but the record does not establish discrete episode duration, onset/trajectory, or impairment attributable

specifically to mood episodes. Substance use, psychotic-process questions, and validity concerns leave major rule-out gaps, including unresolved psychosis-versus-mood temporal sequencing.

Intermittent explosive disorder — High overreach risk. The record documents anger dyscontrol in Test, and AGG-P is strikingly elevated relative to AGG-V, but frequency, proportionality, onset, and contextual independence from substances, mood episodes, psychosis, or trauma-related dysregulation are not established. Without that time course and rule-out work, disorder-level inference would exceed the available evidence.

Antisocial personality disorder — High overreach risk. Test's antisocial scale elevations and narrative references to reckless/possible illegal behavior raise the question, but childhood conduct-pattern requirements, multi-setting corroboration, and alternative explanations are not adequately documented. The discrepancy between elevated acting-out features and low ANT-E also cautions against conflating broader externalizing distress with a specific personality disorder pattern.

Borderline personality disorder — High overreach risk. Test's borderline scale elevations and dysregulation narrative raise this question, but onset/trajectory, pervasiveness across settings, and attribution apart from trauma, substance use, bipolar-spectrum features, and psychotic-like symptoms remain unclear. Cross-setting evidence is narrow, largely limited to self-report and the couples-therapy context.

## Diagnostic Caveats

For Test, the record is heavily weighted toward one self-report instrument administered during a period of acute distress, with NIM = 81 and narrative cautions that findings may overrepresent psychopathology. Test discontinued treatment before feedback or follow-up clarification, leaving substantial gaps in symptom chronology, cross-setting confirmation, and rule-outs involving intoxication/withdrawal, sleep, medical or neurological factors, trauma-related effects, and developmental history. The source also listed obsessive-compulsive disorder, functional neurological symptom disorder, and unspecified neurocognitive disorder as additional possibilities, but the available documentation for those questions is comparatively sparse and indirect.

## Treatment Recommendations

### Short-Term Goals (0-3 months): Immediate interventions and accommodations

- Arrange an urgent psychiatric evaluation for Test within 7 days to assess suicide risk, risk to others, psychotic symptoms, mood instability, sleep disruption, and need for medication; direct Test to same-day crisis services or an emergency department immediately if he reports current intent, a plan, inability to control aggressive impulses, or worsening loss of reality contact.
- Provide Test with a higher level of care focused on co-occurring mental health and substance use needs, using intensive outpatient treatment at minimum and partial hospitalization if weekly outpatient care is not sufficient to maintain safety, sobriety, and attendance.
- Implement a written safety plan with Test and his household that includes removal or secure storage of weapons, sharp objects, excess medication, and alcohol or drugs; list crisis contacts and emergency steps; review and update the plan at least weekly.

- Initiate weekly individual therapy for Test using a structured, trauma-informed, skills-based modality such as DBT-informed or CBT-based treatment, with sessions targeting emotion regulation, grounding, impulse delay, anger management, and behavioral organization.
- Begin a substance use treatment plan for Test that includes a clear abstinence goal, at least two recovery-focused contacts per week, weekly monitoring of use, and a written relapse-prevention check-in at each treatment visit.
- Implement immediate home and school supports for Test, including a fixed sleep-wake schedule, one shared calendar for classes/appointments/childcare, daily written task prioritization limited to 3 essential tasks, and reduced exposure to avoidable conflict with his mother while treatment is being established.

### **Long-Term Goals (3-12 months): Sustained strategies for ongoing support**

- Continue integrated dual-diagnosis treatment for Test for at least 6-12 months, stepping down from intensive services only after sustained safety, improved attendance, and stable reduction in substance use and behavioral dysregulation.
- Provide ongoing psychiatric medication management for Test, with follow-up at least monthly during stabilization and then as clinically indicated, to monitor mood symptoms, psychotic experiences, anxiety, sleep, agitation, and medication adherence.
- Transition Test to formal trauma treatment only after stabilization is established, using an evidence-based trauma modality delivered by a clinician experienced with co-occurring substance use and severe emotional dysregulation.
- Add structured family or couples treatment for Test after individual stabilization to improve co-parenting, communication, conflict de-escalation, and household responses to crises; keep sessions focused on present-day functioning and clear interpersonal boundaries.
- Teach Test a long-term relapse-prevention plan that tracks early warning signs of mood escalation, disorganized thinking, substance relapse, suicidal thinking, and aggressive behavior; review the plan at least monthly and revise it after any setback.
- Provide Test with ongoing practical supports that strengthen daily functioning, including consistent therapy attendance, protected study/work blocks, scheduled parenting routines, and regular participation in at least one sober or recovery-support community contact each week.