

PERSONALITY ASSESSMENT INVENTORY™

Clinical Interpretive Report

by

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and PAR Staff

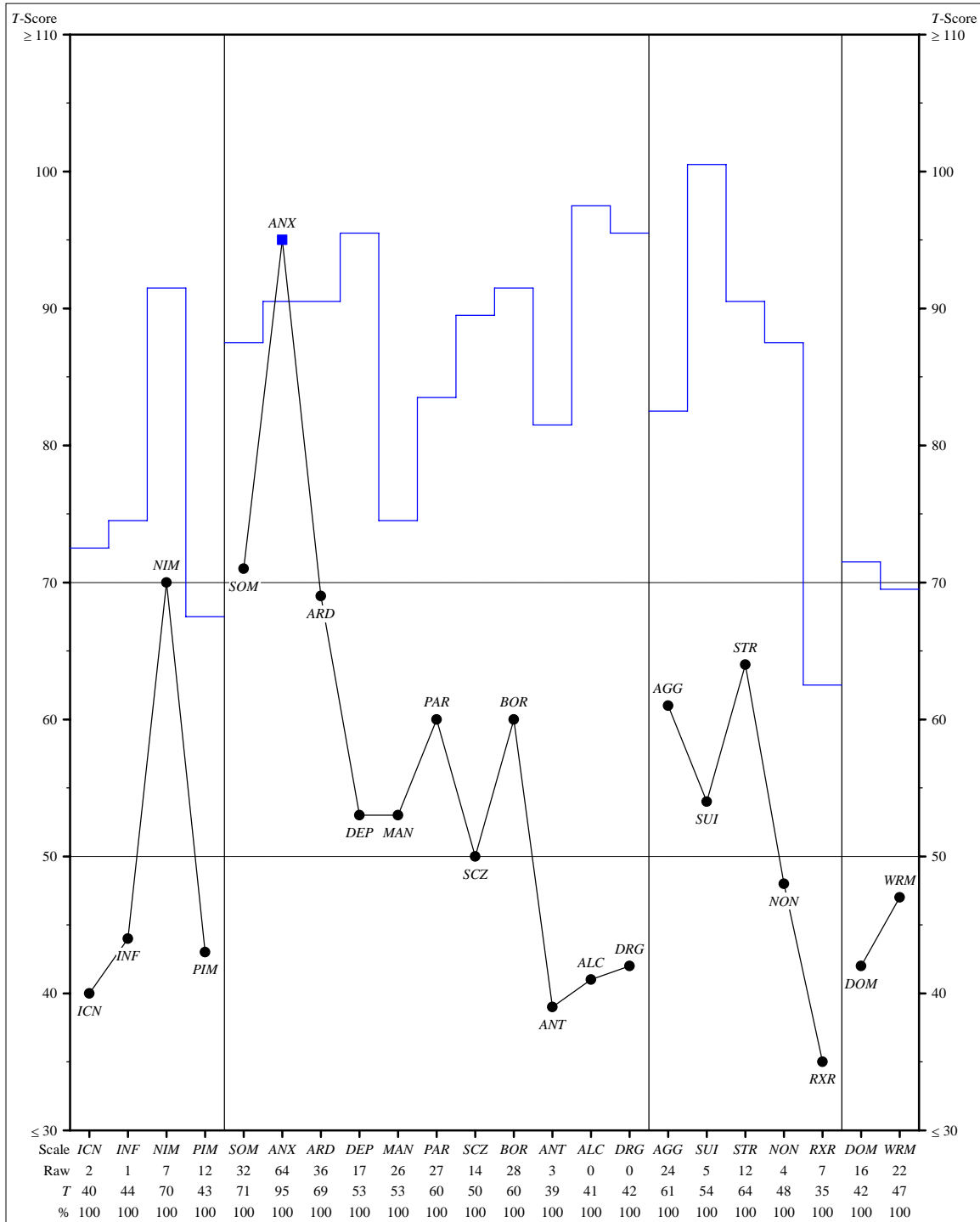
Client Information

Client Name	:	Karla Roberts
Client ID	:	
Age	:	19
Gender	:	Female
Education	:	21
Marital Status	:	Single
Test Date	:	3/12/09
Prepared For	:	-Not Specified-

The interpretive information contained in this report should be viewed as only one source of hypotheses about the individual being evaluated. No decisions should be based solely on the information contained in this report. This material should be integrated with all other sources of information in reaching professional decisions about this individual.

This report is confidential and intended for use by qualified professionals only. It should not be released to the individual being evaluated.

Full Scale Profile

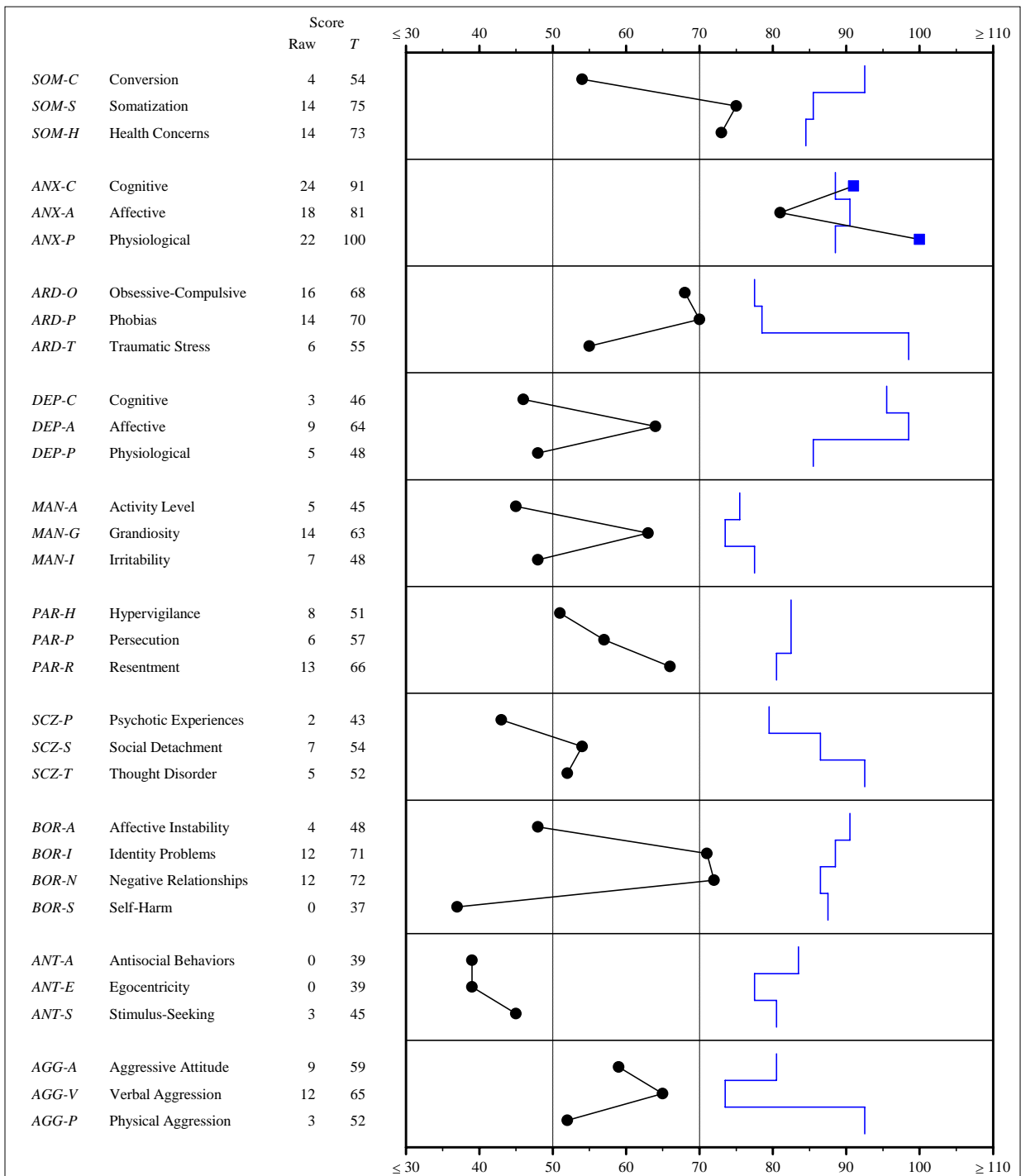


Plotted T scores are based upon a census matched standardization sample of 1,000 normal adults.

■ indicates that the score is more than two standard deviations above the mean for a sample of 1,246 clinical patients.

◆ indicates that the scale has more than 20% missing items.

Subscale Profile



Missing Items = 0

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

■ indicates that the score is more than two standard deviations above the mean for a sample of 1,246 clinical patients.

◆ indicates that the scale has more than 20% missing items.

Additional Profile Information

Supplemental PAI Indexes

Index	Value	T Score	
Defensiveness Index	1	38	
Cashel Discriminant Function	136.23	49	
Malingering Index	1	57	
Rogers Discriminant Function	0.28	62	
Suicide Potential Index	5	56	
Violence Potential Index	2	52	
Treatment Process Index	1	49	
ALC Estimated Score <i>ALC</i>)	---	49	(8 <i>T</i> higher than
DRG Estimated Score <i>DRG</i>)	---	45	(3 <i>T</i> higher than
Mean Clinical Elevation	---	58	

Coefficients of Fit with Profiles of Known Clinical Groups

Database Profile	Coefficient of Fit
Cluster 8	0.786
Cluster 5	0.764
Anxiety Disorder	0.730
Somatoform Disorder	0.722
Posttraumatic Stress Disorder	0.692
Cluster 7	0.681
Schizophrenia	0.661
Auditory hallucinations	0.645
Dysthymic Disorder	0.636
Antipsychotic medications	0.629
Adjustment reaction	0.623
NIM Predicted	0.619
Major Depressive Disorder	0.612
Schizoaffective Disorder	0.568
Paranoid delusions	0.567
Current suicide	0.564

Database Profile	Coefficient of Fit
Cluster 2	0.550
Borderline Personality Disorder	0.537
PIM Predicted	0.531
Suicide history	0.463
Self-Mutilation	0.454
Mania	0.443
All "Very True"	0.410
Current aggression	0.396
All "Mainly True"	0.395
Fake Bad	0.391
Cluster 3	0.368
Assault history	0.349
Cluster 4	0.337
Cluster 6	0.329
Cluster 10	0.315
Random responding	0.289
Rapists	0.220
All "Slightly True"	0.187
Alcoholic	0.177
Antisocial Personality Disorder	0.141
Drug abuse	0.079
Spouse abusers	0.003
Prisoners	-0.053
Cluster 1	-0.197
Cluster 9	-0.202
All "False"	-0.255
Fake Good	-0.500

Validity of Test Results

The PAI provides a number of validity indices that are designed to provide an assessment of factors that could distort the results of testing. Such factors could include failure to complete test items properly, carelessness, reading difficulties, confusion, exaggeration, malingering, or defensiveness. For this protocol, the number of uncompleted items is within acceptable limits.

Also evaluated is the extent to which the respondent attended appropriately and responded consistently to the content of test items. The respondent's scores suggest that she did attend appropriately to item content and responded in a consistent fashion to similar items.

The degree to which response styles may have affected or distorted the report of symptomatology on the inventory is also assessed. Certain of these indicators fall outside of the normal range, suggesting that the respondent may not have answered in a completely forthright manner; the nature of her responses might lead the evaluator to form a somewhat inaccurate impression of the client based upon the style of responding described below. With respect to positive impression management, there is no evidence to suggest that the respondent was unduly defensive or motivated to portray herself as being relatively free of common shortcomings or minor faults.

With respect to negative impression management, there are subtle suggestions that the client attempted to portray herself in a negative or pathological manner in particular areas. Some concern about distortion of the clinical picture must be raised as a result; the respondent presents with certain patterns or combinations of features that are unusual or atypical in clinical populations but relatively common among individuals feigning mental disorder. It is suggested that the critical items, as well as certain aspects of the clinical history, be reviewed to evaluate the possibility of such distortion. Although this pattern does not necessarily indicate a level of impression management that would render the test results uninterpretable, the clinical hypotheses presented in this report should be reviewed with these considerations in mind. The clinical scale elevations may overrepresent the extent and degree of significant test findings in certain areas.

Clinical Features

The PAI 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 who is reporting marked distress, with particular concerns about her physical functioning. The respondent sees her life as severely disrupted by a variety of physical problems, some of which may be stress-related. These problems have left her tense, unhappy, and have probably impaired her ability to concentrate on or perform important life tasks. The respondent's somatic concerns may have led to some friction in her close relationships and other people may see the patient as complaining and demanding.

The respondent reports a degree of anxiety that is unusual even in clinical samples. Her life is probably severely constricted by her tension and she may not be able to meet even minimal role expectations without feeling overwhelmed. Relatively mild stressors may be sufficient to precipitate a major crisis. She is likely to be plagued by worry to the degree that her ability to concentrate and attend are significantly compromised. Associates are likely to comment about her overconcern regarding issues and events over which she has no control. Affectively, she feels a great deal of tension, has difficulty relaxing, and likely experiences fatigue as a result of high perceived stress. Overt physical signs of tension and stress, such as sweaty palms, trembling hands, complaints of irregular heartbeats, and shortness of breath are also present.

The respondent demonstrates an unusual degree of concern about physical functioning and health matters and probable impairment arising from somatic symptoms. She is likely to report that her daily functioning has been compromised by numerous and varied physical problems. She feels that her health is not as good as that of her age peers and likely believes that her health problems are complex and difficult to treat successfully. She reports particular problems with the frequent occurrence of various minor physical symptoms (such as headaches, pain, or gastrointestinal problems) and has vague complaints of ill health and fatigue. She is likely to be continuously concerned with her health status and physical problems. Her social interactions and conversations tend to focus on her health problems, and her self-image may be largely influenced by a belief that she is handicapped by her poor health.

The respondent indicates that she occasionally experiences, or may experience to a mild degree, maladaptive behavior patterns aimed at controlling anxiety. Phobic behaviors are likely to interfere in some significant way in her life, and it is probable that she monitors her environment in an effort to avoid contact with the feared object or situation. She is more likely to have multiple phobias or a more distressing phobia, such as agoraphobia, than to suffer from a simple phobia.

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

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

According to the respondent's self-report, she describes NO significant problems in the following areas: unusual thoughts or peculiar experiences; antisocial behavior; problems with empathy; unhappiness and depression; unusually elevated mood or heightened activity. Also, she reports NO significant problems with alcohol or drug abuse or dependence.

Self-Concept

The self-concept of the respondent appears to involve a generally positive self-evaluation. She is generally a confident, resilient, and optimistic person, although her self-esteem may be reactive to changes in her current circumstances. During times of stress, the respondent may inwardly be troubled by more self-doubt and misgivings about her adequacy than is readily apparent to others. Reactive changes in self-esteem may be accompanied by uncertainty about goals, values, and important life decisions.

Interpersonal and Social Environment

The respondent's interpersonal style seems best characterized as modest and unpretentious. She is likely to be self-conscious in social interactions and she is probably not skilled or comfortable in asserting herself; previous efforts at assertion may have led to conflicts that she does not handle well and would prefer to avoid. Others probably view her as rather passive, unassuming, yet fairly sensitive to the appraisals of others.

In considering the social environment of the respondent with respect to perceived stressors and the availability of social supports with which to deal with these stressors, her responses indicate that she is likely to be experiencing a mild degree of stress as a result of difficulties in some major life area. She reports that she has a number of supportive relationships that may serve as some buffer against the effects of this stress. The respondent's current level of distress appears to be related to these situational stressors, and the relatively intact social support system is a favorable prognostic sign for future adjustment.

Treatment Considerations

Treatment considerations involve issues that can be important elements in case management and treatment planning. Interpretation is provided for three general areas relevant to treatment: behaviors that may serve as potential treatment complications, motivation for treatment, and aspects of the respondent's clinical picture that may complicate treatment efforts.

With respect to anger management, the respondent describes herself as being rather impatient and easily irritated. She is relatively quick-tempered at times, and she may be easily provoked by the actions of those around her. However, she does not report any specific aggressive behaviors that are recurrent problems for her.

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 typical of individuals being seen in treatment settings, and she appears more motivated for treatment than adults who are not being seen in a therapeutic setting. Her responses suggest an acknowledgement of important problems and the perception of a need for help in dealing with these

problems. She reports a positive attitude towards the possibility of personal change, the value of therapy, and the importance of personal responsibility. In addition, she reports a number of other strengths that are positive indications for a relatively smooth treatment process and a reasonably good prognosis.

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

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

She may currently be too disorganized or feel too overwhelmed to be able to participate meaningfully in some forms of treatment.

DSM-IV Diagnostic Possibilities

Listed below are *DSM-IV* diagnostic possibilities suggested by the configuration of PAI scale scores. The following are advanced as hypotheses; all available sources of information should be considered prior to establishing final diagnoses.

Axis I Diagnostic Considerations:

300.02 Generalized Anxiety Disorder

Axis I Rule Out:

300.29 Specific Phobia

300.81 Somatization Disorder

300.81 Undifferentiated Somatoform Disorder

Axis II: 799.9 Diagnosis Deferred on Axis II

Axis II Rule Out:

301.9 Personality Disorder NOS (Mixed Personality Disorder With Borderline, Narcissistic, Paranoid, and Obsessive-Compulsive Features)

Critical Item Endorsement

A total of 27 PAI items reflecting serious pathology have very low endorsement rates in normal samples. These items have been termed critical items. Endorsement of these critical items is not in itself diagnostic, but review of the content of these items with the respondent may help to clarify the presenting clinical picture. Significant items with item scores of 1, 2, or 3 are listed below.

Potential Malingering

129. I think I have three or four completely different personalities inside of me.
(VT, 3)

PAI Item Responses

1. VT	44. MT	87. F	130. F	173. ST	216. ST	259. F	302. F
2. MT	45. VT	88. MT	131. F	174. VT	217. ST	260. F	303. F
3. ST	46. VT	89. F	132. F	175. F	218. F	261. F	304. ST
4. MT	47. F	90. F	133. VT	176. ST	219. MT	262. F	305. VT
5. MT	48. F	91. F	134. F	177. F	220. F	263. F	306. ST
6. MT	49. F	92. F	135. F	178. MT	221. F	264. F	307. VT
7. MT	50. MT	93. ST	136. VT	179. F	222. F	265. VT	308. F
8. MT	51. F	94. ST	137. VT	180. F	223. F	266. VT	309. F
9. F	52. VT	95. F	138. VT	181. F	224. F	267. MT	310. VT
10. F	53. F	96. ST	139. F	182. F	225. F	268. ST	311. F
11. VT	54. ST	97. MT	140. F	183. F	226. VT	269. F	312. F
12. VT	55. F	98. F	141. F	184. VT	227. VT	270. F	313. MT
13. ST	56. ST	99. VT	142. VT	185. F	228. ST	271. F	314. F
14. ST	57. MT	100. F	143. F	186. VT	229. MT	272. VT	315. VT
15. F	58. MT	101. F	144. VT	187. ST	230. ST	273. VT	316. F
16. F	59. VT	102. F	145. VT	188. F	231. F	274. F	317. VT
17. VT	60. F	103. VT	146. F	189. F	232. ST	275. F	318. ST
18. F	61. F	104. VT	147. F	190. MT	233. VT	276. VT	319. F
19. MT	62. F	105. VT	148. VT	191. F	234. F	277. ST	320. MT
20. MT	63. VT	106. VT	149. F	192. F	235. ST	278. F	321. VT
21. F	64. ST	107. F	150. F	193. F	236. ST	279. F	322. F
22. F	65. VT	108. MT	151. F	194. F	237. VT	280. F	323. VT
23. F	66. F	109. ST	152. F	195. F	238. F	281. F	324. F
24. ST	67. ST	110. ST	153. VT	196. F	239. F	282. ST	325. F
25. VT	68. VT	111. F	154. VT	197. VT	240. VT	283. F	326. VT
26. VT	69. VT	112. ST	155. F	198. F	241. F	284. VT	327. VT
27. F	70. F	113. VT	156. F	199. F	242. F	285. VT	328. VT
28. ST	71. F	114. F	157. VT	200. F	243. F	286. MT	329. ST
29. F	72. VT	115. VT	158. ST	201. MT	244. VT	287. VT	330. VT
30. F	73. VT	116. F	159. F	202. ST	245. ST	288. F	331. VT
31. F	74. VT	117. VT	160. VT	203. F	246. F	289. F	332. F
32. MT	75. VT	118. F	161. MT	204. VT	247. F	290. VT	333. F
33. VT	76. VT	119. F	162. MT	205. F	248. VT	291. VT	334. VT
34. F	77. F	120. F	163. F	206. F	249. F	292. VT	335. F
35. F	78. ST	121. F	164. ST	207. ST	250. F	293. VT	336. F
36. F	79. F	122. VT	165. ST	208. F	251. VT	294. VT	337. ST
37. ST	80. VT	123. F	166. F	209. F	252. MT	295. VT	338. F
38. ST	81. MT	124. F	167. F	210. F	253. VT	296. MT	339. F
39. F	82. VT	125. F	168. VT	211. VT	254. F	297. ST	340. F
40. F	83. F	126. F	169. VT	212. MT	255. F	298. F	341. ST
41. MT	84. VT	127. MT	170. F	213. VT	256. MT	299. F	342. VT
42. VT	85. VT	128. VT	171. F	214. F	257. ST	300. F	343. VT
43. VT	86. F	129. VT	172. ST	215. F	258. F	301. MT	344. F

*** End of Report ***